

# **Increasing Hearing Aid Appropriations: A Vision from New Mexico**

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For many years, New Mexico (NM) provided little or no financial support for families of children with hearing impairments. The only NM residents who received support were low-income families who qualified for Medicaid. Medicaid provided only \$400 per hearing aid, significantly reducing amplification options for hearing impaired children. In addition, NM residents had to pay sales tax on their hearing aid purchases, increasing their total financial burden. Fortunately, in July 2007, NM passed legislation consisting of two new laws and one policy change that resulted in increased access to advanced hearing aid technology for children with hearing loss.

The first law mandated that private health insurance would have to provide coverage up to a maximum of \$2200 per hearing aid every three years until the child reached 18 years of age (until age 21 for those still in high school). NM was the ninth state to enact such legislation. The second law eliminated state sales tax on hearing aids and on visual aids for blind people. In addition, a Medicaid policy change resulted in increased reimbursement for hearing aids. By increasing reimbursement from \$400 to \$1400 per hearing aid, audiologists can now fit higher end digital instruments. These successes were the result of a grass roots effort involving numerous stakeholders working together over an 18 month period.

This article describes the journey, trials, joys and tumultuous hours of work shared by many committed parents and professionals to achieve these legislative accomplishments.

The Memorial:

A memorial is a legislated study with the purpose of educating all stakeholders regarding the impact of potential legislation. Sometimes, it is the first legislative step before a bill can be introduced in NM. One of the strongest parent advocates was also a representative of NM Hands and Voices. This same individual previously participated in a study legislated by another NM memorial addressing whether American Sign Language (ASL) would be considered a foreign language. Further, she wrote a bill to provide funding for infrastructure changes within the state department of education and analyzed the educational structure on a state task force. Fortunately, she was able to initiate and drive the memorial process for our new venture.

In meetings with the Deaf and Hard of Hearing (Deaf and HH) community and their supporters, it became apparent that one of the greatest obstacles to early intervention for children was inadequate financing for both amplification and related professional services. In 2005, we began to collaborate with other local and national offices sharing our concerns. Our parent advocate worked with a variety of groups and resources to create the required NM Memorial.

The American Speech Language Hearing Association (ASHA) designed many of the essential tools used to write our memorial. ASHA's website demonstrated a model bill, provided legislative precedents from eight other states, and direct links to actual laws. ASHA's political action staff supplied us with contacts in these states. ASHA provided the impetus for a parent representing Hands and Voices to approach the Commission for the Deaf and HH and the Newborn Hearing Screening Advisory Council. This working group pooled essential knowledge and critical research, as well as statistics and procedural knowledge, to draft a comprehensive and well written memorial. The memorial was well received and was approved in January of 2006.

In retrospect, there were a few key factors in our success. These included: (1) choosing our goal carefully, (2) communicating with key leaders (especially the governor's office) and (3), building our success on previous advocacy experiences.

#### Feasibility Study:

Our legislative study committee was comprised of both experts and parents. The committee was coordinated by the Commission of the Deaf and HH and met frequently over one year. The original committee mandate was to study the feasibility of legislating insurance coverage for children's hearing aids. The memorial mandated a pragmatic foundation built on research to develop a report. The research was comprehensive and included a review of existing legislation in eight other states, statistical analysis projecting the number of Deaf and HH children affected in New Mexico, the current economic impact on families, present insurance coverage and the potential cost impact on private insurance companies.

After reviewing and studying the obstacles to our goals, it became clear that our problems were larger than we originally suspected. In fact, not only was there a lack of private insurance coverage for hearing aids, but approximately 60 percent of NM children were covered by Medicaid which had severely under-funded hearing aids and created a two-tier system in the quality of hearing aid distribution. That is, children covered by private insurance received significantly more funding and gained access to superior technology. For this reason, addressing Medicaid reimbursement became as equally important as providing appropriate private insurance coverage.

One of the most problematic aspects of our research was our inability to attain statistical information critical to delineating costs for insurance companies. This information was not available at our state level or at a national level from ASHA. Ultimately, we used statistical information gathered in an audiologic survey by the Colorado Department of Education. We extrapolated data from their presentation and applied it to our population in order to draw relevant conclusions.

