

Audiologist Attitudes towards Over-the-Counter Hearing Aids

The recent introduction of over-the-counter (OTC) hearing aids in the U.S. encourages easy access to care for those with hearing loss, but comes with implications for audiologists. Our research will investigate audiologists' initial impressions about the impact of OTC hearing aids on their clinics and the perceived positive and negative repercussions since the devices were approved for market consumption in October 2022. A secondary interest of the study is whether audiologists sell these devices in their own clinics, and whether they intend to.

In this age of convenience, healthcare consumerism is highly motivated by over-the-counter options which evade the hassle and cost of a traditional prescription. A custom prescribed hearing aid requires an audiology appointment where an audiologic assessment takes place. In this assessment, a hearing test is administered to determine the type and severity of hearing loss and candidacy for rehabilitation, in this case, amplification (ASHA Ad Hoc Committee on Hearing Aid Selection and Fitting, 1998). Case history, an otoscopic inspection, cognitive screening, and patient specific goals are taken into consideration (ASHA). If a patient is deemed fit for a hearing assistive device, the careful selection of the right hearing aid is determined by the audiologist and patient in concordance with the appropriate electroacoustic characteristic and desired physical features. Before fitting the ear mold, the audiologist conducts a listening test to ensure that all settings are working to their fullest potential. The audiologist can create a perfect fit for the patient's hearing aid by creating a mold of their ear, making the patient more likely to wear the device due to its personalized comfort. All features are then verified for comfort, avoidance of excessive loudness, digital noise reduction, and verification of audibility of speech. Once the clinician and client are satisfied with the effectiveness of the device, the audiologist can advise on the proper use and care of it (ASHA Ad Hoc Committee on Hearing Aid Selection and Fitting, 1998). This process is complex, but the audiologist serves to guide the client to make the most informed and compatible decisions.

If an adult struggling with mild to moderate hearing loss wants to bypass this process, they are now able to, due to the recent implementation of the U.S. Food and Drug Administration (FDA)'s Over-the-Counter (OTC) Hearing Aid Act. Issued on August 17, 2022, this legislation "enables consumers 18 years of age and older with perceived mild to moderate hearing loss to purchase hearing aids directly from stores or online retailers without the need for a medical exam, prescription, or a fitting adjustment by an audiologist" (*Hearing Aids*, 2022). There are many ways in which this can be viewed as a positive solution, mainly because it aims for cost reduction through increased market competition (Coco et al., 2022). The harsh expense of hearing aids is the culprit for the poor uptake of hearing aids despite a large prevalence of hearing impairment in the U.S. A small proportion of those with hearing impairments actually acquire the hearing aids which they qualify for (Knudsen et al., 2010). It is hoped that the implementation of OTC hearing aids will change these statistics. Additionally, if the increase in accessibility due to the convenience of OTC hearing aids leads to an increase in hearing aid use across the population, stigmas which surround the use of these devices may be lessened (Coco et al., 2022). Though the benefits are significant, it is necessary to also examine potential disadvantages. Because the client must do their own research without the guidance from an audiologist, they may purchase a hearing aid that does not fulfill their needs, causing them to abandon the usage of it (Knudsen et al., 2010). Further, this same lack of guidance could cause misuse of the device. The independence of this system may inhibit an otologic medical condition from being diagnosed, since the patient does not have to see an audiologist that they otherwise might have scheduled an appointment with. Finally, audiologists who rely on income from hearing aid sales may be worried about a decline in business, which brings me back to the focus of this study. In his article *Hearing Testing and Hearing Aid Fitting Should be Done by Audiologists*, Chris Halpin states that "hearing tests and hearing aids are the core activities of the profession of audiology" (Halpin, 1995). This statement suggests that client bypass of this stage of the hearing aid acquisition process presents a threat to the careers of practicing

audiologists. The benefits of a thorough hearing aid fitting with a licensed audiologist compete with the convenience and affordability of OTC devices.

The purpose of this research project, designed by Dr. Brittney Carlson, Au.D./Ph.D., is to determine whether audiologists are seeing an initial impact of the release of OTC hearing aids.

We will collect our data using a survey. Some example questions to be included in the study:

- 1) Have any patients come to your clinic with an over-the-counter aid?
- 2) Have any patient's asked you about over-the-counter hearing aids?
- 3) Do you believe you have seen a reduction in business (i.e. less patients) due to over-the-counter hearing aids?

As the survey will be anonymous, we will apply for an IRB exemption. The estimated duration of the study will be from 5/15/2023 to 8/15/2023. Though no materials are necessary to purchase to complete this work, we hope to present our findings at a future conference. For this reason, \$150 is requested to cover potential conference fees/hotel. I am the only student working on this project, so my role will be to assist Dr. Carlson in each step of the research process in whichever way she sees fit. As a Communication Sciences and Disorders major, I have special interests in the accessibility of healthcare to patients and the impact legislation can have on clinicians. My personal concern for the implications of the topics of this study will fuel my dedication and diligence to carry out the research.

References

- ASHA Ad Hoc Committee on Hearing Aid Selection and Fitting. (1998, March 1). Guidelines for Hearing Aid Fitting for Adults. *American Journal of Audiology*, 7(1), 5-13.
<https://doi.org/10.1044/1059-0889.0701.05>
- American Speech-Language-Hearing Association (n.d.). Hearing Aids for Adults (Practice Portal). Retrieved April, 25, 2023, from www.asha.org/Practice-Portal/Professional-Issues/Hearing-Aids-For-Adults/.
- Coco, L., Strom, K., Cavitt, K., Eberts, S., & Johnson, J. A. (2022, September 12). Viewpoints on the Implications of Over-The-Counter Hearing Aids. *Perspectives*, 7(6), 1794-1801.
https://doi.org/10.1044/2022_PERSP-22-00116
- Halpin, C. (1995, March 1). Hearing Testing and Hearing Aid Fitting Should Be Done by Audiologists. *American Journal of Audiology*, 4(1), 5-5.
<https://doi.org/10.1044/1059-0889.0401.05>
- Hearing Aids. (2022, November 10). FDA. Retrieved April 26, 2023, from <https://www.fda.gov/medical-devices/consumer-products/hearing-aids>
- Knudsen, L. V., Oberg, M., Nielsen, C., Naylor, G., & Kramer, S. E. (2010, September). Factors Influencing Help Seeking, Hearing Aid Uptake, Hearing Aid Use and Satisfaction With Hearing Aids: A Review of the Literature. *Trends Amplif*, 14(3), 127-154. NCBI.
10.1177/1084713810385712