WHEREAS, hearing aids and other forms of amplification are but one part of the process of intervention for hearing loss, and

WHEREAS, hearing aids have been shown to require modification from default settings, which frequently provide the incorrect amount of amplification necessary to make sounds audible and tolerable for a given individual with hearing loss, and

WHEREAS, face-to-face verification of the prescribed hearing aid settings, and counseling about additional options for hearing loss have been shown to improve outcomes, satisfaction, and compliance with the use of hearing aids, and

WHEREAS, untreated hearing loss (as well as inadequately treated hearing loss) can exacerbate depression, isolation, and other emotional issues in all adults and older adults in particular, and

WHEREAS, failure to appropriately treat hearing loss may result in considerable emotional, psychological, and physical harm to an individual with hearing loss, due to misunderstanding or failure to hear instructions or other necessary communication by a physician, co-worker, friend or family member, and

WHEREAS, all 50 states, and the District of Columbia, have laws governing the sale and distribution of hearing aids in order to protect individuals with hearing loss, and

WHEREAS hearing aids are, by definition, body-worn devices and are subjected to conditions which create the need for ongoing maintenance and repair, and

WHEREAS, the majority of those repairs are now done in the audiologist’s office, negating the need for a hearing aid to be shipped to the manufacturer for repair, reducing the time an individual is without a device, and

WHEREAS, the FDA recognizes hearing aids as Class I medical devices and has recognized that there are certain “red flags” which indicate potentially serious medical conditions and these “red flags” can only be identified through a comprehensive case history, physical examination of the individual with hearing loss, and thorough audiological examination.

RESOLVED, that a hearing aid programmed without an evaluation performed by a licensed audiologist, programmed at a remote location and mailed to an individual without verification
performed to assure its functioning, without counseling about other options to improve overall hearing abilities, without a method of assessing proper insertion and physical fit of the aid, and without a method of providing any onsite maintenance and repair will not adequately meet the needs of an individual with hearing loss, and

RESOLVED, that rehabilitative amplification services including the selection, fitting, verification, and maintenance of hearing aids and related devices should always be provided in person, by or under the supervision of a licensed audiologist who is involved in the care of the individual with hearing loss.

References:


