

HAAA-LA\_012316

KEN: WELCOME, EVERYBODY TO THE HEARING LOSS ASSOCIATION of AMERICA LOS ANGELES CHAPTER.

AND OUR PRESIDENT COULDN'T BE WITH US TODAY. SHE'S ON A CRUISE, KICKING IT UP WITH HER DAUGHTER, A WELL-NEEDED BREAK.

WE ARE GOING TO PUT TOGETHER THE SHOW FOR YOU TODAY. AND WE ARE GOING TO HAVE A PRESENTATION. AND WE WILL DO CHAPTER BUSINESS AFTER THE PRESENTATION.

SO LET US GET STARTED.

THE PRESENTATION IS ON THE PCAST REPORT. A LOT OF US HAVE HEARD ABOUT THIS REPORT. SOME OF YOU MAY HAVE ACTUALLY READ IT. THE PCAST STANDS FOR THE PRESIDENT'S COUNCIL OF ADVISORS ON SCIENCE AND TECHNOLOGY.

BEFORE I GET STARTED WITH THIS PRESENTATION I AM GOING TO DO A QUICK SURVEY:

HOW MANY PEOPLE HAVE HAD PROBLEMS WITH THEIR HEARING AIDS? PLEASE RAISE YOUR HAND.

HOW MANY PEOPLE – LET'S SEE... HAVE HAD A SENSE OF FRUSTRATION WHEN LEAVING THEIR AUDIOLOGIST? RAISE YOUR HAND.

[LAUGHTER]

HERE'S ONE. HOW MANY PEOPLE THINK HEARING AIDS ARE TOO EXPENSIVE? RAISE YOUR HAND. ALL RIGHT. THOUGHT I WOULD GET YOU OW THAT ONE.

SO HOW MANY PEOPLE THINK WE HAVE AN ISSUE WITH THAT AND MAYBE SOME OTHER THINGS IN THE – AND HOW WE ARE ADDRESSING OUR HEARING HEALTH AND THAT WE CAN DO BETTER? RAISE YOUR HAND.

WELL, THAT... [LAUGHTER]

ALL RIGHT. HOLD ON ONE SECOND. I HAVE TO FIGURE OUT HOW TO DO THIS. ALL RIGHT. I AM GOING TO SIT DOWN.

SO YOU ARE TAKING THE WORDS RIGHT OUT OF THE CO-CHAIR'S MOUTH WHEN SHE WENT UP IN FRONT OF A COMMITTEE AND EXPLAINED THE PCAST REPORT. SHE SAID – I AM GOING TO PARAPHRASE:

HEARING HEALTH AS IT IS TODAY IS REALLY MESSED UP.

THEN SHE SAID: THE HEARING COMMUNITY HAS KNOWN THIS FOR A VERY LONG TIME.

SO THAT'S WHAT THIS REPORT IS ABOUT. PCAST IS MADE UP OF SOME BASICALLY REALLY, REALLY SMART PEOPLE, BEST; THE SMARTEST SCIENTISTS, UNIVERSITY Ph.Ds., AND THIS REPORT IS PART OF A LARGER REPORT ADDRESSING AGING. AND THEY ARE TRYING TO FIGURE OUT HOW CAN TECHNOLOGY HELP WITH THE AGING PROCESS; SPECIFICALLY HEALTH-RELATED. AND THAT REPORT IS DUE LATER

THIS YEAR. IT'S GOING TO BE ALL-ENCOMPASSING, NOT ONLY HEARING LOSS, EVERYTHING ELSE.

BUT THE PRESIDENT SAID, HEY, WE WANT TO FOCUS ON HEARING LOSS. AND HE WANTED A REPORT PRIOR TO WHEN THE BIGGER REPORT IS DUE. SO THAT'S WHAT THIS IS. IT'S ADDRESSING HEARING LOSS AND THE HEARING HEALTH INDUSTRY.

SO WE ARE LIVING RIGHT NOW IN I THINK EXCITING TIMES. THERE ARE A COUPLE THINGS THAT ARE REALLY HAPPENING THAT COULD HAVE SOME PROFOUND EFFECTS, AND THOSE TWO THINGS, I BELIEVE, ARE THE RAPID PACE OF TECHNOLOGY CHANGE. AND IT'S REALLY AFFECTING – YOU KNOW, IT'S TOUCHING ALL PARTS OF OUR LIVES.

AND THE OTHER THING IS THE DEMOGRAPHICS. WE ARE GETTING OLDER. AND THE AMOUNT OF FOLKS THAT ARE GETTING OLDER, AS A PERCENTAGE OF OUR POPULATION IS GETTING TO -- CAN BE VERY BIG. SO THEY ADDED WE CAN DECIDE WE CAN HAVE POSITIVE CHANGE OR NOT-SO-POSITIVE CHANGE. WE CAN HAVE POSITIVE CHANGE AND THAT IS WHAT THIS REPORT IS ABOUT.

SO WHAT IS THE PROBLEM? THE PROBLEM IS WE HAVE UNTREATED HEARING LOSS, AND IT AFFECTS OTHER PHYSICAL AND COGNITIVE HEALTH ISSUES. SO IT'S NOT JUST THE HEARING LOSS; IT'S OTHER ISSUES THAT ARE RELATED TO HEARING LOSS.

AND ONLY A MINORITY OF AMERICANS WITH HEARING LOSS, 15-30% SEEK OUT AND USE ASSISTIVE HEARING TECHNOLOGIES; THAT INCLUDES HEARING AIDS AND COCHLEAR IMPLANTS. ADOPTION RATES ARE EVEN SMALLER FOR PEOPLE WITH LOWER INCOME AND FOR RACIAL AND ETHNIC MINORITIES.

SO HERE'S A GRAPH OF THE BABY BOOMER POPULATION. AT 2020, THE PERCENTAGE WILL BE 16.5%, AND 2030 WILL BE 20 AND ALL THE WAY OUT TO 2050.

SO WE ALL KNOW THAT HEALTH CARE COSTS IN THIS COUNTRY RIGHT NOW ARE A BIG ISSUE. AND THEY ARE SAYING, "WOW, OLDER FOLKS, WHEN THEY AGE, THEY TEND TO HAVE MORE HEALTH ISSUES. SO WE BETTER FIGURE SOMETHING OUT." WE ARE GOING TO TRY TO HAVE POSITIVE CHANGE.

HERE'S THE HEALTHCARE COSTS. YOU CAN SEE THE STEEP CURVE. THAT SCARES THE HECK OUT OF THE GOVERNMENT AND PUBLIC OFFICIALS, AND IT SHOULD SCARE THE HECK OUT OF US. IT'S GOING TO BE A BIG ISSUE. THEY ARE TRYING TO FIGURE OUT WHAT THEY CAN DO.

SO HERE WE ARE. THE ARGUMENT IS OUR HEARING HEALTH NEEDS ARE NOT BEING MET, SO – AND IT'S A SUBSTANTIAL PROBLEM. ONLY A FRACTION OF CONSUMERS WHO NEED ASSISTANCE – THIS IS STRAIGHT FROM THE ACTUAL REPORT -- ONLY A FRACTION OF CONSUMERS WHO NEED ASSISTANCE WITH HEARING OBTAIN AND USE HEARING AIDS; IN LARGE PART BECAUSE OF HIGH COST, COMPLEX

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## DISPENSING PROCEDURES, SOCIAL STIGMA, AND PERFORMANCE SHORTFALLS.

GOT TO SAY WHILE THE CONTRIBUTING FACTORS ARE COMPLEX, YOUR PRESIDENT'S COUNCIL OF ADVISORS ON SCIENCE AND TECHNOLOGY BELIEVES THAT A FEW SIMPLE ACTIONS BY THE FEDERAL GOVERNMENT COULD DRAMATICALLY ENHANCE THE PACE OF INNOVATION AND LEVEL OF COMPETITION IN THIS DOMAIN LEADING, TO RAPID DECREASE IN COST AND IMPROVEMENT AND CAPABILITY OF ASSISTIVE HEARING DEVICES, WHAT THIS REPORT IS ABOUT.

WE WILL SUMMARIZE THE SITUATION, GO TO PCAST RECOMMENDATIONS AND WHAT WE CAN DO, TALK ABOUT THAT.

SO HIGH COSTS.

HEARING AIDS HAVE NOT EXPERIENCED A DRAMATIC REDUCTION IN PRICE, AND INCREASES IN THE FEATURES THAT HAVE BEEN ROUTINELY SEEN ACROSS CONSUMER ELECTRONICS WHEN COMPARED IN COMPLEXITY TO TODAY'S SMARTPHONES COSTING ONLY A COUPLE HUNDRED DOLLARS, EVEN THE PREMIUM MODEL, WHICH – OF HEARING AIDS – ARE VERY SIMPLE COMPARED TO THE DEVICES – THE SMARTPHONE DEVICES. AND THESE HEARING AIDS COST THOUSANDS OF DOLLARS.

HERE'S THE KICKER. A 2010 STUDY SUGGESTED THAT HEARING AID COMPONENTS THEN COST LESS THAN \$100. THE NUMBER TODAY – THIS IS FROM THE PCAST REPORT. THE NUMBER TODAY IS PROBABLY LESS. INNOVATIONS IN PREMIUM MODELS, ARE REALLY -- I AM TESTING A PAIR NOW -- THEY ARE REAL, BUT THEY'VE BEEN REMARKABLY EXPENSIVE FOR THE CONSUMER.

SO HIGH COSTS. MOST PEOPLE PAY FOR THEIR HEARING AIDS COMPLETELY OUT OF POCKET SINCE TRADITIONAL MEDICARE AND MOST PRIVATE INSURANCE PLANS DO NOT COVER THE COST OF HEARING AIDS OR FITTINGS. THAT'S DIFFERENT IN EUROPE -- NOT THAT WE WANT TO BE LIKE EUROPE -- BUT IT'S DIFFERENT.

SO THERE IS A BIG PUSH. A LOT OF PEOPLE: LET'S GET MEDICARE TO COVER HEARING AIDS. WELL, WHEN LEGISLATION HAS BEEN INTRODUCED TO CHANGE THIS POLICY TO COVER HEARING AIDS, THE CHANGES ARE TYPICALLY FOUND TO BE PROHIBITIVELY COSTLY DUE TO THE COMBINATION OF HIGH COST AND THE LARGE NUMBER OF CONSUMERS THAT NEED HEARING AIDS. THIS ANALYSIS IS BASED ON CURRENT HIGH PRICES OF HEARING AIDS.

WHAT THEY WANT TO DO, THEY SAY IF MARKET FORCES WERE TO LOWER THE COST, THE POTENTIAL FOR CONGRESSIONAL ACTION WOULD CHANGE; MEANING IT'S NOT GOING TO COST SO MUCH FOR MEDICARE TO COVER HEARING AIDS, IT'S MORE PALATABLE.

YOU HAVE A QUESTION?

>> LISA BETH: I HAVE A COMMENT.

>> KEN: SO WHY AREN'T THE COSTS OF HEARING AIDS DECREASING? COMPARED TO OTHER ELECTRONICS, INNOVATION

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CYCLE IS SLOW. FEATURES SUCH AS BLUETOOTH AND WI-FI CONNECTIVITY OR A SMARTPHONE APP INTERFACE IS ROUTINE IN OTHER CONSUMER ELECTRONICS COMMAND PRICE DIFFERENTIALS AS MUCH AS \$500 TO \$1,000 IN PREMIUM HEARING AIDS.

THE ASSISTIVE LISTENING DEVICES – I AM WEARING HEARING AIDS, THE ALDs, THE PHONE WITH PHONAK AND THE LAPEL MICROPHONE, TOTAL, \$10,000 AND, THIS IS A VERY SIMPLE TECHNOLOGY. THAT'S PRETTY EXPENSIVE.

>> LISA: THAT \$10,000 INCLUDES YOUR HEARING AIDS? CORRECT?

>> KEN: THAT INCLUDES MY HEARING AIDS, INCLUDES THE ALDs, INCLUDES EVERYTHING AS I WALK OUT OF THE AUDIOLOGIST'S OFFICE. MY BOTTOM-LINE PRICE, PRETTY EXPENSIVE.

THEY WANT TO INCREASE COMPETITION. RIGHT NOW YOU HAVE A LOT OF COMPETITION WITH SMARTPHONE S AND TECHNOLOGY.

