

HB469 HD1

Measure Title:	RELATING TO HEARING AIDS.
Report Title:	Kupuna Caucus; Health Insurance Coverage; Hearing Aids
Description:	Requires health insurance policies and contracts issued after 12/31/19 to provide coverage for the cost of hearing aids for each hearing-impaired ear every thirty-six months in their base plans. (HB469 HD1)
Companion:	SB1027
Package:	Kupuna Caucus
Current Referral:	CPH
Introducer(s):	TAKAYAMA, AQUINO, CACHOLA, CREAGAN, DECOITE, HAR, HASHEM, HASHIMOTO, HOLT, ICHIYAMA, KITAGAWA, C. LEE, LOWEN, MATAYOSHI, MATSUMOTO, MCKELVEY, MIZUNO, MORIKAWA, NAKAMURA, NISHIMOTO, OKIMOTO, PERRUSO, SAY, TARNAS, WARD, WILDBERGER, WOODSON, YAMASHITA, Eli



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019**

ON THE FOLLOWING MEASURE:

H.B. NO. 469, H.D. 1, RELATING TO HEARING AIDS.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Thursday, March 14, 2019

TIME: 9:00 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Clare E. Connors, Attorney General, or
Daniel K. Jacob, Deputy Attorney General

Chair Baker and Members of the Committee:

The Department of the Attorney General makes the following comments.

The purpose of this bill is to require insurance companies to provide coverage for hearing aids for all types of hearing loss, as well as to specify a minimum amount of coverage and the frequency for replacement of hearing aids under the coverage. The bill also provides that the coverage mandated by the bill shall not be subject to an employer's option.

A phrase in this bill may subject the bill to an Employee Retirement Income Security Act (ERISA) preemption challenge. ERISA is a comprehensive federal legislative scheme that "supersede[s] any and all State laws insofar as they may now or hereafter relate to any employee benefit plan." 29 U.S.C.A. § 1144(a).¹ A state law relates to an ERISA plan and is preempted if it has either an impermissible connection with an ERISA plan or an impermissible reference to an ERISA plan. *New York State Conference of Blue Cross & Blue Shield Plans v. Travelers Ins. Co.*, 514 U.S. 645, 646, 115 S. Ct. 1671, 1672 (1995). This bill may be preempted because of arguable

¹ The subsection, in full, provides as follows:

Except as provided in subsection (b) of this section, the provisions of this subchapter and subchapter III of this chapter shall supersede any and all State laws insofar as they may now or hereafter relate to any employee benefit plan described in section 1003(a) of this title and not exempt under section 1003(b) of this title. This section shall take effect on January 1, 1975.

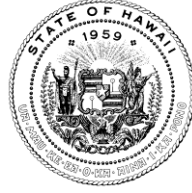
references to an ERISA plan on page 4, line 7, and page 6, line 4, which appear to state that the coverage mandated by the bill shall not be at the option of the employer. The reference to “an employer option” may be construed as a reference to an ERISA plan. We note, however, that if all insurance plans must provide this coverage, any plan an employer would purchase for an employee would be required to include coverage for hearing aids in the event this bill became law. Therefore, we recommend that the wording “not as an employer option” be removed from the bill.

Furthermore, under section 1311(d)(3)(B) of the Affordable Care Act and 45 C.F.R. section 155.170, a state may only require a Qualified Health Plan to add benefits if the state defrays the cost of the additional benefits, unless the proposed new benefit is directly attributable to State compliance with Federal requirements to provide Essential Health Benefits after December 31, 2011.

This bill would require Qualified Health Plans to provide coverage for the cost of hearing aids and to specify a minimum amount of coverage and the frequency for replacement of hearing aids under the coverage. Because this benefit was neither mandated by state law prior to December 31, 2011, nor directly attributable to compliance with Federal requirements after December 31, 2011, it may be considered an additional mandate. If so, the State may be required to defray the cost.

