

In reply to the request for written submissions into the Senate inquiry into Hearing Health in Australia, I would like to submit my opinion, with particular reference to Point c) –the adequacy of access to hearing services, including assessment and support services and hearing technologies.

Here in Tasmania, it is not unusual for a small percentage of hearing care providers to not undertake government hearing aid work, ie, they are not accredited to provide hearing services as part of the Office of Hearing Services(OHS) voucher program. All of these providers are audiometrists and they are able to fit hearing aids and provide hearing care to all clients who call on their services. My concern stems from the fact that these providers are able to fit hearing aids yet they make no distinction between government clients(ie. OHS eligible clients) and private clients when fitting hearing aids. These providers will charge private hearing aid fees for all clients they see, meaning that potential OHS clients will be made to pay for their hearing aids when in fact they should have been given the option of a government subsidy using their OHS voucher or the offer of government subsidized free to client hearing aids. Private hearing aid charges usually range from \$3000 for a pair upwards which is a substantial amount of money for someone on a pension. Coupled with this issue is the OHS contract for accredited providers, which is quite specific about the type of advertising that accredited providers can and cannot undertake, which non-OHS providers are not bound by. Therefore non-OHS providers are apparently answerable to nobody when it comes to hearing aids fitted or advertising claims. I would like to see some uniformity in the quality of providers that fit hearing aids with a code of ethics they are required to uphold. I feel registration for all hearing aid practitioners would be the best way to go to stop non OHS accredited providers maligning the quality of government provided hearing aids and services.

Another matter that I would like to bring to attention is the situation with Complex clients in the OHS voucher program. At present, if a client of the voucher program is deemed to be “complex”, that is they have hearing thresholds above 80dB in both ears or they have other mental or physical impairments that require more time for the hearing aid fitting process, the client is referred to Australian Hearing (AH) which receives funding by the Federal Government to provide hearing services. If the degree of hearing loss is the main reason for the referral to AH, then AH will be able to fit them with FM hearing systems, which have been proven to be the best option to improve communication for this cohort, provided they have the wherewithal to manage them. I feel that in the interests of client continuity, the private hearing aid fitting market (ie. All providers other than AH) should be given the opportunity to fit FM systems to complex clients. There are many skilled audiologists in the private sector who have the ability to provide support for clients fitted with FM systems and there are many FM systems now on the market which work with a range of hearing aids, either as wireless FM transmitter receiver combo's or T-loop systems.

In my more than a decade in the hearing industry, I have noticed a particular lack of direction and preparation with clients who received hearing aids as a child through the AH system and carried AH services through to their 21st year. After the age of 21, they are told to find a private provider, and if necessary purchase hearing aids. My concern stems from the fact that the majority of people in this situation are at university or in their first job and therefore will rely heavily on their hearing aids to function in the workday world. When a hearing aid breaks down and can no longer be repaired or is at

the end of its useful life, the person is left to procure a new device, which can range from \$1500 upwards. I would like to see some thought given to this cohort to give them the means necessary to be able to purchase good quality hearing aids. Maybe extending the OHS voucher program further or providing financial information to prepare them for adult life after AH would benefit.

Lastly, down here in Tasmania, it is extremely difficult to recruit clinical audiology staff to work and live in the state. For some reason, graduates are not attracted to the city-rural lifestyle of this beautiful state, leading to a lack of services in areas away from the large towns of Hobart and Launceston. Given its decentralized population, weekly travel to visiting sites is a part of the work requirements of a clinician, which seems to be a determining factor when choosing a place of employment. Some form of government based rural incentive, similar to that in place for GP's, could help graduates make the decision to live and work in this great state.

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