State of provision of Hearing Aids in EUROPE

2022 Report

STATE of HEARING AIDS PROVISION IN EUROPE

Executive Summary

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Dear Reader,

Blindness separates us from things but deafness separates us from people.
Hellen Keller

We bring you a second edition of the Hearing Reimbursement Report, looking at what has changed in the landscape of provision of hearing aids in Europe since the first report in 2018 and bringing more countries participating in our research.

Our aim is to highlight good practice and encourage European Health Ministers to implement the **H.E.A.R.I.N.G** recommendations as outlined in the WHO World Report on Hearing[1].

We also explore the legal mechanism safeguarding EU citizens especially rights to accessing highest attainable healthcare provision as well and social rights safeguarded by the EU Charter of Social Rights and EU Pillar of Social Rights as well as research supporting our call for affordable hearing care for all who need it.

At the same time, we look at developments which have emerged since the first report was published and we look at the role of manufacturers, policy makers, hearing care professionals and users' organization's role in ensuring that no one is left behind when it comes to being able to communicate, socialize and fulfil their potential through the use of hearing aids and assistive listening devices.

Our recommendations are based on the **H.E.A.R.I.N.G** interventions from the WHO World Report on Hearing. Equitable hearing care has a positive effect on quality of life at reasonable direct costs and results in net savings to society. European public health policy should consider hearing loss as one of the major concerns in its action plan.

Our message to the European Health Ministers and policy makers is clear.

"Don't Let Hearing Loss Limit Us"

We would like to thank our members for participating in the survey and the European Hearing Care Professionals (AEA) for peer review and fact checking related to national regulations.

[1] https://www.who.int/publications/i/item/world-report-on-hearing

THE FINDINGS

"Everyone has the right to timely access to affordable, preventive and curative health care of good quality."
Article 16 The European Pillar of Social Rights

"For every Euro that is spent in hearing care, governments get 10 Euro in return"
Report. Dr L. Hartmann

The World Report on Hearing from 2021 was developed with the key purpose of promoting action for equitable access to hearing care globally. Essential message is that the **H.E.A.R.I.N.G**. interventions are part of the overall health system of a country and that hearing health is part of a universal health system which "emphasizes the importance of access both to quality health services and to health information as a basic human right" (WRH, 204).

Article 35 of the Charter of Fundamental Rights of the European Union states :

> *"Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all the Union's policies and activities"*

How do the European Member States fare with fulfilling the above commitments and principles?

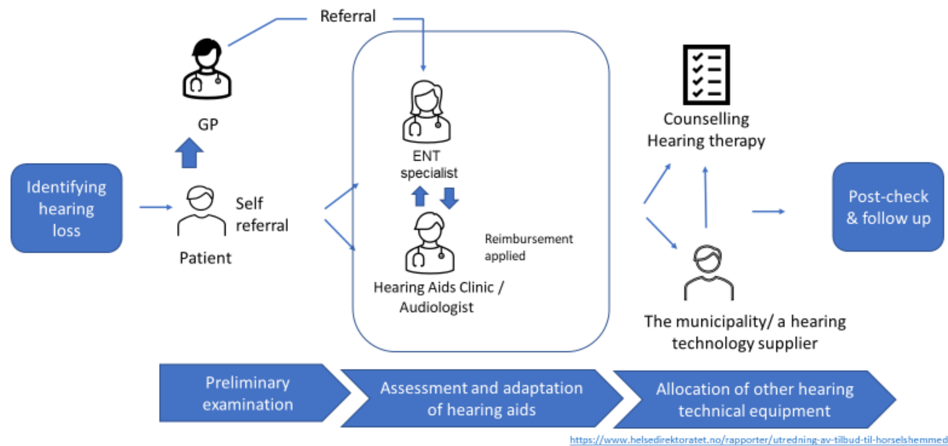
We find a mixed picture of States where citizens experience equitable access but also those where the access to hearing care is severely restricted and even non-existent when it comes to adults.
21 Countries participated in the review: Austria, Belgium, Czechia, Denmark Finland, France, Germany, Greece, Hungary, Italy, Luxemburg, Malta, Netherlands, Norway Poland, Portugal, Romania, Slovenia, Spain and from outside of the European Union: Switzerland, Norway and UK. 7 have worryingly low levels of reimbursement: Czech Republic, Greece, Malta, Italy, Portugal, Romania, Slovenia, Spain.
Spain does not support hard of hearing adults with Hearing Aids reimbursement and even children do not receive adequate support.

Italy has set 55 dB as the minimum criteria of receiving reimbursement that it misses crucial number of people who would benefit from access to better hearing.
It is also in contrast to the new WHO Grades of hearing loss and related hearing experience, where people with mild hearing loss (20 to <35 dB) may have difficulty hearing conversational speech in noise, and people with moderate hearing loss from 35dB will have difficulty hearing and taking part in conversation in noise.

Many European countries have improved the access to hearing aid reimbursement by lowering the minimal average hearing loss to 30 dB or a 2dB signal to noise loss for speech understanding in noise. (Example: Austria, Denmark, Germany, France)

The good news is that children and young people up to the age of 26 are shown as receiving full reimbursement levels in most countries. However, lack of reimbursement once they are over 26 years old is simply a massive step backwards and impacts on the employment opportunities for hard of hearing citizens and fulfilling potential in the future.

NATIONAL REIMBURSEMENT SYSTEMS

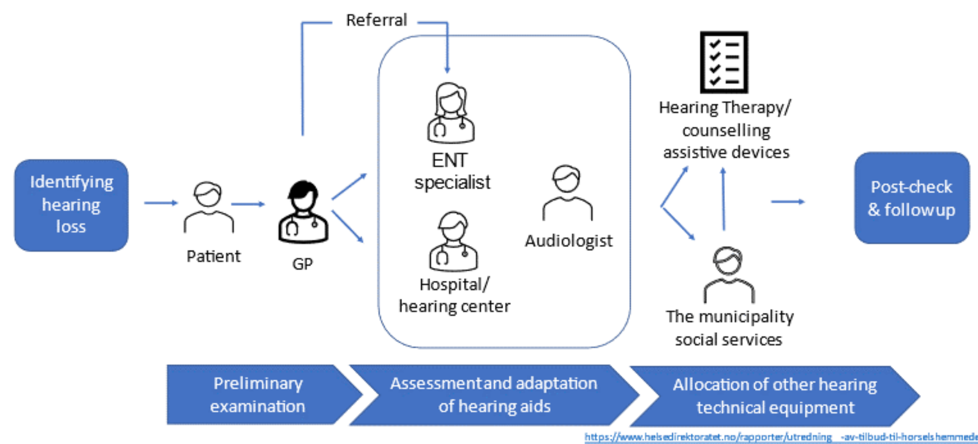


The service delivery varies across Europe and the responses showed some countries' health systems simple to navigate and others quite complex.

In Europe we see countries which operate private insurance-based systems, for example in the Netherlands. In general, we see in Europe a level of reimbursement which is often fully covered (making it free to patient)for lower end hearing aids, with the option (in some cases not always granted, limiting patient's freedom) of topping up, which means purchasing a higher level of device with additional out of pocket payment". We also find Member States where adults are finding it impossible to receive support with purchasing hearing aids due to lack of reimbursement entirely.

We are pleased to see the French Government acting on the report from Dr. Hartman which outlined clear economic benefits of investing in lifelong hearing care and mandating hearing care interventions in the wider national health plans in France. The reports on improved affordability are being collected but the early signs are encouraging.

Pathway to hearing care – national health model



Other countries have national health / insurance systems, where all citizens pay a tax towards provision of health services, like the Nordics and UK which adopted the national health contributions and universal coverage of hearing care. While some of those countries allow user choice of the device, UK does not allow it.

For the equitable access to communication and independence, the ability to choose the most suitable device should be allowed.

Varied access to hearing aids and hearing care is a cause for concern as it can present a barrier to independent living and an improved quality of life. It is however not acceptable when a person who needs two hearing aids receives help with 1 hearing aid only and it is also not acceptable to have 6 months or longer wait to receive help with hearing loss! We also received signals of the attempts to restrict access to hearing aids for those who needed them, notably in the UK with widely publicised campaign by Royal National Institute of Deaf, the campaign has been successful in reversing such damaging decision.

A worrying aspect is wide variation of waiting time with Denmark reporting to our survey. The good news is that Denmark is tackling it and has established 300 new clinics in addition to their national coverage of hearing care system. Meaning improved access to free hearing aids, increased audiological personnel at all new clinics and tackling waiting times. The clinics are certified and everyone who has a need, they get hearing aids. We are pleased that the Danes are increasing their capacity and at the same time ensure good hearing care quality.

