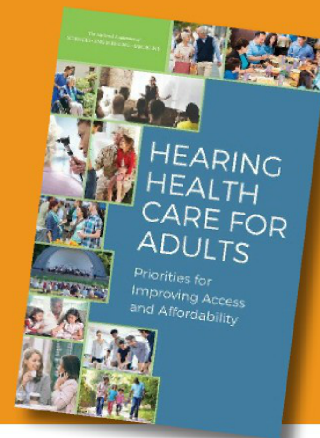


By Dave Hutcheson

The NAS Report:

What is it and Why Should I Care?



Since last June (June 2, 2016, to be exact), you have probably seen a lot of information come from HLAA regarding our support of “the NAS report.” It has been the subject of press releases, several of the columns by Chairperson of the Board Meg Wallhagen and Executive Director Barbara Kelley in *Hearing Loss Magazine*, stories in HLAA *eNews*, and more. But really, what is the NAS report and why should you care about it?

The Times They Are a-Changin’

In 1964, Bob Dylan gave us his anthemic classic, “The Times They Are a-Changin’.” The song was written during a period of great political and social unrest in our country. While there were many protest songs written during that time, and some will say this is one of them, the message Dylan was trying to get across was not only much bigger, but just as relevant today.

Of course, the question you’re asking is, “What does a 53-year-old protest song have to do with hearing loss?” While part of Dylan’s intent might have been to start a sort of rallying cry, what he meant to do was forewarn us of what was to come. He wanted to tell us that history was in the making; that change was going to happen whether we liked it or not and whether we were ready for it or not.

That, in essence, is the importance of the NAS report to hearing health care. History is in the making, and change is happening whether we are ready for it or not.

What is the NAS and Why Should We Believe What They Say?

The National Academies of Sciences, Engineering, and Medicine (NAS) was founded in 1863 as the National Academy of Sciences. Formed by a congressional charter signed by President Abraham Lincoln, the National Academy of Sciences was to be “a private, nongovernmental institution to advise the nation on issues related to science and technology.” The National Academy of Engineering was formed in 1964

as a charter under the Academy of Sciences to advise the nation on engineering practices. Then, in 1970, the National Academy of Sciences extended its charter even further to establish the Institute of Medicine, which became the National Academy of Medicine in 2015.

The three organizations now work together as the National Academies of Sciences, Engineering, and Medicine. Each organization consists of members elected by their peers and who are recognized for their distinguished accomplishments in their respective fields. The work of the NAS is broken into seven program areas: Behavioral and Social Sciences and Education, Earth and Life Studies, Engineering and Physical Sciences, Health and Medicine, Policy and Global Affairs, Transportation Research Board, and the Gulf Research Program.

The goal of the NAS is to bring objective advice and analysis that can help solve complex problems and inform public policy.

NAS studies have a significant and lasting impact. They have helped form NASA’s agenda for space exploration, proposed strategies for prevention of cyberattacks, influenced legislation, and strengthened the fields of science, engineering, and medicine. Their work has informed and impacted virtually all areas of society—from government, to industry, to academia.

It should be pointed out that in order to remain unbiased, input and influence by sponsors and other stakeholders on NAS committee deliberations or conclusions is strictly prohibited. Each report goes through a thorough peer-review process before it is issued to ensure that what it contains is based on the best available evidence. This offers reassurance that the results reflect only the facts and expertise of committee members.

In other words, the NAS is an independent, credible, nonpartisan source of information and guidance, and we should listen to what they have to say.

continued on page 20

The Study Behind the Report: Why? Who? What?

An expert committee was formed by the Health and Medicine Division (HMD) of the NAS to study the affordability and accessibility of hearing health care for adults in the United States. The Committee on Accessible and Affordable Hearing Health Care for Adults conducted a consensus study, which involves deliberating a specific request from the study's sponsors. After discussing the issue and coming to a consensus, the committee issues a report to the public on the topic. The goal of the hearing health care study was to:

Provide background on the importance of hearing to individual and societal health, including issues such as isolation, social connectivity, well-being, and economic productivity. [The study] will examine federal regulations for non-surgical hearing aid dispensing by asking if current regulations provide a clinically meaningful benefit to adults with hearing loss and what the required federal regulatory paradigm should be. The study will also address the affordability of non-surgical devices and services. It will look at how affordability can be improved, how current approaches can be used or modified to increase access, how new and innovative approaches (such as telehealth, mobile health, and team-based care) can be used to increase access and affordability, and will discuss challenges for select populations such as older adults and transitioning young adults. The committee will provide short- and long-term recommendations for solutions to these questions.

