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Submission to Joint Standing Committee on the National Disability Insurance Scheme

Introduction

Amplifon welcomes the opportunity to contribute to the Joint Standing Committee on the National Disability Insurance Scheme's (JSCNDIS) inquiry into the capability and culture of the National Disability Insurance Agency (NDIA).

Amplifon is the largest private hearing services provider in Australia. We employ more than 300 qualified Audiologists and Audiometrists in more than 300 locations across a 60/40 split of urban and regional Australia. We are a registered NDIS provider, a contract holder with the Commonwealth Hearing Services Program (HSP) and every day we also provide services to veterans, injured workers, privately insured clients and self-funded consumers. As with other Hearing Care Industry Association (HCIA)¹ members, we deliver the majority of hearing rehabilitative services in Australia, employ the most graduates and skilled audiology migrants and each day help thousands of Australians and their families rehabilitate to live better lives and rediscover sound, connectedness, personal pride and productivity.

Amplifon Australia is part of the global Amplifon network. One in 11 hearing aids globally are prescribed by Amplifon in 25 countries. Globally, Amplifon employs around 20,000 people and provides hearing health services to clients in around 10,000 global locations.² Our global reach allows us to provide policy makers across economies with unique consumer, research and health professional insights into best practice and global trends.

Reducing NDIS forward estimates

Hearing loss in Australia is a common, yet hidden, condition that affects approximately one in seven people. The 2021 nationwide statistically significant survey on hearing loss commissioned by the HCIA revealed 14.2 per cent of adult Australians volunteer they are struggling with hearing loss.³

¹ Amplifon is a founding member of HCIA

² <https://corporate.amplifon.com/it/investors/investire-in-amplifon>

³ https://www.hcia.com.au/hcia-wp/wp-content/uploads/2022/03/AustraliaTrak_2021_Final-Report.pdf



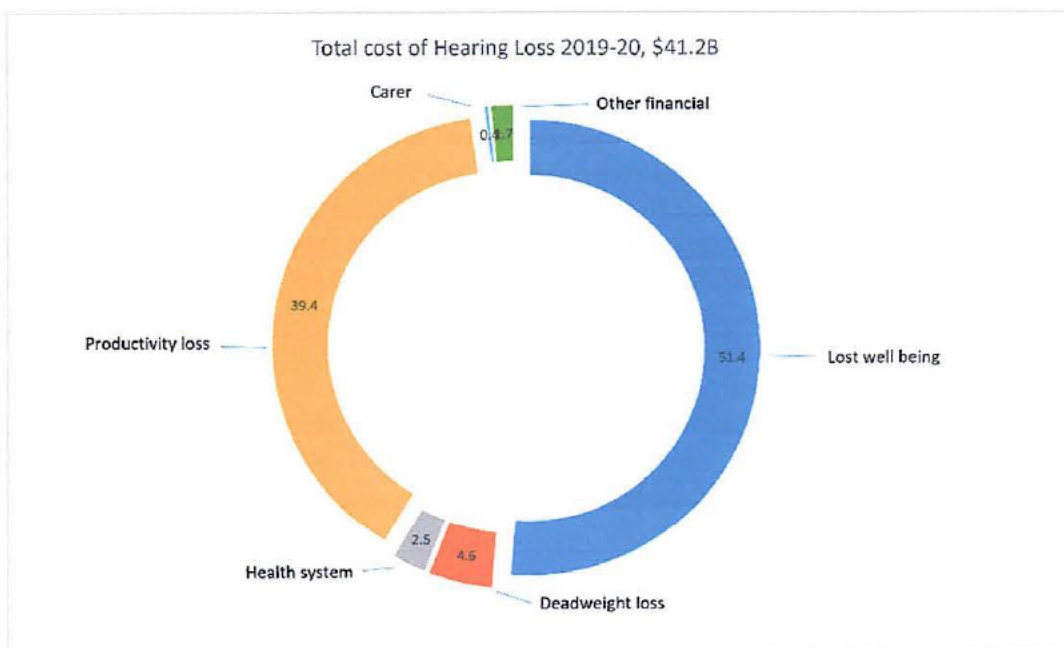
Over 1.3 million Australians suffer moderate to severe hearing impairment.⁴ By 2030 the number of Australians suffering from hearing loss is projected to significantly increase.⁵ For over 55s the situation is alarming - over half this cohort have some degree of bilateral hearing loss.⁶

Hearing loss is not heart disease, it is not cancer, it is not asthma or diabetes. Hearing loss is not an Australian national health priority, but it should be. Hearing loss is devastating: It is devastating to the individual and to their families and friends. People with hearing loss live quiet lives of desperate and increasing isolation with limited societal and government support. Many Australians simply give up and resign to it. But they do not have to.

Debilitating, isolating, embarrassing, stigmatised and denied; hearing loss is more than an individual health condition. Because hearing loss imposes a significant reduction on an individual’s wellbeing and the social and economic contribution of that individual (principally employment and community/familial engagement), hearing loss is a significant productivity brake to the Australian economy. The longer hearing loss is ignored or excused as simply ‘old age’, the greater the personal and national cost.