At this time, our department is unaware of a state that has been subjected to the obligation to defray the cost for additional benefits. Therefore, there are no prior examples of how the State would meet its obligation and what specific procedures would be necessary to fulfill the obligation. Our department’s best understanding is that after the Qualified Health Plan issuer submits the issuer’s costs attributable to the additional mandate, the Legislature would need to appropriate the money during the following legislative session and propose a mechanism to distribute the money.

Thank you for the opportunity to comment.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce, Consumer Protection, and Health
Thursday, March 14, 2019
9:00 a.m.
State Capitol, Conference Room 229**

**On the following measure:
H.B. 469, H.D. 1, RELATING TO HEARING AIDS**

Chair Baker Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require health insurance coverage for hearing aids for all types of hearing loss, as well as specify a minimum amount of coverage and the frequency for replacement of hearing aids under the coverage.

This may be viewed as a new mandate. The addition of new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State's qualified health plan under the PPACA.

Additionally, any proposed mandate providing coverage for care requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate, pursuant to

Testimony of DCCA

H.B. 469, H.D. 1

Page 2 of 2

Hawaii Revised Statutes (HRS) section 23-51. Although page 3, lines 3-14 of this bill notes the State Auditor published Report No. 14-10 in 2014, that report addressed S.B. 309, S.D. 1 (Regular Session of 2013), whose language deviates from this bill. Notably, H.D. 1 contains a minimum benefit of an unspecified amount per hearing-impaired ear every thirty-six months, whereas S.B. 309 contained no benefit limitations.

Finally, the statutory requirement in HRS section 23-51 for an impact assessment report on any legislative proposal mandating health insurance coverage may also not be met.

Thank you for the opportunity to testify on this bill.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • TTY (808) 586-8162

March 14, 2019

TESTIMONY TO THE SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH

House Bill 469, HD1 - Relating to Hearing Aids

The Disability and Communication Access Board (DCAB) supports the original version of House Bill 469, HD1 that required health insurance providers and contracts issued after December 31, 2019 to provide coverage for the cost of hearing aids up to \$1,500 per hearing aid for each ear with hearing impairment, and that the aids may be changed every thirty-six months, as needed. These recommendations were from the Legislative Auditor's Study completed in October 2014. House Draft 1 removed the \$1,500 per hearing aid and left the amount per hearing aid blank.

Currently, private health insurance plans provide partial coverage for eyeglasses to correct vision, and some provide partial coverage for hearing aids. Hearing is an equally important sense upon which an individual depends for communication, so an individual with a hearing loss would have improved coverage for hearing aids through a private insurance carrier. For children, it is crucial for them to use their residual hearing to develop language at an early age.

House Bill 469 addresses the concerns from the Auditor's sunrise review that was received by the Hawaii State Legislature on January 14, 2015. Since the sunrise review was completed in October 2014, we request that these changes be incorporated into state law and take effect upon approval. The increase in insurance coverage would allow individuals with hearing difficulties a wider variety of hearing aids that will assist them with functioning in their daily lives. We request the \$1,500 per hearing aid be restored to the bill.

Thank you for the opportunity to testify.

Respectfully submitted,

FRANCINE WAI
Executive Director



March 13, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 469, HD1 – Relating to Hearing Aids

Dear Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 469, HD1, which requires health insurance policies and contracts issued after 12/31/19 to provide coverage for the cost of hearing aids for each hearing-impaired ear every thirty-six months in their base plans.

HMSA appreciates the intent of HB 469, HD1, as the cost of hearing aid devices can be a significant expenditure for individuals and families. HMSA's commercial plans currently provide coverage for hearing aid replacements at the rate of one hearing aid per ear every sixty months. However, HMSA respectfully opposes this bill and we offer the following comments and concerns:

