



Australian Government

**Australian Government response to the House
of Representatives Standing Committee on
Health, Aged Care and Sport report**

*Report on the Inquiry into the 2017-18 Annual
Reports of the Department of Health and Australian
Hearing*

November 2021

Introduction

The Australian Government thanks the House of Representatives Standing Committee on Health, Aged Care and Sport (the Committee) for its work on the inquiry into the 2017-18 Annual Reports of the Department of Health and Australian Hearing.

The Australian Government is committed to ensuring that Australians with hearing loss have access to high quality care and services, and that where possible hearing loss is prevented.

This response addresses the seven recommendations in the *Report on the Inquiry into the 2017-18 Annual Reports of the Department of Health and Australian Hearing*. The response to Recommendation One includes updates to the Government's previous responses to the 2017, *Still Waiting to be Heard* report, where further action has since been taken.

The Department of Health has led the coordination of this response, with input from relevant Commonwealth agencies, including the Department of the Prime Minister and Cabinet, the Treasury, the Department of Home Affairs, Services Australia, the Department of Education, Skills and Employment, the Department of Social Services, the Department of Agriculture, Water and the Environment, the Department of Veterans' Affairs and the National Disability Insurance Agency. Hearing Australia and the Australian Competition and Consumer Commission also provided input.

The *Roadmap for Hearing Health* developed by the Hearing Health Sector Committee and launched in 2019 is noted by the Standing Committee in its report and is reflected in some of the recommendations. The Hearing Health Sector Committee was established in June 2018 by the Hon Ken Wyatt AM, MP, then Minister for Senior Australians and Aged Care and Minister for Indigenous Health. The *Roadmap for Hearing Health* represents a high level of sector engagement and investment and aligns with the *Hear Us: Inquiry into Hearing Health in Australia, Still waiting to be heard...*, and the inquiry into the 2017-18 Annual Reports of the Department of Health and Australian Hearing.

In 2020 the Australian Government invested in several initiatives which are designed to improve the sustainability of the Hearing Services Program, its efficiency and effectiveness. It also resolved the interaction between Commonwealth programs where overlaps exist for example with the National Disability Insurance Scheme, and has been working to build better understanding and linkages between hearing services provided in the states and territories and the Commonwealth.

Through the 6 October 2020 Federal Budget, the Government provided a \$21.2 million package of funding over five years from 2020-21 to 2024-25 to advance hearing health in Australia. This is a substantial investment in hearing health for Australians, demonstrating the Government's commitment to key improvements that the Standing Committee recommended. The package was informed by the *Roadmap for Hearing Health*, and comprises:

- \$5.0 million for a national hearing health awareness and prevention campaign. Delivered over three years, the campaign will focus on the prevention of avoidable hearing loss, promoting practices to prevent hearing damage, destigmatising hearing loss and encouraging people experiencing hearing loss to seek treatment.

- \$7.3 million for a competitive research grants program led by the National Health and Medical Research Council, to develop the evidence base for interventions to support vulnerable Australians such as treatments, service delivery and prevention of hearing loss. The grants round opened in October 2021.
- \$5.0 million in 2020-21 for early identification of hearing and speech difficulties in Aboriginal and Torres Strait Islander communities.
- \$2.0 million to scope, develop and test measures for residential aged care workers that will help them support residents with hearing loss. These programs will be developed and trialled from 2020-21 to 2021-22 and rolled out at a later date.
- \$200,000 to 2021-22 for rural hearing workforce support. A rural and regional workforce audit and summit will identify the current hearing workforce issues and needs and help future service planning.
- \$400,000 until 2021-22 to work with the profession to develop and adopt tele-audiology standards to ensure a high standard of clinical care for consumers, particularly for those residing in rural and remote areas.

The Australian Government continues to work with the Hearing Health Sector Alliance which was formed subsequent to the *Roadmap for Hearing Health* being provided to Government to advance priorities identified under the Roadmap.

