



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 and Consumer Protection  
Tuesday, February 22, 2022  
10:00 a.m.  
Room 229 and Via Videoconference**

**On the following measure:  
S.B. 2439, S.D. 1, RELATING TO HEARING AIDS**

**WRITTEN TESTIMONY ONLY**

Chair Baker and Members of the Committee:

My name is Colin M. 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 policies and contracts issued after December 31, 2022 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable, with standard features, per hearing impaired ear, every thirty-six months.

We note that it is unclear whether the amendments in sections 2 through 4 of this bill, which would require health plans to provide benefits for hearing aids, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits "in addition to the essential health

benefits.” The following information may be helpful to the Committee in estimating the scope of enrollees subject to potential defrayment. During the 2020 open enrollment period for plan year 2021, 22,903 Hawaii residents enrolled in individual health plans through the federal market place, including 1,124 individuals under age 18; 21,365 individuals age 18-64; and 414 individuals age 65 and over.<sup>1</sup> For Medicare-eligible individuals, the Medicare Advantage plans that appear to offer hearing aid benefits include 18 plans on Honolulu, 13 plans on Maui, 12 plans on Kauai, and 9 plans on Hawaii.<sup>2</sup>

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [*sic*] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Regarding the existing Auditor’s Report No. 14-10, we note that although S.D. 1 of this bill removed the \$1,500 minimum benefit in the bill as introduced, Auditor’s Report No. 14-10 assessed S.B. 309, S.D. 1 (2013), which proposed “coverage for the cost of hearing aids[.]”<sup>3</sup> The S.D. 1 of this bill would require different coverage that includes, in relevant part, coverage for “medically necessary hearing aid models, including analog, digital, and digitally programmable models, with standard features, per hearing-impaired ear every thirty-six months.”

Thank you for the opportunity to testify on this bill.

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<sup>1</sup> These numbers **do not include** individuals who enrolled in individual market health plans directly through health plans and are based on data from the federal Centers for Medicare and Medicaid Services: <https://www.cms.gov/research-statistics-data-systems/marketplace-products/2021-marketplace-open-enrollment-period-public-use-files>. All of these individual market plans may be within the scope of defrayment.

<sup>2</sup> We note that we do not regulate Medicare Advantage plans. This information is based on public information for such plans.

<sup>3</sup> Auditor’s Report No. 14-10 at p. 18 recommended that “Senate Bill No. 309, Senate Draft 1, requiring health insurance coverage for hearing aids should not be enacted as written.”



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[facebook.com/AARPHawaii](https://facebook.com/AARPHawaii)

**The State Legislature**  
**The Senate Committee on Commerce and Consumer Protection**  
**Tuesday, February 22, 2022**  
**10:00 a.m.**

TO: The Honorable Rosalyn Baker Chair

RE: Support for S.B. 2439 S.D. 1 Relating to Hearing Aids

Aloha Chair Baker and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with over 140,000 members in Hawai'i. **AARP supports S.B. 2439 S.D.1** which requires future health insurance policies to provide coverage for cost of hearing aides at a minimum of \$1,500 per hearing aid for each hearing-impaired ear.

Hearing loss can occur at all ages and the risk increases significantly as people grow older. According to John Hancock Cochlear Center for Hearing and Public Health 2020 report, roughly nine out of ten people with hearing loss are adults ages 50 and older. In Hawaii, it is estimated that 28,000 kūpuna over age 65 have hearing loss rated moderately severe and greater. Unfortunately, many cannot afford the care and hearing technologies to address their hearing loss. The federal Medicare's hearing coverage is very limited and enrollees often face large out-of-pocket costs for the hearing aids. While health insurance companies have made strides in expanding benefits for hearing loss, the minimum coverage among these companies is not consistent. S.B. 2439 S.D.1 addresses this issue.

Thank you very much for the opportunity to **support S.B. 2439 S.D.1.**

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. Lopez". The signature is written in a cursive style.

Keali'i Lopez, State Director



February 18, 2022

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

Re: SB 2439 SD1 – Relating to Hearing Aids

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2439, SD1, which requires health insurance policies and contracts issued after 12/31/22 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable, with standard features, per hearing impaired ear, every thirty-six months. Effective 1/1/2050.

