Pennsylvania House of Representatives
House Aging & Older Adult Services
Public Hearing on HB 1670
Agenda

Wednesday, November 19, 2025
9:30 a.m.
B-31 Main Capitol

9:30 a.m. Opening Remarks

- Chair Madden

9:35 a.m. Panel Presentation 1

- Dr. Nicole Billak, President
  Pennsylvania Speech-Language-Hearing Association (PSHA)
- Dr. James Shafer, Vice President
  Pennsylvania Academy of Audiology

10:05 a.m. Panel Presentation 2

- Megan Barbour, Executive Director of Government Affairs
  Insurance Federation of Pennsylvania

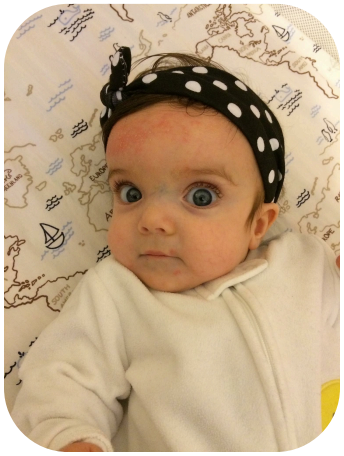
10:55 a.m. Closing Remarks and Adjournment

November 14, 2025

Dear Chair and Distinguished Members of the House Aging & Older Adult Services Committee,

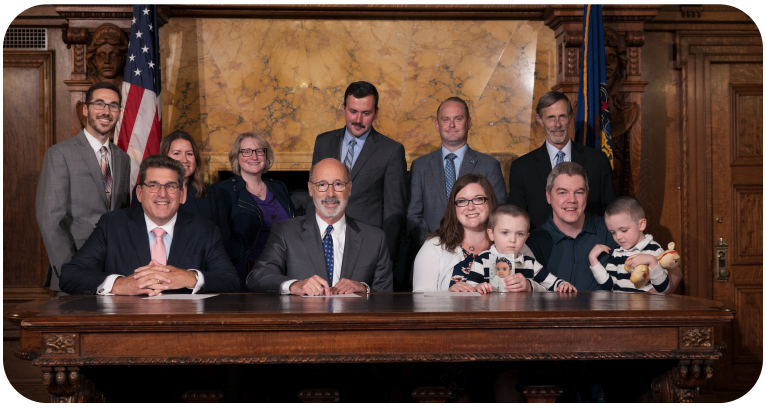
I am writing today in strong support of HB 1670, and I want to thank you for the opportunity to share our family's story. To understand my family's current advocacy for our seven-year-old twin boys, you must first know the foundation of that fight—our first child, a daughter named Victoria.

Eleven years ago, we welcomed Victoria into our lives. She was beautiful and brought immense joy.



But when she was six months old, everything changed. We received the words no parent should ever hear: our daughter was dying of Krabbe disease, a rare, terminal genetic condition. The neurologist told us that if we had caught it at birth, we could have treated it. At the time, Krabbe disease was only included in newborn screening panels in two states, and Pennsylvania wasn't one of them. **I knew this was always supposed to be my story, to help future families not suffer as we had.**

Tori died in March 2016 at twenty months of age. Following her death, I spent five years working on three different bills to change the Newborn Screening laws in Pennsylvania. My advocacy ultimately led to success with **Act 133 of 2020**, which reformed our NBS program. I then mentored a group of passionate cCMV moms to success with **Act 29 of 2022,** which improved the education about cCMV after a failed newborn hearing screen.



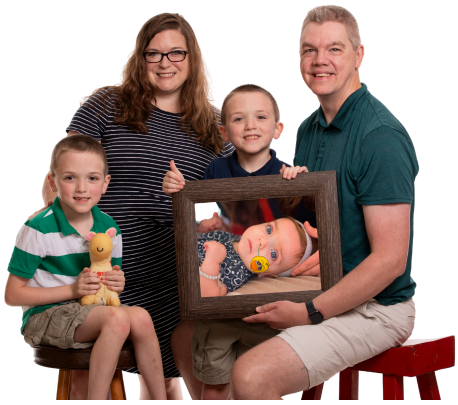
While Victoria's life gave me the resolve to change state law, the lessons learned from fighting for her life and legacy are now essential as I fight for our twin boys.

When the twins were born, they were healthy and passed all Newborn Screenings. However, as they grew, I began to suspect a speech delay. My concerns were **dismissed** by our pediatrician for two years, attributed to the pandemic or the fact that they were twins. I knew something was wrong, and my suspicions were confirmed when they were asked to disenroll from preschool on the first day because they "weren't listening."

That day started a complex journey to diagnosis. We pursued numerous evaluations, including a Level 1 autism diagnosis due to their speech delay and unresponsiveness to their names. **It was not until a routine kindergarten screening that their hearing loss was finally identified.** The piece of paper that came home in their backpacks started a new kind of advocacy for me—not necessarily fighting for a policy change, but **fighting for access to the tools my children needed to thrive.**

Even with the diagnosis in hand, it took **ten months** until they both had hearing aids. Ten months of administrative fighting for a tool that would fundamentally alter their learning and development trajectory. **Securing essential tools for children with special needs should not be a protracted administrative and financial struggle that compounds the challenges our families already face.**

Now we know their hearing loss is genetic and progressive. We know that expensive interventions, like cochlear implants, are likely in their future. This is the point where the policy must catch up to the medical reality.