In addition to this, the Government commissioned an independent Review of the Hearing Services Program so it better meets the needs of vulnerable Australians affected by hearing loss. An Expert Panel, led by Professor Mike Woods, and panellist Dr Zena Burgess reviewed the program to identify possible reforms to ensure that the program remains client-focused while modernising key components in the context of policy, markets and technological developments. Professor Woods was previously Deputy Chairman of the Productivity Commission and Presiding Commissioner on over 20 national inquiries, including in the fields of health, aged care and other sectors of the economy. Dr Burgess led the Royal Australian College of General Practitioners as CEO over a period of growth and professional recognition as a patient-focused organisation contributing to health reform, standard setting, and innovation in primary care.

The Hearing Services Program Review sought to strengthen access and choice for eligible Australians who are hard of hearing in regional, rural and remote areas, and ensure service delivery for vulnerable groups including Aboriginal and Torres Strait Islander peoples. The Panel reported to Government through the Minister for Regional Health, in August 2021 with the Review Report published in September 2021.

Recommendation	Response
Recommendation 1	
<p>The Committee reiterates the following recommendations outlined in <i>Still Waiting to be Heard... Report on the Inquiry into the Hearing Health and Wellbeing of Australia</i>:</p> <ul style="list-style-type: none"> • Recommendations 2, 3, 6, 7, 11, 12, 15, 17 and 20 (which were ‘noted’ by the Government); • Recommendations 4 and 13 (which were ‘not supported’ by the Government); and • Recommendations 5, 9, 18 and 19 (which were ‘supported-in-principle’ by the Government). <p style="text-align: center;">Below are the re-iterated <i>Still Waiting to be heard</i> recommendations and any recent Government actions.</p>	
<p>2 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends that the Department of Health and Australian Hearing significantly increase the resources devoted to providing hearing health services in regional and remote Aboriginal and Torres Strait Islander communities. The mobile outreach services of the Deadly Ears Program should serve as a best practice example for national implementation. This program should focus on expanding access to hearing health services in regional and remote locations and reducing the waiting lists for Aboriginal and Torres Strait Islander children requiring hearing health treatment.</p>	<p>Noted (2018)</p> <p>Recent action: The Australian Government will invest around \$59 million over 2020 to 2023 in initiatives to improve the ear and hearing health of Aboriginal and Torres Strait Islander children and youth.</p> <p>Through the October 2020-21 Budget the Government allocated a further \$5.0 million for early identification of hearing and speech difficulties in Aboriginal and Torres Strait Islander children. This includes:</p> <ul style="list-style-type: none"> • \$2 million for Aboriginal Community Controlled Health Services to create quiet spaces for audiology assessments, and • \$3 million for activities to ensure that young children with hearing and speech problems are identified early. <p>Activities include work to further embed use of the Parent-evaluated Listening and Understanding Measure (PLUM) and Hear and Talk Scale (HATS) which are clinically and culturally validated questionnaires for carers, early childhood educators and health professionals to screen hearing and communication difficulties in pre-school aged Aboriginal and Torres Strait Islander children.</p> <p>This builds on the 2018-19 Federal Budget announcement of \$30 million (2018-19 to 2021-22) for the Hearing Assessment Program – Early Ears (the HAP-EE), which commenced in June 2019. The HAP-EE is being delivered through Hearing Australia and provides hearing assessments for Aboriginal and</p>

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	<p>Torres Strait Islander children in the years before primary school</p> <p>Where required, support for follow-up treatment such as ear nose and throat specialist and speech pathology services are provided through the Australian Government's outreach programs for Aboriginal and Torres Strait Islander people, as outlined below. The HAP-EE was initially focused on rural and remote communities and was expanded to metropolitan areas from late 2020.</p> <p>The Healthy Ears program increases access to multidisciplinary clinical outreach services, and the Eye and Ear Surgical Support (EESS) program helps to expedite access to ear surgery in regional, rural and remote areas. In 2018-19, over 47,000 patients received services in 284 locations under the Healthy Ears program and surgery was expedited for 262 children through the EESS.</p> <p>The Australian Government is also investing in a range of other activities to strengthen ear health management for Aboriginal and Torres Strait Islander people in primary care. Activities include ear health promotion, support to embed best practice ear and hearing health in primary care clinics, provision of ear health testing equipment to support regular ear health checks and training for primary care health professionals.</p> <p>The 2017 independent examination of Australian Government Indigenous ear and hearing health initiatives undertaken by Siggins Miller concluded that the Australian Government's investment is conceptually sound in its elements and has facilitated and improved access to multidisciplinary ear health care for Indigenous children and young people. Initiatives introduced since the 2017 examination are consistent with its recommendations, particularly the increased focus on prevention and early intervention.</p>
<p>3 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the Department of Health together with the Department of Education and</p>	<p>Noted (2018)</p> <p>Recent action: The Australian Government is growing its record level of funding for schools from \$17.5 billion in 2017 to an</p>

