

1. What information about hearing technology and related health care services is available to consumers who may be shopping for these goods and services? How useful do they find this information?

I believe information is very limited on hearing technology and related health care services to those consumers who may be shopping for these goods and services. Consumers have not been properly educated on the appropriate steps to take to identify hearing loss and solutions. Even primary care physicians do not know the appropriate recommendations to make and essentially tell their patients to just go to Costco.

Consumers need to understand that hearing loss must first be diagnosed. Once diagnosed, it needs to be determined if there is medical intervention required or if amplification or other assistive technology is appropriate. If we remove the Audiologist from the initial stages of diagnosis, how many people will be fit with technology that required medical intervention?

There needs to be a country-wide campaign that educates the public and medical community about hearing loss, identifying hearing loss and the implications that hearing loss can have on a person's life.

As far as how useful to consumers find this information....when it is available they find it very useful. The comments I hear most often refer to the fact that the information is so hard to come by.

2. How are hearing aids and other forms of hearing technology commonly distributed and sold? To what extent are new sellers of hearing devices, as well as new methods of distribution and sales, affecting the range of goods, services, and prices available to consumers?

Hearing aids and other forms of hearing technology are commonly distributed and sold through audiology offices as well as hearing aid dispenser's offices. In recent years technology has also become available through manufacturer hearing aid centers as well as the Big Box stores (Costco, Sam's, etc). Consumers have also been able to purchase these products through online vendors as well.

New sellers of hearing devices as well as methods of distribution and sales are really muddying the waters of hearing aids and the fitting of this technology. Because of the lack of consumer education, consumers essentially search for the lowest priced item offering the best promises for better hearing. This is not the case in every situation, but it happens quite frequently. Consumers need to be aware that there are prescriptive methods for fitting hearing aids and that there are verification techniques that can be completed to ensure an appropriate fit of technology. This is not a universal expectation or practice with amplification. Without proper fitting and verification and counseling with products, people often spend thousands of dollars on products that just sit in a drawer, never to be worn again. Creating a unified, "best practices" protocol for fitting amplification

and other products would increase success among users which would in turn improve the products, services and costs of technology.

3. How are innovations in hearing technology – including hearing aids, personal sound amplification products (PSAPs), and other devices and platforms – changing the competitive landscape and expanding the range of viable options to ameliorate hearing loss? What other innovations and developments are on the horizon?

Hearing technology is growing by leaps and bounds. It is truly amazing to see what functionality technology actually has. Hearing aid manufacturers have options that will help consumers in just about every aspect of their lives. Again, unfortunately, because of the lack of education, consumers are often not aware of what options might be made available to them.

Hearing aid technology today can direct connect to iPhones and iPads. This connection also allows consumers to control the feature settings on some of the devices even more than they have been able to previously. Hearing aid technology can also connect to manufacturer created landline phones to ensure better hearing through the telephone. Other options also exist to help consumers connect with public loop systems, personal television sets and also offer remote microphone options to improve the quality of hearing in situations with increased levels of ambient noise. Hearing aids are now also being offered with a rechargeable option. This helps to reduce the cost of batteries for the consumer.

One of the hearing aid manufacturers has joined with the digital network IFTTT. This allows the hearing aid to network with other digital systems to create reminders and messages and actions based upon the settings of the created digital pathways. I would image this will continue to be the wave of the future.

4. To what extent are hearing aids, PSAPs, or “hearables” interoperable with different adjustment or programming tools, as well as other technologies and communications systems? What standard setting efforts are underway and how might standard setting further competition and innovation (or fail to do so)?

The PSAPs or “hearables” that I have seen have preset parameters based upon a configuration of a hearing loss. Therefore these technologies are not set for the specific frequencies of a defined hearing loss. I have been an audiologist for 24 years. When I first began in the field, hearing aids were analog devices with potentiometer controls. The programming was not intricately involved and setting the devices was best done in conjunction with verification methods to ensure appropriate fit. PSAPs or “hearables” with preset parameters may benefit someone with a mild hearing loss, but these pre-configured solutions are not going to effectively help someone with more significant hearing loss or significant word recognition difficulties.