THEY HAVE MICROSOFT SMARTPHONE FOR \$80, MORE COMPLEX THAN THE HEARING AIDS WE ARE WEARING.

THE BIG SIX HEARING AID COMPANIES, WHICH BASICALLY ARE – THEY HAVE MOST OF THE MARKET, ALMOST 100%. WE NOTICED ANOTHER THING COMING OVER, THAT ALL THESE COMPANIES ARE BASED IN EUROPE. AND JUST A LITTLE SIDE NOTE, THE VA – I'VE READ THAT, COSTS THE VA, THEY PROVIDE, I THINK, ABOUT 40% OF THE HEARING AIDS IN THIS COUNTRY, TO THE VETS. THEY HAVE AN AVERAGE PRICE, I'VE READ, OF \$400. THAT'S THEIR AVERAGE PRICE, \$400 BUCKS, TO THE GOVERNMENT.

IN EUROPE, I KNOW THERE IS A LOT OF GOVERNMENTS OVER THERE AND INSURANCE THAT COVER HEARING AIDS. BUT IMAGINE IT'S THE SAME THING THAT THEY ARE PAYING AROUND \$400 BUCKS OVER IN EUROPE WHERE ALL THESE COMPANIES ARE BASED.

WHY ARE THEY SO EXPENSIVE HERE?

CAN WE WAIT UNTIL AFTER WE ARE DONE?

>> LISA BETH: YOU MENTIONED, RIGHT ON WHAT YOU ARE TALKING ABOUT, BECAUSE I GET MY HEARING AIDS FROM THE VA; AND I HAVE THE SMARTPHONE APP, RESOUND; I HAVE A TELEVISION LISTENING APP, AND IF I WANTED TO ADD SOMETHING ELSE, 50 BUCKS. I GO ON THEIR WEBSITE. SO THEY – BECAUSE THERE IS NO INSURANCE FOR THE GOVERNMENT BUYING HEARING AIDS FOR MOST AMERICANS, IT'S HUGE ABSOLUTE MARKUP. I AM NOT GETTING ANYTHING MORE INFERIOR THAN YOU ARE, AND AS I SAID, THE GOVERNMENT IS NOT PAYING THAT MUCH FOR THEM.

>> KEN: WHEN I WAS IN WITH MY AUDIOLOGIST TESTING THESE HEARING AIDS -- VERY FUN PROCESS WHICH ALL YOU GUYS HAVE BEEN THROUGH. HE – THERE IS A BATTERY DOOR, AND HE SAID THEY ARE CHARGING 50 BUCKS FOR THIS BATTERY DOOR. AND IT'S A PIECE OF PLASTIC. AND HE STARTED GOING OFF ON "WHY DO THEY CHARGE 50 BUCKS? IT'S A PIECE OF PLASTIC." \$50 FOR THIS THING. I SAID, "YOU

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KNOW WHAT? I THINK I KNOW WHY.” AND HE LOOKED AT ME, AND HE’S LIKE, “BECAUSE THEY CAN?” BECAUSE THEY CAN. AND THAT’S WHAT THIS REPORT IS ALL ABOUT.

SO ANOTHER -- IT’S SECOND ISSUE THAT THEY ADDRESSED IN THIS PCAST REPORT IS THE COMPLEX DISPENSING PROCEDURES OF THE HEARING AIDS, DISTRIBUTION. HOW DO WE GET THEM? PCAST FINDS THAT TODAY’S DISTRIBUTION IS INADEQUATE.

RESTRICTIVE LICENSING, (READING POWERPOINT): MOST STATES REQUIRE THAT HEARING AIDS BE SOLD ONLY BY LICENSED CREDENTIALLED DISPENSERS, TYPICALLY AUDIOLOGISTS, E.N.T. AND SPECIALISTS.

BUNDLING IS A COMMON PRACTICE IN HEARING AIDS WHERE PATIENTS PAY A SINGLE FEE FOR THE PROFESSIONAL EVALUATION, THE HEARING AID DEVICES, AND FOLLOW-UP AND ADJUSTMENTS OF THE DEVICE AFTER IT’S FITTED AND WORN FOR AN INITIAL PERIOD. CONSUMERS FIND IT DIFFICULT TO SHOP FOR THE BEST VALUE.

AUDIOLOGISTS ARE THE DISPENSERS, THE GATEWAY. IT’S ALL THE AUDIOLOGISTS. THEIR COST IS ROLLED IN, WHICH IS USUALLY QUITE A BIT MORE THAN THE HEARING AIDS, SOMETIMES ALMOST DOUBLE OR EVEN MORE.

THEY HAVE EXCLUSIVE DEALS WITH BRANDS; ABOUT 20% SELL ONLY ONE BRAND. A SURVEY FINDS THAT EVEN WHEN MULTIPLE BRANDS ARE AVAILABLE, DISPENSERS RECOMMEND A SINGLE BRAND TO 75- 80% OF THEIR PATIENTS. AND A BIG FIX, NOW THE MANUFACTURERS HAVE EXPANDED INTO RETAIL BY PURCHASING CHAINS OF AUDIOLOGISTS AND DISPENSER PRACTICES, SO THEY CONTROL THE WHOLE CHAIN IN A LOT OF CASES. WHILE INDEPENDENT DISPENSERS ARE FREQUENTLY OFFERED CONTRACTS AND ONE SINGLE BRAND.

SO THE THIRD THING IS THE SOCIAL STIGMA; ASSOCIATION OF HEARING AIDS WITH OLD AGE IS A BARRIER. MOST PEOPLE DON’T LIKE TO ADMIT THEY HAVE HEARING LOSS. PUBLIC EDUCATION CAN PLAY A ROLE IN EXPANDING USE. AND THE ARRIVAL OF BABY BOOMERS AS NEW SENIORS WITH DIFFERENT ATTITUDES, INCLUDING GREATER FAMILIARITY WITH ELECTRONICS, MAY SHIFT ATTITUDES TOWARD SOCIAL ACCEPTANCE.

THEY USE A MODEL. THE EYEGLOSS COMPARISON. NOT TOO LONG AGO, COMPARATIVELY, PEOPLE THOUGHT WEARING EYEGASSES, IT WAS A STIGMA. NOW IT’S BECOME A FASHION STATEMENT. I DON’T KNOW IF HEARING AIDS ARE BECOMING A FASHION STATEMENT, BUT THAT CAN CHANGE

NOW HERE IS ANOTHER ONE – ANOTHER REASON, MIS-FIT HEARING AIDS. THIS IS STRAIGHT FROM THE REPORT. FOR EXAMPLE, AS MANY AS 12-18% OF THE 3 MILLION HEARING AIDS SOLD IN THE UNITED STATES THIS YEAR MAY END UP NOT BEING USED. AND A



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CONSUMER REPORT STUDY IN 2009 SAID THAT TWO-THIRDS OF HEARING AIDS ARE MIS-FIT.

HOW MANY HAVE WALKED OUT OF THE AUDIOLOGIST THINKING "THIS IS CRAZY, I THINK I'VE BEEN MIS-FIT"? OR USING OTHER WORDS THAT EXPRESS THE SAME THING.

A LITTLE STORY. LISA AND I WENT DOWN TO CSUN, CAL STATE NORTHRIDGE. THEY HAVE A BIG, BIG CONFERENCE EVERY YEAR ON TECHNOLOGY AND DISABILITIES. BASICALLY ALL THE TECHNOLOGY COMPANIES GETTING TOGETHER AND TALKING ABOUT AND SHOWING THEIR DISPLAYS AND TALKING ABOUT HOW TECHNOLOGY CAN HELP PEOPLE WITH DISABILITIES. HUGE CONFERENCE.

AND THE -- A GROUP GOT US TOGETHER, INVITED US TO A PANEL TO TALK ABOUT A PANEL WITH TECHNOLOGY COMPANIES, AND WE DISCUSSED IT -- BIGGER TABLE THAN THIS, AND THESE COMPANIES THAT WERE THERE WERE AT&T, QUALCOMM -- THEY ARE A BIG HIGH-TECH COMPANY IN SAN DIEGO. THEY PUT CHIPS INTO MANY DIFFERENT CELL PHONES, SMARTPHONES THAT ARE OUT THERE. HE WAS TALKING ABOUT THE SNAPDRAGON CHIP, REALLY SLICK, TALKING ABOUT HOW THEY PUT THESE IN PHONES AND THEY WERE EXCLUDING, GETTING RID OF THE BACKGROUND NOISE -- NOT ALL OF IT, BUT MAKING PROGRESS. AND OF COURSE, THAT'S ONE OF THE THINGS THAT WE PRAY FOR SOMETIMES, IS TO GET RID OF THAT BACKGROUND NOISE. SO I WAS ALL EXCITED. LISA'S EXCITED.

WE WENT UP AND TALKED TO THIS GUY, AND HE SAID "THOSE CHIPS SOUND LIKE THEY SHOULD BE IN OUR HEARING AIDS." AND HE WENT "WE DON'T -- YOU START GETTING INTO THAT, YOU START GETTING INTO GOVERNMENT REGULATIONS. WE DON'T WANT TO TOUCH THAT MARKET." PCAST KNOWS THIS. THEY TALK TO THESE COMPANIES. AND WHAT THEY DID IS THEY TRIED TO UNDERSTAND WHAT THEY CAN DO TO HELP.

CURRENT FDA REGULATIONS. FDA'S CURRENT REGULATORY FRAMEWORK INVOLVES TWO FUNDAMENTAL TYPES OF DEVICES WHICH ARE DIFFERENTIATED BY THEIR INTENDED USE; THE HEARING AID, AND THEN SOMETHING THEY CALL THE PERSONAL SOUND AMPLIFICATION PRODUCT.

PSAP DEFINES AS A PERSONAL SOUND AMPLIFICATION PRODUCT AS (READING FROM POWERPOINT): A WEARABLE CONSUMER ELECTRONIC PRODUCT THAT IS FOR NON-HEARING-IMPAIRED CONSUMERS TO AMPLIFY SOUNDS IN CERTAIN ENTITLEMENTS SUCH AS FOR RECREATIONAL ACTIVITIES -- BUT THEY LOOK ALMOST EXACTLY LIKE HEARING AIDS.

SO THE FIRST RECOMMENDATION, THEY RECOMMEND THE FDA SHOULD DESIGNATE AS A DISTINCT CATEGORY BASIC HEARING AIDS -- NON-SURGICAL AIR-CONDUCTION HEARING AIDS INTENDED TO ADDRESS BILATERAL GRADUAL ONSET, MILD-TO-MODERATE AGE-

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## RELATED HEARING LOSS AND ADOPT DISTINCT RULES FOR SUCH DEVICES.

AGAIN, THEY ARE GOING BACK TO THE EYEGLASSES, READING GLASSES. PREVIOUSLY READING GLASSES, YOU NEEDED TO GO THROUGH ALL THIS PROCEDURE. AND THEY CHANGE THINGS, AND NOW YOU CAN GO INTO CVS AND BUY READING GLASSES.

ONE IMPORTANT DISTINCTION IS THESE GUYS ARE NOT AIMING TOWARDS PEOPLE LIKE MYSELF THAT HAVE SEVERE HEARING LOSS. THEY ARE AIMING TOWARDS THE PEOPLE THAT – THE HUGE NUMBER, THE MILLIONS NOT BEING TREATED THAT HAVE AGE-RELATED HEARING LOSS AND ARE NOT SEEKING TREATMENT FOR ALL THE REASONS THAT THE REPORT HAS IDENTIFIED.

SO FDA SHOULD APPROVE A CLASS OF HEARING AIDS FOR OVER-THE-COUNTER SALE, JUST LIKE THE EYEGLASSES, WITHOUT THE REQUIREMENT FOR CONSULTATION WITH A CREDENTIALLED DISPENSER. FDA SHOULD ALSO APPROVE FOR OVER-THE-COUNTER SALES -- BOTH IN STORES AND ON LINE – TESTS APPROPRIATE TO SELF-FITTING AND ADJUSTMENT OF THE OVER-THE-COUNTER DEVICES BY THE END USER, USING APPS, USING OTHER TECHNOLOGY. NOW THE CONSUMER SHOULD BE ABLE TO SELF-DIAGNOSE AND SELF-TREAT THEIR OWN CONDITION; THIS IS MILD-TO-MODERATE, NOT TALKING ABOUT SEVERE.

