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OTC Hearing Aids

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A recent issue of *Canadian Audiologist* dealt with “terminology,” and the caution of using the right term or phrase has never been more important than now. We have all heard of “over the counter” or OTC hearing aids. While this phrase seems to be ubiquitous, there are no OTC hearing aids… yet. There are still some regulatory hurdles in the United States to overcome, and even then, these hearing aids may never rear their heads in Canada. Hearing devices that have been marketed in non-professional models have been around for decades in one form or another. I recall seeing “hearing aids” being marketed on the Internet almost as soon as the Internet was born. These were less-than-stellar and some products such as the “Whisper 2000” had no gain except at 2000 Hz so that “you can hear a pin drop.” Indeed, you could hear a pin drop, but not much else. Maico and Zenith hearing aids were marketed in the 1930s and 1940s door-to-door. If I recall, one of the Fathers of our field in aural rehabilitation, Dr. Mark Ross, began his career as one such salesman. And of course, we have had personal sound amplification products (PSAPs) around for quite some time now (and these are different than OTC hearing devices).

However, OTC hearing devices, hearing aids, hearables, or whatever we end up calling them are a different animal. I would assume that when they are available, most OTC devices will have an RIC fitting style and most will have some form of WDRC compression. I suspect that in many cases, at least technologically, they will indeed be “hearing aids” except that they have to meet certain regulatory and advertising hurdles. I know of several hearing aid manufacturers that are producing the identical hearing aid with identical components and algorithms, but one is for the "professional market" and the other as a "PSAP” (and future OTC) device. The shell casing of the hearing aid may be slightly different and the access to some of the software control may be limited, but other than that, they are “hearing aids.”

But there are quite a few things that the professional hearing aid model has that other provision-of-other-amplification models do not have, and also, a few things that are specifically American and not Canadian.

Beginning with American/Canadian differences, financial access to hearing aids in Canada is much better than in the United States. Every Canadian province has some program that can financially assist in the purchase of hearing aids, at least for children. Also, a mid-level hearing aid in Canada may be on the order of $1500–$2000 each after the Provincial assistance. Mid-level hearing aids in the United States are significantly more expensive (than the same device marketed in Canada). For a while, earlier on in my career, I was associated with a group of audiologists who had a clinic near the US/Canadian border. Americans could come north for lunch to Canada and obtain hearing aids through the professional model for a small fraction of what the same hearing aids would be sold for south of the border.

Another difference is that access, in general, to audiological services is much better in Canada than

in many places in the United States. With the exception of some rural population areas where we still have much work to do, access to audiological services is better than our American cousins. This, of course, is not without its drawbacks- access to provincial funding for non-hearing aid related assessment can be limited for audiologists, and in some jurisdictions, funding can only be accessed through a physician.

This lack of funding is both political and educational. The most salient thing that can be seen for a person who seeks to obtain hearing aids… are the hearing aids. What is not typically obvious is the assessment and post-fitting verification and counselling that can be just as important as the hearing aid itself. In some cases, this is provincially funded (e.g., those on some form of social assistance, and those whose hearing aids have been funded through some provincial Worker's Compensation Boards) and in other cases, the hard of hearing consumer pays for these crucial services.

Given the differences between Canada and the United States, the PSAP and the future-OTC market will undoubtedly be proportionately smaller here than south of the border, but it will still hold a significant market share. One perspective is that many hard of hearing consumers who avails themselves of a PSAP, or in the future, an OTC, may find themselves seeking audiological advice and assessment as their hearing status deteriorates. Another perspective is that these potential clients may be lost to another marketing model. Education and public awareness of what can be done, what audiologists do, and who audiologists are, is a cornerstone to the activities of the Canadian Academy of Audiology, and this is no more important than it is today.

I would like to thank Steve Aiken, Marlene Bagatto, and Steve Armstrong for coordinating this OTC issue of *Canadian Audiologist* and shepherding the invited authors through the complexities of this potential Canadian market trend. The articles are well thought out with a clear description of what may be coming down the pipeline and what may not be coming.

I wish you a pleasant not-too-muddy spring and hope you had a nice winter.