5. To what extent might existing federal and state regulations be modified or streamlined to better accommodate new technologies and business models, consistent with promoting competition and innovation while meeting legitimate consumer protection objectives?

I believe the biggest challenge moving forward is removing the necessity of a diagnostic evaluation or medical evaluation prior to purchase of hearing technology. Consumers often times believe they have a “mild” hearing loss, when in fact it is a more significant hearing loss. Consumers will often feel their hearing is symmetrical between ears when there is actually an asymmetrical hearing loss that requires a medical evaluation to rule out retrocochlear pathology. It is important to establish standard protocol for evaluating, treating and verifying hearing loss and treatment.

I have several concerns with the legislation that is being proposed for hearing healthcare. I agree that technology can be expensive and is often outside of the budget range for consumers. There are other options that are available and should be offered to these consumers. But there are a few issues at work here and several areas of change that should also be considered.

First, let’s look at Medicare. Medicare does not consider or acknowledge hearing loss to be a significant health concern. Our industry has done research indirectly linking hearing loss to dementia; we have also proven that wearing hearing aids can reduce the likelihood of this link. Yet even with the white pages presented to Medicare, there has been no movement to change their outlook on hearing loss. Medicare will not reimburse for a hearing evaluation completed for the sole purpose of purchasing hearing aids. Medicare will not cover annual hearing evaluations unless changes in hearing, tinnitus or balance occur, or unless medical diagnosis requires the annual monitoring. Medicare will not cover any cost of amplification and as a result other major carriers follow suit.

Most of the consumers that I have worked with previously have been part of the “mature adult” population. The majority of the time these consumers have hearing loss as well as vision loss. I worked with a group of Ophthalmologists that performed surgery for cataracts. Cataract lens actually follow suit with various levels, as do hearing aids. Medicare pays for the entry level lens. If the consumer wishes to purchase a higher, more technologically advanced lens, the consumer pays the difference out of pocket. Why can the same not be offered for hearing aids?

Medicare is not the only problem when it comes to insurance reimbursement and hearing aids. Other insurance companies provide benefit with significant limitations to their customers. Third party discount

programs cause a significant hindrance due to the various programs that are available and the restrictions offered by most of those programs. There is one in particular that requires an audiologist to provide a free hearing evaluation, and yet if that said audiologist is in contract with Medicare, they are out of compliance with their Medicare contract. Another program informs their customers they are eligible for up to 60% off of a set of hearing aids, but never divulge the most important part of that, that it is based off of MSRP, not the individual provider's prices.

Let's look at another aspect of this whole big picture: hearing aid manufacturers. Where is there responsibility in this whole process? Hearing aids are significantly discounted for the government venues as well as big box venues. Why are they not universally priced for all providers, for all venues? There could potentially be a tremendous shift in availability to consumers if manufacturers would just re-assess their practices.

There are so many other discussions that I could have about this whole legislation. I will end on this note. Audiologists are an important part of this entire process and I believe that this legislation is trying to push our profession out. There is no comparison of eye glass readers to OTC hearing aids. A mild vision loss does not equal a mild hearing loss. There are so many other parameters involved in hearing loss that will be ignored or overlooked without formal diagnostic testing. I am not saying that I am against OTC hearing aids, but a consumer should not be able to purchase said devices without a full audiometric evaluation.

There are several patients that I would have considered recommending an OTC or PSAP for, but they are the minority. I am more concerned about the patients that have other involvements, other hearing health concerns that might overlook their conditions because they want an inexpensive option. How about those consumers that believe they have a "mild" hearing loss but in actuality have a more significant hearing loss. Will they purchase an OTC, find it is not providing sufficient amplification and toss it aside believing hearing aids just don't work? What happens down the road when they really need a hearing aid, is it too late? Is it too difficult for them to adjust to at that time?

As mentioned previously I have more I could share on this subject. If interested, please feel free to contact me at _____ for further discussion.

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