HMSA's plans cover hearing aids that are medically necessary to correct hearing loss. Our commercial plans currently provide coverage for hearing aid replacements at the rate of one hearing aid per ear every sixty months. While we appreciate the intent of this measure, we would like to offer a few comments.

Primarily, we would like to bring to the committee's attention the fact that Medicare plans are preempted by federal law from any state mandated coverage. Therefore, this measure may not cover the legislature's intended population.

In addition, notifications to members of policy changes as mentioned in Sections 2(f) and 3(f) are more accessible, efficient, and timely for individual members via website than through mailing written notices.

Finally, this measure proposes to create a new mandated health benefit; therefore, we respectfully suggest the auditor first conduct a study to assess the social and financial costs pursuant to HRS 23-51 and 23-52. Such an assessment was not included in the previous audit conducted in 2014.

Thank you for the opportunity to testify on SB 2439, SD1.

Sincerely,

Matthew W. Sasaki  
Assistant Vice President  
Government & External Relations

# PETER L. FRITZ

## THE SENATE THE THIRTY-FIRST LEGISLATURE REGULAR SESSION OF 2022

### COMMITTEE ON CONSUMER PROTECTION

Testimony on S.B. 2439 SD1  
Hearing: February 22, 2022

#### 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 the original version of S.B. 2439**. S.B. 2439 required coverage for the cost of hearing aids up to \$1,500 per hearing aid and that the aids may be changed every thirty-six months, as needed.

Senate Bill 2439 provided that hearing aid benefits were “subject to a minimum benefit of \$1,500 per hearing-impaired ear every thirty-six months.” Senate Draft 1 replaced the \$1,500 benefit with the coverage “**for medically necessary hearing aid models**” [Emphasis added]”

#### **The Bill Should Follow the Recommendation of the Auditors Report and Include a Dollar Amount**

Auditor’s Report No. 14-10 recommended that a dollar amount be included remarking “[t]he department [DOH] noted the bill is too vague and should provide a minimum coverage amount to ensure adequate coverage” [Emphasis added].” The Auditors Report also noted that the DOH “responded that for patients who do not have hearing aid coverage in their health plans, coverage would significantly decrease out-of-pocket expenses.”

The bill should include a dollar amount to ensure adequate coverage. A fixed dollar amount provides certainty for benefits.

#### **Medically Necessary May Be A Vague Standard**

Individuals have testified at various hearings before the legislature that their physician prescribed a certain treatment that the medical insurance company decided was not medically necessary. They further testified that they prevailed in an appeal and the insurance company was required to cover the prescribed treatment.

I am concerned that an insurance company could delay someone from receiving coverage for hearing aids by claiming that the hearing aid model was not medically necessary and forcing the insured to appeal that decision. Looking at the term medically necessary and applying it to what could be my personal situation if I were covered by a policy providing for hearing aid benefits, I would be concerned that if my ENT prescribed a particular hearing aid model, the insurance company might deny coverage because the insurance company deems that particular model to have features that are not medically necessary. When I replace my current hearing aids, I will replace them with hearing aids that have Bluetooth capability.

Newer hearing aids use Bluetooth to connect to cellular phones. Bluetooth would adjust the sound from my phone to the custom sound program in my hearing aids. Bluetooth connectivity makes it easier for hearing disabled individuals to make and receive phone calls. It improves the certainty of what was said during the call, something that I think is important for calls with my medical provider.

In addition, new hearing aids use Bluetooth to allow a user to have different hearing programs for different places. For example, there can be optimum custom settings for a quiet room, noisy restaurant, or concert hall that improve the ability to hear other people at these places. I have to wonder whether a health insurance company would deny a claim for hearing aids with Bluetooth on the grounds that only hearing aid amplification is medically necessary and Bluetooth capability is not a feature that is medically necessary.

In my opinion, if a doctor or an audiologist prescribes hearing aids, it is medically necessary. It is likely that the policies currently provide that insurance companies will only pay for treatment that is medically necessary, so why is it necessary to specifically state that hearing aids are only covered if medically necessary?

#### **Medically Necessary Could Be Applied to All Policies:**

The elimination of a dollar amount would be for ALL policies. It could allow insurance companies to change existing policies that currently provide for hearing aid coverage be renewed with policies cover hearing aids only when deemed to be medically necessary and eliminating the fixed dollar amount of the old policy.