FDA SHOULD (READING FROM POWER POINT): EXEMPT THIS CLASS OF HEARING AIDS FROM QSR REGULATION IN ITS PRESENT FORM AND SUBSTITUTE COMPLIANCE WITH STANDARDS FOR PRODUCT QUALITY AND RECORDKEEPING APPROPRIATE FOR THE CONSUMER ELECTRONICS INDUSTRY, DEVELOPED BY AN APPROPRIATE THIRD PARTY ORGANIZATION AND APPROVED BY THE FDA. SIMILAR ACTIONS SHOULD BE TAKEN WITH RESPECT TO DIAGNOSTIC HEARING TESTS USED TO DISPENSE AND FIT CLASS 1 HEARING AIDS.

RIGHT NOW THE FDA REQUIRES THAT CONSUMERS UNDERGO A MEDICAL EVALUATION BEFORE PURCHASING A TYPE OF HEARING AID, BUT MOST PEOPLE, THEY WAIVE THAT REQUIREMENT. WALK INTO AN AUDIOLOGIST, YOU DON'T EVEN KNOW YOU ARE WAIVING THE REQUIREMENT, BUT YOU WALK OUT WITH A SET OF HEARING AIDS, BUT YOU DIDN'T SEE A DOCTOR.

RECOMMENDATION #2, (READING FROM POWERPOINT): FDA SHOULD WITHDRAW IT'S GUIDANCE – THIS IS GETTING TECHNICAL – WITHDRAW ITS GUIDANCE FOR THE PSAP THAT THEY CAME OUT WITH NOVEMBER 7, 2013 ON PERSONAL SOUND AMPLIFICATION DEVICES, PSAPs.

PSAP SHOULD BE BROADLY DEFINED AS DEVICES FOR DISCRETIONARY CONSUMER USE THAT ARE INTENDED TO AUGMENT, IMPROVE, OR EXTEND THE SENSE OF HEARING IN INDIVIDUALS.

PSAP MANUFACTURERS SHOULD CONTINUE TO BE ABLE TO MAKE TRUTHFUL CLAIMS ABOUT THEIR USE IN NORMAL SETTINGS.

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FDA SHOULDN'T REQUIRE LANGUAGE IN PSAP LABELING OR ADVERTISING THAT EXCLUDES THEIR USE BY INDIVIDUALS WITH AGE-RELATED HEARING LOSS NO WORSE THAN MILD-TO-MODERATE.

JUST LIKE TWO DAYS AGO, THE FDA JUST APPROVED THE FIRST OVER-THE-COUNTER HEARING TEST. YOU WILL BE ABLE TO GO INTO LIKE A CVS -- I DON'T KNOW WHERE THEY ARE GOING TO DISTRIBUTE THESE, MAYBE ON LINE -- BUY THIS, PUT INTO A COMPUTER, PUT ON THE HEADPHONES, HEAR THE SOUNDS -- LIKE IN AN AUDIOLOGIST'S OFFICE -- AND PUSH A BUTTON, AND IT WILL AUTOMATICALLY PRINT YOUR AUDIOGRAM. PRETTY SIMPLE.

THIRD RECOMMENDATION -- AGAIN, THIS IS GETTING PRETTY TECHNICAL. IT REFERS TO THE EYEGLOSS RULE. (READING FROM POWERPOINT): FTC REQUIRE AUDIOLOGISTS AND HEARING AID DISPENSERS WHO PERFORM STANDARD DIAGNOSTIC HEARING TESTS AND HEARING AID FITTINGS, TO PROVIDE CUSTOMER WITH A COPY OF THEIR AUDIOGRAM AND PROGRAMMABLE AUDIO PROFILE FOR A HEARING AID AT NO ADDITIONAL COST AND IN A FORM THAT CAN BE USED BY OTHER DISPENSERS AND OTHER HEARING AID VENDORS.

WHICH BASICALLY MEANS YOU ARE GOING TO GO IN AND IF YOU JUST WANT TO GET A HEARING TEST, YOU WILL PAY A HUNDRED BUCKS OR WHATEVER IT IS, AND YOU WILL HAVE YOUR OWN PROFILE AND BE ABLE TO TAKE IT WITH YOU AND SHOP AROUND. YOU WILL BE ABLE TO GO ON LINE. YOU WILL BE TO BE ABLE SEND THAT TO A COMPANY THAT CAN MAYBE PROVIDE HEARING AIDS IN THE MAIL. THEY WILL PROGRAM YOUR HEARING AIDS FOR YOU, AND YOU MAY GET EAR MOLDS FROM THE AUDIOLOGIST OR SOME OTHER PERSON.

HEARING AIDS MAY BE SENT TO YOU. YOU WILL OWN YOUR PROFILE, BASICALLY.

FOURTH RECOMMENDATION IS SIMILAR TO THE CONTACT LENS RULE (READING POWERPOINT): FTC SHOULD DEFINE A PROCESS BY WHICH PATIENTS MAY AUTHORIZE HEARING AID VENDORS IN-STATE OR OUT-OF-STATE, TO OBTAIN A COPY OF THEIR HEARING TEST RESULTS AND PROGRAMMABLE AUDIOGRAM PROFILE FROM ANY AUDIOLOGIST OR HEARING AID DISPENSER WHO PERFORMED SUCH TEST AND REQUIRE THE TESTERS FURNISH RESULTS AT NO ADDITIONAL COST.

BASICALLY WHAT I JUST TALKED ABOUT IS YOU ARE GOING TO BE ABLE TO CONTACT SOMEBODY -- MAY BE OUT OF STATE -- AND SAY "I WANT YOU TO HAVE MY PROFILE." IF I DON'T HAVE IT, YOU CAN TELL THEM WHO HAS IT, AND THEY HAVE TO GIVE IT TO THAT COMPANY.

AGAIN, WHAT THEY WANT TO MAKE CLEAR, IT'S IMPORTANT TO EMPHASIZE THAT PCAST DOES NOT FAVOR WEAKENING FDA OVERALL FRAMEWORK FOR MEDICAL DEVICES. AND EACH DEVICE MUST BE CONSIDERED IN CONTEXT OF THE RELATIVE RISK.

THE CONCERN HERE IS FOCUSED ON THE SPECIAL CIRCUMSTANCES CONCERNING NON-SURGICAL AIR CONDUCTION DEVICES INTENDED TO ADDRESS BILATERAL, GRADUAL ONSET, MILD-



TO-MODERATE AGE-RELATED LOSS. THESE REGULATIONS HAVE BEEN IN PLACE SINCE 1976, WHERE DRAMATIC ADVANCES IN CONSUMER ELECTRONICS HAVE TRANSFORMED AUDIO PRODUCTS (READING POWERPOINT): WHERE THE MEDICAL RISKS ARE EXTREMELY LOW AND WHERE THE NEEDS OF TENS OF MILLIONS OF AMERICANS ARE NOT BEING ADEQUATELY MET BY THE EXISTING MARKET. THAT'S WHAT THEY ARE AFTER.

NO COMPROMISE IN SAFETY.

SO IN SUMMARY, THE PCAST FINDS THAT THE COSTS AND RISKS OF INACTION WITH RESPECT TO UNTREATED HEARING LOSS IN THE AGING U.S. POPULATION IS VERY LARGE. THAT'S THE RISK OF NOT TREATING IT, NOT DOING SOMETHING. PCAST FINDS THAT THE UNNECESSARILY HIGH PRICE OF HEARING AIDS FOR INDIVIDUALS AND THE CONSPICUOUSLY SLOW PACE OF INNOVATION BY THEIR MANUFACTURERS COMPARED WITH OTHER CONSUMER ELECTRONICS ARE CONSEQUENCES OF A CONCENTRATED AND INCREASINGLY VERTICALLY INTEGRATED INCUMBENT INDUSTRY. THE BIG SIX, OPERATING IN THE CONTEXT OF LONG-STANDING FEDERAL AND STATE REGULATIONS THAT APPEAR TO DISCOURAGE POTENTIAL NEW RETRANSMITS, DISCOURAGES INNOVATION. PCAST RECOMMENDS SPECIFIC ACTIONS BY FDA AND FTC THAT WOULD HAVE THE EFFECT OF OPENING UP THE MARKET FOR RAISING POSSIBLE AWARENESS AND INCREASING CONSUMER CHOICE.

WHAT'S HLAA'S INTEREST IN THIS? HLAA STRONGLY SUPPORTS RECOMMENDATIONS OF PCAST REPORT; FROM THEIR NATIONAL WEBSITE. AGING AMERICA AND HEARING LOSS, IMPERATIVE OF IMPROVED HEARING TECHNOLOGIES, STRONGLY SUPPORTS IT.

FINDINGS OF THIS REPORT ARE CLEARLY IN LINE WITH HLAA'S MISSION WHICH IS TO OPEN THE WORLD OF COMMUNICATION TO PEOPLE WITH HEARING LOSS.

NOW, ONE OF THE BIG ISSUES THAT CAME UP IS THAT THERE IS GOING TO BE CHANGE, AND AS YOU CAN PROBABLY IMAGINE, THE HEARING AID COMPANY AND AUDIOLOGISTS ARE AGAINST THIS KIND OF CHANGE BECAUSE THEY DON'T WANT COMPETITION. SO WHAT DR. CASSEL BASICALLY SAID -- HLAA HAD A WEBCAST ON THIS, AND SHE WAS RESPONDING TO SOME OF THE QUESTIONS AND SAID THERE ARE GOING TO BE WINNERS AND WILL BE LOSERS, IN THIS CASE, BUT WE BELIEVE THAT THE WINNERS ARE GOING TO BE THE CONSUMERS WITH HEARING LOSS. AND POSSIBLY THERE MIGHT BE A MORE OF A FOCUS ON THE PATIENT NEEDS. I THINK WE'VE ALL DISCUSSED THAT MANY TIMES. IT'S GOING TO BE CHANGED.

SO NEXT QUESTION IS, WHAT CAN WE DO? WHAT IS HLAA'S ACTION POSITION? NOW, HLAA CHAIRPERSON MEG WALLHAGEN, PROFESSOR AND INTERIM CHAIR OF DEPARTMENT OF PHYSIOLOGICAL NURSING AT UCSF, SAID (READING): ACHIEVING THE PCAST RECOMMENDATIONS IS A FOCUS OF HLAA, NO DOUBT. BUT WE ARE

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ALSO HOPING TO LOOK AT THESE RECOMMENDATIONS IN RELATION TO THE RECOMMENDATIONS THAT ARE ANTICIPATED TO COME FROM THE IOM REPORT DUE IN MAY 2016.

IOM IS THE INSTITUTE ON MEDICINE –

>> IT'S ON THE NEXT ONE.

>> KEN: I BELIEVE.

SO BASICALLY, THEY ARE DOING A REPORT THAT'S NOT JUST FOCUSED ON TECHNOLOGY, BECAUSE WE ALL KNOW HEARING LOSS IS A LOT MORE THAN JUST TECHNOLOGY. SO THEY ARE DOING A REPORT ON WHAT ELSE BESIDES TECHNOLOGY THAT WE CAN DO TO HELP IMPROVE HEARING LOSS. SO THEY WANT TO GET THAT REPORT, WHICH IS A HUGE REPORT, AND TO COME UP WITH A STRATEGY, AN ACTION STRATEGY.

SO BASICALLY WE WAIT, THAT COORDINATING THESE EFFORTS DEPENDING ON WHAT RECOMMENDATIONS ARE WILL BE A POTENTIALLY HELPFUL STRATEGY (READING): GIVEN THAT THE PCAST SET OF RECOMMENDATIONS FOCUSED ESPECIALLY ON TECHNOLOGY, AND WE WANT TO ASSURE THAT THE FULL SPECTRUM OF HEARING HEALTH CARE IS BEING CONSIDERED, WITH AN EMPHASIS ON THE NEEDS OF THE INDIVIDUAL AND HIS OR HER FAMILY.

STRAIGHT FROM AN EMAIL FROM HER. SO WE WAIT. INSTITUTE OF MEDICINE. DIVISION OF THE NATIONAL ACADEMY OF SCIENCES AND MEDICINE.

