Ally’s Act (H.R. 477 / S. 41)

Ally, an eleven-year-old from Colorado and Congressman Joe Neguse’s constituent, was born without a right ear or hearing canal and therefore requires the use of a bone anchored hearing aid (“BAHA”) which is one form of osseointegrated device (“OIDs”). Following a denial for her hearing device, Ally and her mother Melissa formed the organization Ear Community to help advocate for insurance coverage of these hearing devices and ensure no person is left unable to hear because of private insurance companies’ refusal to cover OIDs.

Many throughout the United States are born with hearing loss due to congenital anomalies known as aural atresia (underdeveloped or absent ear canals) and/or microtia (physically missing ears). OIDs help different forms of hearing loss than traditional hearing aids and, for Ally and others with varying modes of hearing loss, are often the only hearing device that can restore hearing.

While OIDs, which include BAHAs and Cochlear Implants, are medically necessary and address unique corrective requirements specific to varying forms of hearing loss, they are consistently denied coverage by private insurance companies, despite the critical and life-changing support these devices provide to countless individuals.

For children who need these devices, ages zero to 5 are the most critical years for speech and language development. OIDs are necessary to provide these children the opportunity to develop alongside their peers. They are critical at every age, allowing adults with the same hearing loss the opportunity for healthy education, work, and social lives.

The extension of coverage for OIDs, and the accompaniments, medical visits, and surgeries that allow them to function, would benefit a large variety of our communities affected by hearing loss. That is why Congressman Joe Neguse (CO-2), alongside the cochairs of the House Hearing Health Caucus Congressmen David B. McKinley, P.E. (WV-1) & Mike Thompson (CA-5), and Sens. Shelley Moore Capito (R-WV) & Elizabeth Warren (D-MA) introduced the bipartisan, bicameral Ally’s Act to require insurance providers to cover these critical and life-altering devices.

This bill is endorsed by Ear Community; the American Cochlear Implant Alliance; the American Academy of Audiology; the American Speech-Language-Hearing Association; Waiting to Hear; HearStrong; Lemon Aids 4 Hearing; Songs for Sound, Inc; American Tinnitus Association; the Alexander Graham Bell Association for the Deaf and Hard of Hearing; City and County of Broomfield, Colorado; Hands & Voices; Harvard Medical School - Massachusetts Eye and Ear/Otolaryngology; Let Them Hear Foundation; Morgan’s Magical Ears; Educational Audiology Association; Dallas Ear Institute; the Acoustic Neuruma Association; Hearing Health Foundation; Colorado Academy of Audiology; the California Ear Institute; Aid the Silent; HearAid Foundation; New York Eye and Ear Infirmary of Mount Sinai; Microtia and Atresia at Stanford Hospital and Clinics/Otolaryngology; the American Pediatric Surgical Association; American Society of Pediatric Otolaryngology; Michigan Medicine - Department of Otolaryngology; University of Pittsburgh Medical Center/Otolaryngology; the Otolaryngology Department at Columbia University Irving Medical Center; Chad Ruffin, MD; Proliance Surgeons; Prader-Willi Syndrome Association/USA Advocacy Committee; Weill Cornell Medical College - Departments of Otolaryngology and Audiology; Hearing Industries Association; Hearing Loss Association of America; Plastic Surgery Department at Johns Hopkins; Association of Medical Professionals with Hearing Losses; the University of Southern California Caruso Department of Otolaryngology - Head & Neck Surgery; University of California San Francisco Medical School/Department of Otolaryngology and Cochlear Implant Center; Johns Hopkins Biomedical Engineering and Auditory Research Department; Johns Hopkins Cochlear Implant Center, Department of Otolaryngology – Head and Neck Surgery; ReconstratA, the American Doctors of Audiology, and FACES: the National Craniofacial Association.

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