Hearing Loss Association of America

The Nation's Voice for People with Hearing Loss

Comments before

The President's Council of Advisors on Science and Technology (PCAST)
On how technologies and policies for hearing aids affect older Americans
September 18, 2015

By the

Hearing Loss Association of America

The Hearing Loss Association of America (HLAA) is the nation's leading grassroots organization representing the rights of people with hearing loss. HLAA's mission is to open the world of communication through information, education, advocacy, and support.

HLAA is pleased to provide the committee with four background documents that reflect our policy positions on Screening for Hearing Loss in Primary Health Care Settings, Wider Access to the Full Spectrum of Hearing Technology Benefitting People with Hearing Loss, Medicare Coverage of Hearing Aids and Aural Rehabilitation and a policy paper by Dr. Margaret Wallhagen, Chair of HLAA's Board of Trustees, "
Hearing Loss: Impact, Policy Implications, and Future Directions."

Hearing loss is an extremely common chronic condition, especially in older adults. At age 65, one out of three people has a hearing loss. Although data support its negative impact on health and well-being, hearing loss is generally underappreciated as an important health related problem. Multiple barriers minimize the current use of hearing health care services, including lack of Medicare coverage for hearing aids and aural rehabilitative services.

Although technology is available to address hearing loss, many individuals who might benefit from amplification are not using the primary tool available to them - hearing aids, and are generally unaware of other technical and non-technical options. For example, currently, the United States has 26.7 million people ages 50+ with significant hearing loss, but only 3.8 million (14.2%) people in this population wear hearing aids. Four fundamental issues underlie this low-use figure:

- *Cost and affordability.* The average cost of a set of hearing aids is in the range of $2,000 to $7000, and most are replaced every three to five years, making it the third-largest purchase an older person makes after a house and a car.

- *Access to services.* The "gold standard" of treatment takes four-six months and requires repeat visits to the primary care physician (PCP), audiologist/dispenser, otolaryngologist, and then back to the audiologist/dispenser several more times. When combined with cost issues, this is a significant burden—particularly in a population that may also have mobility restrictions and live on a fixed income.

- *Broader awareness and understanding.* People with hearing loss don't understand the implications of age-related hearing loss or the treatment options. Similarly, primary care physicians rarely understand the full impact of untreated hearing loss and rarely screen for its presence.

- *Technology design and utility.* Although hearing aids have improved and continue to improve, they are still not good in aiding communication in the presence of competing speech and noise, and they still don't do well at far-field hearing tasks without relatively complex technology (i.e., that requires patient education and training).

The impact of currently available technology and future potential

- Hearing aids, cochlear implants, and osseointegrated hearing devices
    - These devices are the primary tools available to people with hearing loss to address their hearing loss.
    - Those devices should be affordable, available, and sold in a way that is transparent with sufficient education to allow for informed choices.

- Assistive listening technology
    - Hearing aids or cochlear implants work best at a range of about six feet from the user. They do not work well alone in listening situations where the user is far from the speaker, such as in theaters, meeting places and houses of worship.
    - Assistive listening technology such as FM, Infrared and audio induction loop systems should be part of the built environment both in federal buildings, and places of public accommodation.

- Alerting devices
    - Devices that alert people with hearing loss to emergency alerts or other sounds in the environment are often mandated for emergency alerting, and should continue to be part of the built environment.

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- Captioned and Hearing Aid Compatible phones

  Captioned phones are free through the relay services program and available to seniors with hearing loss. However, many more seniors who could benefit from these phones simply have never heard of them. More outreach is needed. Hearing Aid Compatible wireless devices are available for seniors with and without a telecoil in their hearing aid or cochlear implants.

- Mobile wireless applications
  - Mobile applications are rapidly changing and expanding the usability of hearing devices. They can provide a direct connection between the hearing aid and a cell phone, change the program of a hearing aid remotely, provide speech to text, and provide alerting to the sounds in the environment. Such innovative initiatives must be supported.

- Wide band or “High Definition” voice
  - Wide band audio transmissions over mobile air interfaces and landline phones has the potential to provide such clear audio that people with hearing loss will have greater access to phone calls than ever before. However, while some carriers and wireless devices makers support the transition to WB/HD, at the moment, there is no standard for interoperability in place.

  - HLAA supports interoperability so that consumers will have the benefit of wide band audio no matter which carrier or manufacturer they use. A petition is before the FCC that would support such a standard.