While we have good insurance through my husband's employer, **any service or product related to hearing is explicitly excluded by the payer.** This is a devastating gap in coverage.

If we did not have Medicaid as a secondary payer due to their diagnoses, our out-of-pocket costs for hearing aids and associated therapies would have exceeded $20,000 last year alone. This is not an exaggeration. If Medicaid coverage for our children goes away, I genuinely do not know what our family will do. **And we are not the only ones.**

Hearing should not be a privilege—it is a right for every child.

I urge you to support HB 1670 and ensure that insurers in Pennsylvania do the right thing. By passing this bill, you will help give our children a great start in life regardless of their family's financial ability, and you will secure access to a fundamental necessity for their development and future.

Sincerely,

Lesa Brackbill

Lesa Brackbill
37 E Areba Avenue
Hershey, PA 17033
lesa.brackbill@gmail.com

Capital Blue Cross
Harrisburg, PA 17177
CapitalBlueCross.com

Date: November 19, 2025

To: House Aging & Older Adult Services Committee

From: **Douglas Furness**, VP Government & Regulator Affairs, Capital Blue Cross, **Brittany Mako**, Government Affairs Manager, Capital Blue Cross

Position: **Oppose HB 1670**

Chair Madden, Chair Mentzer, Members of the Committee:

Thank you for the opportunity to provide written testimony today on House Bill 1670. My name is Douglas Furness, and I serve as Vice President of Regulatory & Government Affairs at Capital Blue Cross, an independent licensee of the Blue Cross Blue Shield Association. Capital Blue Cross is headquartered in Harrisburg, Pennsylvania, and has proudly served our communities for more than 85 years. We provide health insurance coverage to nearly a million members across 21 counties in Central Pennsylvania and the Lehigh Valley, offering innovative solutions to improve health outcomes and lower costs. Our network includes more than 11,000 healthcare providers and approximately 40 hospitals and is connected to a national and global network of providers and hospitals through other Blues Plans. As a long-term partner in our communities, we remain committed to simplifying and personalizing the healthcare experience for our members.

Our mission is simple yet powerful: to improve the health and well-being of the communities we serve. We strive to make healthcare more accessible, affordable, and equitable, while maintaining the financial sustainability that ensures coverage for those who need it most.

I write to you today on behalf of Capital Blue Cross to address HB 1670, mandating health insurance coverage for hearing aids. While we recognize the challenges faced by individuals with hearing loss and the importance of hearing aids in improving quality of life, because of our commitment to affordability, we respectfully oppose legislation requiring insurers to cover these devices.

Why Health Insurance Should Not Cover Hearing Aids

1. Cost Inflation and Market Distortion

Introducing insurance coverage for hearing aids would likely inflate prices. The recent availability of FDA-approved over-the-counter (OTC) hearing aids has lowered costs and improved access. But when coverage is mandated and consumers become insulated from the costs of care, manufacturers and providers raise prices, as seen repeatedly in other sectors of healthcare. Mandating coverage will inevitably reverse the trend of lower cost hearing aids by reducing competitive pressure and leading to higher prices for everyone.

2. Coverage Exists in Some Forms

Hearing aids vary widely in effectiveness and cost, depending on various factors including the nature and severity of the person's hearing loss. While we do not have blanket coverage for hearing aids, a hearing aid MAY be covered under our medical policies if it is medically necessary. Hearing aids can also be purchased using Health Savings Accounts (HSAs), which makes them more affordable. But

the mandate in HB 1670 would dramatically expand coverage requirements, impacting premiums for all.

3. The Slippery Slope of Expanded Coverage
Covering hearing aids sets a precedent for mandating coverage of additional OTC items. Many products are beneficial to our health, but that does not mean insurers should cover all of them. Doing so risks turning health insurance into a convenience plan, covering any health-related products, and leading directly to higher premiums and administrative waste. Given current economic pressures, we have real concerns that increased costs will drive more of our community to become uninsured, which has negative consequences for everyone.

Conclusion

Capital Blue Cross believes in balancing compassion with sustainability. Mandating hearing aid coverage would inflate costs and set a bad legislative precedent. Instead, we encourage market-driven innovation, preventive education, and targeted assistance programs to address hearing loss effectively and responsibly. Higher premiums could leave more workers uninsured and place added strain on families, employers, and communities.

Thank you for your time and consideration. We appreciate your leadership on healthcare issues and your commitment to improving access and affordability for Pennsylvanians.

Pennsylvania
Department of Human Services

Office of Medical Assistance Programs

House Aging & Older Adult Services Committee

Informational Hearing/ House Bill 1670

November 19. 2025

Chair Madden, Chair Mentzer, and members of the House Aging & Older Adults Committee, thank you for allowing the Office of Medical Assistance Programs, Department of Human Services (DHS) to provide written testimony on House Bill 1670, Printers Number 2038, sponsored by Representative Liz Hanbidge. DHS is committed to ensuring that Pennsylvania's Medicaid beneficiaries receive quality health care services that are affordable and accessible.

House Bill (HB) 1670 amends The Insurance Company Law of 1921 to expand coverage of hearing aids to all Medical Assistance/Medicaid (MA) beneficiaries, including adult beneficiaries 21 years of age and older. The legislation requires no less than $2,500 for hearing aid coverage for the first year of enrollment and every three years thereafter. The bill's effective date is 90 days after passage.