- We have concerns with including a minimum benefit amount per device. The decision on the type of device a member may require should be based primarily on medical necessity rather than the cost. The Committee may wish to consider using “medically appropriate hearing aid models (analog, digital, digitally programmable) with standard features,” instead of a fixed dollar amount.
- We respectfully would like to bring to the Committee's attention the fact that Medicare plans are preempted by federal law from any state mandated coverage.
- The Committee may want to consider amending Section 2(f) and Section 3(f) to require notification of policy change be provided to members through their plan's website. This tends to be more accessible, efficient, and timely for individual members than mailing written notices of policy change.
- This Bill proposes to create a new mandated health benefit and therefore would require a formal auditor's report pursuant to HRS 23-51, to assess what the social and financial costs would be if a mandated minimum cost was ascribed with the hearing aid benefit, which was not included in the previous audit conducted in 2014.
- Furthermore, in the report produced by the Auditor in 2014, it was reported that SB No. 309, SD 1, would not change the status quo concerning coverage for hearing aids, we recommend the Legislature not pass the measure.



Thank you for allowing us to testify in opposition to HB 469, HD1. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pono Chong', with a stylized, flowing script.

Pono Chong
Vice President, Government Relations

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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WRITTEN ONLY

TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND
HEALTH
ON HOUSE BILL NO. 469 H.D. 1

March 14, 2019
9:00 a.m.
Room 229

RELATING TO HEARING AIDS

Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide estimates of the cost impact.

This bill mandates coverage of hearing aids at a minimum of \$1,500 per hearing aid for each hearing-impaired ear every thirty-six months. If the EUTF plans were enhanced to this benefit level, it would add approximately \$567,000 and \$2.0 million in annual claims to the EUTF employee and retiree plans, respectively. It is estimated that such an increase in claims to the retiree plans would increase the State and counties unfunded liability by \$41.8 million.

Thank you for the opportunity to testify.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
Senate Committee on Ways and Means
The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

March 14, 2019
9:00 am
Conference Room 229

HB 469, HD1 Relating to Hearing Aids

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure mandating hearing aid insurance coverage.

Kaiser Permanente Hawaii would like to offer comments.

Kaiser supports the intent of this measure, but Kaiser's position on proposed legislative mandates of health coverage is that they are usually not a good idea, for several reasons:

1. First, because they generally tend to raise the cost of delivering health care, thereby resulting in higher premiums and increased cost to the purchasers and payors of health plan coverage, whether they be employer groups or individuals;
2. Second, because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and usurps the role and expertise of the practicing physician and other health care professionals who provide medical treatment and services; and
3. Finally, because they often lock in statutory requirements that become outdated and do not keep pace with the ever evolving and advancing fields of medicine and medical technology.

Accordingly, Kaiser is concerned that establishing a minimum benefit coverage requirement, i.e., \$1,500.00, will divert the focus away from medical care, i.e., what is medically appropriate, and instead focus on purely financial incentives, i.e., choosing more costly products, which may or

may not be more effective. In essence, higher price doesn't always mean higher efficacy and effectiveness.

Kaiser is also concerned that if this bill locks in a statutorily required minimum benefit amount, future legislative action will always be necessary to repeal this statutory amount if it later becomes outdated. As with all commodities, future pricing may fluctuate based on the retail market and technological advances. Therefore, this minimum benefit may be only a short-term solution given the future uncertainty of retail pricing, which is influenced by industry trends and the pace of technological change.

Thank you for your consideration.

HB-469-HD-1

Submitted on: 3/11/2019 8:58:42 AM

Testimony for CPH on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Ching, MD, MPH	Individual	Support	No

Comments:

Dear Senator Baker, Senator Chang, and members of the committee,

I **support** HB469 HD1 because of its potential for improving the public health. As a developmental behavioral pediatrician, I see children who have developmental disabilities in early childhood. Some of these children are born with congenital hearing issues, and they are at high risk for lifelong problems with communication. Having adequate hearing aids may help them learn to communicate effectively. This will help them finish schooling, join the workforce, participate in the community, and become future taxpayers. Adequate hearing in childhood can prevent lifelong disability. Thank you for the opportunity to provide testimony.

Respectfully,

Michael Ching, MD, MPH, FAAP

HB-469-HD-1

Submitted on: 3/10/2019 9:42:35 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Whitney Cazimero	Individual	Support	No

Comments:

Working with long term care individuals may suffer with age related hearing loss. A lot of the time insurance companies supply one LIFETIME hearing aide. Unfortunatley like all technology hearing aides break, and wear out over time. This is why I believe that insurance companies should provide coverage for hearing aides. Many elderly individuals go without hearing aides after they break due to the high cost and not being able to afford a new pair. Every 36 months is better than a lifetime with one pair.