#### **This Bill Is Not Expected to Increase Premiums or Administrative Expenses**

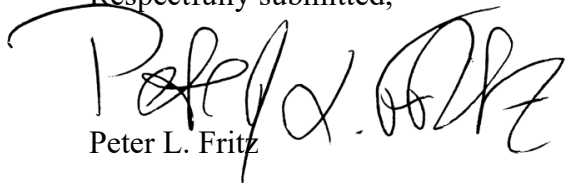
Auditor's Report 14-10 addressed this issue and stated:

#### **4. The extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policy holders**

If SB No. 309, SD 1, were to pass, there would likely be no change to insurance premiums for HMAA, HMSA, or UHA policyholders because hearing aids are already covered. Kaiser said all increases in benefits would cause increases in costs to a health plan, which can affect premiums; however, it could not say what impact passage of SB No. 309, SD 1, would have on its premiums.

Thank you for considering my testimony.

Respectfully submitted,

  
Peter L. Fritz

P.O. Box 4777  
Kaneohe, HI 96744

February 22, 2022

Senate Committee on Commerce and Consumer Protection  
415 S. Beretania Street  
Honolulu, HI 96813

Re: Senate Bill 2439, SD1 – Relating to Hearing Aids

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce and Consumer Protection,

My name is Debbie Jackson and I oppose the changes made in SB 2439, SD1, but am in support of Senate Bill 2439 – Relating to Hearing Aids as originally written. I was a hearing person, and over the years my ability to hear began to decline. I now use 2 hearing aids and have had them for the past 3 years.

My hearing has gotten worse, but because I am a member of an HMO I purchased my hearing aids from Costco which was a less expensive alternative than the vendor that my HMO offers. Because I did this, my HMO did not pay anything to cover the cost of the hearing aids. Now that my hearing is declining, I need to get another hearing assessment and again purchase new hearing aids.

Review the portion of the Hawaii law that requires private vision plans covers some of the cost of purchasing new prescription eyeglasses. How is that calculated? What is the difference between being able to see more clearly than to improve hear? Both of these senses are important to function and communicate effectively in society.

I understand the desire to include only hearing aids that are “medically necessary” since laws at the national level have deregulated hearing aids and made it easier to purchase hearing aids without a prescription. However, language related to the copayments by insurance carriers is necessary. I suggest deleting the language in adding in language on page 4, Section 2 (c), lines 13-16 and replacing it with:

“The insurance carrier shall pay up to \$1,500 (or \_\_\_\_%) of the cost per hearing aid for each hearing impaired ear.”

By making this change to be similar to copayment for eyeglasses, the language of the law would language now protect the consumer and not the insurance carrier. Thank you for considering my testimony support of SB 2439, as originally written.

Sincerely,

Debbra L. Jackson  
Hard of Hearing Consumer

**SB-2439-SD-1**

Submitted on: 2/20/2022 2:33:45 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Michael Olderr	Individual	Support	No

Comments:

Dear members of the committee

We must take appropriate and innovative steps to ensure that the people in our state and community can actively participate and interact with the world around us. The hearing impaired deserve the opportunity to have their needs met on a systematically updating basis so not only can they fully experience the world around them but that they can continue to do so if their device starts to fail them.

Please pass this bill.



**SB-2439-SD-1**

Submitted on: 2/20/2022 3:27:39 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Cheryl Shimizu	Individual	Support	Yes

Comments:

*February 19, 2022*

*Senate Committee on Commerce & Consumer Protection*

*415 S. Beretania Street*

*Honolulu, HI 96813*

*Re: Senate Bill 2439 SD1 – Relating to Hearing Aids*

*Dear Chair Baker, Vice Chair Chang, and Members,*

*My name is Cheryl Shimizu and I am a resident of Pearl City. I support of Senate Bill 2439 SD1– Relating to Hearing Aids. I was a hearing person at birth then became deaf at the age of 3 due to a high fever. I now use one hearing aid since the age of 5. Right now my hearing aid is already over 12 years old. Sometimes I have to difficulty hearing sounds when I drive and when I’m at home so I worry about my safety. My driver's license requires me to wear a hearing aid all the times when driving. I’m very worried about how to replace my hearing aid because HMSA does not cover the cost.*