Currently, Pennsylvania's MA Program provides coverage of hearing aids for children under 21 years of age under the Early and Periodic Screening, Diagnosis, and Treatment benefit, as specified in Section 1905(a) of the Social Security Act. The MA Program does not currently provide coverage of hearing aids for beneficiaries 21 years of age and older as it is not mandated by federal policy. The MA Program does not cap payments to providers for covered services to include hearing aids. MA managed care organizations (MCOs) are required to cover, at a minimum, hearing aid items and services on the MA Program Fee Schedule in the same amount, duration, and scope as the MA Fee-for-Service delivery system. However, they can choose to cover additional hearing aid items and services including hearing aids for those MA beneficiaries age 21 and over. Medical Assistance MCOs also negotiate their rates and do not cap coverage of services and items by a dollar amount.

In Fiscal Year 24/25, MCOs covered hearing aid services in the amount of $4,107,409.97 for 47,590 units of services with the following breakdown:

- Children under the age of 21: 35,614 units of service totaling $3,302,981.58
- Adults 21 years of age and older: 11,976 units of service totaling $804,428.39

DHS is concerned about the fiscal ramifications of the legislation. HB 1670 will result in an increase to the MA Program budget. The MA Program Budget for FY 25/26 does not include funding for adult hearing aid coverage in the Fee-for-Service or Managed Care delivery systems.

A fiscal analysis done in 2023 for a similar bill (HB 1609) pertaining to expansion of hearing aid coverage showed a total annual fiscal impact of $3,265,695, with a state-only funding impact of $1,567,534.

DHS cannot enact these changes in the MA program within 90 days if this bill is passed into law. First, DHS would need to obtain federal approval from the Centers for Medicare & Medicaid Services (CMS), which would take approximately four to eight months. Second, DHS would need to issue a Public Notice to announce hearing aid coverage for 21 and over as a new benefit, which would take three months to issue. Third, after approval was received from CMS, DHS would also need to issue an MA Bulletin for providers and Operations Memo to MCOs, which would take approximately 3 months to release. Finally, the HealthChoices Agreement and rates are updated yearly. Starting a benefit mid-year causes the MCOs to offer a benefit, which is not accounted for when the rates were set for that year. DHS makes program benefit changes to correspond to a new agreement and rate year to ensure we are paying our MCOs actuarily sound rates for the services they are providing to MA beneficiaries, as is required by federal managed care rules.

Again, thank you to the members of the committee for considering the testimony of DHS on House Bill 1670.

References:

- 55 Pa. Code § 1123.57(a)(1) - MA Program regulation pertaining to hearing aid coverage and payment
- 55 Pa. Code § 1101.32(a)(1) – MA Program regulation pertaining to coverage of hearing aids through EPSDT
- Medical Assistance State Plan - ATTACHMENT 3.1A/3.1B Page 5g - Prescribed Drugs, Dentures, Prosthetic Devices ad Eyeglasses – pertaining to hearing aid coverage limitations

- MA Bulletin 01-99-08, titled “Coverage of Medically Necessary Services and Equipment for Children in Early Intervention or Special Education Programs”, issued and effective December 3, 1999
- MA Bulletin 01-25-39, titled “Prior Authorization Guidelines for Wearable Air Conduction Hearing Aids”, issued and effective September 19, 2025

Comments on House Bill 1670: Coverage for Hearing Aids

Submitted to:
Pennsylvania House Aging Committee
November 18, 2025

Michael Yantis, Vice President, State Government Affairs

Chair Madden, Chair Mentzer, and Honorable Members of the House Aging Committee,

Highmark appreciates the opportunity to provide testimony regarding House Bill 1670, which would mandate health insurance policies and government programs to provide hearing aid coverage.

We share the Committee's commitment to ensuring access to essential healthcare services for all Pennsylvanians, particularly our aging population. However, we believe that the proposed legislation, in its current form, presents significant challenges that could ultimately undermine our shared goals, primarily by imposing undue cost pressures on our members and the broader healthcare system.

Highmark is a leading healthcare company dedicated to providing comprehensive and affordable health coverage. We understand the importance of hearing health and currently offer a range of benefits related to hearing aids and services across various plan types.

For our "premier" plan designs, including Individual ACA and Small Group ACA, Highmark offers a comprehensive TruHearing benefit. This benefit includes:

- An annual routine examination to assess hearing aid device needs.
- Additional visits for fitting and adjustments within the first year of purchase.
- A three-year warranty for hearing aid device repairs and replacement (manufacturer and reprogramming fees may apply).
- Coverage for hearing aid devices and batteries.

Furthermore, we offer robust hearing aid coverage on all our Medicare Advantage – Direct Pay and Medicare Advantage Dual Special Needs Plans, also utilizing the TruHearing vendor. For Medicare Advantage – Employer Group plans, coverage is available, though groups have the ability to opt out or may be offered an allowance.

For our Large Group Commercial plans (PPO, EPO, HDHP, Tiered PPO & EPO products, and Keystone HMO), while not a standard component, there is a filed and approved option for groups to elect hearing aid coverage.

We recognize that access to hearing aids can be a significant challenge for many, particularly those relying on government programs. It is crucial to highlight that traditional Medicare does not cover hearing aids. Similarly, Pennsylvania Medicaid currently offers limited coverage for hearing aids, specifically up to age 20. . House Bill 1670’s mandate for Medicaid to provide coverage will have cost implications on the Commonwealth’s Medicaid program. The Committee should consider these cost implications in evaluating the legislation.