PETER L. FRITZ

TELEPHONE (SPRINT IP RELAY): (808) 568-0077
E-MAIL: PLFLEGIS@FRITZHQ.COM

THE SENATE THE THIRTIETH LEGISLATURE REGULAR SESSION OF 2019

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Testimony on H.B. 469 HD1
Hearing: March 14, 2019

RELATING TO HEARING AIDS

Chair Baker, Vice Chair Chang, and members of the Committee. My name is Peter Fritz. I use hearing aids. I am testifying **in support** of this bill. Poor hearing is an unmistakable health hazard, threatening mind, life and limb and it could cost health insurers much more than it would to provide hearing aids and services for individuals with a hearing loss.

This bill would require health insurance policies and contracts to provide coverage for the cost of hearing aids for each hearing-impaired ear every thirty-six months in their base plans. Providing a benefit would help more people be treated for their hearing loss.

According to a recent article in the Journal of the American Medical Association (“JAMA”), poor hearing is an unmistakable health hazard, threatening mind, life and limb and it could cost health insurers much more than it would to provide hearing aids and services for individuals with a hearing loss.¹

About 85 percent of those with hearing loss are untreated. For older adults alone, this increased health care costs by 46 percent over a period of 10 years, compared with costs incurred by those without hearing loss, according to an article in JAMA Otolaryngology Head and Neck Surgery.²

In a study that covered 154,414 adults 50 and older who had health insurance claims, researchers at Johns Hopkins found that untreated hearing loss increased the risk of developing dementia by 50 percent and depression by 40 percent in just five years when compared to those without hearing loss.³

The analysis of the voluminous data linked untreated hearing loss to more and longer hospitalizations and readmissions and more visits to an emergency room.⁴ Within 10 years, untreated hearing loss accounted for 3.2 percent of all cases of dementia, 3.57 percent of people significantly injured in a fall, and 6.88 percent of those seeking treatment for depression. The percentages may seem small, but given how common these conditions are, they affect a very large number of individuals, resulting in great personal, financial and societal costs.

¹ JAMA Otolaryngol Head Neck Surg. 2019;145(1):36-43. doi:10.1001/jamaoto.2018.2876

² Id.

³ JAMA Otolaryngol Head Neck Surg. 2019;145(1):27-34. doi:10.1001/jamaoto.2018.2875

⁴ Id.

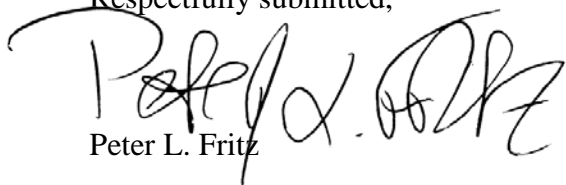
Why Hearing Loss Should be Treated

- There is a heavier load on the brain when it's forced to use too much of its capacity to process sound. Our brains are not designed for multitasking.
- Hearing loss is not a just a volume issue. It's a quality-of-sound issue. Certain parts of words drop out and speech sounds like mumbling. A garbled message is sent to the brain that it has to work harder to decode.
- When information is not heard clearly, it impedes memory. A good clear auditory signal is more easily remembered. The key to memory is paying attention. The brain cannot stay focused on the words when it is working overtime to decode the signal.
- May reduce claims from falls. Hearing loss often goes hand-in-hand with balance issues. We use our ears to position ourselves in space. When people cannot hear well, they are less aware of sounds around them. They may fall when startled by someone or something that seems to come silently from behind

I respectfully ask for your support of this bill.

Thank you for the opportunity to testify.

