



**Early Hearing Detection
and Intervention**
Iowa Department of Public Health



Hearing Aids and Audiological Services Funding Summary – *Fiscal Year 2009*

Iowa has a law which requires universal newborn hearing screening. The goal of the universal hearing screening of all newborns and infants in Iowa is early detection of hearing loss to allow children and their families the opportunity to obtain early intervention services. That being said, children are being identified at a young age, they have medical insurance, but their plan does not cover the cost of hearing aids.

Research consistently shows that the most important factor in determining receptive and expressive language developmental levels for children who are deaf or hard of hearing is the age at which early intervention begins (Yoshinaga-Itano et al., 1998; Moeller, 2000). For children who can use their residual hearing as the primary sensory modality for communication, the first step in early intervention is hearing aid fitting which ensures that conversational speech is audible. For some families having to purchase hearing aids is a financial hardship and families are left faced with tough decisions.

A number of states have moved forward with legislation in the last several years to require insurance companies to cover the costs of hearing aids for children. Other states are looking into the possibility of enacting similar legislation in their state, including Iowa. In response to policy recommendations to require insurance companies to pay for hearing aids and audiological services, the legislature appropriated a small amount of funding to the Iowa Department of Public Health to pay for these services.

During the fiscal year ending June 2009, Iowa taxpayers spent \$255,018 to provide hearing aids and accessories and audiological services (e.g. diagnostic testing) to 199 Iowa children. The following tables provide averages for the 2009 claim payments, the ages of children served and the insurance status of those children served.

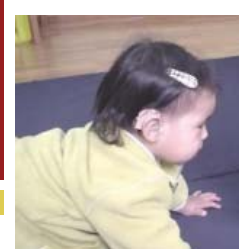
Averages derived from the 2009 claim payments	
Number of children enrolled into the program = 231	Average number of claims per child = 1.61
Number of children with one paid claim = 199**	Gross average paid per child = \$1,284.89
Number of claims processed = 320	Gross average paid per claim = \$799.04
Gross dollars paid = \$255,692.52	Children with at least one claim with another insurance = 9
Net dollars paid = \$255,018.36*	

*This total does not include the fee paid to Provider Claim Systems for processing and paying claims. ** Out of the children served above, nine children had services before 7/1/09 for a total of \$10,347.30. Because the providers did not get the claims turned in until after the state fiscal year deadline, claims had to be paid out of the following year.



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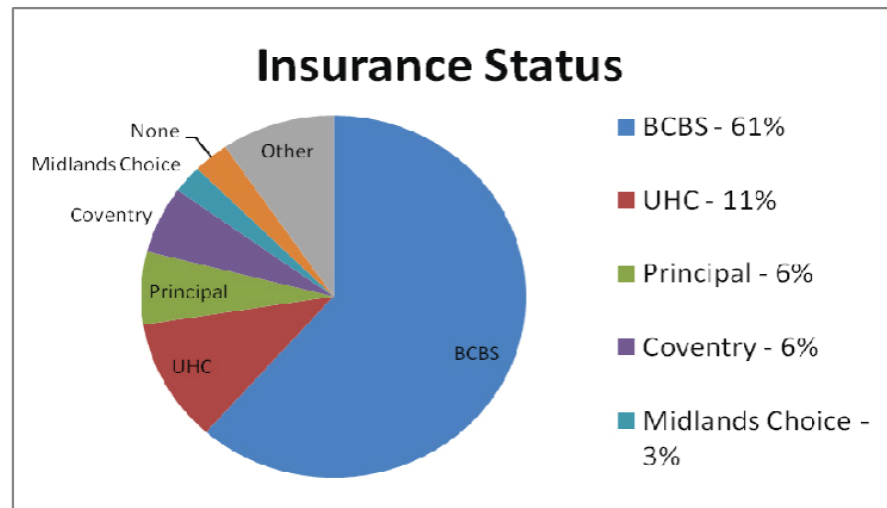
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The following is a table that includes the ages of children served. It is important to point out that 63% of the children served by this program were under the age of 10 when language development is so important.

AGE	CHILDREN SERVED	PERCENT	NET DOLLARS PAID
0-3	29	15%	38,597.17
4-10	95	48%	114,655.84
11-15	47	23%	60,680.19
16-20	28	14%	41,085.16

The following chart illustrates the insurance status of children served under the Hearing Aids and Audiological Services program. Only five percent of those children served with this funding were children who did not have private medical insurance or qualify for public health insurance. That means that ninety-five percent of the children served had medical coverage whose plan did not cover hearing aids at all or only a small fraction of the costs.



Research shows that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical and audiological services (White, K. R., & Maxon, A. B. (1995). Universal screening for infant hearing impairment: Simple, beneficial, and presently justified. *International Journal of Pediatric Otorhinolaryngology*, 32, 201-21).



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For FY 2010 the appropriation was decreased to \$190,328.00. In October 2009, the funding that had not been allocated for this program was put on hold following an order from the Governor, which requires state departments to cut their budgets by ten percent.

We would like to thank all of the audiologists and hearing aid dispensers who work tirelessly with families to help them access funding (this funding, as well as other funding) to obtain hearing aids and accessories for the children they serve. There are only a small number of providers in the state who will not accept this funding because reimbursement is based on Medicaid rates. We would also like to thank the EHDI Advisory Committee Members and the organizations they represent for their assistance and guidance in setting up this program. Finally, thank you to the legislators, our Governor, and advocates who worked very hard to assist families in getting hearing aids for children diagnosed with hearing loss. You are making a difference. Just ask any of the parents whose children have benefited from this funding.

Better yet, I will leave you with one of the messages received from a parent, “Emma’s life is different and we would like to thank you from the bottom of our heart!!”

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