

## Special Report: Part 3

# Consumers Choosing 'Cautious Optimism' for OTC Hearing Aids

*Editor's note: This article is the conclusion of a special three-part series on the over-the-counter hearing devices guidelines and initiative. Part 1 provided perspectives from hearing health care professionals (June issue) and part 2 those from hearing industry leaders (July issue).*

Are people with perceived mild to moderate hearing loss ready for do-it-yourself care with over-the-counter (OTC) hearing aids? Even after the passage of the OTC Hearing Aid Act in 2017, debates on the safety, cost efficiency, and overall impact of OTC hearing devices continue across the hearing health care spectrum. In our June and July 2018 issues, we heard from audiologists and industry leaders, respectively. Not to be left out of the discussion are the voices of consumers—people suffering from the physical, emotional, and financial burdens of hearing loss.

**Greg Bawden** is a training and administrative battalion chief for a fire department in Duvall, WA. Before getting diagnosed with hearing loss, he used to be an emergency responder. He is a past president of the Hearing Loss Association of America (HLAA)—Washington State Chapter and a weekend adventure athlete. **Shari Eberts** is a hearing health advocate, writer, and founder of [LivingWithHearingLoss.com](http://LivingWithHearingLoss.com), an online community for people with hearing loss. She has adult-onset genetic hearing loss. **David G. Myers** is a social psychologist at Hope College in Holland, MI. He recently completed a four-year term representing Americans with hearing loss on the National Institute on Deafness and Other Communication Disorders (NIDCD) advisory council. Myers advocates for hearing aid-compatible assistive listening via telecoils and hearing loops ([hearingloop.org](http://hearingloop.org)). **Herbert Rogers** is a U.S. Air Force veteran. He's now the director of security at the Hearing and Speech Agency (HASA) in Baltimore, MD.

**Do you feel an OTC hearing device would be as effective as one provided by an audiologist? How likely are you to purchase an OTC device to address your hearing issue?**

**Bawden:** I have a moderate to severe hearing loss and work in complicated and even noisy hearing environments, including teaching classes, attending and running meetings, and using telephones and two-way radios. I do not think an OTC device would meet my needs, but OTC hearing devices



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may work well for someone with less complex hearing needs. I have many friends who admit they can't hear as well as they used to but have not purchased hearing aids due to the cost. OTC hearing devices may be the perfect start for them.

**Eberts:** The best hearing solutions are usually a combination of traditional hearing aids and other devices, so I am very excited to see what OTC products will be available. I hope that the innovation and new ideas that OTC hearing devices bring to the marketplace will eventually filter back into hearing aids for all segments of the hearing loss population—even those with more severe degrees of loss. It is hard to predict, but I imagine that OTC hearing devices will be as effective or more effective than traditional hearing aids in certain listening situations and less so in others. I will likely try out several of

the devices to see what benefit they can provide, returning those that don't work well for me. At a minimum, I expect I will purchase an OTC hearing device to use as a back-up should my primary device become lost or damaged.

**“I work in looped environments. I regularly attend conferences and meetings where I use FM assistive listening equipment and an amplified neck loop. I require Bluetooth streamers or telecoils to use the telephone. I can't see OTC hearing devices meeting these complex needs.”**



Greg Bawden

**Myers:** I understand the case for OTC devices made by the White House President's Council of Advisors on Science and Technology (PCAST), the National Academies of Science, Engineering, and Medicine (NASEM), and the Hearing Loss Association of America (HLAA). Inexpensive hearing devices with FDA-regulated performance and labeling will affordably introduce hearing assistance to people with mild-to-moderate loss—people whose numbers are too vast (or sometimes too poor) to be served by the nation's 18,000 audiologists. Competition among OTC devices will surely also spark innovation in hearing care technology. Moreover, the risks of harm are minimal.

Even so, there is no chance of my purchasing an OTC device. Consider the professional standard of care I have received from my audiologists. They have:

- repeatedly assessed my hearing in a sound chamber, including a speech-in-noise test,
- selected hearing technology suited to my needs,
- customized its output for my ears, and verified the settings using real-ear testing,
- given me controls over directionality and volume,
- counseled me on adapting to hearing loss, and
- introduced me to the wonders of hearing loops (in my TV room and the public facilities and worship places of my community) and Bluetooth (for phone connectivity)—which together double the functionality of my hearing aids by enabling them to serve as wireless speakers for TV, PA system, and phone output.

Voila! The hearing aids that, at first, I barely tolerated, I now love and couldn't live without. What are the chances that I would enjoy these life-enhancing benefits without the support of my audiologists?

**Rogers:** I am cautiously optimistic about the possibility of less costly hearing devices, open access to innovation, and the opening of a broader conversation about hearing health. Of course, we don't yet know much about how this process will really work or if these devices will be as effective as what is available through the current process.