Respectfully submitted,



Peter L. Fritz

418 N. Vineyard Blvd. #C-11
Honolulu, HI 96817

March 13, 2019

Senator Rosalyn Baker
Chair
Senate Committee on Commerce, Consumer Protection, and Health
State Capitol
415 S. Beretania Street, Room 230
Honolulu, HI 96813

RE: House Bill 469, House Draft 1 RELATING TO HEARING AIDS

Dear Chair Baker and members of the Senate Committee on Commerce, Consumer Protection, and Health:

My name is Christine Holmes and I am a deaf person who uses a hearing aid. I support of House Bill 469, HD1 which will require coverage for the cost of hearing aids up to an unspecified amount for each ear with replacements every thirty-six months.

Hearing aids are very expensive. Sometimes they cost over \$5,000 for each device and health insurance coverage for hearing aids is usually minimal. As a result, many people who need hearing aids do not have them or are stuck using old devices.

Hearing aid has been a big part of my life and there is no way to live without it. I depend on my hearing aid for many reasons. Two of my reasons for having an hearing are 1) To identify what people are saying and to identify the sounds in the dark at night 2) Music and dance is another part of my life too. I'm able to enjoy music both sounds and lyrics. Also, I love to dance as well.

I had to save money to purchase my own hearing aid twice. I paid from my pockets because I knew I couldn't live without an hearing aid. It was hard to see that an hearing aid is never a cheap price. I pray everyday that a good price should come someday.

House Bill 469, HD1 will make hearing aids more affordable for individuals who need them and allow the devices to be kept up-to-date. Please vote in support of this bill.

Mahalo for the opportunity to submit testimony.

Sincerely,

Christine Holmes
A Deaf customer

From: [Cheryl Mizusawa](#)
To: [CPH Testimony](#)
Subject: Supporting of the HB469
Date: Wednesday, March 13, 2019 5:27:56 AM

Dear Senator Rosalyn H. Baker, Chair

My name is Cheryl Mizusawa and I am a resident of Pearl City. House Bill 469 has been referred to Consumers Protection Health, and I ask that you, as Committee Chair, please schedule this important bill for a hearing and vote in support of it.

House Bill 469 will require coverage for the cost of hearing aids up to \$1,500 for each ear with replacements every thirty-six months. Hearing aids are very expensive. Sometimes they cost over \$5,000 for each device and health insurance coverage for hearing aids is usually limited. As a result, many people who need hearing aids do not have them or are stuck using old devices. This bill will make hearing aids more affordable for individuals who need them and allow the devices to be kept up-to-date.

Please have House Bill 469 heard by your committee, and I hope for your support.

Sincerely,

Cheryl Mizusawa

Senate District 17

From: [Stanford Shimizu](#)
To: [CPH Testimony](#)
Subject: Supporting of the HB469
Date: Wednesday, March 13, 2019 5:27:20 AM

Dear Senator Rosalyn H. Baker, Chair

My name is Stanford Shimizu and I am a resident of Pearl City. House Bill 469 has been referred to Consumers Protection Health, and I ask that you, as Committee Chair, please schedule this important bill for a hearing and vote in support of it.

House Bill 469 will require coverage for the cost of hearing aids up to \$1,500 for each ear with replacements every thirty-six months. Hearing aids are very expensive. Sometimes they cost over \$5,000 for each device and health insurance coverage for hearing aids is usually limited. As a result, many people who need hearing aids do not have them or are stuck using old devices. This bill will make hearing aids more affordable for individuals who need them and allow the devices to be kept up-to-date.

Please have House Bill 469 heard by your committee, and I hope for your support.

Sincerely,
Stanford Shimizu
District 17
Sent from iPhone

45-850 Anoi Rd.
Kaneohe, HI 96744

March 14, 2019

Senator Rosalyn Baker
Chair
Senate Committee on Commerce, Consumer Protection, and Health
State Capitol
415 S. Beretania Street, Room 230
Honolulu, HI 96813

RE: House Bill 469, House Draft 1 RELATING TO HEARING AIDS

Dear Chair Baker and members of the Senate Committee on Commerce, Consumer Protection, and Health:

My name is Amanda Kaahanui and I am a parent of a deaf child. I support House Bill 469, HD1 which will require coverage for the cost of hearing aids up to an unspecified amount for each ear with replacements every thirty-six months.