Deloitte Access Economics has robustly calculated that hearing loss in Australia cost \$21.2 billion in 2019- 20. If lost wellbeing is included, the cost doubles and eclipses the current budget forecast for the entire NDIS:⁷

Figure 1: Deloitte: Costs of hearing loss



⁴ [Hearing for Life – The value of hearing services for vulnerable Australians](#), Report for HCIA by Deloitte Access Economics, 2019

⁵ Ibid.

⁶ Mitchell P: [The prevalence, risk factors and impacts of hearing impairment in an older Australian community: the Blue Mountains Hearing Study](#).

⁷ https://www.hcia.com.au/hcia-wp/wp-content/uploads/2020/03/Placemat_Hearing-for-Life-report.pdf



Exactly like taxpayer-funded government anti-smoking awareness campaigns, the provision and access to hearing healthcare should be regarded as an investment in avoiding multipliers of downstream societal and economic costs – a conviction shared by our Minister for the NDIS:

I don't buy the idea that the Scheme is a cost, I buy the Scheme as an investment. Because when you invest in individuals, you get the best out of community. When you provide opportunities to empower people, to have a fair go, the return for those individuals, their families, quality of life, and indeed, community is exponentially superior to not doing it.⁸

RECOMMENDATION 1: To ease the future burden on the NDIS, GPs should recommend at the age 50-yo patient GP check-up, a hearing screening. For Amplifon and many other registered providers, a simple hearing loss screening is provided for free at no cost to government. The NDIS should publicise this.

Averting the Australian health care crisis

The Minister's description of the NDIS is aligned to Amplifon's global mission: early intervention.

While the HCIA Deloitte analysis did not consider comorbidities associated with untreated hearing loss, it is clear in 2022 that dementia is a 'tsunami' that health care (NDIS) policy makers need to urgently consider. The association between hearing loss and the onset of dementia is now well documented. For example, the landmark study by The Lancet identified untreated hearing as the largest modifiable risk factor to prevent neurocognitive disorders such as dementia – even more so than diet, depression, smoking, alcohol and other life factors.⁹ The risk of developing dementia increases significantly with untreated age-related hearing loss.

Too many barriers

In Australia today, and for many years, if you are aged 0-26 or 65+ you may be eligible to access the world class Australian Department of Health Hearing Services Program (HSP).¹⁰ This program, arguably the best in the world from Amplifon's global view, fully funds hearing loss treatment and basic level hearing aids for age-defined cohorts with a minimum hearing loss threshold of 23dB.

Established - just like Amplifon in the veteran aftermath of WWII - the HSP currently has over one million participants at an estimated cost to government of circa \$600m.¹¹ This program is very well regulated, relatively easy to navigate for consumers and providers, has one of the lowest complaint levels of any health scheme¹² while delivering immense benefits to participants and their familial/employer/social networks.

Yet the NDIS criteria for Australians 26 - <65 sets eligibility criteria at 65dB loss "in the better ear." The principles for early intervention and meaningful participation in work, society, family and community,

⁸ [Address to the first ever NDIS Jobs and Skills Forum](#), The Hon Bill Shorten MP, 17 August 2022

⁹ [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission](#), Livingston, et al 2020. doi.org/10.1016/S0140-6736(20)30367-6

¹⁰ [How can the program help me? \(hearingservices.gov.au\)](#) – ATSIC and other eligibility criteria

¹¹ <https://www.health.gov.au/sites/default/files/documents/2022/03/budget-2022-23-portfolio-budget-statements.pdf>

¹² [Hearing Services Program complaints statistics](#)



are prohibitive in the NDIS. At 65dB loss, a hearing aid will provide great benefit but waiting for hearing loss to get to that level means years of life wasted, increased client resistance to treatment and increased comorbidity.

RECOMMENDATION 2: The Committee should urgently consider revising NDIS hearing loss eligibility criteria to align with HSP minimum hearing loss thresholds to meet the principals of early intervention and participant autonomy, especially for low-income participants.

NDIS as a nation builder

There is currently a very large accessibility gap for hearing impaired Australians of working age.

By limiting access to hearing care within the NDIS, around 1.1 million Australians are either undiagnosed or suffer from known hearing loss, yet most do not receive any assistance at all; they are ineligible for HSP and NDIS.

Amplifon calls for the NDIS Inquiry to recognise broader eligibility to access disability support. Based on providing access to those aged 26-64 with annual incomes below \$37,000, Deloitte and HCIA calculate 210,000 people would become eligible. Of this, around 13,500 people would be likely to access hearing loss support.¹³

If aligned to the HSP, the cost to taxpayers would be an additional \$25.3 million, but would deliver a net economic benefit of \$311.7 million, a benefit/cost ratio 12.3:1. Even on the narrower measure of benefit to the government, each dollar invested in expanded hearing loss support aligned to HSP criteria would deliver the government \$10.60.¹⁴

Adding in improved well-being, the total benefit increases to \$432.8 million.

We hope that our submission points to two simple things that will assist in future proofing the NDIS and reverting to its founding principles: early intervention and alignment with best practice to make Australia more inclusive, productive and healthy.

Amplifon greatly appreciates the government's review of the NDIS.

Sincerely

Adam Redman
Head of Regulatory and Public Affairs
Amplifon Australia

¹³ [HCIA Hearing For Life – The Value Of Hearing Services For Vulnerable Australians](#)

¹⁴ Ibid.