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<p>Training create a hearing health support fund for Aboriginal and Torres Strait Islander students. This fund should:</p> <ul style="list-style-type: none"> • be responsible for the progressive installation of soundfield amplification systems in the classrooms of all regional, rural, and remote schools with a significant Aboriginal and Torres Strait Islander student population; and • provide support to deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters where necessary. 	<p>estimated \$32.7 billion in 2029. On average, funding for students with disability is growing by 5.6 per cent each year and funding provided through the Aboriginal and Torres Strait Islander loading is growing by 5.4 per cent each year over this period. Accordingly, schools can use this funding to support necessary adjustments to meet student need without the need for a dedicated fund.</p> <p>Consistent with disability standards, the Department of Education, Skills and Employment expects all schools and systems to have in place effective programs that utilise this record funding to support students who are deaf or hard of hearing.</p> <p>The Department of Education Skills and Employment will continue working closely with the National Indigenous Australians Agency to develop and progress relevant initiatives, such as the National Agreement on Closing the Gap (which came into effect on 27 July 2020, upon signing by all First Ministers, the Lead Convenor of the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and the President of the Australian Local Government Association) and the Social and Cultural Determinants of Health.</p> <p>The Australian Government provides national policy leadership and makes a significant financial contribution to school education through Commonwealth recurrent funding. In recognition of the educational barriers faced specifically by disadvantaged students, the Government provides additional funding through loadings (including in recurrent funding arrangements) that target student and school disadvantage, including for:</p> <ul style="list-style-type: none"> • students from a socio-educationally disadvantaged background; • students with disability; and • Aboriginal and Torres Strait Islander students, including: <ul style="list-style-type: none"> - students with low English language proficiency, - school size, and - school location.

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	<p>Students from disadvantaged cohorts also benefit from the base recurrent funding. The Government is not prescriptive about how school authorities or individual schools spend Commonwealth funding. Under the <i>Australian Education Act 2013</i>, all school systems have the flexibility to distribute funds according to their own needs-based arrangements. This allows school authorities to target resources appropriately to address local needs, including the needs of Aboriginal and Torres Strait Islander students and/or students with disability.</p>
<p>4 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the Department of Social Services include audiology and audiometry as eligible services for access to the Free Interpreting Service, delivered by the Translation and Interpreting Service.</p>	<p>Not supported (2018)</p> <p>Recent action: In 2019 the Free Interpreting Service (FIS) transferred into the Department of Home Affairs. The Government is aware that the expansion of FIS to the allied health sector would be welcomed by allied health service providers, including audiologists and audiometrists.</p> <p>The Government is considering this issue and any policy decision to expand coverage to all, or parts of the allied health sector would be considered as part of the Commonwealth Budget process.</p>
<p>5 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the Office of Hearing Services review the provision of hearing services to residents in aged care facilities. This review should consider issues including:</p> <ul style="list-style-type: none"> • the use of assistive listening devices for aged care residents • service provision for deafblind Australians in aged care facilities and • the education of aged care facility staff. 	<p>Supported in principle (2018)</p> <p>Recent action: The Australian Government appreciates the need for education of aged care staff, including supporting staff to identify and manage residents with hearing loss.</p> <p>Through the October 2020-21 Budget the Government allocated \$2.0 million over 2020-21 and 2021-22 to undertake analysis of the training needs of the aged care workforce so they are better able to identify and support aged care residents with hearing loss. This work will inform development of training modules to be deployed in the aged care sector.</p> <p>On 17 June 2020, the Government announced Auslan Connections would commence delivery of a free sign language interpreting service from June 2020 for senior Australians who are deaf, blind or hard of hearing. The service provides appropriate sign</p>