The primary reason why comprehensive hearing aid coverage is not a standard component in all of our commercial benefit designs, and why mandates like HB 1670 are concerning, is the direct impact on premiums for all members. For commercial business, hearing aid coverage is not a standard component of the benefit design because the demand for such coverage does not exist.

This underscores a fundamental economic reality: mandating additional benefits for all plans, particularly for a service with a relatively low utilization rate across a broad commercial population, significantly increases the cost burden for customers. For many individuals and employers already grappling with rising healthcare costs, such mandates can make health insurance less affordable and accessible.

Highmark firmly believes in supporting the health and well-being of all Pennsylvanians. We are already providing significant hearing aid benefits where demand is demonstrated and where it can be integrated without disproportionately increasing costs for all members. We respectfully request that the Committee explore alternative solutions that address the need for hearing aid access while being mindful of the critical importance of maintaining affordable healthcare options for all.

Thank you for your time and consideration. We are available to provide any further information or engage in continued dialogue to find a balanced and sustainable solution.

Help4Hearing

"Helping the Underserved with Hearing Loss"

Donation Information

For donating Used Hearing Aids: If you or someone you know are no longer using your hearing aids and would like to donate them to help a low-income person with a hearing impairment, please send them to the **Help4Hearing** project c/o The Hearing Loss Association of America – Chester County Chapter at the address below. All makes and models, as well as any accessories, are accepted.

Mail to Help4Hearing c/o HLAA Chester County

P. O. Box 1371

West Chester, PA 19380

Contact information: (484) 402-4907

Email: help4hearingpa@gmail.com

Website: www.help4hearing.org

The Help4Hearing project and the hearing aid collection is an initiative of the Hearing Loss Association of America-Chester County chapter, any questions should be sent to us directly. Thank You.

In Need of Hearing Aids?

If you require hearing aids and believe you may qualify as a low-income candidate, please submit a form to any one of these individual organizations or contact us directly:

HLAA Chester County	https://hearinglosschesco.org
Hearing Charities of America	https://hearingcharities.org/
Hearing the Call	https://hearingthecall.org
Starkey Cares	https://www.starkey.com/starkeycares

HLAA Hearing Loss Association of America Chester County Chapter

HEARING CHARITIES OF AMERICA

HEARING the CALL GIVING A Hand Up For Hearing Care

Starkey cares

2025v1

Hearing Loss in Chester County

- Hearing loss affects 33% between the ages of 65 and 74 and 50% of those 75 years and older.
- Between 2020 and 2022, the Pennsylvania population for those aged 70 to 74 grew 5.5% while those aged 75 to 79 grew by 11.2%.
- While 5.6% of all the residents in Chester County live in poverty, 21% of the people in West Chester and 24% of the people in Coatesville live in poverty.
- Research shows that the risk of dementia doubles with mild hearing loss, triples with moderate loss, and individuals with severe hearing loss are 5 times more likely to develop dementia.
- Medicare and most Medicare Advantage policies do not cover the cost of hearing aids.
- Hearing aids are expensive!
- The goal of the **Help4Hearing Project** is to provide hearing aids to the underserved people with hearing loss in Chester County and the region.

References:

U.S. Department of Health and Human Services

National Institutes of Health

NIH National Institute on Deafness and Other Communication Disorders

PA State Data Center

Friends of the Congressional Hearing Caucus

U. S. Census

Independence

Written Testimony

House Bill 1670

Mandated Health Insurance Coverage of Hearing Aids

House Aging & Older Adult Services Committee

November 19, 2025

Independence

Introduction

Independence Blue Cross (IBX) appreciates the opportunity to submit written testimony on House Bill 1670, legislation that would mandate all group and individual health insurance policies, as well as Medicaid and CHIP, to cover hearing aids. The legislation would require health insurance policies to provide a minimum benefit of $2,500 for a hearing aid every three years, subject to any copay, coinsurance, or deductible. The legislation is silent on the amount of coverage required for Medicaid or CHIP.

IBX has long recognized the importance of auditory health as part of overall health. To that end, IBX already offers hearing aid coverage for our commercially insured members as part of our broader auditory/hearing benefit. This includes zero-dollar cost-sharing for a hearing exam and fixed cost-sharing for hearing aids.

Nonetheless, we oppose HB1670, as drafted, for the reasons outlined below.

Health Care Affordability

The Pennsylvania Insurance Department recently approved an average premium increase of over 21 percent for individual (ACA) and 12 percent for small group policies for 2026. This is the first time in the history of Pennie there has been, on average, double-digit premium increases across all health insurers participating in the program. The rate increases are compounded by the fact that federal tax subsidies for ACA individual coverage may not be renewed by Congress, which will drive rates even higher.

The 2026 rate increases demonstrate the uniquely challenging time in affordability and reflect what we have talked about in other forums and before other committees. We are at an inflection point on health care affordability in Pennsylvania and across the country. The driving factors include the unfettered cost of prescription drugs, higher utilization of health care services, and the increasing pressures faced by our hospital and provider partners.

Mandating additional coverage increases the cost of care that is ultimately borne by those who purchase health insurance.

Additional Cost for Those Who Can Least Afford It

The proposed legislation – and any state legislation mandating coverage – will only apply to fully insured plans or plans purchased primarily by individuals and small employers. Larger employers are typically self-funded plans – referred to as ERISA plans – in which the employer assumes more risk for employee benefits. Self-funded plans are regulated federally but not by the Commonwealth.

