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New York State Speech-Language and Hearing Association

Partnership for Coverage Increasing Access to Health Insurance

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Recital Hall

Campus Center

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Thank you for conducting public hearings on this important issue. My name is Lynn Spivak, PhD., Director of the Hearing & Speech Center at Long Island Jewish Medical Center and North Shore-LIJ Health System. I serve as President of the New York State Speech- Language-Hearing Association (NYSSLHA) which is composed of speech-language pathologists, audiologists, speech and hearing scientists, and others interested in speech, language, swallowing and hearing disorders. As you may know, a speech-language pathologist is a professional trained in the study of human communication, its normal development, its disorders and its treatment while an audiologist is a professional concerned with the normal and impaired hearing, and with identification, evaluation and rehabilitation of those who have hearing problems. The State Education Department in New York licenses both Speech Pathologists and Audiologists. Currently there are 12,463 licensed speech-language pathologists and 1,112 licensed audiologists in New York State.

Access to healthcare insurance is critical to our patients whether they need assistance in learning to speak or swallow after a stroke or they are children who cannot speak because of a hearing disorder or developmental delay. Today's health insurance system in New York State with its patchwork and divergent system of employer and government sponsored plans, challenges our members everyday to provide critical speech-language and hearing health care services to these individuals. We strongly endorse the Governor's goal "to develop a plan for affordable, universal health insurance for all New Yorkers" that will improve access, improve quality, improve affordability and provide other needed reforms. NYSSLHA strongly believes that access must be the most critical consideration of any new plans under the Governor's Partnership for Coverage initiative. Access to service for audiology and speech pathology services is severely limited under both government and private insurance sponsored health plans in our state today. With your indulgence I will detail the barriers in these programs in hopes that any new program provides the access our patients so badly need and deserve.

Medicaid

Under the State's Medicaid program, patients assigned to Medicaid HMO plans face significant barriers to care. The HMOs provide reimbursement for hearing aids that sometimes does not even come close to covering the audiologist's cost. This

reimbursement has forced many clinic and private providers in the community to cease providing services to these patients. Some have been able to achieve acceptable reimbursement and continue care, but only after lengthy negotiation with each of the managed care plans. Ironically, in the age of HMOs and insurance coverage plans, the Medicaid fee for service program in Article 28 clinics is the best and sometimes only access point to our patients. This program, although not without its frustrations, provides a level of reimbursement for both services and devices that allows our patients critical access.

Patients who do not have access to a clinic, face significant barriers for both services and devices. For example, under Medicaid persons under age 21 must be seen in an Article 28 clinic or a speech and hearing center certified by the Physically Handicapped Children's Program to have their hearing evaluated. A private practice audiologist is barred from providing hearing evaluations under Medicaid and can only dispense a hearing aid if they receive prior approval, which takes anywhere from 6 weeks to 12 months. This is clearly an unacceptable wait for someone who depends on hearing aids to fully participate in society and adequately function in school or the workplace. In addition, private practitioners have little incentive to provide these services to Medicaid recipients. They are paid a nominal dispensing fee for each hearing aid but they receive no reimbursement for essential and sometimes numerous follow-up services that they must provide to ensure a successful hearing aid fitting. Needless to say, given these limitations, Medicaid patients in geographic areas not served by a clinic find it very difficult to access service and devices.

Private Insurance

Unfortunately, for patients in private insurance plans access is, at best, limited. For example, take the case of insurance coverage for bilateral cochlear implants. Cochlear implants have become the standard of care for individuals with severe to profound hearing loss. Adults, whose hearing loss can not be helped with conventional hearing aids, gain significant benefit from cochlear implants that eliminate many of the barriers to employment, recreation and social interactions that are experienced by deaf individuals. Deaf children who are implanted early develop speech and language on par with their normally hearing peers. Until recently the standard of care has been that

cochlear implant candidates receive only one implant. Hearing with only one ear creates many problems, including difficulty hearing in noisy backgrounds and not being able to localize the source of a sound, which poses significant safety problems. For these reasons, the standard of care for hearing aids is to fit both ears to restore a more natural hearing experience. There is now a substantial body of research indicating that cochlear implant recipients also obtain significant benefit in sound quality, speech understanding and sound localization when both ears are implanted. Children with two implants progress more rapidly in acquisition of speech, language and academic skills. At this point, implantation with two implants is becoming the rule, not the exception.