SO WHAT CAN WE DO? WE CAN WAIT FOR THE HLA NATIONAL STRATEGY. BUT IT'S FUNNY, ANNA, IN OUR WEBCAST, ASKS THE PRESENTERS IN THE WEBCAST THAT VERY QUESTION.

THE CO-CHAIR, DR. CHRISTINE CASSEL, NATIONAL QUALITY FORUM PCAST AGING AND TECHNOLOGY STUDIES, SAID CONTACT YOUR REPRESENTATIVE. THESE ARE JUST RECOMMENDATIONS. NOW, THE PRESIDENT, HE CAN IMPLEMENT THOSE RECOMMENDATIONS THROUGH EXECUTIVE ORDER OR WHATNOT, BUT HE CAN TRY. BUT HAVING LEGISLATION, HAVING A REPRESENTATIVE PUSH THIS AND MAKE IT HAPPEN IS WHAT SHE RECOMMENDED.

SO DO WE WANT TO DO THIS, WHEN THE TIME COMES, AS A CHAPTER? OUR VOICES ARE STRONGER WHEN WE MAKE THEM HEARD TOGETHER. WE CAN DO THIS AS A CHAPTER. AND I THINK THIS IS SOMETHING THAT WE SHOULD TALK ABOUT AND DISCUSS. AND I THINK WE ARE GOING TO HAVE A CHAPTER MEETING TO DISCUSS THE FUTURE OF THIS CHAPTER IN A COUPLE MONTHS.

ANOTHER THING THAT WE CAN DO IS IN THE LEADERS' LIST SERVE WHERE HLA CHAPTER LEADERS IN THE COUNTRY, SOMETHING POPPED UP, AND IN NEW MEXICO THERE IS PUSH FOR LEGISLATION PROPOSING A.D.A. ASSISTIVE LISTENING TECHNOLOGY COUNSELING BY HEARING CARE PROVIDERS. (READING) THE HEARING AID TECHNOLOGY, PUSHING BASICALLY INDUCTION LOOPS. WE ARE ALL USING IT RIGHT NOW.

BUT SOMEBODY RESPONDED, VERY, VERY WISE WISDOM, AND SAID WE NEED A SIMILAR INITIATIVE HERE IN CALIFORNIA, BUT I THINK IT NEEDS TO APPLY TO ALL TYPES OF ASSISTIVE LISTENING TECHNOLOGY, INCLUDING CAPTIONING, MOBILE PHONE APPS, AND THE FULL RANGE OF HELPFUL GADGETS. THERE IS NO ONE-SIZE-FITS-ALL. THE POINT OF OUR INITIATIVE SHOULD BE THAT HEARING AIDS ARE ONLY A PARTIAL SOLUTION. AND THAT AS OUR ONE TOUCHPOINT FOR INFORMATION ON HOW TO DEAL WITH HEARING LOSS, OUR HEARING CARE PROFESSIONALS HAVE A DUTY TO CARE TO PROVIDE US WITH INFORMATION, ESPECIALLY INCLUDING SUPPORT GROUPS AND COUNSELING, BECAUSE AS WE HAVE ALL LEARNED, HEARING LOSS IS A QUALITY-OF-LIFE ISSUE. WITHOUT GUIDANCE AND SUPPORT IT CAN BE EMOTIONALLY DEVASTATING. THAT WISE PERSON IS OUR OWN MITZI.

SO I WILL LEAVE YOU WITH A QUOTE FROM ANOTHER VERY WISE PERSON "BE THE CHANGE YOU WISH TO SEE IN THIS WORLD." THE END.  
[APPLAUSE]

YOU HAVE SOMETHING TO SAY ABOUT THIS?

>> WENDI: WELL, THAT WAS QUITE A BIT OF INFORMATION AND A WONDERFUL PRESENTATION. THANK YOU, KEN, FOR GETTING ALL THAT TO US. I WAS NOT FAMILIAR WITH PCAST AT ALL, SO I FEEL DULY ENLIGHTENED TODAY. SO THANK YOU VERY MUCH.

IT DID COVER A LOT OF GROUND. AND AS WE ALL KNOW, HEARING LOSS IS VERY COMPLEX, AND SO EVEN – AND THERE WERE SO MANY POINTS. IN A WAY, I UNDERSTOOD IT WAS GOOD TO GET THROUGH THE PRESENTATION, GET TO TALKING. WE MAY NEVER FINISH. BUT BY THE SAME TOKEN, THERE WERE SO MANY THINGS TO TALK ABOUT, AND EACH POINT IS EQUALLY IMPORTANT. THEN AGAIN, MY BRAIN IS NOT WHAT IT ONCE WAS. SO THINGS I THOUGHT ABOUT FIVE MINUTES AGO, SO STARTING WITH THE NEW MEXICO INITIATIVE ABOUT HEARING AIDS AND THAT.

WHILE I COMPLETELY AGREE WITH WHAT WISE MITZI SAID, I THINK, THOUGH, THAT WHAT THEY ARE DOING IS JUST A VERY SMALL STEP, BECAUSE EVERYTHING IS SO COMPLICATED. AND MY UNDERSTANDING OF THAT IS RIGHT NOW WHEN WE GO TO OUR AUDIOLOGISTS, GOOD, BAD, OR WHATEVER -- SAY IT'S A DECENT ONE -- THERE ARE TOO MANY PEOPLE WHO HAVE PURCHASED A HEARING AID, WALKED OUT OF THAT OFFICE AND HAVE NO IDEA ABOUT A T-COIL. AND THAT IS UNCONSCIONABLE, BECAUSE A, IT'S BEEN AROUND FOR QUITE A LONG TIME, AND B, IT IS THE DIRECT LINK TO THE ASSISTIVE DEVICES THAT ARE ACTUALLY ALREADY AVAILABLE. SO I THINK IN NEW MEXICO WHAT THEY ARE SAYING IS THAT THE FIRST STEP IS EVERY AUDIOLOGIST HAS TO BE ACCOUNTABLE FOR INFORMING THEIR PATIENTS OF THAT ASPECT OF THEIR HEARING AID. THAT HAS TO BE DONE.

AND THAT SHOULD BE THEIR JOB, BECAUSE IF YOU ARE SELLING A HEARING AID THAT COSTS SEVERAL THOUSAND DOLLARS -- AND I AM

TRYING NEW HEARING AIDS NOW AS WELL. AND I ASK "HOW MUCH ARE THESE?" THAT'S ALWAYS A TRICKY QUESTION. HE DID TELL ME THEY ARE \$4400 EACH, FOR A TOTAL OF \$8800. BUT HE'S CHARGING ME \$6800 -- SOMETHING LIKE THAT -- SO THESE NUMBERS VARY DEPENDING WHO YOU ARE, WHO THEY ARE, WHICH ONES. I AM TRYING OTICON. BUT THE THING ABOUT THE A.D.A. AND THE TELECOIL IS VERY IMPORTANT.

AT THIS POINT IN THE LIFE OF HEARING AIDS, NO ONE SHOULD NOT HAVE A HEARING AID WITH A TELECOIL AND IT NOT BE ACTIVATED AND THEY NOT BE FULLY INFORMED OF HOW THAT WORKS. AND I THINK THAT IS KIND OF A SMALL STEP.

BUT THE OTHER PART OF ALL THOSE THINGS, MAYBE EVEN TAKING IT TO THE STEP WHERE THE AUDIOLOGIST'S OFFICE IS LOOPED SO THEY CAN TRY IT OUT IN THEIR OFFICE -- ALTHOUGH THEY DO GIVE YOU LIKE A NECK LOOP TO TRY SOMETHING OUT -- AND OF COURSE, THOSE DEVICES ARE, LIKE YOU SAID, HUNDREDS OF DOLLARS MORE. IT'S A COMPLEX THING. JUST TO ANSWER THAT.

THE OTHER THING I WAS GOING TO SAY IS THAT THE MORE WE EXPECT FROM AUDIOLOGISTS AND PROFESSIONALS, THE MORE MONEY IT PROBABLY COSTS, BECAUSE THERE IS A COST. BUILT INTO THE COST OF MY HEARING AIDS IS HIS TIME, HIS RENT UP ON WILSHIRE BOULEVARD, AND ALL OF THOSE THINGS --

>> HIS MERCEDES.

>> WENDI: I AM NOT SURE WHAT HE DRIVES.

HIS TRAINING. HE HAS MORE THAN HALF A DOZEN ACKNOWLEDGEMENTS OF HIS EXPERTISE. AND I UNDERSTAND THAT, BECAUSE HE HAS TO MAKE A LIVING AS WELL. SO THAT IS WOVEN INTO THE COST OF THAT.

I AM SORRY TO HOG UP THE MIC. ALL THIS RELATES TO HEARING AIDS. HE DID OFFER ME A CHOICE TO TRY, BUT THEY DO HAVE A TENDENCY TO STEER YOU TO ONE BRAND. I HAVE TO SAY THAT, BECAUSE RIGHT NOW I AM TRYING A LATER VERSION OF THE ONES I ALREADY HAD.

BUT ONE OF THE REASONS THAT THEY DO THAT, AND I KIND OF UNDERSTAND THAT AS WELL, IS THAT YOUR HEARING GETS -- AND YOUR BRAIN -- DO GET ADJUSTED TO A CERTAIN KIND OF SOUND. SO IF I'VE BEEN WITH OTICON FOR SAY, LAST FOUR YEARS I HAVE HAD THESE, SO WHEN I SWITCH TO A DIFFERENT MANUFACTURER, IT IS A DIFFERENT SOUND AND MAY NOT BE PLEASANT TO ME BECAUSE I HAD SOMETHING SIMILAR. SO THESE WERE A REAL SMOOTH TRANSITION. IT'S SUPPOSED TO HAVE A FEW MORE BELLS AND WHISTLES BECAUSE IT'S A LATER MODEL, AND I AM STILL DETERMINING THAT. BUT THE TRANSITION TO THE NEW SOUND IS SMOOTH. I THINK IT'S BECAUSE I AM STICKING TO OTICON. I HAVE TRIED OTHERS, "OH, THIS DOESN'T SOUND LIKE MY VOICE." SO JUST TO ANSWER SOME OF THAT, I THINK THAT IS ONE OF THE REASONS THEY KIND OF STEER YOU TO THE SAME

BRAND. LIKE PEOPLE WHO LIKE A CERTAIN KIND OF CAR OR PHONE, SO SOME OF THIS IS JUST THE WAY YOU DO THINGS.

I GUESS I'VE TALKED LONG ENOUGH NOW.

>> I WANT TO KNOW WHO FUNDS THIS – THE PCAST.

>> KEN: IT'S THE FEDERAL GOVERNMENT. IT'S – PCAST HAS BEEN AROUND FOR DECADES. BUT BASICALLY, FROM WHAT I UNDERSTAND, THAT PRESIDENTS HAVE NOT REALLY UTILIZED IT. BUT NOW WITH THE TREMENDOUS CHANGE IN TECHNOLOGY AND HOW MUCH IT'S A PART OF OUR LIVES NOW, AND THIS ADMINISTRATION HAS REALLY REACHED OUT AND GOT PEOPLE FROM UNIVERSITIES ALL OVER, AND EXPERTS ALL OVER THE NATION TO TRY TO HELP SOLVE SOME OF OUR PROBLEMS USING TECHNOLOGY. AND HEALTH CARE IS A MAJOR PROBLEM.

>> MARCIA: I AM NOT TALKING ABOUT THE AUDIOLOGISTS AT THIS POINT. MY CONCERN IS ABOUT THE LAYMAN BEING A HEARING AID DISPENSER. WHAT PROTECTION ARE WE WHO ARE HARD-OF-HEARING GOING TO HAVE? ARE THESE PEOPLE GOING TO BE TRAINED IN ARE YOU GOING TO COSTCO? YOU SAID YOU CAN GET AN AUDIOGRAM THROUGH A TECHNOLOGY AND TAKE IT AND GET IT IMPLEMENTED. I AM KIND OF WORRIED ABOUT THAT. I AM SURE THERE WILL BE GUIDELINES FOR THESE PEOPLE WHO SELL HEARING AIDS OVER THE COUNTER. WHAT QUALIFICATIONS ARE THEY GOING TO HAVE? WHAT INSURANCE ARE THEY GOING TO HAVE? WILL THEY BE ABLE TO GO BACK AND HAVE IT CHECKED? THERE ARE A THOUSAND THINGS WE CAN TALK ABOUT JUST WITH THE OVER-THE-COUNTER TYPE OF TREATMENT. I AM SURE THIS HAS COME UP.