- 1. bill, SB2439 SD1, will require coverage for the cost of hearing aids, but does not include a dollar amount to replace an aid 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 very limited. As a result, many people who need hearing aids cannot afford them and are stuck using old devices. This bill will help make hearing aids more affordable for individuals who need them and allow hearing aids to be kept up-to-date.*

*Please pass SB2439 SD1 and include the dollar amount of \$1500/hearing aid to be replaced every thirty six months, if needed. Mahalo for your support.*

*Sincerely,*

*Cheryl Shimizu*

*Senate District 17*

February 19, 2022

Testimony of Eleanor Macdonald  
Submitted to the Hawaii State Senate  
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Honorable Senator Rosalyn H. Baker, Chair  
Honorable Senator Stanley Chang, Vice Chair

Re: SB2439 SD1, Relating to Hearing Aids

Dear Chairperson Baker, Vice Chair Chang and Members,

I would like to tepidly support SB 2439 SD1, Relating to Hearing Aids.

This legislation requires health insurance companies to provide financial coverage of medically necessary hearing aids for individuals experiencing hearing loss which will enable them to maintain independence and productivity. This bill, however, does NOT specify a dollar amount of minimum health coverage for hearing aids.

Here in Hawaii, a person who qualifies for Medicaid or Hawaii Quest has 100% health coverage for hearing aids with replacement in 3 years, if necessary. Without appropriate hearing aids, people with hearing loss often experience isolation and loneliness, early onset of dementia, depression, and maybe high blood pressure if the loss goes untreated.

Brain health for seniors and elderly residents of Hawaii should be a top priority for health insurance companies to facilitate aging well within one's own home and community. Please insert this statement, "...the insurance carrier shall pay up to \$1500 of the cost per hearing aid for each hearing impaired ear." We need your legislative support to require insurance companies to help pay for hearing aids which are extremely expensive and beyond the reach of ordinary citizens.

Mahalo for your consideration,

Eleanor Macdonald  
60 N. Beretania St., #602  
Honolulu, Hawaii 96817



**SB-2439-SD-1**

Submitted on: 2/20/2022 9:02:29 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sherry Shimizu	Individual	Comments	No

Comments:

Madam Chair Baker, Mr. Vice Chair Chang, and members of the Commerce and Consumer Protection committee,

My name is Sherry Shimizu, I am a graduate of Pearl City High School and received a bachelor of science degree at Rochester Institute of Technology in New York. I am a resident of Pearl City. I am testifying in support of the original version of SB2439. SB2439 required coverage for the cost of hearing aids up to \$1,500 per hearing aid and that the aids may be changed every thirty-six months, as needed. This bill is very important to me personally, because I have been deaf in one ear and hard-of-hearing in the other ear all of my life; I used to use one lateral hearing aid and decided to stop about 5 years ago. Hearing aids are very expensive and I cannot afford new ones, similarly with my family members and friends. My parents, siblings and other family members are also either Hard-of Hearing or Deaf.

I know first-hand the frustration of missing information because I did not hear it clearly; I know first-hand how much hearing aids can and do help in accessing the information I otherwise miss; and I know first-hand how it feels to be told to "Pay Attention!" when I did everything I possibly could to do just that then to be told "nevermind." Adjusting to changes in my hearing, over time, make all this a lifelong challenge.

I know, too, how expensive hearing aids are; the challenges in finding and acquiring the most suitable aids for my own use, as well as after time seeking out a qualified and understanding audiologist, even rarely one who signs. And I certainly know the anguish of sometimes having to give up something I really wanted or needed in order to afford an upgrade to my hearing aids.

Most people with disabilities have resources that help pay for the assistive technology they need: Deaf people are provided with interpreters; Blind people have many resources to access information via speech or braille; Deaf-Blind people have a national program that provides them with the technology they need; and individuals with physical challenges have resources to help pay for durable medical equipment. Individuals who are hard-of-hearing rarely have support to help pay for the most important access devices in their lives, because agencies such as Vocational Rehabilitation generally do not pay for hearing aids, even though they can, and medical insurance does not cover hearing aids, although it should.