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	<p>language assistance to people who are receiving or want access to aged care services. It is available to improve interactions with My Aged Care, aged care assessors, service providers and related organisations.</p> <p>The Government also announced it would commission translation of key aged care documents and information into Auslan videos and other materials that are suitable for people who are deaf or hard of hearing.</p> <p>These Auslan initiatives had pre-existing funding of \$7.5 million over two years, and the 2020-21 Budget announced an additional \$13 million over two years.</p> <p>The <i>Aged Care Act 1997</i> requires Commonwealth-subsidised residential aged care providers to meet the Aged Care Quality Standards (the Standards) to ensure that quality care and services are provided to all care recipients. The Standards require services to ensure that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. It is also expected under the Standards that aged care providers demonstrate that their workforce is skilled and qualified to provide safe, respectful and quality care and services, which would include the management of care recipients’ sensory loss.</p> <p>The Aged Care Quality and Safety Commission (the Commission) assesses and monitors the performance of residential aged care services against the Standards, including through unannounced re-accreditation audits and at least one unannounced site visit per year. While assessing a home the Commission quality assessors observe care practices in the home and interview staff and at least 10 per cent of care recipients and/or their representative.</p> <p>The Aged Care Workforce Strategy (the Strategy), released in September 2018, sets out 14 strategic actions for industry to shift attitudes to caring careers, attract and retain a skilled workforce, boost workforce capability, and improve the quality of life for senior Australians. An early outcome from the Strategy was to establish an Aged Services Industry Reference Committee (IRC) to review national competency</p>

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	<p>standards for aged care education and training. The ‘Still Waiting to be Heard’ report was provided to the IRC to inform its work.</p> <p>Aged care homes are required under the <i>Quality of Care Principles</i> to assist residents with fitting their hearing aids and checking their batteries.</p>
<p>6 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends that the Department of Health, in consultation with state and territory counterparts and key stakeholder groups, develop and implement an education and awareness raising campaign focussed on national hearing health. The campaign should:</p> <ul style="list-style-type: none"> • Promote safe noise exposure practices in the workplace. (The department, in partnership with Safe Work Australia, should focus on encouraging businesses to enact measures to eliminate or isolate sources of noise rather than relying on personal hearing protection.) • Build on existing projects such as HEARsmart and Know Your Noise to promote safe listening practices in the music industry and among young people. • Encourage people who may be experiencing hearing loss to seek assistance and encourage general practitioners and other relevant medical practitioners to actively enquire about the hearing health of their patients, particularly those aged 50 years and over. • Include messaging aimed at destigmatising hearing loss and educating the public on the challenges faced by deaf and hearing impaired Australians. 	<p>Noted (2018)</p> <p>Recent action: Through the October 2020-21 Budget the Government allocated \$5 million over 2020-21 to 2021-22 to develop and implement a national hearing loss awareness and prevention campaign. The awareness campaign will focus on the prevention of avoidable hearing loss, promoting practices to prevent hearing damage, destigmatising hearing loss and encouraging people experiencing hearing loss to seek treatment.</p> <p>The Australian Government raised the matter of safe noise at the (then) Australian Health Ministers’ Advisory Council meeting of 29 September 2011. The Council agreed that states and territories would manage any issues around recreational noise and safety regulations for entertainment venues.</p> <p>Through its tripartite membership (governments, employers and employees), Safe Work Australia works with states and territories to promote occupational safe noise exposure practices and hearing loss prevention. Additionally, the Government funds relevant work conducted by the National Acoustic Laboratories specifically their “<i>Know Your Noise</i>” campaign which aims to build safe listening practices among young people and in the music industry.</p>

