

The following is Hearing Loss Association of America's Executive Director Brenda Battat's address to the National Institute on Deafness and Other Communication Disorders, National Institutes of Health (NIDCD-NIH), Advisory Council, January 27, 2012

Good morning. Thank you for asking me to talk about a new direction for hearing aids. I am executive director of the Hearing Loss Association of America (HLAA), a thirty-year-old consumer organization representing constituents with hearing loss who use their residual hearing with hearing aids, cochlear implants and other technology and use their voice. We are based here in Bethesda and have a nationwide network of chapters. Our mission is to open the world of communication to people with hearing loss through information, advocacy, and support

- In October 2011 United Healthcare® the largest health insurance company with ten million subscribers introduced a direct online hearing health service to consumers. Through its subsidiary *hi HealthInnovations*, they offer their Medicare Advantage plan subscribers a hearing health benefit – hearing aids free or at very low co-payment.
- Consumers take an innovative hearing screening inventory developed by Dr Diane Van Tassel -- a well-respected research audiologist -- to triage those people who have mild, high-frequency hearing loss and can be fitted with open-fit hearing aids with customer service and follow up- care provided on line, through captioned videos and by phone. (Description of the test in your materials.)
- Those who “fail” the test who have asymmetrical or more severe hearing loss and, therefore, cannot be serviced via this model, will be referred to an audiologist within or outside the United HealthCare® network.
- The audiology networks are currently being recruited and will be based on an itemization model where the device is not a revenue generator for hearing health professionals but they would charge for their fitting and aural rehabilitation services. United Healthcare® fully recognizes there are things they cannot do on the Internet or over the phone and that is why a robust hearing health care network working with them is so important.
- The hearing aids offered through this program are manufactured by Intricon, a component parts manufacturer, that has developed four models specifically for this program.

- The second part of the UnitedHealthcare® *hi HealthInnovations* program is dissemination free of charge to all their network primary care physicians, an easy-to-use hearing screening tool to encourage them to test people's hearing as part of their general exam.
- As you all know hearing loss is a leading public health concern with 36 million adults reporting some degree of hearing loss. Hearing loss is the third most common chronic health condition affecting older adults behind high blood pressure and arthritis yet most people go untreated. But fewer than 20 percent of those with hearing loss seek help and get hearing aids.
- This is due to a variety of reasons but cost is cited as the number one constraint by 30 percent of those who do nothing. It is certainly the most common call that comes into the HLAA office each and every day.
- Most people pay out of pocket for hearing aids. Medicare does not cover hearing aids and the average cost of a hearing aid today is \$1,800; and most people need two. It is not uncommon for people to be charged \$3,000-\$5,000 for a pair of aids. After a house and a car, a pair of hearing aids is one of the most expensive items a person will purchase.
- Untreated hearing loss is expensive for insurers. A major reason for UnitedHealthcare's establishment of *hi HealthInnovations* is what they view as the hidden costs of hearing loss and lack of access to hearing health care. Hearing loss impacts on a person's overall health and quality of life. Left untreated, it leads to conditions such as social isolation, depression and possibly even dementia. Hearing aids enable seniors to stay in their own homes and age independently. Making it easier to seek help and afford hearing aids is a way to manage the total quality of life and the health care costs of millions of people with hearing loss.
- Dr. Tseng also cited NIDCD's 2009 "Research Working Group on Accessible and Affordable Hearing Healthcare for Adults with Mild to Moderate Hearing Loss" as an impetus for them to find a way to help more of their subscribers with hearing loss. Thanks to NIDCD for identifying this issue as a research priority.
- The audiology and hearing aid specialist organizations have come out against the UnitedHealthCare program. They argue that the face-to-face model of counseling, followed by selection, fitting, verification, and validation of hearing aid fitting should be the standard of care.

- Hearing Industries Association (HIA) the trade association for hearing aid manufacturers has sent a letter to the FDA claiming *hi HealthInnovations* is practicing illegal marketing and distribution of hearing aids. They have requested the FDA initiate enforcement action; e.g., a warning letter or clarify FDA regulations.
- HLAA has not joined the opposition. Our stance is that face-to face interaction will always be the gold standard of care but for many reasons the current approach is not reaching or meeting the needs of the vast majority of adults with hearing loss. (Our position is in your Council book materials.)
- We support opening up more options for consumers, more doors to enter the channel, and lower hurdles to encourage the millions of people who do nothing about their hearing loss.
- The more options available and the more people who seek out treatment the better it is for everyone. Getting people into the channel is the critical piece that hasn't worked well up to now. Opening doorways to products and services benefits everyone. We need to collaborate, increase awareness about hearing loss and its treatments, and give innovative programs a chance.
- There has already been a paradigm shift in the way that consumers are seeking health care services, including hearing health care, because there are different types of consumers and how involved they like to be in their own health care. Hearing screenings, the first step in hearing health care, can be conducted remotely over the Internet, via mobile apps, or through telemedicine technologies. Hearing aids are being purchased online and in specialty stores and new technologies are being developed that could automate hearing testing and hearing aid fitting and programming. Itemization of costs for hearing health care services is starting to gain traction. Currently products and services are bundled into a single fee so the consumer is unaware of what they are paying for.
- There continues to be a gap between people who receive adequate health care including hearing health care and those who don't and people who are older or who have limited incomes generally have fewer options so they go without.



- We need new approaches to improve access to affordable hearing health care and increase the number of people with hearing loss who are receiving care. That is why the Hearing Loss Association of America is saying at least give this new initiative a chance.

Contact [Brenda Battat](#) for more information.