Hearing aids for a hard-of-hearing person are akin to prescription eyeglasses for a person experiencing vision loss. In both cases a specialized doctor is needed to make a specific

prescription, and a licensed provider is needed to provide the technology. Yet prescription eyeglasses are covered by insurance, while hearing aids are not. Hearing aids are not permanent nor invasive and are much cheaper than cochlear implants; cochlear implants are a form of abuse parents do to their children, some babies before they are 1 year old, their brains are surgically cut open and skulls drilled through, imagine not even having a chance of forming to full adult size brains. Google is your friend to look up the video of the actual procedure.

We in the hard-of-hearing community have tried for years to advocate for legislation to rectify this situation. Many of us have worked hard to have legislation introduced and heard. Invariably the committees we testify approve the proposed legislation - but the Legislature does not. I am here to ask you, please: we need this technology and we need your help in enabling us to acquire it. SB2439 will be a major step in this direction.

Thank you for your support,

Sherry Shimizu

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

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

February 22, 2022  
10:00 am  
Videoconference

### **SB 2439 SD1 Relating to Hearing Aids**

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

#### **Kaiser Permanente Hawaii would like to offer comments.**

Kaiser Permanente appreciates the intent of this bill to require health insurance coverage in the State for hearing aids, but since most insurers, including Kaiser Permanente, currently cover this benefit, we believe that this bill may be unnecessary.

However, if this bill moves forward, Kaiser Permanente requests that the legislative auditor conduct an impact assessment report, as statutorily required under Section 23-51 of the Hawaii Revised Statutes:

*Before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage.*

Thank you for your consideration.

**SB-2439-SD-1**

Submitted on: 2/21/2022 8:07:14 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
John A. H. Tomoso	Individual	Support	No

Comments:

02-21-22

RE: SB2439 SD 1

Aloha kakou,

I am in strong favor of this Bill, which I know requires health insurance policies and contracts issued after 12/31/22 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable, with standard features, per hearing impaired ear, every thirty-six months. FOR all of us, the sense of "hearing" is essential to enjoy a quality of life and to enjoy it shared by those we know and love. Four our Seniors, this is especially important as "aging" takes on a quality of relationship, familiarity and "sense of place".

Mahalo for your serious considerations.

John A. H. Tomoso+, MSW, ACSW

51 Ku'ula Street, Kahului, HI 96732-2906

808-280-1749, john.a.h.tomoso@gmail.com



**From:** [S.S](#)  
**To:** [CPN Committee](#); [Sen. Roz Baker](#); [Sen. Stanley Chang](#)  
**Subject:** SB2439  
**Date:** Sunday, February 20, 2022 9:08:11 PM

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**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Madam Chair Baker, Mr. Vice Chair Chang, and members of the Commerce and Consumer Protection committee,

My name is Sherry Shimizu, I am a graduate of Pearl City High School and received a bachelor of science degree at Rochester Institute of Technology in New York. I am a resident of Pearl City. I am testifying in support of the original version of SB2439. SB2439 required coverage for the cost of hearing aids up to \$1,500 per hearing aid and that the aids may be changed every thirty-six months, as needed. This bill is very important to me personally, because I have been deaf in one ear and hard-of-hearing in the other ear all of my life; I used to use one lateral hearing aid and decided to stop about 5 years ago. Hearing aids are very expensive and I cannot afford new ones, similarly with my family members and friends. My parents, siblings and other family members are also either Hard-of Hearing or Deaf.

I know first-hand the frustration of missing information because I did not hear it clearly; I know first-hand how much hearing aids can and do help in accessing the information I otherwise miss; and I know first-hand how it feels to be told to "Pay Attention!" when I did everything I possibly could to do just that then to be told "nevermind." Adjusting to changes in my hearing, over time, make all this a lifelong challenge.

I know, too, how expensive hearing aids are; the challenges in finding and acquiring the most suitable aids for my own use, as well as after time seeking out a qualified and understanding audiologist, even rarely one who signs. And I certainly know the anguish of sometimes having to give up something I really wanted or needed in order to afford an upgrade to my hearing aids.

Most people with disabilities have resources that help pay for the assistive technology they need: Deaf people are provided with interpreters; Blind people have many resources to access information via speech or braille; Deaf-Blind people have a national program that provides them with the technology they need; and individuals with physical challenges have resources to help pay for durable medical equipment. Individuals who are hard-of-hearing rarely have support to help pay for the most important access devices in their lives, because agencies such as Vocational Rehabilitation generally do not pay for hearing aids, even though they can, and medical insurance does not cover hearing aids, although it should.