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<p>7 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends the Department of Health develop a national hearing loss prevention and treatment program for agricultural communities. Effective interventions piloted in the National Centre for Farmer Health's <i>Shhh! Hearing in a Farming Environment</i> project should serve as the basis for the development of the program. Specifically, the program should include</p> <ul style="list-style-type: none"> • The provision of education on farm-based sources of noise exposure and how the risks to hearing health from these noise sources can be minimised. • Hearing screening services targeted at workers in agricultural industries and referrals to treatment services for people found to have a hearing loss. • The promotion of communication techniques to assist people with hearing loss regardless of whether they choose to use hearing devices. 	<p>Noted (2018)</p> <p>Recent action: Through the October 2020 Budget the Government allocated \$5.0 million over 2020-21 to 2021-22 to develop and implement a national hearing loss awareness and prevention campaign.</p> <p>The <i>Australian Work Health and Safety Strategy 2012-2022</i> (the Strategy) lists noise induced hearing loss as a priority condition and agriculture is a priority industry. The Strategy provides a framework for all jurisdictions to develop intervention and education programs focussed on the priority conditions and industries.</p> <p>The states and territories are primarily responsible for farm safety in Australia and the implementation of work health and safety laws. The Department of Health provided almost \$600,000 to Deakin University and the National Centre for Farmer Health in support of the Hearing Loss Prevention Program <i>Shhh! Hearing in a Farming Environment</i>.</p> <p>This is part of a broader National Farm Safety Education Fund for which the Australian Government allocated \$3.5 million over four years until 2022-23.</p>
<p>9 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends that the Australian Government add hearing health services delivered via the internet to the Medicare Benefits Schedule. These services should include audiology ear, nose, and throat consultations early intervention listening and spoken language therapy and speech pathology.</p>	<p>Supported in principle (2018)</p> <p>Recent action: The Government is committed to innovation in the delivery of health services where established by clinical evidence, safety and cost effectiveness. The Government has in place evidence-based processes that allow industry to seek approval of teleaudiology services if they seek listing on the Medicare Benefits Schedule (MBS).</p> <p>The MBS already funds telehealth services provided by ear, nose and throat specialists to patients who live in non-urban Australia.</p> <p>The medical profession, medical industry and others with an interest in seeking funding for a new medical</p>

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	<p>service or device, or a change to an existing service can make applications to the Medical Services Advisory Committee (MSAC). The MSAC is an independent non-statutory expert committee that appraises new medical services and devices, and provides advice to Government on whether a new medical service or device should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence.</p> <p>In addition, from 13 March 2020 to 31 December 2021, there are new temporary MBS telehealth items for a range of allied health and medical interventions for all Australians to reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers. This includes items for audiology and speech therapy for chronic disease management and for autism, pervasive development disorder and disability services. It also includes paediatricians, and ear, nose and throat specialists.</p>
<p>11 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the Community Service Obligations program be extended to provide hearing services to hearing impaired Australians aged 26 to 65 years on low incomes or who are unemployed and qualify for lower income support or the Low Income Superannuation Tax Offset.</p>	<p>Noted (2018)</p> <p>Recent action: The Government commissioned an independent review of the Hearing Services Program (HSP). The Review’s Terms of Reference included identifying opportunities to improve access to hearing services for low-income earners, vulnerable Australians, those over 65, and those living in regional, rural and remote areas. The Review Report was published in September 2021.</p> <p>Australians aged 26-65 years with hearing loss are currently eligible for the Community Service Obligations component of the HSP if they are first eligible for the Voucher component of the Program and they are deemed to be a client with specialised needs.</p> <p>Eligibility for the Voucher component is already inclusive of low income or unemployed people, where they are eligible for a Pensioner Concession Card.</p>