The fully-insured market – made up of individuals and small employers purchasing coverage - is relatively small: It is about 25 percent of the state's commercially-insured population. At IBX, only about 30 percent of our commercial business is fully insured. The reason this is important is that any new or additional cost of a state-mandated benefit falls disproportionately on those least able to afford it – individuals and small businesses.

Independence

There is no debating the well-intended objective of this bill. Unfortunately, mandating coverage comes with a real risk of negatively impacting those it was envisioned to help. Our healthcare system, as a whole, is approaching a crossroads in trying to balance the desire to provide and cover more services that are increasingly expensive with the need to keep coverage affordable. It is imperative that we all do our part to hold down costs.

IBX opposes the legislation as drafted, even as we recognize the value of hearing aids and related services and provide coverage for them. We welcome the opportunity to work further with the Committee and all stakeholders.

Pennsylvania
Insurance Department

Testimony to the House Aging and Older Services Committee

HB 1670

Submitted November 14, 2025

Presented by:
Michael Humphreys
Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120
Ra-in-commissioner@pa.gov

Pennsylvania
Insurance Department

Chairwoman Madden and Chair Mentzer, thank you for the opportunity to provide remarks on HB 1670. My name is Michael Humphreys, and I serve as the Insurance Commissioner for the Pennsylvania Insurance Department. As Commissioner, my job is to regulate the Commonwealth's insurance marketplace and ensure residents are treated fairly.

As drafted, HB 1670 would amend Section 635 of the Insurance Company Law of 1921 to require comprehensive commercial health insurance policies and government programs (Medical Assistance and CHIP) to provide coverage of hearing aids when sold in accordance with the Hearing Aid Sales Registration Law. The government programs referenced in HB 1670 are under the jurisdiction of the Department of Human Services; PID defers to DHS for its insights on the bill with respect to those programs. In any event, legislation to impose a mandate on the government programs under DHS jurisdiction would best be addressed in an amendment to the Human Services Code.

As to commercial health insurance, the bill would require a health insurance policy to make available, starting with the first year of enrollment and every three years thereafter, no less than a $2500 benefit towards coverage for a hearing aid. This benefit would be able to be used with an entity in the business of selling hearing aids, or with a hearing aid fitter who contracts with the health insurer. Currently, to our knowledge, no insurer in the small group or individual insurance market provides coverage for hearing aids. Additionally, the State benchmark plan that sets the standard for essential health benefits in those markets excludes coverage of hearing aids from its definition of an EHB, and most insurers have exclusions in their policies.

Because HB1670 would create a new mandate in state law, the benefit may be subject to the mandate defrayal provision of the Affordable Care Act, which could require the commonwealth to offset any increases in premiums or claims. That said, we are aware of several states that include adult hearing aids in their EHB benchmark plans. Benefits vary in frequency of coverage, but more generally include an annual exam and one hearing aid per ear for every 1-3 years of coverage. For example, New York provides for a single hearing aid purchase every three years, limited to $1,500; Texas provides for up to $1,000 in coverage every 36 months, and Wisconsin provides for a single purchase per ear every three years, limited to $2,500. In 2024, Vermont began requiring all individual and small group health plans to cover one set of prescription hearing aids every three years and an annual exam.

We are supportive of the bill's goal – to ensure access to treatment for hearing loss – but would appreciate the opportunity to work with the sponsors on some drafting edits. For example, because this bill would amend a section of The Insurance Company Law of 1921, we would recommend removing any references to "government programs," and placing those provisions in a separate bill under the purview of the Department of Human Services. Additional consideration should be given to the language regarding annual benefit versus tri-annual benefit. The bill would require coverage be available during the first year of enrollment and "and every three years thereafter." Health insurance policies, including policies that would provide coverage for hearing aids, are offered on an annual basis. We would be interested to learn from some of the states that have similar provisions in their laws to understand the operational considerations of an "every third year"

Office of the Insurance Commissioner
1326 Strawberry Square | Harrisburg, Pennsylvania 17120 | Phone: 717.783.0442 | Fax: 717.772.1969
www.insurance.pa.gov | ra-in-commissioner@pa.gov

coverage requirement. Another item for consideration would be to revise the definitions so that limited benefit plans that offer hearing aid coverage might be included within the bill's scope.

Again, thank you for the opportunity to provide remarks on HB 1670. We appreciate the bill sponsor's interest in this important issue and look forward to continuing the conversation.

Sincerely,

Michael Humphreys
PA Insurance Commissioner

INSURANCE FEDERATION OF PENNSYLVANIA

409 North Second Street
Suite 202
Harrisburg, PA 17101
(717) 236-2301

November 19, 2025

To: The Honorable Members of the House Aging and Older Adult Services Committee

From: Megan A. Barbour

Re: House Bill 1670 – Hearing Aid Coverage

Chairwoman Madden, Chairman Mentzer, and Members of the House Aging and Older Adult Services Committee, thank you for the opportunity to be here today. I am Megan Barbour, Executive Director of Government Affairs for the Insurance Federation. We are a trade association that represents insurers offering all lines of insurance in Pennsylvania, including health insurance.

I am here today to express opposition to House Bill 1670 which mandates insurance coverage for hearing aids for private health insurers. While the Federation fully supports efforts to improve access to hearing care, we believe this bill as currently written raises serious concerns about affordability, sustainability, and unintended consequences for Pennsylvania's older adults and broader insured population.

