

POLICY RESEARCH BRIEF

HEARING AIDS ARE **DISPROPORTIONATELY INACCESSIBLE** FOR INDIVIDUALS WITH DISABILITIES

INSTITUTE *on* COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA

Research Issue

Hearing loss is a global public health problem. In the United States alone, hearing loss affects 37 million adults. However, only 14% of adults 50 or older use hearing aids. High out-of-pocket costs are consistently cited as the largest barrier to hearing aid adoption (Jilla et al., 2020).

At least 30% of adults with IDD have a co-occurring hearing loss, twice that of the general population (Jarvis et al., 2023). Adults with IDD are also less likely to be properly diagnosed with hearing loss and treated with hearing aids (Bertelli et al., 2022).

Untreated hearing loss has been correlated with reductions in cognitive function, emotional health, psychosocial well-being, financial stability, and overall quality of life. In contrast, using hearing aids has been linked to fewer emergency department visits, improved general health and awareness, and greater quality of life (Mahmoudi et al., 2018).

Study Background

For this Policy Research Brief, we reviewed key research on the need for hearing aids and the barriers to uptake among people with disabilities.

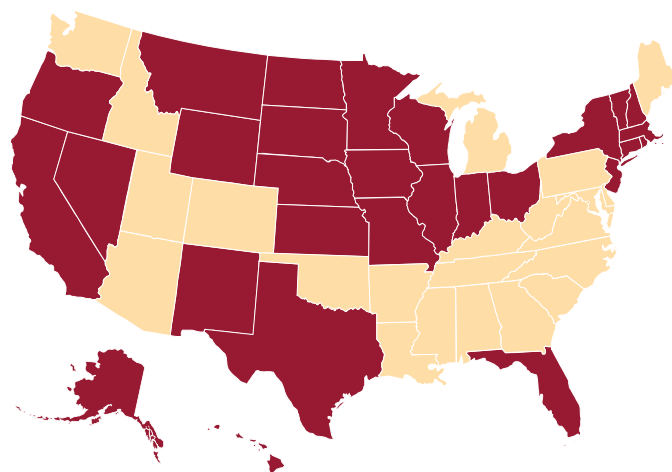
POLICY FORUM



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Key Findings

Access to prescription hearing aids is limited, even for those with health insurance.



■ Medicaid hearing aid benefits

■ No Medicaid hearing aid benefits

Those with private insurance with mandates

Children aged 18 and under 18.7%

Adults 4.6%

Medicare offers no coverage for prescription hearing aids.

Private insurance coverage of prescription hearing aids is only mandated in 26 states. 18.7% of children aged 18 and under with private insurance, and 4.6% of privately-insured adults, live in areas with these mandates.

Medicaid coverage of prescription hearing aids varies greatly by state. Medicaid reimbursement for hearing healthcare services is decreasing, leading to more healthcare facilities opting out of serving Medicaid patients (Planey, 2019).

Supplemental Security Income and asset restrictions may restrict hearing aid uptake.



Many adults with disabilities rely on Supplemental Security Income (SSI), a federal safety net program. To participate in the program, individuals must have no more than \$2000 in assets, including personal property. However, the average cost of a single digital hearing aid is \$2500, making it unaffordable for most SSI recipients (Jilla et al., 2020).

Over-the-counter hearing aids are not appropriate for everyone.

Less expensive over-the-counter hearing aids may help some adults, but:

- They are not clinically recommended for many kinds of hearing loss (Urbanski et al., 2021);

- They are based on a self-fitting model, which may not work for people with intellectual or cognitive disabilities (Cross et al., 2022), and
- They may be too expensive for people with limited or fixed incomes.

Policy Recommendations

- Local and national policy changes are needed to provide coverage for prescription hearing aids for people with public or private insurance.
- Congress should support legislation that addresses this issue. Current bills include:
 - » H.R. 33 and S. 842, the Medicare Dental, Vision, and Hearing Benefit Act of 2023, which provides Medicare coverage for hearing healthcare services, including hearing aids.
 - » H.R. 5408 and S. 2767, the SSI Savings Penalty Elimination Act, which eliminates the restrictive asset limits placed on SSI beneficiaries.
 - » HR 500 that addresses Medicare coverage of hearing aids (<https://www.congress.gov/bill/119th-congress/house-bill/500>).
- Expand the use of ABLE accounts to allow SSI recipients to save money for disability related expenses without having those resources counted against them for eligibility purposes.

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Research cited:

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Policy Research Brief: [z.umn.edu/rctprb](https://umn.edu/rctprb)

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The University of Minnesota stands on Miní Sóta Makhóche, the rightful homelands of the Dakhóta Oyáte. We recognize the U.S. did not uphold its end of these land treaties. It is the current and continued displacement of the Dakhóta Oyáte that allows the University to remain today.

Ongoing oppression and discrimination in the United States has led to significant trauma for many people of color, immigrants, people with disabilities, and other oppressed persons. At ICI, we affirm our commitment to address systemic racism, ableism and all other inequalities and forms of oppression to ensure inclusive communities.