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<p>12 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends the Australian Government’s Hearing Services Program prohibit the use of commissions or any similar sales practices likely to undermine the ability of audiologists and audiometrists to provide independent and impartial clinical advice. The Committee also recommends that</p> <ul style="list-style-type: none"> • Australian Hearing cease the use of commissions and similar sales practices as soon as is feasible. • The Department of Health amends contracts with service providers operating under the Hearing Services Program Voucher Scheme to prohibit the use of commissions and similar sales practices as soon as is feasible. • If necessary, changes be made to the <i>Hearing Services Administrative Act 1997</i> (Cwth), and any other relevant legislation or regulation, to enable the prohibition of commissions and similar sales practices as described above. 	<p>Noted (2018)</p> <p>Recent action:</p> <p>On 3 March 2017, the Australian Competition and Consumer Commission (ACCC) released the report <i>Issues around the sale of hearing aids</i> to encourage industry to reconsider commissions, disclosure and sales practices in the context of the Australian Consumer Law.</p> <p>In response to the ACCC report and reports of ‘up selling’ practices by Contracted Service Providers, the HSP and ACCC released updated guidance material for consumers. Allegations of inappropriate selling pressure within the HSP are investigated by the Department of Health and appropriate action taken, including the option to suspend or terminate a service provider’s contract.</p> <p>Following the Thematic Review of the HSP legislation, consultation was undertaken with consumer and hearing sector stakeholders on a new instrument and service provider contract. Under the HSP, a new Service Provider Contract commenced on 1 October 2019. The new Contract requires all providers to disclose to program clients if they have commissions, rewards or incentive programs in relation to the providers device supply arrangements.</p> <p>Hearing Australia confirms that it does not pay commissions for the sale of products to its clinicians.</p>
<p>13 <i>Still Waiting to be Heard Recommendation</i></p> <p>The Committee recommends that the Australian Government pursue the registration of the audiology and audiometry professions under the Australian Health Practitioner Regulation Agency framework with the Council of Australian Governments.</p>	<p>Not supported (2018)</p> <p>Recent action:</p> <p>The Government does not intend to pursue the registration of the audiology and audiometry professions into the Australian Health Practitioner Regulation Agency (AHPRA) framework. For these professions to be considered for inclusion a significant risk to public safety from these professions would need to be demonstrated and agreement by all Commonwealth, state and territory health ministers.</p> <p>Audiology Australia, the Practitioner Professional Body covering the majority of hearing professionals in Australia has obtained accreditation under National</p>

Recommendation	Response
	Alliance of Self Regulating Health Professions (NASRHP).
<p>15 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the Office of Hearing Services fund the creation of a national 'guided pathway' system, based in Australian Hearing, to assist parents in choosing expert early intervention services for their children.</p>	<p>Noted (2018)</p> <p>Recent action: The National Disability Insurance Agency (NDIA) has partnered with Hearing Australia to prioritise access to the National Disability Insurance Scheme (NDIS) for children from birth to six years of age with a newly diagnosed hearing loss through a new early intervention pathway. This supports children to move quickly from diagnosis to early intervention, minimising the risk of developmental delay.</p> <p>The Government will maintain early intervention pathways with Hearing Australia, which will be complemented by the roll out of funding to Audiology Australia through the Hearing Health Sector Alliance to develop Paediatric Competency Standards.</p> <p>Hearing Australia provides diagnostic information and a needs assessment to the NDIA to fast-track an interim NDIS plan for children aged under seven years with hearing impairment. This has seen children and families supported through this new pathway have a plan approved on average in two weeks. This enables early intervention service providers to deliver much more timely services to children, now within weeks of their diagnosis.</p> <p>Hearing Australia assists families to test their eligibility and access the NDIS through the Early Childhood Early Intervention approach. The NDIA, Hearing Australia and the Department of Health will continue to work on arrangements for specialist hearing services for children aged zero to six as a priority, including the interface between detection, diagnosis and early intervention.</p>
<p>17 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends the Department of Health establish a system of automatic referral to a paediatric audiologist, which can be bulk billed, following identification</p>	<p>Noted (2018)</p> <p>Recent action: Established in 2015, the Medicare Benefits Schedule Review Taskforce (Taskforce) considered how the more than 5,700 items on the Medicare Benefits Schedule (MBS) could better align with contemporary</p>