Hearing aids for a hard-of-hearing person are akin to prescription eyeglasses for a person experiencing vision loss. In both cases a specialized doctor is needed to make a specific prescription, and a licensed provider is needed to provide the technology. Yet prescription eyeglasses are covered by insurance, while hearing aids are not. Hearing aids are not permanent nor invasive and are much cheaper than cochlear implants;

cochlear implants are a form of abuse parents do to their children, some babies before they are 1 year old, their brains are surgically cut open and skulls drilled through, imagine not even having a chance of forming to full adult size brains. Google is your friend to look up the video of the actual procedure.

We in the hard-of-hearing community have tried for years to advocate for legislation to rectify this situation. Many of us have worked hard to have legislation introduced and heard. Invariably the committees we testify approve the proposed legislation - but the Legislature does not. I am here to ask you, please: we need this technology and we need your help in enabling us to acquire it. SB2439 will be a major step in this direction.

Thank you for your support,

Sherry Shimizu

DAVID Y. IGE  
GOVERNOR



CATHY BETTS  
DIRECTOR

JOSEPH CAMPOS II  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 21, 2022

TO: The Honorable Senator Rosalyn H. Baker, Chair  
Senate Committee on Commerce & Consumer Protection

FROM: Cathy Betts, Director

SUBJECT: **SB 2439 SD1 - RELATING TO HEARING AIDS.**

HEARING: February 22, 2022, 10:00 a.m.  
Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent, offers comments, and defers to the Insurance Commissioner.

**PURPOSE:** The purpose of this bill is to require health insurance policies and contracts issued after 12/31/22 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable, with standard features, per hearing impaired ear, every thirty-six months. Effective 1/1/2050. (SD1) The SD1 amended the measure by:

- (1) Replacing the minimum required coverage of \$1,500 per hearing aid for each hearing-impaired ear with coverage of medically necessary hearing aid models, including analog, digital, and digitally programmable models, with standard features;
- (2) Inserting an effective date of July 1, 2050, to encourage further discussion; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

If the measure passes, it could positively impact the Deaf and hard of hearing community and individuals served by the Department's Division of Vocational Rehabilitation (DVR) and require hearing aids to participate in Hawaii's workforce. Research findings also

show positive health and well-being impacts by reducing social isolation and depression associated with untreated hearing loss. DVR supports participants in accessing these resources to obtain, retain, and advance in competitive integrated employment. The cost of a hearing aid ranges from \$1,000 to \$6,000 and does not require extensive training to use.

Thank you for the opportunity to provide comments on this bill.

**LATE**

**SB-2439-SD-1**

Submitted on: 2/21/2022 10:15:30 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Barbara J. Service	Individual	Support	No

Comments:

**Aloha Chair Baker, Vice Chair Chang and committee members**

**Please support this bill to provide insurance coverage for hearing aids. Individuals who can't hear well can become isolated socially. There are studies which show that social isolation is linked to dementia.**

**Mahalo for the opportunity to provide testimony.**

**Barbara J. Service MSW (ret)**

**Kupuna Advocate (and Kupuna!)**



**LATE**

February 18, 2022

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

**Senate Bill 2439 SD1 – Relating to Hearing Aids**

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

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on SB 2439 SD1. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

While we appreciate the intent of this measure, most health plans in Hawaii already offer coverage for hearing aids for their members. We would also like to respectfully comment that Medicare plans are preempted by federal law and this measure may not have the intended impact.

Finally, if this bill should move forward, we believe that this is a new mandated benefit subject to an impact assessment report by the State Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes. A previous audit conducted in 2014 did not address social and financial costs related to a mandated benefit for hearing aids.

Thank you for allowing us to testify expressing concerns on SB 2439 SD1.