The Accessible and Affordable Hearing Health Care committee consisted of 17 highly-distinguished and respected members representing a wide range of disciplines and backgrounds. It was chaired by Dan Blazer, M.D., Ph.D., M.P.H., and included Frank Lin, M.D., Ph.D., who recently rejoined the HLAA Board of Trustees after the study was completed, and Brenda Battat, former HLAA executive director. There were seven sponsors of the study, including HLAA. They are:

- Centers for Disease Control and Prevention (CDC)
- Department of Defense (DOD)
- Department of Veterans Affairs (VA)
- Food and Drug Administration (FDA)
- HLAA
- National Institute on Aging (NIA; a division of the National Institutes of Health)

- National Institute on Deafness and Other Communication Disorders (NIDCD; a division of the National Institutes of Health)

The Importance of HLAA's Role

HLAA's involvement as a sponsor of the study was—and is—critical to the success of its outcomes (which will be discussed later). HLAA played a unique role. We were the only consumer organization to serve as one of the sponsors. Why is that important?

First and foremost, the purpose of the study—to look at the affordability and accessibility of hearing health care *for consumers*—directly aligns with HLAA's mission to open the world of communication to people with hearing loss; to be the voice of the consumer.

We have been hearing your concerns for years, and the number one question we get (by far!) is, “What can I do to afford hearing aids?” Given that this research was being considered to directly address your number one concern it was only natural for us step up as one of the sponsors.

Second, while all the other sponsoring organizations bring a different and valuable perspective, none of them can claim to offer the direct input and feedback from the very people who will ultimately benefit from the results of this study. Only HLAA can. Thus, we felt it was imperative to have a seat at the table.

It is important to note that going into this we had no idea what would come from it. All we knew was that something had to be done to make hearing health care more affordable and accessible. So we took a chance.

Given the level of credibility and prominence of both the committee members and the sponsors we had a feeling that whatever came out of this could be something big; something bigger than we have ever seen in hearing health care. And we were not disappointed. The times they are a-changin'.

Hearing Health Care for Adults: Priorities for Improving Access and Affordability

On June 2, 2016, at precisely 11 a.m., the Committee on Accessible and Affordable Hearing Health Care for Adults issued the report, *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. Or what we now fondly refer to as “the NAS report.”

HLAA was quick to come out in full support the NAS report. It contained 12 recommendations (see pages 22–23), which, when implemented, will prove to turn hearing health care upside down as we know it. The recommendations of course addressed affordability and accessibility, but they also went much deeper.

The high-level message was that hearing loss is a significant public health concern for our nation and one that needs to be addressed. Embedded in that message, along with affordable and accessible hearing health care, is the fact that there is more to hearing loss than simply being able to afford hearing aids.

Hearing loss has psychological, societal, and familial implications. The report made it very clear that there has to be changes in industry (the “business” of hearing loss, if you will), technology, and regulations, among others. It recommends “key institutional, technological, and regulatory changes that would enable consumers to find and fully use the appropriate, affordable, high-quality services, technologies, and support they need.”

However, arguably *the* most important point made in the report, at least in terms of what HLAA stands for, is that hearing loss is about the individual—the consumer. It says that all these other changes are needed, but if the *person* with hearing loss is not the focus, nothing will change.

HLAA Chairperson of the Board of Trustees Meg Wallhagen summed it up when she said:

HLAA strongly supports the recommendations outlined in the NAS report. They clearly emphasize that the individual with hearing loss—the consumer—should be the primary focus in the provision of hearing health care. This directly aligns with the mission of HLAA. The findings in the report touch on almost every aspect of hearing health care, underscoring the fact that managing hearing loss not only requires far more than the technology of hearing aids but also involves family and society as a whole.

Meg points out that the recommendations are in line with HLAA’s mission. While true, that could also be an understatement. There is very little—if anything—contained in the report that HLAA hasn’t already been saying for years. It essentially validates our position on these issues and should hopefully give you, the consumer, reassurance that we are actively listening, working—and succeeding—on your behalf.

