**Endorsement Letter on Letterhead**

**University of XXX Medical School**

Date:

The Honorable Joseph Neguse The Honorable Shelley Moore Capito

United States House of Representatives 172 Russell Senate Office Building

Washington, DC 20515 Washington, DC 20510

The Honorable Elizabeth Warren
309 Hart Senate Office Building
Washington, DC 20510

**Re: Endorsement for Ally's Act, H.R. 2439 and S. 1135**

Dear Congressman Neguse, Senator Capito and Senator Warren:

The University of XXX Otolaryngology-Head & Neck Surgery Department is pleased to support H.R. 2439 and S. 1135, known as “Ally’s Act.” As the Chair of the XXX Department of Otolaryngology-Head and Neck Surgery, we cater to patients who come from all over the world seeking hearing restoration. We help a variety of patients with conductive hearing loss, tinnitus, sensorineural hearing loss, acoustic neuromas and cholesteatomas - all who can often benefit from the use of a Bone Anchored Hearing Aid (BAHA) and Cochlear Implants.

Ally’s Act would ensure that private insurance companies cover osseointegrated hearing devices (OIDs), including bone anchored hearing aids (BAHA) and cochlear implants (along with the services that go along with these devices). H.R. 2439/S. 1135 was inspired by a ten‐year old little girl named “Ally,” who was born without her right ear and no ear canal. Although Ally desperately needed a BAHA in order to hear better, the insurer denied the claim. This is often the case for many children and adults requiring these specialized hearing devices.

Unfortunately, cost is a significant barrier for families in providing their children with hearing devices, medical interventions, and all of the necessary related services and supports. Some are forced to forego needed devices for their children or postpone services, such as fittings, maintenance, and programming at a time in their child’s life when early access to sound is critical to their success in learning to listen and speak, leading to improved language development and literacy. Others deplete their savings or seek help from charities to pay for a device that should be covered by their medical insurance. Adults often are left to do without these specialized hearing devices when they cannot afford them as many insurance providers do not offer coverage for them. In fact, many insurance providers only offer coverage for these devices up to a certain age (18 or 26) where hearing loss does not improve, go away or get better throughout adulthood. These children become adults and need continued coverage and maintenance for these devices in order to live the best quality of life.

The quality of life for children who are deaf or hard of hearing is excellent when they have access to early identification, appropriate hearing technology, and qualified professionals. Especially, during the critical years of development (birth to age 5). The Centers for Disease and Control (CDC), the National Institutes of Health (NIH), and the American Academy of Pediatrics (AAP) all stress the importance of early identification and intervention to mitigate the impact of hearing loss on a child and his or her ability to succeed in school and in life. UCSF concurs and has seen the amazing and positive outcomes children can and do experience when they are able to obtain the hearing technology and services they need.

A child’s access to sound should not be constrained by her family’s income or other socioeconomic factors. H.R. 2439/S. 1135 ensures that every child has access to BAHAs and cochlear implants.

As Chairman of the University of XXX – X Department of Otolaryngology – Head and Neck Surgery, we applaud your support of “Ally’s Act” and thank you for your commitment to improving the lives of children and adults who are deaf or hard of hearing from birth throughout adulthood.

We at XXX fully support Ally’s Act and look forward to working alongside you to move this bill forward to passage.

Sincerely,

**John S. Smith, MD**
XXX and XXX XX Professor
Chair, XXX X Department of
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