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Hearing Health Care Priorities

BY KEVIN H. FRANCK

Before the Food and Drug Administration (FDA) defined Over-the-Counter (OTC) hearing aids in its proposed rule, before President Trump signed the Over-the-Counter Hearing Aid Act of 2017, before Senators Warren and Grassley wrote the OTC Hearing Aid Act and before the President's Council of Advisors on Science and Technology (PCAST) recommended the OTC effort, the authors of the National Academies of Sciences, Engineering, and Medicine (NASEM) 2016 *Hearing Health Care for Adults: Priorities for Improving Access and Affordability* were working on publishing 12 recommendations to improve hearing health care for adults with history and context for each.[1] Just one of these 12 is OTC hearing aids — Recommendation #7. The Hearing Loss Association of America (HLAA) sponsored what I consider the most comprehensive and best articulated statement of where we are and where we need to be.

I believe that OTC hearing aids will change some important dynamics of how adults buy hearing aids, and how some hearing aid specialists and audiologists sell and service hearing aids. This could be better for both groups. Savvy, technically competent people beginning their hearing health journey might be able to use consumer audio products with hearing aid technology. Others may try a more traditional hearing aid product earlier through consumer channels. Audiologists and hearing aid specialists may be even more successful promoting and selling their services separate from opaque product mark-ups, providing services to people regardless of what product they buy. I don't think this is going to be transformational, but it will evolve the hearing device market in important ways. I hope device and diagnostic manufacturers develop, and that the FDA approves, more self-service hearing technologies. This is because our health care system, in general, has demonstrated its challenges helping many populations in need, including those with hearing loss. HLAA should be proud of its visionary support of the work that started it all almost a decade ago and focused in the next few years on helping to get the work implemented right to best serve the entire U.S. hearing loss population.

But let's not lose sight of the bigger picture. Some of the other 11 recommendations could be quite impactful, too! Staying with the theme of reducing the cost of hearing technology, other recommendations also need attention. NASEM Recommendation #9 sought more transparency in the costs and coverage of hearing products and services. Did you know that a single cochlear implant processor costs around $10,000? Many hospitals and clinics are now publishing their charges and unbundling their service costs from products. For those who need less service (like a third set of hearing aids for a stable hearing loss) this can be a huge cost savings. But for a first pair when thorough diagnostic and counseling and first fitting services are more warranted, it can cost more.

Soon, you may be able to bring your OTC hearing aid to a hearing professional who unbundles the costs. NASEM Recommendation #3 eliminated unnecessary medical visits before a patient can seek hearing aids. By promoting compatibility standards with other more ubiquitous technologies, NASEM

[1] https://www.nap.edu/catalog/23446/hearing-health-care-for-adults-priorities-for-improving-access-and

Recommendation #8 advocates for hearing devices to gain access to the benefits (and cost benefits) of mass production rather than niche or proprietary standards.

NASEM Recommendation #10 implores innovators to try small demonstration projects to break our current logjam and find new paradigms that provide better value and better access.

NASEM speaks to ensuring that those who provide hearing health care service do so consistently and are aligned with best practices in NASEM Recommendation #2. People who provide hearing services should prove that they are achieving their intended benefit and evolve how they do so as new product features and new hearing interventions become available. NASEM Recommendation #4 pertains to your rights to information. For example, if you pay an audiologist for their services (like a hearing test or device fitting), you have a right to this information if you want to take this to someone else and not be charged to do it all over again. NASEM seeks hearing health care to be a routine topic of conversation in well-visits and provided to underserved populations in Recommendations #5 and #6, respectively. By "underserved," this explicitly includes not only geographic disparities, but cultural and economic ones, too, that lead to systemic health care access inequities.

NASEM continues with promoting stronger efforts to build prospective, population-based data on hearing loss in Recommendation #1 so that we are better equipped with facts of the impact hearing health has on other aspects of health and society to make informed decisions. NASEM Recommendations #11 and #12 seek to engage a wider community with more public information and making good communication relevant to everyone — not just to people with hearing loss.

NASEM said a lot! When I was the director of audiology at Mass Eye and Ear/faculty at Harvard Medical School from 2018 to 2021, I made NASEM my *modus operandi*. Our decisions on how to improve our clinical care were explicitly guided by this comprehensive work. As chair of the HLAA board of directors, I use the document in a similar manner. Our strategy is reflected in NASEM's perspective. After all — HLAA, as the only consumer-group sponsor of the study, helped pay for the work! HL

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