

Submission to the Standing Committee on Health Aged Care and Sport

Inquiry into the Hearing Health and Wellbeing of Australia

Addressing Term of Reference: Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology.

Dear Committee Chairperson,

I make this submission as a private person, a retiree who has suffered moderate hearing loss and tinnitus for at least 10 years. As such, and without the necessary resources, I am unable to attach documentary evidence for my assertions, which have been formed anecdotally and from my observations and deductions.

To a large extent, this is due to the complete opaqueness of the industry, from the manufacturer to the retailer, and the various associations and bodies representing sections of the industry. All approaches I have made to these bodies have received either no response at all or responses containing no usable information.

I am presenting this submission in a form by which I have commenced each section with a numbered statement, followed by supporting comment and or suggestions. The final section is my suggestion of one way in which inequities in the system may be approached with a view of making the technology available to the widest cross section of sufferers.

1. *The industry lacks transparency, and the industry wide pricing and marketing methods suggest collusion or other activity aimed at eliminating real competition.*

It is my contention that this claim is demonstrable and would be provable if access to the required information was made available. I have made enquiries of bodies ranging from the ACCC, through the organisations representing the audiologists and audiometrists to those representing the end users of hearing aids, and to date I have not received a single response which included usable information. I suggest that this tends to support my contention .

Furthermore, comparison with the specifications and prices of “competing” brands suggests that there is little real choice available.

2. The claims made by the manufacturers for their products are inaccurate to the point of being false advertising.

Claims of water resistance seem to be vastly overstated when frequent replacements are caused by the failure of this function, and claims that the technology involved helps to eliminate extraneous noise are not supported in practise by the experience of users.

3. The hearing aids made by the industry are unreliable, and subject to the need for constant repair. Since this repair usually amounts to total replacement of the device, the prohibitively high price of hearing aids is required by the manufacturer to cover the costs of inadequacies in design and manufacture as well as the inflated claims made about the performance of the hearing aids. Previous hearing aids were much more reliable than my current pair.

My personal experience is that my current hearing aids required repair so often during the 5 years I have had them, and during which they have been repeatedly replaced has now reached the point that I am embarrassed to take them back to my audiologist. This is in spite of my attempts to prevent breakdowns by purchasing special drying boxes and fabric bags to prevent moisture entering the devices. My service contract with the Commonwealth has covered some of the cost and I have been required to make contributions on occasions, but this has come nowhere near the cost of replacement if the retail cost of hearing aids is in any way indicative of the cost of production.

4. With the exception of some suppliers who offer hearing aids on hire purchase, the marketing model used throughout the industry renders all but the basic models beyond the resources of the average user to purchase. It should be noted that with hearing difficulty being largely a problem of the aged, it is reasonable to assume that a large proportion of users would be pensioners.

My current hearing aids are due for replacement in February 2017 and the models being recommended to me range in price from \$9,000 to \$11,000. I feel that hearing aids in this price range will probably serve the purpose of eliminating sweat damage to the devices and also be much more effective in noisy situations, which is the only situation where I absolutely cannot hear without hearing aids.

However, to have to pay this amount in full in advance puts either of these models beyond my reach.

At this point I would like to point out that these aids require a special charger which involves an extra expenditure of \$500, on the grounds that they are charged by induction, which is true, but so are electric toothbrushes and have been for at least 15 years, and no such charge is made necessary in their case.

Summary

Finally, the reason for my submission is my belief that with only one model of purchase available, the correct hearing aids are being unnecessarily denied to those who probably most need them.

At present follow-up consultation with the audiologist is not charged for separately and is considered to be a service purchased with the hearing aids. I know of no other legitimate health service where this is the norm, and if visits to the audiologist were able to be paid for at the time of the 6 monthly appointments the initial cost of hearing aids would be reduced.

Similarly, if it was possible to pay for repairs, if and when they were needed rather than in advance based on expected breakdowns, hearing aids would be able to be purchased at a reasonable price. Of course this would require better manufacture, and more realistic claims of capability on the part of the manufacturers.

If the notorious unreliability of hearing aids was to be addressed, it may even be possible to arrange with insurance companies to make available policies covering the cost of repair in full or part, as is the case with medical insurance now.

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2 December 2016