REHABILITATION and FOLLOW UP

From a hearing aid user perspective there is also the need to address that rehabilitation is much more than hearing aid fitting, as clearly documented for WHO in ICF Core Set for Hearing Loss [2].

Provision of hearing aids is only the first basic step; we need to ensure the provision is following quality standards and the users of the services are offered follow up care including counselling. By involving users in planning care and enabling them to make their own informed choices we can gain better efficiency of the health system.

Therefore it`s important that hearing aids are selected based on a well-informed choice, fully involving the client and fitted by audiological professionals, who practice the ISO 21388 standard "Acoustics - Hearing aid fitting management (HAFM)[3]" and the levels of hearing aids reimbursement are significantly increased or even fully covered as recommended by the **Essen Declaration[4]**. Essen Declaration states clearly that hearing aids that is offered, must be fitted by audiological professionals, and the devices provided must meet criteria of the EU Medical Directive Regulation.

The fitting of hearing aids is a process of several weeks and months in which the most suitable hearing aid is identified and the optimal settings for daily life are set. First, the audiological profile is determined by measuring the severity and the type of hearing loss and the individual needs are assessed.

The evaluation of the success of hearing aid fitting is based on three pillars:

- technical verification of the hearing aid fitting
- audiometric measurements with and without hearing aid
- assessment of everyday hearing by the user based on questionnaire inventories (validation)[5]

This is why we are concerned, that when Over the Counter Hearing Aids would at some point also come to Europe, some people might turn to this solution because the hearing aids reimbursement is far too low to be affordable, or they are unsuccessful with hearing aids, mostly because the hearing aids do not fit properly, the hearing aids are not programmed accurately, and the hearing aid technology does not meet the person's needs.

Hearing aids are assistive and medical devices which are part of hearing rehabilitation and interventions, and NOT consumer electronic gadgets.

One of the primary challenges associated with the Over the Counter and self- fitting hearing aids is that all the responsibility for hearing care is placed into the hands of the consumer. In

2 https://www.icf-research-branch.org/icf-core-sets-projects2/other-health-conditions/icf-core-set-for-hearing-loss

3 ISO 21388:2020 - Acoustics — Hearing aid fitting management (HAFM): https://www.iso.org/standard/74602.html

4 https://efhoh.org/wp-content/uploads/2017/04/Essen-Declaration-2015.pdf

5 Hoppe U and Hesse G. Hearing aids: indications, technology, adaptation, and quality control. GMS Current Topics in Otorhinolaryngology - Head and Neck Surgery 2017, Vol. 16, ISSN 1865-1011 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5738937/pdf/CTO-16-08.pdf

addition, the over- the counter promise is too simplistic and draws parallels with spectacles, however as our members know too well, this is unjust comparison from policy makers. Hearing loss is individual, and how we adapt to hearing technology is varied.

We therefore highly recommend quality (traditional) hearing aid fitting by audiological professionals available to all who need it, and not OTC-HA (over the counter-hearing aids) which are for now, limited to the United States.

PERSON CENTRED CARE

In our survey we did not ask question around experiences in using hearing care services , although we touched on users possibility to choose the right device.

Through the partnership between the hearing aids user and the hearing care professional person centered approach allows for using the right hearing technology available to the individual based of their choice.

The WHO "**World Report on Hearing**" mentions and recommends "person-centred ear and hearing care".

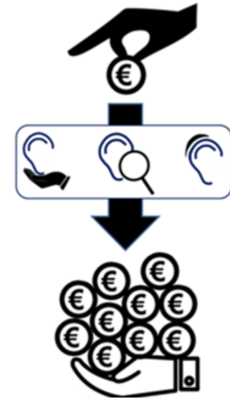
"Once hearing loss is identified, it is essential that it is addressed as early as possible and in an appropriate manner to mitigate any adverse impact. Such early intervention strategies must adopt a person-centred approach, taking into account the individual's communication needs and preferences, as well as available resources."

"Two people with the same audiogram configuration can have very different everyday hearing related difficulties and experiences."

Person Centered Care in the ear and hearing care, has the real potential to change lives in many ways, it is a win for the patients but also the professionals, thanks to improved satisfaction and overall results.