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<p>of a hearing impairment at a school screening program.</p>	<p>clinical evidence and practice, and improve health outcomes for patients.</p> <p>In November 2018, the Otolaryngology, Head and Neck Clinical Committee (OHNSCC) of the Taskforce commenced conducting a clinical review of audiology items, among other Ear, Nose and Throat services to consider the referral processes and access of audiology items.</p> <p>There are 24 MBS items that are available to patients to access audiology testing, including 15 items relating to audiology diagnostic procedures and 9 mirrored items applicable only to audiometrist services. All of these items are accessible for paediatric treatments, where appropriate.</p> <p>The OHNSCC reviewed the referral process for these items. These items can only be claimed when a referral from ENT surgeons and Neurologists is made. The OHNSCC agreed this restriction constricts access to audiology services for consumers, especially in rural and regional areas. Further, the restriction does not reflect the value audiology has in patient case management in a wider variety of clinical pathways, including but not limited to, paediatrics, general medicine, geriatrics, and oncology.</p> <p>Therefore, the OHNSCC recommended that access to audiology items be expanded to include any medical practitioner referral. The OHNSCC also recommended a paediatric loading to increase the fee for audiology testing items to recognise the difficulty and additional specialised personnel and equipment required to perform assessments on children.</p> <p>The Department of Health established an Implementation Liaison Group made up of key stakeholders from the audiology profession, to advise on the implementation of the Taskforce endorsed OHNSCC recommendations.</p> <p>In November 2018 the Government provided Hearing Australia with a \$4 million grant to support the hearing screening of school aged children through the Sound Scouts app. If a hearing impairment is detected through Sound Scouts, children are referred through to</p>

Recommendation	Response
	<p>their general practitioner where medical treatment of conductive hearing loss is indicated or to the Government's Hearing Services Program (HSP) where permanent hearing loss is likely. The Department of Health then provides these children with government-funded paediatric audiology services through Hearing Australia under the Community Service Obligations component of the HSP.</p>
<p>18 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that states and territories be required to report against the 'National Performance Indicators to Support Neonatal Hearing Screening in Australia', and that the Standing Committee on Screening coordinates the monitoring and reporting in this area.</p>	<p>Supported in principle (2018)</p> <p>No recent action.</p>
<p>19 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends that the National Disability Insurance Agency undertake modelling to determine the likely demand for Auslan interpretation services following the introduction of the National Disability Insurance Scheme, and the capacity of existing services to meet this demand.</p>	<p>Supported in principle (2018) Recent action: The NDIA will continue to monitor the demand for Auslan interpreter services and the capacity of the market to supply the services as part of its market stewardship role.</p>
<p>20 <i>Still Waiting to be Heard Recommendation</i> The Committee recommends the Government work with states and territories to ensure that Auslan interpretation services are available for interactions with medical, law and other essential services.</p>	<p>Noted (2018) Recent action: The Government ensures Auslan interpretation services are available through the National Relay Service (Video Relay). The relay officer communicates with the user in Auslan and speaks with the other person in English. Internet connectivity and a tablet, smartphone or computer with webcam are required. In addition, the Government is committed to ensuring current Auslan interpreting services, delivered through the National Auslan Interpreter Booking and Payment Service, are maintained for existing Commonwealth clients over the age of 65 years who are not eligible for the NDIS.</p>

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	<p>The NDIS provides funding for participants with hearing loss and the use of Auslan to access interpreting and translation services in activities of daily life. The Scheme provides choice and control for participants over how they use those services including the provision of Auslan interpreters for medical and other essential services.</p> <p>Since June 2020, older Australians who are deaf, deafblind, or hard of hearing who are seeking to access or are in receipt of Commonwealth-funded aged care services, can access free sign language interpreting services in all states and territories. The purpose of this service is to support older Australians to access and fully participate in their aged care services.</p> <p>Since November 2020 older Australians who are deaf or hard of hearing have access to sign language services for a range of daily activities from face-to-face appointments and online learning to community and family functions. This service does not replace existing Auslan interpreting services, such as the National Auslan Interpreter Booking and Payment Service for private health care appointments.</p>