>> KEN: THERE ARE SO MANY ISSUES THAT STILL NEED TO BE IRONED OUT. AND THOSE QUESTIONS ARE GREAT QUESTIONS, AND ABSOLUTELY SOMETHING I BELIEVE AFTER THE REPORT COMES OUT THAT HLAA WILL BE WEIGHING IN ON.

WE WANT CHEAPER HEARING AIDS AND ACCESSIBILITY, BUT WE DON'T WANT IT TO BE WILD WEST. SO THERE NEEDS TO BE RULES OF ANY GAME THAT IF WE ARE GOING TO DO THIS, YOU KNOW, THINGS HAVE TO BE TRUTHFUL. THERE NEED TO BE RETURN POLICIES. AND WE NEED TO BE PROTECTED. BECAUSE AS YOU KNOW, THE AMERICAN ENTREPRENEUR, IT'S GOING TO BE AN ONSLAUGHT. SO WE SHOULD DEFINITELY WEIGH IN ON THAT.

>> MITZI: TO TALK TO WHAT YOU WERE SAYING. RIGHT NOW IN CALIFORNIA YOU HAVE TO HAVE A HEARING AID DISPENSER'S LICENSE TO SELL HEARING AIDS AND FIT THEM. EVERYONE ASSUMES THAT AN AUDIOLOGIST AUTOMATICALLY HAS THAT DESIGNATION. THEY DON'T. GRACE AND I ATTENDED A MEETING OF THE AUDIOLOGIST BOARD WHEN IT WAS HELD IN SOUTHERN CALIFORNIA LAST YEAR. AND WE HAD THE PRESIDENT OF THE TRADE GROUP FOR AUDIOLOGISTS IN CALIFORNIA. AND WHEN THIS CAME UP DURING THE MEETING, SHE WAS SHOCKED BECAUSE SHE DOESN'T HAVE A HEARING AID



DISPENSER'S LICENSE, AND FOR YEARS SHE'S BEEN FITTING AND SELLING HEARING AIDS.

IT SEEMS WEIRD, BUT AUDIOLOGISTS WHO SUPPOSEDLY HAVE MORE TRAINING AND MORE YEARS OF EDUCATION AREN'T ACTUALLY ALLOWED TO SELL HEARING AIDS UNLESS THEY ALSO GET THE HEARING AID DISPENSER'S LICENSE. WHEREAS SOMEBODY WITH A LOT LESS TRAINING THAT GOES AND GETS A HEARING AID DISPENSER'S LICENSE CAN. I KNOW IN MY EXPERIENCE, I DIDN'T REALIZE IT AT THE TIME, BUT THE FIRST TWO PEOPLE I DEALT WITH FOR HEARING AIDS WERE JUST HEARING AID DISPENSERS, AND I DIDN'T GET GREAT TRAINING OR GREAT HELP. I ALSO HAVE GONE TO A FULL AUDIOLOGIST AND HAVEN'T GOT GREAT TRAINING AND HELP.

YOU TALKED TO ONE BRAND. MAYBE YOU ADAPTED TO A CERTAIN BRAND'S SOUND. BUT WHAT ABOUT THE FIRST TIME YOU GOT YOUR HEARING AIDS? WERE YOU ALLOWED TO COMPARE DIFFERENT HEARING AIDS AT THE SAME TIME? THE USUAL OCCURRENCE IS THEY TELL YOU ABOUT THE DIFFERENT HEARING AIDS THEY SELL AND YOU PICK IT, FIT IT, AND HAVE 30 DAYS TO DECIDE WHETHER YOU LIKE IT OR NOT. YOU DON'T KNOW IF IT'S BETTER THAN THE OTHERS.

ONLY ONE AUDIOLOGIST HERE I KNOW, HE HAS AT LEAST THREE, SOMETIMES FOUR DIFFERENT BRANDS PROGRAMMED FOR YOU, AND YOU GET TO COMPARE THEM IN HIS OFFICE. AND HE ALSO GIVES YOU DIFFERENT HEARING CONDITIONS, NOT JUST THE SITTING NEXT TO HIM IN THE QUIET OF HIS OFFICE AND TALKING. HE PROVIDES BACKGROUND NOISE AND MUSIC, ALL SORTS OF CONDITIONS. AND YOU GET TO COMPARE THEM NEXT TO EACH OTHER AT THE SAME TIME, NOT 30 DAYS APART ONE AT A TIME IN A VERY SUBJECTIVE WAY.

I ALSO WASN'T JUST BEING RUDE BEING ON MY PHONE WHILE YOU WERE TALKING. I WAS LOOKING UP TRYING TO BUY HEARING AIDS IN EUROPE, AND SLOW, BUT I DID FIND A SITE IN – SEEMS TO BE IN THE UK, BECAUSE THEY GIVE THE PRICE IN POUNDS. THE HIGHEST-END PHONAK WAS £1295, BUYING IT PRIVATELY.

HOW MUCH DID YOU SAY YOURS WERE?

>> KEN: I GOT THE MAGIC PRICE, TOO, OF \$6800. AND IF YOU ADD ON ALL THE GADGETS, IT GETS EXPENSIVE REALLY FAST.

>> MITZI: SO THIS WOULD HAVE BEEN ABOUT \$3600 FOR BOTH, BUT BUYING IT IN THE UK. AND IT'S NOT NECESSARILY THE CHEAPEST PLACE TO BUY IT EITHER. BUT THAT'S WHAT WE ARE LOOKING AT HERE.

>> KEN: IS THAT COVERED BY INSURANCE? I THOUGHT THEY WERE COVERED BY INSURANCE IN EUROPE.

>> MITZI: DEPENDS WHICH PLAN YOU ARE UNDER. IN THE UK YOU HAVE NATIONAL HEALTH, AND THEY DON'T NECESSARILY PROVIDE YOU WITH THE TOP-END ONES. THAT'S ONE THING WITH SINGLE PAYER. SO YOU CAN GO OUT ON YOUR OWN AND BUY YOUR OWN AND PAY MORE FOR THE TOP-OF-THE-LINE FANCIEST ONES. USUALLY

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THROUGH THE HEALTH PLANS YOU DON'T GET FANCIEST MODELS, OR SOMETIMES YOU PAY A PREMIUM AND GET THEM.

THIS IS JUST A QUICK SEARCH. IT'S THAT MUCH CHEAPER. SO THAT 3600 COMPARED TO 6800, AND I ASSUME YOU ARE TALKING TOP-OF-THE-LINE ONES.

>> KEN: YEAH, I NEED THEM.

>> MITZI: WE ALL WANT THE BEST BECAUSE WE LIVE ON THE EDGE. EVERY LITTLE BIT HELPS US, WE PAY MORE.

>> KEN: I WANT TO INTERRUPT. LET'S TAKE A BREAK AND GIVE JANE A BREAK. WE WILL GET FOOD, COFFEE, GET REJUVENATED AND COME BACK AND CONTINUE THIS DISCUSSION.

>> ANDREA: I WANT TO INTRODUCE MYSELF. I AM ANDREA KLINK, ALAN'S MOTHER. I KNOW HE CAME HERE FOR MONTHS AND MONTHS AND REALLY ENJOYED THE GROUP. HE DID PASS AWAY IN AUGUST, AND WE STILL DON'T KNOW THE REASON WHY.

I WANT TO THANK EVERYBODY FOR SUPPORTING HIM, HELPING HIM AND ME TO STOP YELLING AT EACH OTHER, AND BECAUSE HE REALLY ENJOYED COMING HERE. HE ENJOYED TALKING WITH PEOPLE. SO I JUST HOPE THAT HE'S MADE AN EFFECT IN YOUR LIVES TOO. BECAUSE HE LOVES PEOPLE, AND HE LOVES THE LORD, AND I KNOW HE'S WAITING FOR ME IN HEAVEN. BUT I JUST THANK YOU ALL VERY MUCH.

I DO HAVE SOME OF THE BROCHURES FROM THE SERVICE HERE IF ANYONE WOULD LIKE TO TAKE ONE HOME. IT HAS HIS PICTURE.

JUST THANK YOU, EVERYBODY.

[APPLAUSE]

>> KEN: ALL RIGHT. LET'S EAT.

[BREAK]

>> LISA: WILL EVERYONE SIT DOWN? WE ARE GOING TO GET STARTED AGAIN.

>> KEN: TESTING.

I THINK WE ARE GOING TO GET STARTED AGAIN.

ARE WE ALL REJUVENATED? THAT CHOCOLATE CAKE IS AMAZING OUT THERE.

SO SHALL WE START?

>> LISA BETH: I WAS GOING TO CONTINUE ABOUT THE OVER-THE-COUNTER INITIATIVE. SELF, FOR PEOPLE NOT HEARING AS WELL AS THEY USED TO. SPOUSE COMPLAINS, THEY HAVE THE MORE SIMPLE AGE-RELATED. AND THOSE PEOPLE ARE NOT GOING TO GO TO THE AUDIOLOGISTS, SO IT'S NOT GOING TO CUT INTO THEIR INCOME AT ALL. AND IT GIVES THE HEARING AID MANUFACTURERS A BIGGER MARKET. SO THEY ARE ACTUALLY SHOOTING THEMSELVES IN THE FOOT SQUAWKING ABOUT THIS INITIATIVE TO EXPAND AND TO HAVE THE OTC.

THOSE PEOPLE WHO ARE GOING TO GET THAT ARE NEVER, EVER GOING TO WALK INTO THE AUDIOLOGIST'S OFFICE.

>> KEN: WELL, THEY – I THINK THE HEARING AID COMPANIES – THE PEOPLE THAT I'VE HEARD THE BIGGEST OPPOSITION FROM ARE THE AUDIOLOGISTS. AND I KNOW THE HEARING COMPANIES – I DON'T THINK I'VE ACTUALLY SEEN AN OFFICIAL RESPONSE FROM THE HEARING AID COMPANIES THEMSELVES. BUT THE AUDIOLOGISTS, THE DIFFERENT ORGANIZATIONS THAT REPRESENT THEM, THEY DEFINITELY COME OUT STRONGLY AGAINST IT.

>> LISA BETH: THEIR OPPOSITION SHOULD BE IRRELEVANT BECAUSE THESE PEOPLE WEREN'T GOING TO BECOME CUSTOMERS OF THEIRS; THEY WILL ISOLATE THEMSELVES AND TURN UP THEIR TVs, UNLESS THEY'VE ISOLATED THEMSELVES SO MUCH UNTIL DEMENTIA COMES ON. THEY WERE NOT GOING TO BE GENERALLY HEARING AID CUSTOMERS. BUT HAVING STARTED THIS, MIGHT ACTUALLY CARE ABOUT THEIR HEARING HEALTH. AND IF IT DOES BECOME MORE COMPLEX, MIGHT GO TO AN AUDIOLOGIST. BUT THEY DON'T HAVE A CLUE THAT ANYTHING WILL HELP THEM HEAR BETTER INITIALLY, THEY WILL NEVER BECOME AN AUDIOLOGIST'S PATIENT.

THE OTHER THING IS, MOST OF THE HEARING AID MANUFACTURERS ARE NOW IN EUROPE. THAT COULD BE GOOD FOR INNOVATION BECAUSE THE EUROPEANS WERE NEVER INTO LAND LINE PHONES. THEIR FIRST PHONE USUALLY WAS THE MOBILE PHONE, SO THEY ARE MORE WANTING OF THE THINGS THAT HOOK UP WITH THAT. SO THAT CAN HELP THE INNOVATION SOME.

>> WENDI: TURN YOUR PROJECTOR OFF SO YOUR BULB DOESN'T GO OUT.

>> JANE: ALSO IT'S HUMMING.

>> WENDI: OKAY. I THINK I WAS GOING TO SAY SOMETHING, BUT I HAD KEN ON MY MIND.

TO ADDRESS MARCIA, I THINK THAT WHAT THE PCAST IS REALLY LOOKING AT, IT REALLY DOESN'T SEEM TO AFFECT ANYBODY WHO HAS ANYTHING BEYOND A MODERATE HEARING LOSS. THEY SEEM TO BE FOCUSING ON THAT VERY SMALL LEVEL OR LOW LEVEL OF HEARING LOSS, AND I THINK THAT'S A GREAT WAY TO START BY AT LEAST ADDRESSING THE NEEDS OF PEOPLE WHO HAVE A VERY SMALL HEARING LOSS.

