

Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/madam,

Re: Inquiry into Hearing Health in Australia

As an Audiologist in private practice I thank you for the opportunity to contribute to the inquiry into hearing health in Australia.

My comments are limited to item c) **the adequacy of access to hearing services, including assessment and support services, and hearing technologies;**

These suggestions aim to ensure that hearing services remain modern and efficient in Australia and comprise three main areas, which need addressing:

1. **Registration of Audiology as a profession**, distinct from Audiometry, Nurse audiometry and medical specialties such as Otolaryngology.

Audiologists are professionals trained at postgraduate university level to provide diagnostic and rehabilitative hearing and balance services to people of all ages, from newborn to the elderly. At present in Australia, anyone with no qualification is allowed to offer hearing services exposing members of the public to the risks of inadequate provision of hearing and balance care. Registration of Audiologists will ensure that the population will only have access to properly qualified professionals.

2. **Allocation to Audiologists of Medicare item numbers: 11024, 11027, 11205, 11300, 11303, 11306, 11309, 11312, 11315, 11318, 11321, 11324, 11327, 11330, 11332, 11333, 11336, 113390, which are the items for diagnostic tests of hearing and balance disorders.**

Audiologists are the professionals who are university trained at a Masters degree level to perform the diagnostic test procedures described in the Medical Benefits List of Procedures by the above item numbers. At present, these items are performed by qualified and non-qualified personnel and charged to Medicare through the provider number of medical specialists who in many instances have no trained skill to perform the procedures themselves. Possessing a provider number which gives access to the above mentioned item numbers will allow Audiologists to exercise their area of expertise independent from medical specialists, providing a more reliable, direct and economical access to hearing and balance health care to the population.

Currently Audiologists are eligible to a Medicare provider number which only accesses item number 10952 for work undertaken as part of the enhanced primary care plan (EPC). This

item number only allows for audiology services with a very limited scope to patients with chronic conditions and Aboriginal and Torres Strait Islanders.

Assignment of the above mention Medicare item numbers to Audiologists will only ensure public access to hearing and balance tests performed by properly qualified professionals. This will promote growth of small business, as audiologists will be able to work independently. Such changes have the potential to significantly reduce the current overload of audiology departments in public hospitals, as more Audiologists will be able to set up private audiology practices to service the general population in need of hearing health care.

3. **Office of Hearing Services (OHS) to revise remuneration policies for audiological services and to facilitate client's access to hearing health care.**

Revision of the OHS schedule of fees to follow the Medicare model where eligible clients are issued an electronic card and providers are allowed to charge a gap on top of the scheduled fees.

Associated with the recognition of Audiologists as primary providers of hearing services are the need to recognise hearing rehabilitation as involving counselling, communication skills training, support for family members and others, and not only the use of hearing aids. To date the focus of hearing rehabilitation in Australia has been device driven.

Whilst OHS has always allowed patients to opt for counselling instead of a hearing device, such counselling is still limited and restricts access to devices. The counselling option attracts only a small fee for the service provider. OHS does not currently allow any gap fee for *services*, only for *devices* under the top up scheme, making the offering of the very relevant counselling services a less financially viable option to serviced providers.

Inclusion of Cochlear Implants, BAHA and other implantable hearing devices in the OHS item list of services will also ensure that more Australians have appropriate access to hearing rehabilitation. This will promote financial independence to the adult severely hearing impaired who will have fairer employment opportunities.

Hope these comments are taken into consideration and I am available to further discuss it at your convenience.

Yours truly,

Ms Celene McNeill