Recommendation	Response
Recommendation 2	
<p>The Committee recommends that:</p> <ul style="list-style-type: none"> • Australian Hearing remain the sole provider of audiology services for children aged zero to six years old under the National Disability Insurance Scheme (NDIS); and • The Australian Government outline service arrangements for hearing services following the NDIS transition period (which is due to end on 1 July 2020) as soon as possible. 	<p>Supported</p> <p>Hearing Australia continues to be the sole provider of HSP services for eligible children and young people under 26. This acknowledges the advice of <i>First Voice</i>, the peak body representing organisations that provide early intervention services across Australia and New Zealand. Under this arrangement, children are provided services within 10 days of seeking assistance and has guaranteed the success of the NDIS process.</p> <p>The NDIS and the HSP will work together to ensure that high quality hearing services continue to be available to people of all ages including those aged 0-6 years.</p> <p>For example, the NDIS will continue to fund additional reasonable and necessary hearing supports where they are not available to participants via the HSP, including for people under 26.</p>
Recommendation 3	
<p>The Committee recommends that the Council of Australian Governments establish a mandatory hearing screening program for children in their first year of school using Sound Scouts.</p>	<p>Noted</p> <p>In November 2018 the Australian Government provided \$4 million to Hearing Australia for Sound Scouts to provide up to 600,000 free online hearing tests until August 2023. The Sound Scouts is an app that enables hearing to be checked in any quiet place, efficiently and reliably. It aims to provide an accessible hearing test solution for school aged children and adults across Australia and around the world.</p> <p>If a hearing impairment is detected through Sound Scouts, children are referred through to their general practitioner where medical treatment of conductive hearing loss is indicated or to the Government's Hearing Services Program where permanent hearing loss is likely. Hearing Australia then provides these children with government-funded paediatric audiology services under the Community Service Obligations component of the Hearing Services Program.</p>

Recommendation	Response
	<p>The Australian Government, noting that state and territories are responsible for school education, will raise this recommendation through its Commonwealth State and Territory Roadmap Working Group.</p>
Recommendation 4	
<p>The Committee recommends that the Australian Government develop, implement and make public its plan for the Community Service Obligation program following the full rollout of the National Disability Insurance Scheme on 1 July 2020.</p>	<p>Supported</p> <p>The Department of Health’s Hearing Services Program (HSP), including the Community Service Obligations (CSO) component, has remained in place following the full roll out of the NDIS from 1 July 2020.</p> <p>There is no change to the way NDIS participants who are eligible for this component of the HSP access their hearing services.</p> <p>People eligible for the CSO continue to receive services through the CSO component of the HSP, with Hearing Australia as the provider.</p> <p>They may also be able to access additional supports not provided through the HSP, such as early intervention services, Auslan language development and technology through their NDIS plan.</p>
Recommendation 5	
<p>The Committee recommends the Department of Health consider developing a pilot hearing screening program for Australians accessing the aged care system.</p>	<p>Supported</p> <p>The Australian Government’s <i>My Aged Care</i> has a number of processes in place to ensure the hearing needs of Australians aged 65 years and older, are considered during their assessment for Commonwealth-subsidised aged care services. Where a client has an identified hearing impairment, assessors can make referrals to an audiologist or specific service recommendations such as the Commonwealth Home Support Programme’s Specialised Support Services activity.</p>

Recommendation	Response
<i>Recommendation 6</i>	
<p>The Committee recommends that the Australian Government commission research into the possible causes of balance disorders and potential treatment options.</p>	<p>Supported</p> <p>Through the October 2020-21 Budget the Government allocated \$7.3 million for a competitive research grants program to develop the evidence base for interventions to support vulnerable Australians with hearing loss. These are being conducted through the National Health and Medical Research Council.</p> <p>Research topics in scope would include:</p> <ul style="list-style-type: none"> • Research on the incidence of balance disorders • Determining best practice for population-based screening and identification of intervention options • Identification of suitable methods to accurately measure the prevalence and severity of hearing loss in the Australian community.
<i>Recommendation 7</i>	
<p>The Committee recommends that the Roadmap for Hearing Health embed: a clear allocation of responsibilities between jurisdictions, timelines for implementation of key actions, and funding allocations.</p>	<p>Supported in principle</p> <p>On 8 March 2019, the Council of Australian Government’s Health Council (CHC) agreed that the Commonwealth and states and territories would work jointly to achieve the Roadmap’s aims.</p> <p>In 2020 a cross-jurisdictional, time-limited working group was established by the Australian Government to map hearing service activities across jurisdictions. This group continued to meet in 2020 to identify linkages between services and improve pathways and outcomes for people with hearing loss. A separate working group is undertaking work with jurisdictions specifically to address the Aboriginal and Torres strait Islander domain within the Roadmap.</p> <p>The Australian Government will report back to relevant Ministers.</p>