What’s Next?

Implementation of the recommendations in the NAS report will take a great deal of time and effort, but the result will be worth it. People with hearing loss will be given greater access to accurate information, offered more affordable choices and options, and will be empowered to take steps to address their hearing loss.

What is gratifying to see is that even in the relatively short time since the report was issued, it has not only gotten a

For More Information...

You can find the *Report in Brief*, *Report Recommendations*, *Action Guide for Individuals and Families*, *Action Guide for Hearing Health Care Professionals*, and the entire report at nas.edu/hearing.

great response and a lot of visibility, but there has also been a tremendous amount of activity, even a few changes.

Just a few weeks after the NAS report came out, Dr. Dan Blazer, the committee chair, presented a plenary session at HLAA Convention 2016 in Washington, D.C. to talk about the report, its outcomes and its importance. Then, through-out the summer and fall of 2016 there were several calls held with sponsors and stakeholders to discuss next steps and how to work together to most efficiently and expeditiously effect change. On December 7 the first public meeting was held to discuss the report. The meeting was heavily attended, and included representatives from industry, government and other consumer groups.

As mentioned earlier, there have already been some changes as well. One of the more hotly-debated recommendations (Recommendation 7) is to “Implement a new [FDA] device category for over-the-counter (OTC) wearable hearing devices.” On December 1, Senators Elizabeth Warren (D-Mass.) and Chuck Grassley (R-Iowa) introduced a bill to provide for the regulation of OTC hearing aids. The “Over-the-Counter Hearing Aid Act of 2016” would make certain types of hearing aids available over the counter and remove many of the barriers for consumers who could benefit from hearing aids.

And, at the December 7 public meeting, Eric Mann, M.D., Ph.D., clinical deputy director for the FDA, announced that the FDA would no longer enforce the requirement that individuals 18 years and older receive a medical evaluation or sign a waiver prior to purchasing most hearing aids. This directly addresses Recommendation 3, which seeks to “Remove the [FDA’s] regulation for medical evaluation or waiver.” It should be noted that the FDA did not remove the requirement for a medical waiver as the recommendation states, but that they will no longer enforce it.

Most recently, HLAA participated in a federal stakeholder meeting that was held on February 10. The meeting discussed strategies for a multi-pronged approach to improve hearing health care access and affordability; to identify needs, barriers, and opportunities for action; and to brainstorm about new and future actions and collaborations. The next public meeting is scheduled for June 9, 2017.

continued on page 22

that is to provide people with the information they need to make informed decisions about their hearing health care.

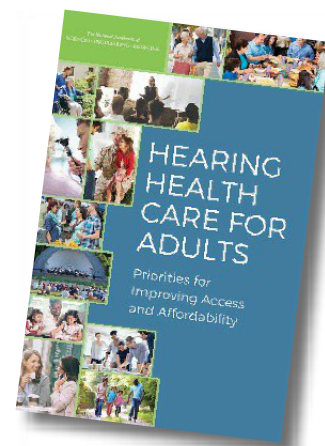
Given that two tenets of HLAA's mission involve consumer education and information, it appears that we will have a strong influence in several of the recommendations, taking a lead wherever we can. In fact, Recommendation 11, to "Improve publicly available information on hearing health," is in direct alignment with our mission.

We are doing whatever it takes to see that the recommendations contained in the NAS report are implemented. There is a long road ahead and it won't be without many bumps, but with perseverance and the support of our members, chapters, convention attendees, Walk4Hearing participants and anyone else who wants to make their life with hearing loss better, we will succeed; we will change the face of hearing health care as we know it.

Bob Dylan told us to be prepared for change because history was in the making. The NAS report just might have been the impetus we needed to make history in hearing health care. Six years after Dylan gave us his sage advice, the Carpenters followed up with a similarly prophetic and relevant message when they told us, "We've only just begun." **HLM**



Dave Hutcheson is the HLAA Hearing Loss Magazine and publications editor. He can be reached at dhutcheson@hearingloss.org.



Recommendation 1: Improve Population-Based Information on Hearing Loss and Hearing Health Care

Strengthen efforts to collect, analyze, and disseminate prospective population-based data on hearing loss in adults and the effects of hearing loss and its treatment on patient outcomes.