Cost Burden on Consumers and Insurers

Mandating coverage for hearing aids, without sufficient cost controls, will inevitably lead to higher premiums for all policyholders. Hearing aids can cost thousands of dollars per pair, and requiring insurers to cover them without robust price regulation or other mechanisms could inflate costs across the board. This is especially concerning for older adults on fixed incomes and other vulnerable populations who may already significantly struggle with rising health care premiums.

Mandating additional coverage through HB 1670 may be well-intentioned but is ill-timed given the current affordability crisis in health care. This year alone, the Pennsylvania Insurance Department approved an average rate increase of 19% for individual plans and 13% for small group plans. These increases are directly attributed to rising health care costs, increased utilization of benefits, the potential end of the Enhanced Premium Tax Credits – the tax credits that are currently the subject of a nationwide debate and federal shutdown.

With Enhanced Premium Tax Credits set to expire at the end of 2025, millions of Americans, including small business owners, gig workers, and middle-income families, face premium increases of up to 114%, with some Pennsylvanians seeing rate hikes as high as 485%. These subsidies have been critical in keeping coverage affordable, and their loss will push many out of the insurance market entirely. If health insurance becomes unaffordable without subsidies, the real issue is not the coverage itself – it's the underlying cost of care that drives those premiums. Addressing the root causes of high medical expenses is essential to making coverage truly sustainable. Adding new mandates like HB 1670 will only compound the financial burden on consumers and insurers, driving premiums even higher.

While at least two of our members cover hearing aids beyond what is currently covered through this bill, another offers the benefit as an add on in large group settings, and another excludes the benefit. Coverage, other than what is mandated by the Affordable Care Act's Essential Health Benefits, a set of 10 categories of health care services required to be covered by individual and small-group health insurance plans, should be left up to the insurers who know their population and marketplace and what they can tolerate.

In this climate, policy makers should focus on preserving affordability and access, not expanding coverage requirements that could unintentionally worsen the crisis.

Thank you for the opportunity to be here and we are happy to take any questions.

Jim Kane Comments re: PA House Aging Hearing, Nov. 19, 2025

Mandating hearing aid coverage in PA is needed for older people with hearing loss. As the Governor's *10-year Aging Our Way, PA* document details on page 5, residents over 60 will soon outnumber those under 20. Attached is a PA Population Projection through the year 2050.[1] Unfortunately, hearing loss increases with age. Attached is a document produced by the Johns Hopkins Bloomburg School of Medicine illustrating *Percentage of Individuals with Hearing Loss by Age and Severity*.[2] Findings published in the July 28, 2023 *JAMA Network Open* that are summarized on its page 1 found that 65.3% of individuals older than 71 had hearing loss, but only 29.2% of those used hearing aids (HAs).[3] (*JAMA – Journal of American Medical Association*) The only priority item in the Governor's *10-year Aging Our Way, PA* document dealing with hearing for older residents is Item 11: "Advocate to Medicare to include coverage of dental, vision, and hearing services."[4]

Hearing aids are expensive, and their cost is not covered by Medicare. 10.4% of people living in PA live in poverty. The National Institute of Health published an article in its June 2023 *Audiology Research* magazine titled *Impacts and Identification of Hearing Aid Refurbishing Programs for People with Hearing Loss: A Scoping Review*[5]. "Results suggest that refurbished HAs may improve communication and social participation for individuals with hearing loss and provide monetary savings to them and to government agencies." P.1 "The consequences of hearing loss are important and numerous. It can lead to problems with hearing perception and communication, but also to fatigue, anxiety, social isolation, psychological distress, and depression. Hearing loss is also associated with cognitive decline and a higher risk of falls in the elderly." P. 2 "The use of refurbished HAs appears to be a valuable option for low-income people living with hearing loss." P.3 The Chester County PA Chapter of the *Hearing Loss Association of America* collects used hearing aids and sends them to the *Hearing Charities of America* where they are reconditioned and then sent to audiologists throughout the country with low-income patients needing HAs. Other groups in PA that collect and recondition used hearing aids in PA include *Hearing the Call* in Delaware Valley and *A & E Audiology* in Lititz. The *Mission of Mercy – Pittsburgh* group has a once per year event where they test low-income people's hearing and give hearing aids to those who need them. This year's event was October 25.

New Jersey has a *Reconditioned Hearing Aid Project* for people older than 65, a NJ resident, certification by a physician or licensed audiologist as having a hearing loss and needing a hearing aid, a low income (less than $42,142 if single, $49,209 if married), and is not eligible for other sources of hearing aid assistance, e. g., Medicaid. The project is a collaboration between the NJ *Dept. of Human Services Division of Deaf and Hard of Hearing*, *Hearing Charities of America*, and *Montclair State University*. NJ has a poverty level of 10.1%.

Should PA not be able to cover the cost of hearing aids for all older PA residents, PA should consider a Reconditioned Hearing Aid Project similar to New Jersey's for low-income older residents.

Jim Kane

VP Chester County, PA *Hearing Loss Association of America*

Nov. 13, 2025

PENNSYLVANIA PSHA SPEECH-LANGUAGE-HEARING ASSOCIATION

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September 22, 2025

Honorable Maureen Madden
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Harrisburg, PA 17120-2097

Chairs Madden and Mentzer:

We are writing on behalf of the Pennsylvania Speech-Language-Hearing Association (PSHA), representing over 1000 Audiologists and Speech-Language Pathologists across the state of PA, to reiterate our qualified support for the memo, “Insurance Coverage of Hearing Aids” (former HB 1609).

