



Submitted via e-mail: billsandifer@schouse.gov

March 12, 2020

The Honorable Bill Sandifer, Chairman
House Labor, Commerce and Industry Committee
407 Blatt Bldg.
Columbia 29201

RE: HB 3284

Dear Chairman Sandifer:

On behalf of the American Speech-Language-Hearing Association, I write to express support for HB 3284, which requires insurance policies to provide coverage for hearing aids and services for persons under 18 years of age who are deaf and hearing-impaired.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 3,000 ASHA members reside in South Carolina.

Communication skills are central to a successful and productive life for all Americans. Communication disorders impact education, employment, and the well-being of 1 in 6 Americans and their families.¹

House Bill 3284 provides critical support for reducing instances of untreated hearing loss in children. Studies have linked untreated hearing loss to many social and economic factors, including depression, withdrawal from social situations, reduced alertness and increased risk to personal safety, impaired memory and ability to learn new tasks, reduced job performance and earning potential, and diminished psychological and overall health.² Approximately 15% of school-age children have some degree of hearing loss in one or both ears, with 5.4% (or about 1 in 20) having less severe or unilateral hearing loss.³ Academic achievement and social functioning are significantly impacted by even a mild to moderate hearing loss, which may bring about difficulty in learning and building important interpersonal skills necessary for healthy self-esteem. In fact, over one-third of children with less severe or unilateral hearing loss are projected to fail at least one grade or will require additional educational support, which is estimated to cost the educational system over \$5.5 billion.⁴

Academic Achievement

- Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts.
- Children with mild to moderate hearing loss, on average, achieve one to four grade levels lower than their peers with normal hearing unless appropriate management occurs.
- Children with severe to profound hearing loss usually achieve skills no higher than the third or fourth-grade level unless appropriate educational intervention occurs early.

- The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school.
- The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive.^{5, 6, 7}

Social Functioning

- Children with severe to profound hearing loss often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited.
- These social problems appear to be more frequent in children with a mild or moderate hearing loss than in those with a severe to profound loss.^{8, 9}

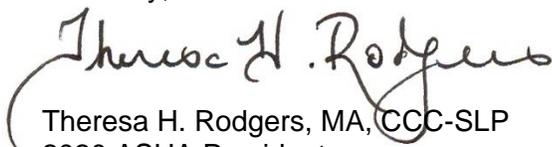
Financial Impact

The lifetime educational cost of hearing loss (more than 40 dB permanent loss without other disabilities) has been estimated at \$115,600 per child.¹⁰

HB 3284, Sponsored by Rep. Huggins, will benefit South Carolinians under age 18 who do not have coverage for hearing aids by requiring all individual and group health insurance policies regulated by the state to provide coverage.

Thank you for your consideration of ASHA's position on HB 3284. If you or your staff have any questions, please contact Tim Boyd, ASHA's director of state health care and education affairs, at tboyd@asha.org.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ Ruben, R. J. (2000). Redefining the Survival of the Fittest: Communication Disorders in the 21st Century. *The Laryngoscope*, 110, 241-245.

² Emmett, S. D., & Francis, H. W. (2015). The socioeconomic impact of hearing loss in U.S. adults. *Otology & neurotology: official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otolology and Neurotology*, 36(3), 545-550. Retrieved from <https://doi.org/10.1097/MAO>.

³ Niskar, A.S., Kieszak, S.M., Holmes, A., Esteban, E, Rubin, C., & Brody, D.J. (1998). *Prevalence of Hearing Loss Among Children 6 to 19 Years of Age: The Third National Health and Nutrition Examination Survey*. *JAMA*, 279(14),1071-1075. doi:10.1001/jama.279.14.1071.

⁴ Tharpe, A. M. (2008). *Unilateral and mild bilateral hearing loss in children: past and current perspectives*. *Trends in Amplification*, 12(1), 7-15. Retrieved from <https://doi.org/10.1177/1084713807304668>.

⁵ Marschark, M., Shaver, D. M., Nagle, K. M., & Newman, L. A. (2015). Predicting the academic achievement of deaf and hard-of-hearing students from individual, household, communication, and educational factors. *Exceptional Children*, 81(3), 350-369. doi:10.1177/0014402914563700

⁶ Su, B. M., & Chan, D. K. (2017). Prevalence of hearing loss in US children and adolescents: Findings from NHANES 1988-2010. *JAMA Otolaryngology-Head & Neck Surgery*, 143(9), 920-927. doi:10.1001/jamaoto.2017.0953

⁷ Hrastinski, I. & Wilbur, R. (2016). Academic Achievement of Deaf and Hard-of-Hearing Students in an ASL/English Bilingual Program, *The Journal of Deaf Studies and Deaf Education*, 21(2), 156-170. Retrieved from <https://doi.org/10.1093/deafed/env072>.

⁸ Borton, S. A., Mauze, E., & Lieu, J. E. (2010). *Quality of life in children with unilateral hearing loss: A pilot study*. *American Journal of Audiology*, 19(1), 61-72. [https://doi.org/10.1044/1059-0889\(2010\)07-0043](https://doi.org/10.1044/1059-0889(2010)07-0043).

⁹ Hoffman, M. F., Quittner, A. L., & Cejas, I. (2015). *Comparisons of social competence in young children with and without hearing loss: A dynamic systems framework*. *Journal of Deaf Studies and Deaf Education*, 20(2), 115–124.
<https://doi.org/10.1093/deafed/enu040>.

¹⁰ Grosse S. (2007). Education cost savings from early detection of hearing loss: New findings. *Volta Voices*, 14(6), 38-4.