

Where is My Hearing Plan?

By Fan-Gang Zeng, PhD


I work for the University of California, which has 10 campuses with about 250,000 employees plus three to four times more retirees and family members. This large size, a relatively healthy population, and six medical schools within the university allow us to choose from a wide range of health insurance coverage, including six medical plans, two dental plans, and a vision plan. At present, the monthly cost is \$77 for my dental plan and \$13 for my vision plan, with the cost being entirely absorbed by the university. I have been enjoying these plans and benefits for the past 20 years, but throughout this time I have wondered: Where is my hearing plan?

Do I need a hearing plan? Well, during my annual physical exams in my two decades here (admittedly I skipped a few), never once did my primary physician ask me about my hearing, let alone perform an audiogram or other hearing tests. My primary physician is an excellent doctor, but he may have assumed that either I have normal hearing or my hearing is not as important as my teeth or eyes. None of this is true because as a hearing expert, I have been closely monitoring my hearing, which has deteriorated from a notched audiogram in one ear 10 years ago to sloping loss and increasing tinnitus in both ears. My need for a hearing plan has become more urgent when I learned about the *Lancet* Commission's report on dementia, which found that, among the 35 percent of potentially modifiable dementia risk factors, hearing loss contributed to the largest nine percentage points, more than early education (8%), smoking (5%), depression (4%), physical inactivity (3%), social isolation and

hypertension (2% each), and diabetes and obesity (1% each; *Lancet*. 2017 Dec 16;390(10113):2673-2734). At the time of writing, I discovered a hidden hearing aid plan in my overall health benefit package: I am entitled to a pair of hearing aids costing up to \$2,000 every 36 months. This limited hearing aid benefit, which many of us don't know while most don't have, is still far away from a comprehensive hearing plan that can not only adequately compensate for hearing loss but also minimize future mental health risks.

There are at least three reasons for the lack of a hearing plan in most medical coverages. First, hearing loss, unlike missing teeth or poor vision, is invisible. Worse, most acquired hearing loss progresses gradually, making it difficult to detect by both patients and physicians. Both the invisibility and slow progression decrease the awareness of hearing loss, masking the need for a hearing plan. Second, hearing professionals seem to either undervalue or lack confidence in their service, exemplified by the bundled service model in hearing aid dispensary. This bundled service model diminishes hearing professionals to middle salespeople in both providers' and patients' eyes. Third, organizational leadership and power are lacking in audiology. Recall that medical coverage did not include any dental or vision plan initially, but dental and optometry leaders worked with unions to turn dental and vision plans from their limited and regional coverage into the universal and global coverage we know today.

How can we get a hearing plan? We could use legislative help to establish audiologists' professional independ-

ence, which is happening with the recent passing of the Medicare Audiologist Access and Services Act of 2019 (HR 4056) and the Medicare Hearing Act of 2019 (H.R. 4618). In the meantime, audiologists and hearing professionals need to come together and offer their service to unions, employers, and medical insurance companies. The packaged service can be an independent hearing plan that is similar to existing dental and vision plans, or better yet, an integrated hearing plan that is part of the general medical coverage, including Medicare. Most importantly, we need to get rid of the middle salesperson mentality by treating hearing aids and technology as a tool, rather than a money-making machine, because affordable smart technologies, from automatic hearing tests to self-fitting hearing aids and multifunctional hearables, will replace or even improve many aspects of today's audiological businesses and services. Our reimbursement value, sustainability, and future should depend less on the technology we use or the goods we dispense, but more on the quality of our service, knowledge, and expertise that can provide personalized, precise, long-term, and cost-effective hearing health care for our customers. 



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