Recommendation 2: Develop and Promote Measures to Assess and Improve Quality of Hearing Health Care Services

Align and promote best practices and core competencies across the continuum of hearing health care, and implement mechanisms to ensure widespread adherence; and research, develop, and implement a set of quality metrics and measures to evaluate hearing health care services with the end goal of improving hearing- and communication-focused patient outcomes.

Recommendation 3: Remove the Food and Drug Administration's (FDA's) Regulation for Medical Evaluation or Waiver

The FDA should remove the regulation that an adult seeking hearing aids be required to first have a medical evaluation or sign a waiver of that evaluation. The FDA should also ensure consumers receive information about the medical conditions that could cause hearing loss.

Recommendation 4: Empower Consumers and Patients in Their Use of Hearing Health Care

Ensure patients are aware of, and understand how to exercise, their rights of access to information about themselves under the Health Insurance Portability and

Accountability Act Privacy Rule, including their audiograms and hearing aid programming history.

Recommendation 5: Improve Access to Hearing Health Care for Underserved and Vulnerable Populations

Ensure hearing health care accessibility throughout rural and underserved areas; support and promote programs to increase diversity in all sectors of the hearing health care workforce; and promote the training of cultural competency in the hearing health care workforce and incentivize practice in underserved communities.

Recommendation 6: Promote Hearing Health Care in Wellness and Medical Visits

Use patient visits to assess and discuss hearing difficulties that could affect doctor-patient communication and overall patient well-being; to encourage individuals and their family members and caregivers to discuss hearing concerns; to raise awareness among older adults about age-related hearing loss; and to encourage referral when appropriate.

Recommendation 7: Implement a New Food and Drug Administration Device Category for Over-the-Counter Wearable Hearing Devices

The FDA should establish a new category of over-the-counter (OTC) wearable hearing devices. This device classification would be separate from “hearing aids.” OTC wearable hearing devices would be defined as wearable, over-the-counter devices that can assist adults with mild to moderate hearing loss.

Recommendation 8: Improve the Compatibility and Interoperability of Hearing Technologies with Communications Systems and the Transparency of Hearing Aid Programming

Develop standards that ensure hearing aids and OTC wearable hearing devices are compatible and interoperable with other technologies and communications systems; increase public awareness and consumer-friendly information on the availability, connectivity, and use of hearing aids and hearing assistive technologies; and develop and implement standards for an open platform approach for hearing aid programming that allows any hearing health care professional (or, as evolving technology allows, the device owner) to program the device settings.

Recommendation 9: Improve Affordability of Hearing Health Care

- Improve transparency in the fee structure of hearing health care professionals by clearly itemizing the prices

of technologies and related professional services.

- Evaluate options to provide coverage so that treating hearing loss is affordable for Medicare beneficiaries.
- Examine pathways for enhancing access to auditory rehabilitation services for Medicare beneficiaries.
- State Medicaid agencies should evaluate options for providing coverage for treating hearing loss for adult beneficiaries.
- Vocational rehabilitation agencies should raise public awareness about their services that enable adults to participate in the workforce.
- Hearing health care professionals and professional associations should increase their awareness and understanding of vocational rehabilitation programs and refer as appropriate.
- Employers, private health insurance plans, and Medicare Advantage plans should evaluate options for providing their beneficiaries with affordable hearing health care insurance coverage.

Recommendation 10: Evaluate and Implement Innovative Models of Hearing Health Care to Improve Access, Quality, and Affordability

Prioritize and fund demonstration projects and studies, including randomized controlled trials, to improve the evidence base for current and innovative payment and delivery models for treating hearing loss.

Recommendation 11: Improve Publicly Available Information on Hearing Health

Improve public information on hearing health and hearing-related technologies and services and promote public awareness about hearing and hearing health care.

Recommendation 12: Promote Individual, Employer, Private Sector, and Community-Based Actions to Support and Manage Hearing Health and Effective Communication

Individuals, families, community-based organizations, advocacy organizations, employers, private sector businesses, and government agencies (local, state, federal) should take actions to support and manage hearing health and foster environments that maximize hearing and communication for all individuals.

For more information and to see a more comprehensive explanation of the NAS recommendations—including the full report—visit nas.edu/hearing. *HLM*