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Specific recommendations for action by the Federal government:

- Launch a campaign that explains hearing loss as a public health issue and disseminate information to enhance awareness of the significance of hearing loss, its impact and strategies for treatment
    - There is a pervasive lack of awareness of and knowledge about hearing loss and approaches to its treatment. A broad-based public information initiative should be undertaken by the Office of the Surgeon General, the US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) with input and support from inter-professional groups and consumer advocacy organizations to enhance the visibility of hearing loss and promote its acceptance as an important health concern.

- Support removal of the statutory denial of services from Medicare.
    - Amend Title 18 of the Social Security Act to include
        - coverage of hearing examinations for the purposes of prescribing, fitting or changing hearing aids
        - coverage of the hearing instruments themselves
        - aural rehabilitation
        - assistive listening and alerting devices that could enhance the usability of hearing aids or other hearing technology

    Support CMS and third party payers reimbursing primary care providers to include standardized hearing screening as a key component of the assessment in the "Welcome to Medicare" visit as well as annual wellness visits.

- Charge the National Institute of Standards and Technology or other federal agency with creating or approving standards and transparency for hearing assistive technology, including personal sound amplification devices
    - Consumers must be given enough information to make educated and informed decisions about the variety of hearing technology that is available, from hearing aids to personal sound amplification devices to assistive listening devices and systems.
    - Information about hearing technology must be provided in such a way that a comparison among various hearing technology is readily available and understandable to consumers, posted to websites, and included in informational brochures or other electronic and/or print material.
    - Consistent, clear and understandable labels on packaging and included in any inserts or product instructions.

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- The Federal Employees Health Benefits Program
    - FEHB mandates that health insurance companies bidding to be included as an option provide coverage for hearing health care services but these benefits vary widely as there is not a standard amount (Foehl, 2008). Mandating a basic coverage but providing flexibility would encourage competition and a broader range of options.

- Gathering of data across the disability spectrum by any federal agency, including the US Department of Health and Human Services and the Centers for Disease Control and Prevention must include data collection regarding people with hearing loss.
    - Such data should specifically include questions that ensure that data is collected and differentiated across the broad spectrum of hearing loss, from those with a mild hearing loss to those who are profoundly deaf.

- The Federal Food and Drug Administration should move to re-evaluate its guidance on personal sound amplification devices (PSAPs).
    - FDA regulates hearing aids as medical devices in order to assure their safety and effectiveness.
    - PSAPs are not subject to medical device regulations, although they are subject to other safety regulations as an electronic product that emits sound vibrations.
    - FDA recently issued a draft update to this guidance to clarify what claims are appropriate for each of these two distinct types of products. The FDA needs to seek input from a broad range of stakeholders to work together to craft guidance that is helpful to industry, providers and consumers alike and provide for greater education of consumers.

- The Internal Revenue Service (IRS) should issue a guidance on tax deductions available for hearing assistive technology
    - The IRS currently considers hearing aids, their batteries and maintenance as a tax-deductible medical expense, but is silent regarding other listening and alerting technology that allows that person to live independently and safely in their home environment.
    - Until hearing assistive technology is covered under Medicare, these devices should be recognized as a medical expense for people with hearing loss.

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- Promote hearing friendly environments in federal buildings. Consideration should include:
    - use of acoustical designs that enhance rather than detract from the ability to hear well, including evaluating reverberation, excessive noise from fans or other acoustical problems for people with hearing loss.
    - incorporation of induction loops into buildings for use by persons with hearing aids or cochlear implants that have telecoils, or in conjunction with loop receivers for those who do not, especially in settings used as public spaces and/or designed to provide information, meetings or entertainment.

- Create access to captioned phone calls to support seniors in the workplace.
    - Conference calls are the bane of workers with hearing loss. Captioned conference calling is available to federal employees via the Federal Relay program. However, private employers are forced to pay for this service out of their own budgets. Often, only very large companies can afford to provide this service, leaving seniors who age into hearing loss to struggle on conference lines.
        - Policy is needed that supports the federal relay system to be used for conference calls in the workplace.
    - In addition, the few captioned telephones available that do provide services through the federal relay service, are built for the home environment, not for a multi-line phone system.
        - Research is needed to design a captioned phone capable of integrating with a multi-line phone system.

Thank you for this opportunity to provide these comments. Please feel free to contact Anna Gilmore Hall, executive director,agilmorehall@hearingloss.org or Lise Hamlin, director of public policy (LHamlin@hearingloss.org) at the Hearing Loss Association of America.

Sincerely,

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