BUT THE PROBLEM WITH IT IS – YOU UNDERSTAND THAT, LIKE WHEN YOU WERE ASKING ABOUT ALL THOSE DIFFERENT WHAT IF'S? -- THOSE WILL BE THE SAME PEOPLE THAT GO INTO CVS AND BUY THOSE READING GLASSES. WILL BE SIMILAR TO HEARING.

THE THING ABOUT OUR EYES AND OUR EARS IS IT CAN SOMETIMES PROGRESSIVELY GET WORSE. SO WHAT MAY HAPPEN, THOSE PEOPLE WHO START OFF WITH OVER-THE-COUNTER MAY HAVE COME TO REALIZE THEIR HEARING LOSS HAS PROGRESSED AND IT'S TIME TO SEE AN E.N.T., AN AUDIOLOGIST, A MORE SPECIALLY-TRAINED

PERSON. SO THEY WILL HAVE TO KNOW WHEN THAT TIME COMES, LIKE THE TIME COMES, "I CAN NO LONGER USE CVS GLASSES BECAUSE I CAN NO LONGER SEE --" UP TO THAT POINT.

PEOPLE WILL GO "OH, MY GOD, I'VE ALWAYS PAID A HUNDRED DOLLARS OR TWO HUNDRED, NOW IT'S TWELVE!" AT THE LOW LEVEL I DON'T THINK IT'S A PROBLEM.

>> JENNA: I THINK THERE ARE TWO ISSUES GOING ON. ONE IS, IN MY OPINION, I THINK THAT THE HEARING LOSS INDUSTRY -- AND IT IS AN INDUSTRY -- IS THE WILD, WILD WEST. THERE IS NO CAP. YOU WANT TO CHARGE \$5500 FOR A HEARING AID? YOU WANT TO CHARGE \$7500? THE AUDIOLOGISTS, NO ONE IS TELLING THEM NO. MANY OF THEM DON'T DO CONTINUING EDUCATION. THEY ARE NOT EDUCATED THE WAY THEY SHOULD BE. A TEACHER IS EDUCATED, A DOCTOR IS EDUCATED. YOU GO OUT INTO THE WORLD AND SELL A MEDICAL DEVICE, AND TALKING ABOUT 80% OF THE PEOPLE NOT BEING FIT PROPERLY, PART OF THAT PROBLEM.

TO GIVE A QUICK EXAMPLE: THOSE OF YOU WHO KNOW ME, I AM A COCHLEAR IMPLANT CANDIDATE, AND I AM NOT READY TO TAKE THAT LEAP YET. BUT MY SISTER TOOK THE LEAP FOUR YEARS AGO. I SAID TO MY AUDIOLOGIST, "AM I FOLLOWING IN THE SAME FOOTSTEPS?" AND I FEEL LIKE I AM HEARING VERY WELL WITH HEARING AIDS. HE SAID, "LET ME SEE YOUR SISTER'S TEST." HE SAID "YOUR SISTER'S HEARING IS WAY BETTER THAN YOURS." THIS WAS HER AUDIOGRAM BEFORE HER IMPLANT. I HAVE NOT TOLD MY SISTER THIS, BY THE WAY, BECAUSE I THINK SHE WOULD BE DEVASTATED. WHEN I LOOKED AT THE AUDIOGRAM, I THOUGHT HER HIGH FREQUENCIES WERE ALMOST IN THE NORMAL RANGE, WHICH LEADS ME TO BELIEVE THAT ALL THOSE YEARS SHE WAS FITTED WITH THOSE CRAPPY HEARING AIDS, "I CAN'T HEAR, I THINK I NEED A COCHLEAR IMPLANT," PEOPLE AREN'T GETTING THE RIGHT MEDICAL ASSIST TO UNDERSTAND, "ARE YOU A TRUE COCHLEAR IMPLANT CANDIDATE OR NOT?" AND THERE ARE, OBVIOUSLY, TRUE COCHLEAR IMPLANT CANDIDATES, BUT THERE ARE ALSO A LOT OF PEOPLE WHO ARE NOT. SO THEY ARE NOT BEING FIT PROPERLY. "YEAH, I CAN'T HEAR ANYTHING, I MUST BE A COCHLEAR IMPLANT CANDIDATE."

I THINK THAT WHOLE SONG IS ONE OF OUR BIGGEST PROBLEMS. AND I ASKED MY AUDIOLOGIST, "JUST TELL ME HOW MUCH THIS HEARING AID COST TO MAKE?" I SAID "LESS THAN A HUNDRED BUCKS?" AND HE SAID, "YEAH." SO WE ARE BEING RIPPED OFF. SORRY, BUT WE JUST ARE.

SECOND ISSUE IS, I GOT IN TOUCH WITH THE GAL WHO GAVE THE PCAST WEBINAR FOR THE HCAA. I SAID I COULD HAVE WRITTEN THIS BECAUSE THIS IS EVERYTHING I'VE BEEN SAYING, EXCEPT YOU ARE FOCUSING ON THIS PORTION OF THE POPULATION THAT HAS A MILD HEARING LOSS. BUT THERE ARE 40 MILLION PEOPLE WITH A WORSE HEARING LOSS, AND NOBODY IS ADDRESSING US. AND WE ARE NOT

ALL OVER – WE ARE NOT ALL SENIORS; THERE ARE BABIES, PEOPLE MY AGE, PEOPLE IN THEIR 20s, 60s. IT'S A UNIVERSAL PROBLEM. I SAID TO HER, "I HOPE IN THE FUTURE THAT YOU ADDRESS MORE THAN JUST THIS TINY BIT OF THE POPULATION BECAUSE MY BIGGEST THING" ASIDE FROM EVERYTHING I JUST SAID, WAS "I DON'T UNDERSTAND WHY HEARING AIDS ARE NOT WATERPROOF." WE HAVE HAD WATERPROOF SPEAKERS SINCE THE 1970s. IT IS NOT DIFFICULT – I SAID I HAVE TO GO INTO MY SHOWER, INTO THE OCEAN, I HAVE TO GO INTO A SWIMMING POOL COMPLETELY DEAF. ASIDE FROM NOT BEING ABLE TO COMMUNICATE WITH PEOPLE, IT'S INCREDIBLY DANGEROUS. YES?

>> KEN: I AM ACTUALLY TOLD THAT IN SIX MONTHS HEARING AIDS ARE ALL GOING TO BE WATERPROOF, BUT YOU HAVE TO PAY AN EXTRA THOUSAND DOLLARS FOR IT – I'M JUST KIDDING.

[LAUGHTER]

>> JENNA: I WOULD THROW SOMETHING IF I HAD IT. THANK YOU. BUT YOU KNOW WHAT – I SAID THAT TO HER, IT'S DANGEROUS, I CAN'T GO INTO THE OCEAN AND FEEL SAFE BECAUSE I AM SWIMMING AROUND AND I AM DEAF. I WROTE TO HER, "THANK YOU FOR WRITING THIS, BUT THERE ARE OTHERS OF US THAT ARE SUFFERING." IT'S SOMETHING TO CONSIDER. SHE WROTE ME BACK RIGHT AWAY, AND SAID "CAN I SEND THIS TO THE PCAST COMMITTEE?" I SAID, "YES, PLEASE DO. I WOULD LIKE FOR ME OR A REPRESENTATIVE TO BE THERE. WE NEED A HEARING-IMPAIRED PERSON ON THESE COMMITTEES." THESE COMMITTEES ARE FILLED WITH PEOPLE WHO ARE HEARING. SO THEY DON'T UNDERSTAND WHAT WE ARE GOING THROUGH, WHAT OUR PLIGHT IS. WHAT I WAS SAYING TO KEN IS THEY DON'T UNDERSTAND HEARING LOSS.

A LOT OF PEOPLE THINK I WILL JUST SPEAK LOUDER. THAT DOESN'T WORK. WHEN I TALKED TO THEM ABOUT SPEECH DISCRIMINATION, THEY JUST DON'T UNDERSTAND. TO ME THAT'S THE OTHER PART OF THE EQUATION, PEOPLE DON'T UNDERSTAND HEARING LOSS, AND PEOPLE SHOULD BE ON THESE COMMITTEES WHO ARE HEARING-IMPAIRED AND CAN BRING THIS TO LIGHT, BASICALLY.

SORRY.

>> GRACE: I DO THINK THAT'S IMPORTANT THAT THERE BE HEARING-IMPAIRED PEOPLE ON ALL THE COMMITTEES, BECAUSE ONE OF THE THINGS I SAY, HEARING PEOPLE JUST DON'T UNDERSTAND. THEY DON'T.

>> MY HUSBAND TALKS. SO I LET HIM TALK. THAT'S IT. TOUGH LUCK. SAME THING WITH DOCTORS. YOU TELL THEM. THEY DON'T REMEMBER, SIT AT THE COMPUTER FOR A HALF HOUR. THEY ASK ME, "DID YOU UNDERSTAND ME?" THE SECOND TIME I TURN – I HAVE IMPLANTS, BOTH OF THEM, NO HEARING AIDS NO MORE, AND LIKE KAISER HOSPITAL, THE INSURANCE DOESN'T CHANGE OUR – EVERY FIVE YEARS. LIKE I HAVE A COCHLEAR 5, THEY WILL NOT CHANGE TO THE NEW ONE. HERE THEY DON'T HAVE THE PARTS NO MORE FOR



FIXING, WHICH I THINK IS VERY WRONG, BECAUSE EVERYBODY DOES IT. AND THE 6 IS WATERPROOF. IT IS NEAT. AND I GO ONLY TO THE POOL. SO REALLY, PEACE AND QUIET THERE, TRUST ME. BUT WHEN PEOPLE TALK, I DON'T KNOW WHAT THEY ARE TALKING ABOUT.

I WONDER WHERE DO YOU LEARN TO GET BETTER – WHERE CAN WE LEARN SIGN LANGUAGE OR – IT'S DIFFERENT. ANYBODY KNOWS HERE WHERE YOU GO TO DO THAT?

>> GLAD?

>> WENDI: SOMEBODY –

>> KEN: YOU HAD A SPECIFIC QUESTION ABOUT THE SIGN LANGUAGE, WHERE [OVERLAPPING SPEAKERS].

>> WENDI: ASKING WHERE SHE CAN GO TO LEARN LIP-READING. WE HAVE HAD THAT BEFORE. JANE WILL PUT IT UP THERE.

>> GRACE: ONE OF THE THINGS THAT'S WEIRD ABOUT KAISER. IT'S PRETTY GOOD. I CAN ASK FOR AN INTERPRETER, BUT I ONLY KNOW ONE WORD, A DIRTY WORD, NOT SURE I DO IT RIGHT.

THAT'S ANOTHER THING, THEY THINK MOST PEOPLE KNOW SIGN LANGUAGE. BUT I THINK MOST OF THEM DON'T.

>> KEN: I WANT TO MAKE A COMMENT ON THE PCAST COMMITTEE. I TALKED TO ONE OF THE MEMBERS, AND I AM SURE THEY DID MORE – ALL THE MEMBERS THAT ARE ON PCAST AND MAYBE, I DON'T BELIEVE ANY OF THEM FOCUS SPECIFICALLY ON HEARING LOSS. I MEAN, THEY ARE GENERALISTS, BUT THEY WILL BE ELECTRICAL ENGINEERS. THIS WOMAN WAS THE HEAD OF THE ELECTRICAL ENGINEERING DEPARTMENT AT BERKELEY. SO THEY'VE BEEN AROUND THE BLOCK A LOT WORKING ON A LOT OF DIFFERENT THINGS. AND SHE WAS TELLING ME WHAT THEY DID. THEY GO TALK TO PEOPLE THAT ARE WORKING ON THE HEARING LOSS ISSUES AND GET THEIR INPUT, AND THEN THEY ANALYZE IT AND THEY FIGURE OUT, OKAY, WHAT CAN BE DONE. AND THEN THEY GIVE RECOMMENDATIONS.

