

# Executive Summary: Health Impact Review of HB 2410

## Requiring coverage for hearing instruments for children and adolescents (2020 Legislative Session)

Evidence indicates that HB 2410 would likely result in fully-funded health plans including coverage for hearing instruments and associated care for individuals 18 years of age or younger, which could increase the affordability of hearing instruments, increase the number of youth accessing hearing instruments and technology, improve health outcomes, and reduce health inequities for youth who are deaf or hard of hearing.

### BILL INFORMATION

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**Sponsors:** Kilduff, Harris, Orwall, Frame, Kloba, Leavitt, Gregerson, Valdez, Stonier, Pollet, Goodman, Wylie, Doglio, Morgan

#### Summary of Bill:

- Requires a health carrier offering a health plan issued or renewed on or after January 1, 2021 to include coverage for hearing instruments, including bone conduction hearing devices, for individuals 18 years of age or younger.
- Specifies that coverage must include the hearing instrument, initial assessment, fitting, adjustment, auditory training, and ear molds as necessary to maintain optimal fit.
- Sets a maximum benefit amount (not subject to deductible) of \$2,500.00 per hearing impaired ear<sup>1</sup> every 36 months.
- Exempts the hearing aid mandate from the health insurance anti-discrimination clause found in [RCW 48.43](#).

### HEALTH IMPACT REVIEW

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#### Summary of Findings:

This Health Impact Review found the following evidence for provisions in HB 2410:

- **Informed assumption** that requiring health carriers to include coverage for hearing instruments and associated care for individuals 18 years of age or younger would result in fully-funded health plans including this coverage. This is based on information from Washington State Office of the Insurance Commissioner (OIC), Health Benefit Exchange (HBE), and health carriers in Washington State.
- **Informed assumption** that fully-funded health plans including coverage for hearing instruments and associated care for individuals 18 years of age or younger would increase the affordability of hearing instruments and associated care for families. This is based on information from key informant interviews.

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<sup>1</sup> This analysis recognizes that “hearing impaired” is not preferred language of the community. However, since HB 2410 uses the phrase “hearing impaired ear” in bill provisions, this language is preserved here for accuracy.

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- **Informed assumption** that increasing the affordability of hearing instruments and associated care would increase the number of youth who are deaf or hard of hearing accessing hearing instruments and technology. This is based on information from key informant interviews.
- **Strong** evidence that increasing the number of youth who are deaf or hard of hearing accessing hearing instruments and technology will improve health outcomes for these individuals.
- **Strong** evidence that improving health outcomes for youth who are deaf or hard of hearing would decrease health inequities for these individuals. It is unclear how HB 2410 would impact inequities by insurance status and geography.

### FULL REVIEW

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For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full Health Impact Review at

<https://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2020-04-HB2410.pdf>

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