Unfortunately not all insurance carriers have embraced this new standard. Coverage for a second implant typically requires lengthy documentation and justification creating a significant administrative burden and additional cost for the implant center, not to mention long delays in providing access to optimal hearing for patients. Some insurance carriers will not cover the second implant under any circumstances. At our Center we have the following situation: after extensive documentation, letters and appeals, several of our implanted children have been granted a second implant. Two children, however, have been denied a second implant only because they are unfortunate enough to be covered by an insurance company that is known to never approve a second implant. Access to optimal care for these deaf children should not be subject to disparities among insurance plans.

Access is also hindered by administrative hurdles imposed by insurance plans. At our board meetings, NYSSLHA members all share their frustrations with the policies of insurance companies that impede our ability to provide services to patients. These include long delays in prior approvals, inappropriate limitations on duration of therapy, and requiring duplicative credentialing by not just the insurer but by each of the multiple plans sponsored by an insurer.

Early Intervention

Another government-sponsored program, Early Intervention, (EI) which should be the model of rapid and early access for all children across the state under the age of 3, instead is a model for inconsistency. As you are aware, the first 3 years of a child's life are a critical period for the development of speech, language and related cognitive skills.

The importance of the ability to hear and develop language skills during this period cannot be overstated. However, services available to infants under the Early Intervention Program are not consistent throughout the state, differing considerably from one county to the next. Infants who are diagnosed with hearing loss require early hearing aid fitting with the highest quality amplification available to ensure optimal access to sound, that will allow them to develop good speech and language skills. We generally recommend high end, digital hearing aids for our hearing impaired infants because they provide the flexibility and excellent sound quality needed for optimal outcomes. While some counties routinely approve the recommended hearing aid, other counties may only approve an inferior model. Why should a child's address determine the quality of hearing device that he will receive?

In addition to inconsistencies in level of service, each county has different forms, policies and procedures for accessing services. We see these disparities right here on Long Island. The paperwork associated with requesting, documenting and billing for EI services is excessive and is a huge burden to EI providers, especially those that contract with several counties. Consolidation of procedures and uniformity of service provision among counties would significantly increase efficiency, reduce confusion and expedite service delivery.

However, the problems with the Early Intervention program pale with the stark reality many of the children and parents face when they age out of the program and must now rely on insurance plans with little or no coverage for speech and hearing problems. It is a rare insurance plan that covers hearing aids and, when they do, they cover only a fraction of the cost. In addition, many plans exclude speech and language therapy for disorders that are deemed to be developmental and not medical in nature.

These are just a few of the problems with accessing appropriate speech and hearing services that our patients face on a daily basis. These are services that NYSSLHA and its members believe are critical not only for the millions individuals in the US who have a speech, language and hearing disorders but also to the State's economy and workforce. Hearing and speech are critical for effective communication in the workplace. Most employment situations require verbal communication in order to effectively engage in

commerce and to deal with the public; effective hearing is also critical to assure safety on the job. A recent report of the National Academy on an Aging Society stated that “untreated hearing impairments cost the U.S. economy \$56 billion in lost productivity, special education, and medical care – an annual per capita tax of \$216.” We believe that granting all New Yorkers access to speech and hearing services is not only fair but essential to the future growth of the State’s economy.

We look forward to continuing to work with the Department of Health and the Department of Insurance in your efforts to craft health care coverage for all New Yorkers.

Thank you for the opportunity to address the panel on behalf of the New York State Speech-Language-Hearing Association.