Hearing aids, when properly fitted, programmed and supported by a licensed audiologist, represent a significant public health benefit, as untreated hearing loss has an established connection to health conditions such as depression, cognitive decline and dementia. Limited research is available regarding the efficacy of “over the counter” hearing devices, which require consumers to fit, program and maintain devices without the support of a qualified professional leading to significant rejection of OTC products by the consumer.

We are hopeful that this version of the legislation will also include language requiring insurance coverage of audiological services in addition to the purchase of hearing aids, in order to optimize the public health benefit potential of this bill.

Please reach out to us at PSHA@psha.org for discussion. This article, published by the American Speech-Language-Hearing Association, describes the health benefits of audiological rehabilitation. We have also included data on page 2 with statistics on US population facing hearing loss.

Thank you for your interest in helping Pennsylvanians with hearing loss.

Sincerely,

Nicole Billak, Ed.D, CCC-SLP/LBS
PSHA President

Tamara Sepe, MS, CCC-SLP
PSHA VP of Governmental Affairs

- U.S. Census Bureau QuickFacts: Pennsylvania shows 12,961,683 PA population
    - Approximately 60% are adults 18-64 = 7,777,010 PA adults (12,961,683*0.6)
    - Approximately 20% are adults 65+ = 2,592,337 PA adults (12,961,683*0.2)
- About 15.5% (44.1 million) of American adults age 20 and older have some level of hearing loss = 1,607,249 PA adults [(7,777,010+2,592,337)*0.155]
    - Source: National Council on Aging: Hearing Loss Statistics 2025: More Common Than You Might Think
- Approximately 14.6 million people in the USA live with an untreated, disabling hearing loss, with a cost of $133 billion **each year**. This amounts **to $9,100 per person with an untreated disabling hearing loss.**
    - *A "disabling hearing loss" is defined by the Global Burden of Disease research group as a hearing loss greater than 35 dB on the better ear.*
    - *People with an untreated hearing loss experience higher unemployment rates than people without hearing loss.*
    - *When looking at the general population, untreated hearing loss influences general physical health and wellbeing, and reduces physical activity. People with untreated hearing loss are also more likely to have other chronic diseases than people with normal hearing.13,16 There is also a documented relationship between untreated hearing loss and cognitive decline and dementia.17,18 Fatigue, both during and after work, is a major problem affecting many people with an untreated hearing loss.*
    - Source: Ruberg, K. (2019). *Untreated Hearing Loss Cost Billions – In the US and the Rest of the World.* The Hearing Review. Untreated Disabling Hearing Loss Costs Billions

Testimony from Pennsylvania Speech-Language-Hearing Association November 19, 2026

Dr. Nicole Billak, PSHA President

Good morning, Chair and members of the committee. My name is Dr. Nicole Billak, and I am the President of the Pennsylvania Speech-Language-Hearing Association, or PSHA. We represent more than 1,000 audiologists and speech-language pathologists across the Commonwealth who are dedicated to helping Pennsylvanians communicate and connect with the world around them.

PSHA offers our strong, qualified support for House Bill 1670, which would require insurance companies to cover hearing aids. Hearing aids, when properly fitted, programmed, and supported by a certified audiologist, are not just devices—they are life-changing public health tools. Untreated hearing loss is linked to depression, cognitive decline, and even dementia, leading to higher costs of treatment in the future.

We also urge you to consider adding coverage for the professional audiological services that ensure these devices are used effectively. Research shows limited benefit from over-the-counter devices without professional guidance.

By including both the hearing aids *and* the essential audiological care that supports them, you can maximize the health, independence, and quality of life for thousands of Pennsylvanians.

I would like to introduce Drs. Susan Dillmuth-Miller and Akila Rajappa to provide additional insight into the cost of hearing loss.

Dr. Susan Dillmuth-Miller, Audiologist

Hearing loss affects over 48 million Americans including nearly 1 in 3 adults over 65 years. Hearing loss can range from a mild degree where one misses soft spoken speech or the endings of words to a profound degree of hearing loss where one cannot even detect when someone is talking. Most persons lose hearing in the high frequencies first which will result in a loss of clarity. How many of us have heard an older person complain that they can hear if everyone would stop mumbling? I have a simulation of hearing loss I would like to present. You will be able to notice that hearing loss is not just a loss of intensity but also clarity.

https://vimeo.com/860535258?fl=pl&fe=sh

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Hearing loss is not a benign condition. Untreated hearing loss leads to reduced academics, unemployment, reduced workplace participation, depression, anxiety, social isolation, dementia, poor communication with healthcare providers, and broken relationships and this list is not exhaustive.

Hearing aids are the standard treatment for sensorineural hearing loss, which is a permanent medical condition. Hearing aids can range from $2000-$8000 per pair depending on the technology level. In 2022, FDA approved over the counter (OTC) hearing aids for mild to moderate hearing loss to cut out the middle man, and reduce costs to make hearing aids more cost accessible. With OTC hearing aids ranging in cost from $300-$2000 per pair, adults no longer need to have their hearing tested, obtain a prescription, and pay for audiologist fitting services. However, cutting out the services can be problematic.