SO I AM ASSUMING THAT THE PEOPLE THAT THEY – AND IT'S A GOOD QUESTION -- IS HOW ARE THEY GETTING INPUT FROM US? AND I THINK IT'S VERY IMPORTANT FROM HLAA'S PERSPECTIVE IS HOW ARE WE PROVIDING INPUT TO FOLKS OF WHAT WE WANT, WHAT WE NEED, WHAT WE ARE DEMANDING, WHAT ARE THEY LEARNING?

I KNOW THE HOUSE INSTITUTE AND OTHER ORGANIZATIONS, THEY INVITE US TO -- YOU GO DO RESEARCH AND WHATNOT, BUT I HAVEN'T REALLY HEARD OF ANYBODY FROM THE HEARING AID TRADE OR AUDIOLOGISTS. COME TO THINK OF IT, AND I'VE SEEN MANY AUDIOLOGISTS. NOT ONE HAS ASKED ME WHAT MY PROBLEMS ARE, WHERE AM I HAVING ISSUES? SO VERY IMPORTANT, HOW DO WE GIVE INPUT SO THEY KNOW WHAT WE WANT AND CREATE THE PRODUCTS AND SERVICES THAT WE NEED?

>> LISA BETH: THAT'S A GOOD POINT. MY AUDIOLOGIST OVER AT THE VA, SHE REMEMBERS ME NOT JUST BECAUSE SHE DOESN'T SEE THAT MANY WOMEN, BUT ALSO I AM THE ONE WHO ASKS QUESTIONS,

TALKS ABOUT THE T-COIL. WHEN I COME IN, SHE KNOWS I WANT A T-COIL AND I WANT IT ACTIVATED. SHE KNOWS I WILL PROBABLY TELL HER AGAIN ABOUT THIS GROUP, BECAUSE – IF IT'S A CHILD, INSURANCE USUALLY WILL COVER HEARING LOSS, PARTICULARLY WHEN THEY ARE VERY YOUNG CHILDREN. AFTER THAT IT'S TOUGH LUCK. YOU ARE ONLY – YOU MAY GET SOME COVERAGE IF IT'S REALLY BAD AND GOES THROUGH THE E.N.T. BUT AUDIOLOGISTS, NO.

SO MOST OF THE MORE MIDDLE-AGE – OR NOT YOUNG PEOPLE, NOT CHILDREN, WHO BECOME HARD-OF-HEARING, YOU HAVE THE SHAME, YOU GO THROUGH IT. PLUS HOW DO YOU COME UP WITH THE MONEY TO PAY FOR IT?

I AM LUCKY I DON'T HAVE TO WORRY ABOUT THE MONEY TO PAY FOR IT, BECAUSE I'VE SERVED IN THE MILITARY. AND THERE ARE OTHERS LIKE ME, BUT WE DON'T GO AROUND – I WORK IN A HARDWARE STORE, CUSTOMER IS LIKE "I CAN'T HEAR." I SAY "I HAVE THE SAME PROBLEM." I WHIP IT OUT LIKE THIS SO THEY KNOW. AND I DO ACTUALLY HAVE THOSE CUSTOMERS COMING BACK TO ME BECAUSE THEY KNOW I CAN HELP THEM. IT'S SILENT. PEOPLE DON'T SEE THAT YOU HAVE HEARING LOSS BECAUSE HOW CAN YOU SEE THAT? SO THEY DON'T KNOW WHERE TO TURN TO.

>> KEN: WE STILL HAVE TO GO OVER CHAPTER BUSINESS. SO LET'S JUST DO A COUPLE MORE RESPONSES IN THE COMMENTS AND WE WILL COVER THE CHAPTER BUSINESS.

>> WENDI: IS YOUR NAME PHYLLIS? DO YOU HAVE AN EMAIL ACCOUNT? IS IT ON THAT SHEET? IF YOU PUT YOUR EMAIL ACCOUNT ON THAT SHEET WE CAN GET INFORMATION TO YOU ABOUT SOME LIP-READING CLASSES. WE'VE TALKED ABOUT THAT SEVERAL TIMES. I DON'T KNOW RIGHT NOW, BUT I DO KNOW THAT THEY OFFER THEM IN PLACES. SO WE CAN FIND THAT OUT FOR YOU.

MY MIND JUST KEEPS SLIPPING –

OH, I WANTED TO SAY TO JENNA, THAT AS FAR AS I KNOW -- AND I HAVE VERY LITTLE EXPERIENCE WITH COCHLEAR IMPLANTS -- BUT EVEN IF YOUR SISTER'S HEARING – OR HER AUDIOGRAMS SAID SHE WAS BETTER THAN YOU OR WHATEVER, AS FAR AS I KNOW THEY ARE NOT SUPPOSED TO FIT SOMEONE WITH A COCHLEAR IMPLANT WITHOUT BEING TRULY ELIGIBLE. KAISER AND THE OTHER PEOPLE DO NOT PERFORM THAT AND DO THAT UNLESS THERE IS AN X AMOUNT OF HEARING DEFICIENCY. SO I DON'T KNOW. BUT I DON'T THINK SHE CAN JUST GET ONE BECAUSE SHE'S HAD TROUBLE WITH BAD HEARING AIDS, I DON'T THINK.

>> JENNA: ALL I CAN SAY IS THAT I AM A COCHLEAR IMPLANT CANDIDATE. I WENT THROUGH THE SAME THING. I COULDN'T HEAR ANYTHING. I FELT LIKE I WAS UNDER WATER. THAT'S WHEN I CAME HERE.

AND MITZI, I REALLY OWE YOU A LOT, BECAUSE YOU TOLD ME ABOUT JEFF GRAMA. WE ARE STILL NOW FOUR MONTHS IN, I HAVE HAD

TWO DIFFERENT (INAUDIBLE) AND I CAN ADJUST EACH HEARING AID SEPARATELY.

ALL I AM SAYING IS, I THINK THAT, AND ADDED THAT ADDENDUM, I THINK THERE ARE PEOPLE THAT NEED COCHLEAR IMPLANTS, BUT I THINK NOT ENOUGH IS BEING DONE TO REALLY UNDERSTAND HEARING LOSS BEFORE YOU GIVE SOMEONE A COCHLEAR IMPLANT.

I DON'T THINK YOU WERE AT THE FIRST MEETING, BUT WHEN I WAS HEARING AT 92% WITH THE POCKET TALKER, THAT'S SCIENCE. A MEDICAL DOCTOR FROM IRVINE TESTED ME WITH THAT FREQUENCY, AND I WENT FROM 4% TO 92%. HOW IS THAT POSSIBLE? IT'S POSSIBLE BECAUSE THEY ARE LOOKING AT ONE PIECE OF INFORMATION AND NOT DOING ENOUGH OUTSIDE THE BOX. AND IT'S ONLY BECAUSE I AM NOT READY TO BE A COCHLEAR IMPLANT CANDIDATE THAT I STARTED BUYING THESE DEVICES TO TRY AND FIGURE THINGS OUT. I AM REALLY NOT SAYING THAT PEOPLE THAT HAVE COCHLEAR IMPLANTS SHOULDN'T HAVE THEM, I AM JUST SAYING THAT THERE ARE COCHLEAR IMPLANT CANDIDATES WHO I FIRMLY BELIEVE COULD HAVE BEEN HELPED BY HEARING AIDS HAD THERE BEEN AN AUDIOLOGIST WHO HAD THE KNOWLEDGE AND THE WHEREWITHAL AND THE PATIENCE THAT JEFF GRAMA HAS, BECAUSE I'VE BEEN WITH HIM NOW FOR FOUR MONTHS TRYING TO PUT THIS PIECE OF THE PUZZLE TOGETHER.

MOST AUDIOLOGISTS HAVE SAID TO ME, "I'VE SEEN YOU FOUR OR FIVE OR SIX TIMES NOW, WE ARE NOT GETTING ANYWHERE." OKAY.

THERE ARE VERY FEW JEFF GRAMAS IN THE WORLD, AND I THINK IF WE HAD MORE PEOPLE LIKE THAT WE WOULD HAVE MORE PEOPLE THAT HAVE SUCCESSFUL HEARING. THAT'S JUST MY HEARING.

>> KEN: MAYBE WE CAN CLONE JEFF GRAMA.

>> LIZ: ONE THING, WHEN I WORKED IN TECHNOLOGY, THERE IS A ROLE FOR SOMEBODY WHO IS A LIAISON BETWEEN USERS AND TECHNOLOGY. OFTENTIMES COMMITTEES THAT ARE FIGURING OUT HOW TO DO THINGS TECHNOLOGICALLY DON'T KNOW HOW USERS ARE GOING TO BE INVOLVED WITH USING THE TECHNOLOGY THEY CREATE. I HAVE HAD THAT ROLE A LONG TIME AGO BETWEEN PROGRAMMERS WHO WERE DOING THE ACTUAL TECHNICAL STUFF. THERE ARE ROLES LIKE THAT. THEY MAY NOT BE ACTUAL COMMITTEE MEMBERS BUT THEY NEED TO LIAISE BETWEEN THE PEOPLE DESIGNING, RESEARCHING. THEY NEED ACCESS, SO PROTOTYPES AND ACCESS TO AN AUDIENCE WHO WILL TRY THEM OUT. IF THERE AREN'T PEOPLE IN THOSE ROLES THAT ARE PART OF THE PCAST COMMITTEE OR SUBORDINATES, THAT'S SOMEONE HAAA SHOULD PUSH FOR. WE NEED TO TELL YOU WHETHER WHAT YOU DESIGNED FITS OR DOESN'T FIT OUR NEEDS.

>> KEN: ALL RIGHT. THEN, THANK YOU ALL FOR THIS LIVELY DISCUSSION. I HOPE EVERYBODY ENJOYED IT, LEARNED SOMETHING, AND TAKES SOMETHING AWAY.

WE WILL GO THROUGH SOME CHAPTER BUSINESS.

THE LAST SLIDE THAT I HAD UP WITH GANDHI, "BE THE CHANGE YOU WANT IN THIS WORLD," AND WE JUST HAD AN EXECUTIVE DIRECTOR. WE ARE LOOKING FOR A NEW EXECUTIVE DIRECTOR, NATIONAL. BUT WE ALSO LOST ONE OF OUR BOARD MEMBERS – OUR STEERING COMMITTEE MEMBERS -- THAT WAS A FOUNDING MEMBER OF THIS CHAPTER. AND SHE IS TREMENDOUSLY BUSY, AND SHE LIVES IN RIVERSIDE AND WORKING A LOT, SO SHE MADE THE DECISION TO STEP DOWN. AND SHE'S PLAYED MANY ROLES THROUGHOUT THE ELEVEN YEARS OF THIS CHAPTER, AND CONTRIBUTED GREATLY, AND REALLY BUILT THIS CHAPTER INTO WHAT IT IS TODAY.

WE ARE GOING TO GO THROUGH IN A MINUTE AND INTRODUCE SOME OF THE NEW FOLKS, BUT WE ARE KIND OF THIN TODAY. USUALLY THERE ARE MORE PEOPLE. AND TO ME, IT'S – I'VE ONLY BEEN A PART TWO OR THREE YEARS, BUT IT'S BEEN AN AMAZING EXPERIENCE. WE WILL HAVE ELECTIONS FOR ANOTHER STEERING COMMITTEE MEMBER TO TRY TO REPLACE – BUILD UP THE STEERING COMMITTEE. YEAH. REPLACE ALICIA.

ALICIA FERNANDEZ RESIGNED. SORRY. SO WE ARE GOING TO TRY AND REPLACE HER AND ASKING EVERYONE IN THE ROOM AND IN THE CHAPTER TO CONSIDER RUNNING FOR THE STEERING COMMITTEE. AND NOT ONLY FOR ALICIA'S POSITION. BUT IN TWO MEETINGS FROM NOW, TWO MONTHS FROM NOW WE WILL HAVE A CHAPTER MEETING TO TALK ABOUT THE FUTURE OF THE CHAPTER AND WHAT WE WANT IT TO BE AND THE CURRENT STEERING COMMITTEE MEMBERS ARE – WE'VE SHRUNK FROM NINE TO I THINK FIVE NOW. SO WE ARE FEELING TAXED AND NEED THIS TO MAKE THIS HAPPEN.