Sincerely,

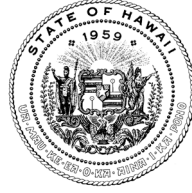
HAHP Public Policy Committee

cc: HAHP Board Members

[hahp.org](http://hahp.org) | 818 Keeaumoku St., Honolulu, HI 96814 | [info@hahp.org](mailto:info@hahp.org)

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |  
UHA Health Insurance | UnitedHealthcare

**LATE**



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  
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JO ANN M. UCHIDA TAKEUCHI  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Commerce and Consumer Protection  
Wednesday, February 23, 2022  
9:30 a.m.  
Room 229 and Via Videoconference**

**On the following measure:  
S.B. 2444, S.D. 1, RELATING TO PEER-TO-PEER CAR-SHARING INSURANCE  
REQUIREMENTS**

**WRITTEN TESTIMONY ONLY**

Chair Baker and Members of the Committee:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department supports this bill with the amendments below.

The purpose of this bill is to establish peer-to-peer car-sharing insurance requirements.

We respectfully request the following amendment be made to align insurance coverage limits and protections to consumers with industries that have similar business models:

1. § -2 (a) in section 2, page 6, line 17, to page 7, line 3 to read as follows: "(a) A peer-to-peer car-sharing program shall ensure that during each car-sharing period, the shared car shall be insured under a motor vehicle insurance policy issued by an admitted carrier that provides:

(1) Primary insurance coverage for each shared car available and used through a peer-to-peer car-sharing program in the amounts no less than \$1,000,000 for death, bodily injury, and property damage per accident, costs of defense outside such limits;

(2) Primary insurance coverage for each shared car available and used through a peer-to-peer car-sharing program for personal injury protection coverage that meets the minimum coverage amount where required by section 431:10C-103.5;

(3) Insurers providing the motor vehicle insurance policies pursuant to this section shall offer the following optional coverages, that any shared car driver may elect to reject or purchase that provides primary coverage for each shared car available and used through a peer-to-peer car-sharing program;

(A) Uninsured and underinsured motorist coverages as provided in section 431:10C-301, which shall be equal to the primary liability limits specified in this section and provided that uninsured and underinsured motorist coverage offers shall also provide for written rejection of the coverages as provided in section 431:10C-301;

(B) Uninsured and underinsured motorist coverage stacking options as provided in section 431:10C-301; provided that the offer of the stacking options shall also provide for written rejection as provided in section 431:10C-301; and

(C) An offer of required optional additional insurance coverages as provided in section 431:10C-302.”

Thank you for the opportunity to testify on this bill.



*Alisha Leisek*  
Office Manager  
Sen. Rosalyn Baker  
State Capitol, Room 230  
Honolulu, HI 96813  
808-586-6070  
[www.capitol.hawaii.gov](http://www.capitol.hawaii.gov)

**LATE**

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**From:** Vesta Morris <hanaaloha59@gmail.com>  
**Sent:** Sunday, February 20, 2022 4:32 PM  
**To:** Sen. Roz Baker <senbaker@capitol.hawaii.gov>  
**Subject:** SB2439

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Madam Chair Baker, Mr. Vince Chair Chang, and members of the Commerce and Consumer Protection and Consumer Protection committee,

Aloha, my name is Vesta Morris and I live in Kahului, Maui. I use hearing aids. I am testifying in support of the original version of SB2439. SB2439 required coverage for the cost of hearing aids up to 1,500 per hearing aid and that the aids may be changed every 36 months, as needed. During these difficult economic times, this important bill will help both children and adults with hearing loss continue to be Parton their families, friends, and communities, but at this time are unable to afford expensive hearing aids.  
Mahalo and sincerely, Vesta Morris

**LATE**

**SB-2439-SD-1**

Submitted on: 2/22/2022 10:18:54 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Nikki	Individual	Support	No

Comments:

Aloha,

Hearing aids are essential to every day life for all who use it. From children to our kupuna and it is disheartening to know that insurance companies find it necessary to determine whether it's a valid coverage or not. We rely on these devices to do basic things in life. Of course those who have hearing do not understand the impact of these items financially or emotionally. I was so disappointed to see HMSA request revision to the language to state for it to be medically necessary. They have denied these devices for my family members who rely on hearing aids to perform their job, drive, socialize, etc. We had to switch providers just to get some help to alleviate the financial burden.

If eye glasses are covered regardless of level of vision status, why can't hearing aids be? Why must we struggle with insurance companies who profit in the millions annually from our money and we still have to reach into our pockets to pay for our devices.

This is a disservice to the people they collect money from. I am hopeful you all see the need and will pass this bill and amend it back to its original \$1500 per device over 36 months deal.

Mahalo,

Nikki Kepo'o