Hearing aids are very expensive. My son's bone conduction hearing aids cost about \$5,000 for each device and health insurance coverage for hearing aids is usually minimal. Our HMSA plan will only cover \$350 for each aid and we must pay the rest. It's like the insurance company is paying the co-payment while we struggle to pay the bulk of the bill. As a result, many people who need hearing aids do not have them or are stuck using old devices.

My son's hearing aids are not an accessory to his wardrobe. They allow him to access the hearing world and spoken language. Please help us to help him.

House Bill 469, HD1 will make hearing aids more affordable for individuals who need them and allow the devices to be kept up-to-date. Please vote in support of this bill.

Mahalo for the opportunity to submit testimony.

Sincerely,

Amanda Kaahanui

From: [Eileen Chiwa](#)
To: [CPH Testimony](#)
Subject: HOUSE BILL 469 HD1 TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Date: Monday, March 11, 2019 11:14:23 PM

March 11, 2019

Senator Rosalyn Baker
Chair Commerce, Consumer Protection, and Health
Hawaii State Capitol
Room #230
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Senator Baker,

My name is Eileen Chiwa and I am Deaf and have been since birth. I have worn hearing aid(s) since I was six years old. I am submitting my testimony in full support of House Bill 469, HD1 which will require coverage for the cost of hearing aids up to an unspecified amount for each hearing-impaired ear with replacements every thirty-six months.

Hearing aids are very expensive. Sometimes they cost over \$5,000 for each device and health insurance coverage for hearing aids is usually minimal. As a result, many people who need hearing aids do not have them or are stuck using old devices.

I am currently retired and am no longer wearing hearing aid(s). It would be too costly for me to purchase them. I really miss "hearing" again & already felt deprived of it.

House Bill 469, HD1 will make hearing aids more affordable for individuals who need them and allow the devices to be kept up-to-date. Please vote in support of this important bill.

Mahalo for the opportunity to submit testimony.

Sincerely,

Eileen Chiwa
Mililani, HI

HB-469-HD-1

Submitted on: 3/13/2019 2:19:39 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ronald lau	Individual	Support	No

Comments:

Dear Chair and Members of the CPH Committee:

I strongly support and urge passage of HB469 HD1. Both my father and I suffer from hearing loss. My father's is so severe that even with the assistance of hearing aids, he is often unable to provide adequate care to my mother who is recovering from her third stroke. He was unable to get his analog hearing aid upgraded to digital without using his own financial resources because his hearing worsened faster than the medical insurance would cover it.

Respectfully Submitted,

Ronald D.S. Lau, Esq.

HB-469-HD-1

Submitted on: 3/13/2019 6:42:44 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Support	No

Comments:

Dear Honorable Committee Members:

Please support HB469. Hearing has a tendency to change throughout a person's life, this bill will not only help people with hearing problems hear better, but also help them to feel less isolated, since hearing is so important to communication.

Thank you for the opportunity to present my testimony.

Sincerely,

Andrea Quinn

Kihei

HB-469-HD-1

Submitted on: 3/14/2019 5:32:11 AM

Testimony for CPH on 3/14/2019 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Leimomi Khan	Individual	Support	No

Comments:

I am a senior citizen and beginning to experience some loss of hearing, thus, I appreciate this kind of bill. If it is not adopted for the reasons given in some testimonies, i.e. Under section 1311(d)(3)(B) of the Affordable Care Act and 45 C.F.R. section 155.170, a state may only require a Qualified Health Plan to add benefits if the state defrays the cost of the additional benefits, unless the proposed new benefit is directly attributable to State compliance with Federal requirements to provide Essential Health Benefits after December 31, 2011, would the legislature consider a resolution calling on our congressional representatives to fix this to enable this kind of legislation. Alternately, of course, would be the state setting aside appropriations to enable this legislation.

HB-469-HD-1

Submitted on: 3/13/2019 8:40:19 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Ewan	Individual	Support	Yes

Comments: