



Audiology and Hearing Solutions, Inc.

Dr. Melonie Marple

Your Trusted Hearing Healthcare Professionals

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I am a Doctor of Audiology. In addition, I am a female small business owner in Massachusetts. I am writing to voice my opposition to the proposed Over-the-Counter (OTC) Hearing Aid Act. This bill does not address the underlying issue with the low penetration rate of people with hearing loss obtaining access to appropriate hearing healthcare. It simply “dumbs down” the hearing health care system and provides sub-par fixes to a complex issue.

According to EuroTrak and JapanTrak2010-2015 as well as MarkeTrak 8 and 9, in Japan, where regulation of hearing aids is slim to none and OTC devices are widely available, the hearing aid adoption rate in Japan is only 13.5%. Countries who do not allow OTC hearing aids and regulate the industry see an adoption rate between 30 % in France and the US and up to 41.1% in the UK. This clearly demonstrates that giving increased access to decreased technology does not increase the adoption or penetration rate. In addition, OTC hearing aids eliminate the need for professional services from the fitting of hearing aids, which further decreases satisfaction rates, with Japan having an overall satisfaction rate of 39% and the other countries as addressed above, ranging from 70% to 84% satisfaction rates¹.

Hearing and hearing loss is a highly complex system that cannot be treated with a quick fix similarly to OTC “cheater glasses” for far sighted vision loss. It is an emotionally difficult impairment to come to grasp with and it is not as widely discussed as vision loss; therefore, there is still unfortunately a stigma to it. People wait on average 7 years to seek help from the time they notice having hearing difficulties. There are so many variables that influence when and how a person with hearing loss decides to reach out for help, but research has shown that reducing cost does not relate directly to increased penetration or satisfaction². Clearly there is more to it than cost.

Why is there still a stigma and how does it affect people with hearing loss? In Denmark, where many of the major hearing aid manufacturers are located, they have an almost 48% penetration rate³. This is most likely due to the fact that hearing aids are not hidden from the public as something to be ashamed of, they are in the main stream and people are very aware of them. Therefore, instead of decreasing satisfaction and increasing the risk of improper and poorly fit devices by creating a category of OTC hearing aids, why don't you consider introducing legislation for awareness and outreach. Remember, the “Got Milk?” campaign? That campaign must have come out when I was in elementary or junior high school and it is still very much present in my mind.

Education and Outreach also needs to inform people that not all hearing aids cost \$3000. In my practice as well as in many other audiology practices, we have many different levels of technology. The levels start at \$800 and can provide access, but still comes with the necessary component of fitting (utilizing best practices such as Real Ear Measures), adjustment, care, orientation, aural rehabilitation, counseling, and training. There is such erroneous information out there, education and outreach needs to be top priority. There are already many options available, the patients just need to be made aware and educated on them.

In addition to large scale education and outreach, the primary care physicians and other healthcare “gatekeepers” should be recommending that people get their hearing evaluated when they turn 50. Just like we have mammograms, colon cancer screening, glaucoma screening, hearing should be addressed as well. As the PCAST and NAS are so keen on indicating that there are gaps in treating hearing loss, I would say one of the biggest gaps is in diagnosing hearing loss. If people do not know about it, why would they want to fix it. Hearing loss can come on very gradually and most people do not even realize how much they are missing.

¹ Masaki Ikeda et al: Hearing Aid Market in Japan <https://www.fda.gov/downloads/MedicalDevices/NewsEvents/WorkshopsConferences/UCM497410.pdf>

² Ramachandran V, Stach B, Becker E. Reducing hearing aid cost does not influence device acquisition for milder hearing loss, but eliminating it does. *Hear Journ.* 2011;64(5): 10-18 http://journals.lww.com/thehearingjournal/fulltext/2011/05000/Reducing_hearing_aid_cost_does_not_influence.3.aspx

³ Hearing Review, January 2016: What is the Most Efficient Reimbursement System in Europe <http://www.hearingreview.com/2015/12/efficient-reimbursement-system-europe/>

Insurance coverage can help encourage adoption if done properly⁴. The state health insurance plan in Massachusetts (GIC) has up to a \$1700 benefit and has been this way since I have been practicing in Massachusetts (since 2001). In addition, Federal Blue Cross and Blue Shield has a \$2500 hearing aid benefit. I have witnessed time and time again patients with these and other hearing aid insurance benefits get the hearing aids that they wanted and that work best for their hearing loss and life style - not just the cheapest ones. Mandating that insurance companies provide coverage would greatly help with the outreach component and increase the penetration rate in the U.S. Instead of developing inferior products, decreasing satisfaction and reducing penetration rates, why not make the health insurance companies provide a simple to use benefit, provide education and outreach to increase the awareness of hearing loss, and still continue to provide high satisfaction rates by utilizing the audiologists that are trained care for these patients.

If a person with hearing loss goes into the local drug store and purchases an OTC device that is not appropriate for them, how will that person know that it was not the correct fit for them? What will most likely happen is they will be disappointed, feel that “hearing aids” don’t work and will not seek the professional help that has shown time and time again to improve quality of life. Again, look to the studies completed in Japan where OTC hearing aids are available. It does not work and will have the reverse effect.

Hearing loss needs to be properly evaluated by an audiologist, to assess the degree, type and to rule out any possible medical pathologies. It is also a very emotional issue for patients. Losing their ability to hear affects their entire being - not knowing if they will be able to function as they had once before and wondering what the future holds. Audiologists are trained on these and other cognitive issues, including the social and emotional impact that hearing loss has on the individual, as well as how to properly adjust the hearing aids to the fit to individuals specific hearing needs. We go to school for 8 years to be trained to properly provide this service. Removing the qualified professionals who counsel and treat the whole patient is detrimental to the health and well-being of the patient. Hearing healthcare professionals are the ones responsible for enabling the hearing impaired individual the ability participate fully in life, emotionally, socially, academically and occupationally. Look again at the satisfaction rates of countries who provide and regulate these services - they far exceed the countries who have no regulations and provide the OTC hearing aids.

I love being an audiologist, I love helping people, I love allowing people hear better and enabling children to hear for the first time. Hearing healthcare is about empowering the hearing impaired to participate as fully as possible in life. Properly fit hearing aids have been proven to improve quality of life⁵, (3) why would we want to take that away from people? I want to provide as much access as possible to hearing impaired people, but we do not have to provide inferior products and decrease the level service we provide to reach more people. I would encourage you to take a step back and look at the issue more holistically, look at the research, both from the US and from other countries.

Thank you for your time.

Sincerely,

Dr. Melonie Marple
Owner of Audiology and Hearing Solutions, Inc.

⁴ Ramachandran V, Stach B, Becker E. Reducing hearing aid cost does not influence device acquisition for milder hearing loss, but eliminating it does. *Hear Journ.* 2011;64(5): 10-18 http://journals.lww.com/thehearingjournal/fulltext/2011/05000/Reducing_hearing_aid_cost_does_not_influence.3.aspx

⁵ Journal of the American Academy of Audiology. Vol 18, No2 <http://www.tandfonline.com/toc/ijja19/18/2?nav=tocList>