As an advocate for affordable, accessible, and effective hearing health care, I know how important it is to address hearing health as early as possible. Because hearing loss is the most prevalent service-related disability, I think there is an opportunity to improve the lives of veterans as well.

**How likely are you to visit an audiologist after experiencing issues with an OTC device?**

**Bawden:** I work in looped environments. I regularly attend conferences and meetings where I use FM assistive listening equipment and an amplified neck loop. I require Bluetooth streamers or telecoils to use the telephone. I can't see OTC hearing devices meeting these complex needs. For my last pair, fitting and adjusting required multiple visits with my audiologist.

**Eberts:** I am very likely to visit an audiologist after experiencing issues with an OTC device, as I already understand the benefits of an audiologist's counseling and care. I hope that audiologists will choose to become familiar with the available OTC hearing aid offerings and provide their assistance to all people who need it, whether they are current or potential clients. As a hearing aid wearer, I understand that no device will ever be perfect and that fine-tuning and fitting will be required to optimize the experience for whatever device I choose. An audiologist would be my first choice when seeking out this help.

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Shari Eberts

**Myers:** If I purchased an OTC device, I'd not likely have the chutzpah to ask an audiologist to service it (unless they advertised such service). That would seem a bit like going to my main street appliance store to assess different TVs, purchasing such online, then asking the local store for advice on its set-up and operation.

A more realistic possibility is that I might have experienced some benefit from an OTC device, yet wish for a better result—and for some of the cool connectivity experienced by my friends who have hearing aids with multiple settings, telecoils, and Bluetooth. Moreover, I might wish for the benefits of periodic hearing assessments and recalibration (and cleaning) of my hearing devices. And I might wish either to pay less up front (with future service not bundled) or with a bundled initial fee to feel free to return cost considerations intruding on my audiologist-patient relationship.

**Rogers:** From my own experience, I would consult with an audiologist, but I'm not sure that most consumers would

be able to navigate that process easily. There is a real need for patient education at both the point of purchase and throughout the process.

### What would make you select an audiologist's expertise over purchasing an OTC device?

**Bawden:** I have used different audiologists for each of my three hearing aid purchases. The third audiologist is a keeper! She had the experience and knowledge to help me find solutions that involved more than just the proprietary Bluetooth connectivity accessories offered by the hearing aid manufacturer. She helped me find cell phones that worked with my telecoil, programmed my hearing aids to work in looped environments as well as with FM assistive listening devices (with powered neck loops), and she worked tirelessly to help get the correct hearing aid fit to avoid feedback.

**Eberts:** I hope that the two options are not mutually exclusive. In a world where OTC devices are available, I expect that I would continue to rely on my audiologist for annual hearing tests as well as ongoing counseling and support for whatever devices I choose to use. An audiologist's experience with fitting and aural rehabilitation will always be important, irrespective of the device chosen. I imagine that OTC hearing aids will allow people the flexibility to use a variety of hearing devices, depending on the listening situation. Given the lower price tags, more experimentation will be possible, and hopefully better hearing outcomes for everyone involved.



David G. Myers

**"The hearing aids that, at first, I barely tolerated, I now love and couldn't live without. What are the chances that I would enjoy these life-enhancing benefits without the support of my audiologists?"**

**Myers:** The central reason for my electing audiological expertise is that hearing is extremely important. Our ears connect us to other people. Through the miracle of hearing, another person can convert thoughts into jostling air molecules that travel through space, striking my eardrum and ultimately triggering neural messages to my brain—enabling the wireless transmission of information from another's brain to mine. How cool is that?

My mother—who lived before today's digital technology and cochlear implants—journeyed from sound to the utter silence of her last dozen years. And what a sad, impoverished later life that was—cut off from others (except through scribbled notes on a magic pad) and unable to hear her favorite television and radio programs.

We humans are made for relationship. We have what today's social psychologists call a deep "need to belong,"

for which hearing (for those not natively Deaf and fluent in Sign) is central to the sharing of emotions and ideas and happenings.

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Herbert Rogers

The bottom line: Hearing is important enough that the \$6,000 I pay my audiologist every five years or so for the latest and best technology—and for the freedom to enjoy her bundled services—provides vastly more life benefits than the same amount of money invested by middle class people in a fancier or newer car or a slightly bigger house. And that is also why, without exception, I have advised each of the dozens of people seeking my advice over the last few years to make an appointment with a professional audiologist. Hearing matters.

**Rogers:** I would always consult an audiologist before making any purchase decision that could affect my ability to hear, even if I were to purchase a device over the counter. I think that an audiologist's expertise in providing me with a baseline evaluation and a consultation or recommendation would be my first step in the process—no matter what hearing aid I ultimately purchased.

In short, I'd most likely select an audiologist's advice and potentially purchase an OTC device for my own mild hearing loss. For a moderate or severe hearing loss, I can't imagine that OTC devices will be enough, so the expertise of an audiologist will be critical to those consumers. 