

OTC Hearing Aid Bill Poses Significant Risks for Hearing-Impaired Consumers

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Hearing loss treatment as a consumer electronics company opportunity? It will be if the Over-the-Counter Hearing Aid Act passes, and the rest of us will lose.

The OTC proposal pending before Congress, in a nutshell, will mean that one-size-fits-all hearing aids will become available at one's corner drug store, hardware store, and/or, conceivably, at the local 7-11—presumably next to the OTC reading glasses.

And it will affect up to 85% of the hearing impaired market, shutting out most of licensed professionals now serving the hearing impaired. In one fell swoop, the OTC proposal will effectively sweep aside fifty state licensing boards and their attendant rules and regulations. There will be no hearing evaluations nor otoscopy inspections or measurements taken of the ear canal, nor any other vital service provided by virtual army of untrained, unlicensed, and utterly unqualified sales clerks that will be unleashed onto an unsuspecting public.

Proponents argue that increased competition will increase accessibility and lower cost – both cited as significant issues in the United States. Not so. Every recent survey indicates that hearing aid services are available in virtually every nook and cranny of the United States. Nearly every practitioner has available a wide array of prices for instrumentation for as low as \$500 per ear up to several times that, depending on the technology and peripherals desired. Many practices also offer low or no cost care to those who really need it and want it but cannot afford it. OTC devices, on the other hand, are projected to sell in the range of \$500-\$800 each. Where is the savings there? Plus, the competitive claim is a ruse: trained and licensed dispensers will be expected to abide by hundreds of pages of rules while their unlicensed competitors will not.

More pertinent, however, is the fact that cost never has been a real barrier to receiving hearing correction in the US. Rather, the real barriers to obtaining hearing care involve psychosocial barriers, such as denial of even having a hearing loss, or at least one bad enough to need amplification. Other barriers are lack of internal reference, abnormal loudness growth, signal-to-noise challenges, and cosmetics, dexterity, and lack of awareness of available options.

Meanwhile, one of the most critical consequences of the OTC proposal is the doing away with the consumer safety net imbedded in FDA red flag and medical clearance regulation. The US is known for its vast, voluntary network of community hearing healthcare teams, involving ear physicians, hearing aid specialists, audiologists, speech pathologists, and deaf educators.

These teams, formed in every community of the nation, assure that the 13.33% of hearing impaired individuals who have potentially life threatening conditions are connected with the medical services they need for timely life-saving treatment. A partial list of the serious conditions often encountered and referred are: cholesteatomas, keratosis obturans, glomus tumors, acoustic neuromas, vestibular Schwannomas, Meniere's disease, cochlear stoke, sudden hearing loss, and a host of other conditions.

Hence, we will find that this "feel good" legislative proposal is really a veritable Trojan Horse hiding an unpleasant truth: consumers will no longer be assured a thorough and searching auditory evaluation, case history, and a medical clearance before purchasing a hearing aid. Furthermore, the crucial services for earmolds, programming, verification, and aftercare services that are generously provided now will also disappear under the new delivery model.

Make no mistake about it: there are no similarities between the vastly complex parameters involved in appropriate correction of hearing loss and the more straightforward, less complicated treatment of visual conditions. There is no instrumentation in hearing healthcare that compares to "reading glasses." Yet Congress is considering a model that goes well beyond the eyeglass and contact lens model, which still requires a prescription within six months from a licensed provider. Clearly this requirement hasn't hindered online sales in the vision market.

Experience tells us that a steady drumbeat of consumer education will improve penetration much more than unleashing a flood of cheap hearing aids and untrained salespeople onto the population ever could.

This proposal is not good for consumers; it will effectively dissolve decades of technology advancements and consumer protections. A hearing aid not fitted appropriately to a given individual's specific needs, at any price, is a hearing aid that costs too much.



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