OTC hearing aids offer no professional support. While convenient, users may struggle with selecting the right device for their hearing loss, properly inserting and removing them, adjusting or programming the device correctly,and troubleshooting technical issues. OTC hearing aids are only for those with mild to moderate hearing loss and those with more complex hearing loss may not realize they need specialized fittings or additional interventions.

The services an audiologist provides starts with a full diagnostic evaluation to determine what kind of hearing loss one has and the severity of the hearing loss. Hearing loss that can be corrected and therefore don't require hearing aids, are referred to an ENT doctor to medically treat the hearing loss. Using OTC without a proper diagnosis could delay proper treatment. Complex hearing loss such as those with moderately-severe or greater degrees, asymmetrical, sudden hearing loss, or difficult configurations are not candidates for OTC hearing aids. Without an evaluation, persons would not know if they are a candidate for OTC hearing aids.OTC are not for medically treatable hearing loss or hearing loss more than moderate, asymmetric hearing loss, or complex issues. Risks are without an evaluation, treatment is delayed, and money is wasted on something that cannot help the user.

All hearing losses are considered equal. Audiologists would program the hearing aids to fit the hearing loss based on the frequencies that a person has hearing loss. For example, some people might have near normal hearing in the low frequencies and can hear vowels without a problem, but then cannot hear high frequencies, like consonants. An audiologist would customize the device to the person's hearing loss much like an optometrist would customize one's lens for glasses. OTC offer pre-set profiles or self fitting through an app which can result in people being overamplified or underamplified for certain frequencies creating distortion or lack of benefit. Additionally, persons who are not used to using smart phones, apps, bluetooth have a great deal of difficulty with this and tend not to make any adjustments.

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When a person purchases hearing aids from an audiologist, the patient is taught how to insert, remove, care, troubleshoot, change/charge the batteries, and how to identify red flags. Acceptance counseling is offered. Because hearing aids do not replace normal hearing and hearing loss typically progresses slowly over time, users need time to acclimate, and the audiologist adjusts the hearing aids progressively over time to facilitate acclimation. The patients are seen typically five times over the course of the first year for adjustments as the patient acclimates. Some patients with more complex losses and processing concerns need auditory training where the brain is formally trained how to listen and understand sounds through a device. Some persons will not benefit from hearing aids. Audiologists will recognize the hearing aids limitations and will make the proper referral for cochlear implants or other implantable devices. OTCs are do it yourself and none of these audiological services are available with their purchase. I have had people show up in my clinic with their OTC devices wanting me to fit the device and instruct them in its use. I offer my services but often the device is not what they need and they will not find significant benefit. Picou (2025) found 80% of OTC users sought professional assistance with their devices.

Overall, hearing aid satisfaction is around 83% for traditionally purchased hearing aids and 76% for OTC hearing aids but satisfaction and benefit are two different constructs. OTC benefit which look at improvements in hearing aid function are lower for OTC. Although consumers may feel satisfied with their hearing aids, professional support continues to be an important and beneficial aspect of hearing aids.

Dr. Akila Rajappa, PSHA VP of Professional Practice-

Evidence from a recent WHO driven study (Tordrup et al., 2022) shows strong economic returns: globally, scaling up hearing care interventions is estimated to deliver more than US$15 in benefit for every US$1 invested (through improved quality of life, reduced disability, and increased productivity). For Pennsylvania's seniors, many of whom face both the burdens of hearing loss (social isolation, cognitive decline) and fixed-income limitations, expanding hearing aid coverage is both a health equity issue and a smart fiscal move.

A large national JAMA study of insurance claims data by Reed et al., 2019 found that adults with untreated hearing loss had 46% higher total health care costs—about $22,000 more per person over 10 years—and were significantly more likely to be hospitalized or readmitted within 30 days. Treating hearing loss could therefore reduce overall health care spending while improving seniors' well-being and independence.

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Among adults with hearing loss, a recent study by Mahmoudi et al. (2019) from American Geriatric Society reported that hearing aid use reduced key health risk**s** over three years:

- 18% lower risk of dementia (including Alzheimer's disease)
- 11% lower risk of depression or anxiety
- 13% lower risk of fall-related injuries

These findings underscore how hearing care supports healthy aging, cognitive function, and safety.

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References:

1. Mahmoudi, E., Basu, T., Langa, K., McKee, M. M., Zazove, P., Alexander, N., & Kamdar, N. (2019). Can hearing aids delay time to diagnosis of dementia, depression, or falls in older adults?. *Journal of the American Geriatrics Society*, *67*(11), 2362-2369.
2. Tordrup D, Smith R, Kamenov K, Bertram MY, Green N, Chadha S; WHO HEAR group. Global return on investment and cost-effectiveness of WHO's HEAR interventions for hearing loss: a modelling study. Lancet Glob Health. 2022 Jan;10(1):e52-e62. doi: 10.1016/S2214-109X(21)00447-2. PMID: 34919856; PMCID: PMC8692586.
3. Reed NS, Altan A, Deal JA, Yeh C, Kravetz AD, Wallhagen M, Lin FR. Trends in Health Care Costs and Utilization Associated With Untreated Hearing Loss Over 10 Years. JAMA Otolaryngol Head Neck Surg. 2019 Jan 1;145(1):27-34. doi: 10.1001/jamaoto.2018.2875. PMID: 30419131; PMCID: PMC6439810.