>> LISA: I WANT TO CHIME IN HERE. I THINK THIS MIGHT BE THE FIRST MEETING AS LONG AS I CAN REMEMBER THAT THERE ARE NO FOUNDING MEMBERS HERE. AND I THINK IT'S A SIGN OF THE TIMES. I AM NOT A FOUNDING MEMBER, BUT I'VE BEEN ON THE STEERING COMMITTEE FOR MANY, MANY YEARS. I JOINED THIS CHAPTER PROBABLY A YEAR AFTER IT WAS FOUNDED AND I'VE BEEN VERY INVOLVED. AND I AM ON THE STEERING COMMITTEE, AND I AM FEELING TIRED. I PUT IN A LOT OF WORK FOR THIS CHAPTER, AND IT'S BECAUSE I LOVE IT.

I KNOW I SPEAK ON BEHALF OF THE FOUNDING MEMBERS THAT WE ALL LOVE THIS CHAPTER. IT'S MADE A HUGE DIFFERENCE IN MY LIFE. I'VE SEEN IT MAKE A HUGE DIFFERENCE IN OTHER PEOPLE'S LIVES; I KNOW WE DO IMPORTANT THINGS HERE, PROVIDE SUPPORT FOR PEOPLE WHO NEED IT. THE ISSUE NOW IS THAT THE PEOPLE WHO HAVE BEEN CARRYING THE CHAPTER, DOING MOST OF THE WORK, ARE TIRED. WE ARE SEEING PEOPLE STEPPING DOWN, GRADUALLY GETTING SMALLER AND SMALLER COMMITTEE. SO I AM GOING TO LET PAT ADDRESS THIS MORE IN COMING MONTHS, AND WE WILL BE REPEATING THIS IN COMING MONTHS. BUT IT'S SOMETHING WE ALL

HAVE TO THINK ABOUT IS WHAT'S THE FUTURE OF THIS CHAPTER, AND IF PEOPLE DON'T STEP UP, WHAT'S GOING TO HAPPEN. BECAUSE PEOPLE ARE STEPPING DOWN AND NO ONE IS STEPPING UP. SO IT MIGHT MEAN CHANGING THINGS A LITTLE BIT, BUT IT'S SOMETHING WE ALL NEED TO THINK ABOUT.

>> WHAT DOES THE STEERING COMMITTEE DO?

>> LISA: WE PLAN THE MEETINGS. WE PLAN THE SOCIAL EVENTS. ANY NUMBER OF THINGS. KEN HAS PREPARED THE BUDGET AS TREASURER. WE ARE WORKING ON THE WEB SITE. BUT AGAIN, IF WE GET NEW LEADERSHIP, THIS IS SOMETHING WE WILL BE TALKING ABOUT. RIGHT NOW IT'S SORT OF HIGH MAINTENANCE WITH THE FOOD AND CLEANUP. MAYBE THAT WILL CHANGE. MAYBE WE DON'T HAVE TO BRING ALL THIS FOOD AND DEAL WITH THE CLEANUP THAT GOES WITH IT. A FEW OF US HAVE TO BRING A TON OF SUPPLIES EACH MEETING. SO THINGS DO CHANGE AND REALLY UP TO YOU AND THE NEW LEADERSHIP. WE NEED PEOPLE TO STEP UP AND START DISCUSSING THIS AND FIGURE OUT THE FUTURE OF THIS CHAPTER. WE DON'T WANT TO SEE THIS CHAPTER GO AWAY. WE ARE SHORT ON TIME.

>> JANE HAS SOMETHING TO SAY.

>> GRACE: WHAT'S AMAZING ABOUT THIS CHAPTER, MOST CHAPTERS THE PRESIDENT DIES IN OFFICE. THERE WAS ONE CHAPTER, THE HUSBAND DIED AND THE WIFE WENT BACK EAST TO A RETIREMENT HOME. I MEAN, THAT'S AWFUL. SO THIS CHANGE OF LEADERSHIP IS MARVELOUS. AND THIS IS NOT RELATED.

MY TICKET TO THE WASHINGTON, D.C. CONVENTION, I MAILED NATIONAL, AND YOU ARE SUPPOSED TO GO INTO THE REAGAN NATIONAL AIRPORT, NOT THE DULLES, FOR ALL THAT'S WORTH. SO GO TO REAGAN AIRPORT, NOT DULLES AIRPORT.

>> JANE: ADVANCED BIONICS IS HAVING AN EVENT IN SHERMAN OAKS TODAY; THIS MORNING, AND THIS AFTERNOON. SO THAT MAY BE WHY MORE PEOPLE AREN'T HERE.

>> LISA: YOU MIND IF WE GO A FEW MINUTES?

I WANT TO TAKE THIS MOMENT TO THANK JANE.

>> KEN: WE ONLY HAVE A COUPLE MINUTES, BUT WE WANT TO GIVE THOSE FOLKS THAT ARE FIRST-TIMERS A CHANCE TO INTRODUCE THEMSELVES. WE WILL PASS AROUND THE MICROPHONE.

>> MARY: MY NAME IS MARY EL GABLAWI. I AM HUNGARIAN BY BIRTH, AND THE LAST NAME IS ARABIC BECAUSE MY HUSBAND IS EGYPTIAN. TO HELP YOU TO REMEMBER, THE FIRST TWO LETTERS ARE EL, MEANS "THE" IN SPANISH. SECOND PART IS GABL, THAT MEANS "MOUNTAINS." THE LAST PART OF THE NAME IS AWI, WHICH IS "THE PERSON FROM." MY HUSBAND'S FIRST NAME IS NABIL WHICH MEANS "NOBLE." SO I AM THE TAGALONG WIFE OF "THE NOBLE MAN FROM THE MOUNTAINS." THAT DOESN'T HELP ANYBODY TO REMEMBER MY NAME BUT HELPS THEM TO REMEMBER ME.



I'VE WORN A HEARING AID SINCE I WAS SIX. LOST MY HEARING WHEN I WAS FOUR, GOT SCARLET FEVER. I WENT TO THE NEW YORK LEAGUE FOR THE HARD-OF-HEARING. ORGANIZATION STILL EXISTS, BUT I DON'T KNOW WHAT THE NAME IS NOW. AND MY HUSBAND IS LOSING HIS HEARING DUE TO AGE. AND LIKE SO MANY PEOPLE, HE FINDS THE PRICE PROHIBITIVE, SO RATHER DEAL WITH THE LOSS. OUR BUDGET DOESN'T REALLY HAVE A PLACE FOR A SECOND HEARING AID WEARER IN THE FAMILY. I AM VERY MUCH INTERESTED IN HEARING WHAT PEOPLE ARE SAYING ABOUT AGING AND HEARING LOSS.

>> MITZI: WHAT YOU SAID ABOUT PARIS?

>> MARY: I WAS IN PARIS A FEW MONTHS AGO AND STOPPED IN A PHONAK OFFICE AND FOUND OUT IT COSTS SUBSTANTIALLY LESS THAN IN JEFF GRAMA'S OFFICE. AFTER TWO YEARS YOU ARE REQUIRED TO PURCHASE A MAINTENANCE PACKAGE, ENDS UP COSTING THE SAME. THEY JUST SEPARATE THE TWO DIFFERENT PARTS OF THE DEAL.

I DON'T KNOW IF PARIS BY NATURE OF WHAT IT IS IS RELATIVELY MORE EXPENSIVE THAN OTHER COUNTRIES IN EUROPE OR ABOUT THE COVERAGE UNDER EUROPEAN HEALTH INSURANCE.

PLEASURE BEING HERE. AND IT'S A VERY INFORMATIVE MEETING, AND I WOULD LIKE TO COME BACK AGAIN. THANK YOU.

>> LISA: WE WOULD LOVE TO HAVE YOU BACK AGAIN. YOU WANT TO INTRODUCE YOURSELF?

THIS IS LIZ'S HUSBAND. THANK YOU FOR BEING HERE.

>> IT'S A PLEASURE FOR ME TO BE HERE, I AM A COCHLEAR IMPLANT USER SINCE THE AGE OF 13. I HAD NORMAL HEARING UP TO THE AGE OF 12, AND LOST IT SUDDENLY TO MENINGITIS AND GOT MY IMPLANT A YEAR LATER. AND THAT WAS ABOUT 27 YEARS AGO OR SO. SO I'VE BEEN USING A COCHLEAR IMPLANT EVER SINCE, AND I GOT INTO THE STUDY OF THEM WHEN I WAS IN COLLEGE. I WAS STUDYING PHYSICS. I STARTED THINKING, "RATHER THAN STUDYING PHYSICS, I COULD STUDY THE COCHLEAR IMPLANT AND HOW IT WORKS AND THE MATHEMATICS OF IT" AND WENT ON TO STUDYING HOW HEARING AIDS WORK, AND NOW A PROFESSOR AT USC AND TRYING TO MAKE THEM WORK BETTER. ONE THING THEY HAVE TROUBLE WITH IS PROVENANCE NOISY BACKGROUND, SO TRYING TO CREATE MATHEMATIC ALGORITHMS TO HELP THEM WORK BETTER IN THAT SITUATION.

ALSO AWARE, AS A COCHLEAR IMPLANT USER, THE SOCIAL ASPECT, AND I LOVE HEARING. AND TODAY WAS VERY INFORMATIVE, GETTING ME UP TO SPEED ON SOME OF THE ISSUES THAT WE ALL HAVE.

ONE OF THE THINGS I WANTED TO SAY REGARDING THAT WAS JUST THAT I THINK THAT THE AUDIOLOGISTS THAT I WORK WITH AT USC ARE PHENOMENAL, AND WE ALL KNOW THAT THE BENEFIT OF A GOOD AUDIOLOGIST, AND I HOPE THESE GOVERNMENT RECOMMENDATIONS,

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THAT ONE OF THE THINGS THAT COMES OUT OF THAT IS THAT THE AUDIOLOGIST HAS MORE TIME TO DO THEIR JOB. THEY NEED THAT.

EVERY ONE OF OUR COMPLAINTS IS WE ARE NOT GETTING PROGRAMMED CORRECTLY, WHETHER AN IMPLANT OR HEARING AID. THE AUDIOLOGIST HAS THAT KNOWLEDGE BUT OFTEN DOESN'T HAVE THE TIME. I HOPE THESE RECOMMENDATIONS BRING MORE POWER TO THE CONSUMER, AND SO WHEN YOU DO SEE THE AUDIOLOGIST SHE CAN DO A BETTER JOB OF HELPING YOU OUT.

IT'S A PLEASURE TO BE HERE, AND I WILL DEFINITELY COME MORE. I LIVE IN ALTADENA.

>> LISA: GREAT. YOU HAVE NO EXCUSE.

I WANTED TO ALSO ANNOUNCE, AT THE FEBRUARY MEETING WE WILL DO OUR MIXED COUPLES. FOR THOSE OF YOU WHO HAVEN'T BEEN TO THAT BEFORE, WE HAVE A PANEL OF COUPLES, ONE PARTNER WITH HEARING LOSS AND ONE WITHOUT, AND THEY TALK ABOUT THE ISSUES THAT COME UP, THE COMMUNICATION ISSUES.

WE WOULD LIKE PEOPLE TO INVITE ANYONE IN THEIR LIVES, DOESN'T HAVE TO BE A SIGNIFICANT OTHER – A FAMILY MEMBER, SON, OR PARENT, BECAUSE I THINK THE ISSUES THAT COME UP BETWEEN COUPLES CAN BE APPLIED TO ANY RELATIONSHIP WITH A HEARING PERSON AND ONE WITH HEARING LOSS.

THAT WILL BE IN FEBRUARY.

IN ADDITION TO THE ELECTION, WE WILL HAVE TO FILL A SPOT ON THE STEERING COMMITTEE.

YOU HAVE ANYTHING ELSE?

>> KEN: I DON'T THINK SO.

ONE OTHER THING. EVERYBODY THAT IS EITHER SERVING OR HAS SERVED ON THE STEERING COMMITTEE IN THIS ROOM, COULD YOU PLEASE STAND UP?

THANK YOU VERY MUCH. YOU GUYS HAVE HELPED BUILD THIS CHAPTER.

[APPLAUSE]

WE APPRECIATE IT.

>> LISA: THANK YOU, KEN, FOR A GREAT PRESENTATION.

AND I HOPE TO SEE YOU GUYS ALL IN FEBRUARY.

THANK YOU, JANE.

[APPLAUSE]

12:09