#### Drafting Legislative Bills:

Once our committee concluded, three initiatives had to be brought forth. These included two new bills and a Medicaid policy change. The lead audiologist with the New Mexico Speech Language & Hearing Association (NMSHA) used ASHA's information with regard to state

precedents and their model bill to draft the NM legislation. In constructing the insurance bill, we also consulted with the state regulatory commission for appropriate language required for insurance bills in our state and we worked with the NMSHA lobbyist, who was already familiar with the local process, protocols and individuals who would be involved. The NMSHA audiologist on our committee took the drafts to the appropriate legislative bill drafter to have them created in an official form, consistent with other legislative initiatives. Our comprehensive research and thorough preparation afforded us secondary benefits as well. In particular, we were able to minimize changes in the bill's language during the session and we were able to enlist the support of the insurance companies as a result of the concise and clear outcomes included in the bill.

#### Lobbying Efforts:

Lobbying efforts were very important as we built our "critical mass" of support. Our lobbying initiatives flowed logically from the early involvement of key stakeholders on the study committee (including state agency representatives, consumer group representatives, parents of hearing impaired children, audiologists, a legislative lobbyist, a legislative sponsor) to a supportive Commission for the Deaf and Hard of Hearing. The commission was pivotal in opening doors and paving the way throughout our endeavors.

Our group leaders used previously established member lists, phone contacts and e-mail trees to quickly enlist support when bills were to be heard by the legislative committees. We prepared testimonial packets for parents to help maintain high visibility throughout multiple legislative hearings and we developed a "Hearing Loss Awareness Day" to encourage community support and involvement.

#### The Governor's Office:

Consistent and persistent involvement from the Memorial to the Governor's office was critical to our success. Although cautiously optimistic with each successful step, committee members were keenly aware that similar legislation in Colorado and California had been vetoed. Therefore, we continued intensive lobbying efforts until the final moment, when the Governor signed our bills.

It was truly astounding to all of us that no opposing votes surfaced during the entire legislative session. The two new bills and the policy change passed unanimously! This would not have happened without support from NM Governor Richardson and Lieutenant Governor Denish, each of whom has shown their commitment to children and cost effective, preventive health interventions.

#### Key Elements of Success:

- A study group in which each agency had a great deal of input and each individual was actively involved in the outcome.
- The fiscal support from the Commission for the Deaf and Hard of Hearing laid the foundation and facilitated coordination.

- Parents were committed and prepared to network and testify during the House and Senate Hearings.
- Advocacy groups were an instrumental driving force.
- It was important to start early and convey a developmental emergency.
- An “e-mail tree” was the best venue for communication for all prospective contributors.
- Last but not least, we thank ASHA, our national association, for equipping us for success

Upon conclusion of our activities, we contacted the other eight state groups that had succeeded in mandating hearing aid legislation. We queried as to what they would have done differently, and, indeed, what worked well for them.

Six states said they would have increased the dollars-per-hearing-aid amount so they would not have to revisit the situation in the near future. One state wanted to increase the recipient age period covered. The few states that negotiated with insurance companies regretted the lower amount agreed upon and two states mentioned they would have merged hearing aid insurance with their newborn hearing screening bill. Many agreed there was increased access to hearing aids and quicker response time as a result of hearing aid legislation. States that had coverage every 24, 36, and 48 months had continued access to hearing aids throughout childhood. Finally, the time frame for initial fitting of amplification had improved and continues to improve.

The Future:

Even though we were successful in our efforts in NM, there is still much to be done. First, we need to mandate a trial period for hearing aids, as some other states have done. Trial periods help facilitate optimal hearing aid fittings. Secondly, we should consider establishing a hearing aid bank utilizing bulk purchasing of hearing aids to allow children to have hearing aids in transitional times or when their hearing aids are lost or in disrepair. Finally, and most importantly, we need to collect statistics on the number of children with hearing loss and those fitted with hearing aids from birth through school age. This data should be collected in a uniform way within each state, perhaps with national leadership to promote consistency.

Reflections:

In reviewing our process, there were key elements that were crucial to our success. These included recruiting the right people and treating the process as a labor of love. Nothing is guaranteed and there are always unknowns. You must evaluate and re-evaluate constantly. We are proud to announce that needy children in New Mexico will no longer have to be fitted with sub-par hearing aids, nor will they need to go without appropriate hearing aids during the early years, critical for optimal speech, language, auditory, social and psychological development.

Today we celebrate a great outcome. We hope our success inspires others to take the journey and succeed. Our story is also summarized in the ASHA Leader (Secord and Moseley, 2007).

Reference:

Secord, S, & Moseley, K. (2007, Aug. 14). New Mexico insures hearing aids for children: Advocacy results in success. *The ASHA Leader*, 12(10), 5, 8.