



Hearing Aid & Audiological *Services for Children*

Background

Based on national statistics, approximately 120 children will be born in Iowa with a congenital hearing loss. Another one to three children per 1,000 will be diagnosed with a progressive or late onset hearing loss each year. Hearing loss can affect a child's ability to develop speech, language, and social skills. The earlier a child who is deaf or hard-of-hearing obtains support services, the more likely the child's speech, language, and social skills will reach their full potential.

Issue

Iowa law 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. Recent research has concluded that children born with a hearing loss who are identified and given appropriate intervention before six months of age demonstrated significantly better speech and reading comprehension than children identified *after* six months of age (Yoshinaga-Itano et al., 1998). 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.

Legislative Action

Sixteen states have passed legislation to require insurance coverage for hearing aids for children. Requirements for health benefits plans vary state by state for ages covered, amount of coverage, benefit period, and provider qualifications. The range in cost was 5 to 39 cents per member per health plan.

There is no law in Iowa which requires hearing aid coverage for children. Instead, since 2007, the Iowa legislature has appropriated between \$180,000 to \$220,000 to the Iowa Department of Public Health to pay for hearing aids and/or audiological services for children who are not covered by health insurance.

Iowa Program Data

During the fiscal year ending June 2010, Iowa taxpayers spent \$159,905.84 to provide hearing aids, accessories and audiological services (e.g. diagnostic testing) to 137 Iowa children. The following tables provide averages for claim payments, the ages of children served, the insurance status of those children

continued



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Iowa Department of Public Health
Fiscal Year 2010



Iowa Program Data cont.

served through this program and a list of top ten provider offices with the highest reimbursement for FY 10. This number is down from fiscal year 2009; however, it is important to point out that the funding for this program was cut in October 2009 when the Governor ordered across the board state funding cuts of ten percent. Funding was restored in April 2010, some families had secured other funding sources, but many of them still needed assistance.

Averages Derived from the 2010 Claim Payments	
Number of children enrolled into the program	134
Number of children with one paid claim	137**
Number of claims processed	173
Gross dollars paid	\$161,867.57
Net dollars paid	\$159,905.84**
Average number of claims per child	1.26
Gross average paid per child	\$1,181.52
Gross average paid per claim	\$935.65
Children with at least one claim with another insurance payment	4

**This total does not include the processing and paying claims fees.

**Out of the children served above, nineteen children had services before 7/1/09 for a total of \$17,737.53. 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.

The following is a table that includes the ages of children served. It is important to point out that 70 percent of the children served with this program were under the age of 10, a time when language development is so important.

Age	Children Served	Percent	Net Dollars Paid
0-2	28	21%	\$28,913.04
3-5	22	16%	\$20,659.22
6-10	45	33%	\$50,482.23
11-15	25	18%	\$39,956.74
16-20	7	12%	\$19,894.61

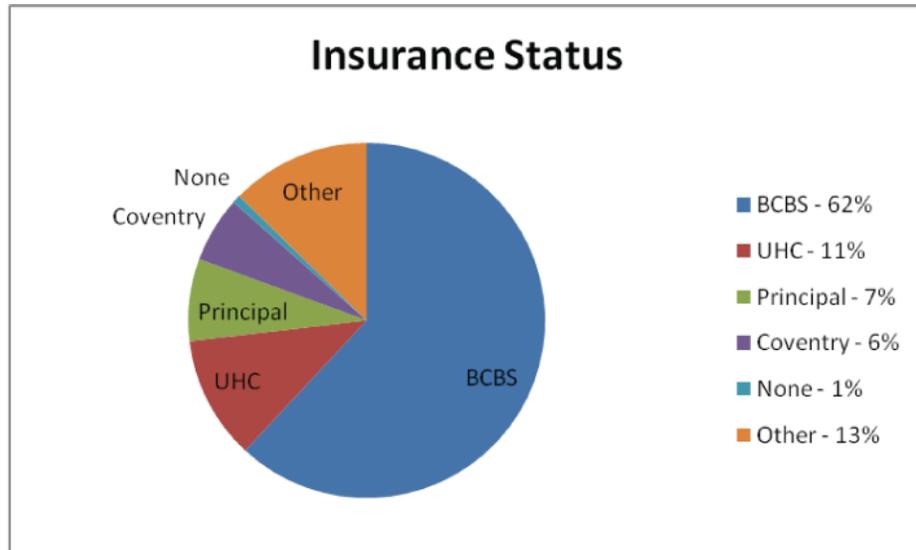


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The following chart illustrates the insurance status of children served under the Hearing Aids and Audiological Services program. Only 1 percent of the children eligible for funding did not have private medical insurance or qualify for public health insurance. That means that 99 percent of the children eligible for this program had medical coverage at the time of enrollment.



Research shows at least 40 percent of children with a hearing loss need insurance coverage for hearing aids (National Center for Hearing Assessment and Management, 2010). For some families, purchasing hearing aids is a financial hardship and families are left faced with tough decision. Dippel, whose family recently received about \$5500 to pay for her boys' new hearing aids, says "Even if you have good financial means, it takes quite awhile to save up for hearing aids. If it's a godsend for our family, I know it would be for lower-income families that do not have health insurance coverage for hearing aids."

Acknowledgements

The IDPH EHDI program would like to thank all of the audiologists and hearing aid dispensers who work tirelessly with families to help them access funding to obtain hearing aids and accessories for the children they serve. We would also like to thank the EHDI Advisory Committee Members and the organizations they represent for their ongoing guidance with this program. Finally, thank you to the legislators, Governor Culver and advocates who worked very hard to assist families in getting hearing aids, accessories and audiologist assessments for children diagnosed with hearing loss. You are making a difference. Just ask any of the parents whose children have benefited from this funding.