RECOMMENDATIONS

"The investment in the quality of hearing care as part of the universal healthcare provisions is a sound investment"



It is positive to see countries putting hearing care and reimbursement in high priority of national health plans but more needs to be done. Therefore we call on the European States to:

1.Develop and adopt national **Action Plan and strategy** on hearing loss and deafness, based on **HEARING** interventions as outlined in the WHO World Report on Hearing focusing on equality, prevention, and rehabilitation to enable hard of hearing people equal opportunities. Ensure hard of hearing patients have access to hearing care and rehabilitation services to allow them to continue full and independent lives.

a) The strategy should include universal reimbursement/ provision of hearing aids and rehabilitation which does not put **undue burden** of hard of hearing citizens.

b) The strategy should be led by the experts who are working in the field and who are in direct consultation with hard of hearing people organizations.

c) The strategy should define the threshold for the reimbursement corresponding with WHO mild to moderate hearing loss at 20 to 35 dB as the minimum level or functional speech understanding in noise problems

2. Develop a plan to increase awareness of hearing loss among older people - Conduct research on hearing loss (including research on prevention and rehabilitation) and produce relevant statistics to improve wellbeing and independence.

4. Develop tools for inclusive and person-centred hearing care services based on good practice and recommendations in cooperation with organisations and experts representing hard of hearing and deafened people.

5.Commit to of the ISO 21388 standard "Hearing aid fitting management (HAFM)[6]" to be the national services benchmark for the minimum standards on services offered by hearing aid professionals.

On behalf of EFHOH Board   President Lidia Best

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[6] https://www.iso.org/organization/250321.html

ANNEX I

ACCESS TO HEARING AIDS IN EUROPE

THE REFERAL SYSTEMS AND GETTING FIRST HEARING AID

2021/22

Country	Referral route	Healthcare system	Reimbursements rules	Pay up allowed?	Choice of the HA/Solution?	Waiting time for the first hearing aid
Austria	ENT for the first medical prescription. No new medical prescription for renewal	National Health Insurance	**Basic:** Mono/Stereo € 792/€ 1426 **Class 1 up to:** € 900/€ 1620 **Class 2 up to:** € 1560/€ 2808 **Class 3 up to**: € 2100/€ 3780	Yes	Yes	Mostly HA are available right away
Belgium	ENT	National Health Insurance	Mono/Stereo **Adults 65y:** € 720 / € 1426 **Adults <64y:** € 761/ 1507 **Children < 18y** : € 1249 / € 2474	Yes	Yes, if HA is approved by National Health Insurance	No waiting time
Czech Republic	ENT, Audiologist	National Insurance	**Adults**: € 285 for one **Children**: € 408 for one	Yes	Yes, providing they are on a database	Usually no more than 2 months
Denmark	ENT for hearing test and referral. Then 2 tracks: Public health care or private health care	Public: Free of charge Private: Fixed amount for reimbursement	**Public**: Free of charge **Private**: Partly reimbursed	Yes	Yes	Depends on region. From 4 weeks to 100 weeks
Finland	ENT	Free Health Care	**Public**: Free of charge	Yes	Yes	1-2 months
France	GP/Family doctor referral to audiologist ENT	Combination National and Additional Insurance (95% population coverage)	Mono/Stereo € 950/€ 1900	Yes	Yes Class1 (fully covered) or Class 2 (with pay-up)	No waiting time
Germany	ENT	National Health Insurance (mandatory for 90% of German people) and Private Health Insurance	Mono/Stereo: regular 900/1.500 € WHO4 957/1.560 € (Depending on conditions of insurance)	Yes	Yes	No waiting time
Greece	GP/Family doctor referral to audiologist ENT	Social Care	Mono/Stereo €450/€ 900	Yes	Yes	No waiting time

Country	Referral route	Healthcare system	Reimbursements rules	Pay up allowed?	Choice of the HA/Solution?	Waiting time for the first hearing aid
Hungary	ENT, Family Doctor, or Self-referral	Social Security	70% reimbursement	Yes	Yes	3 weeks
Italy	ENT	National Health Insurance	Only when HL is > 55dB PTA in better ear and >34% total disability € 660 per ear	Yes	Yes (with pay-up)	No
Luxemburg	ENT, Family Doctor, or Self-referral	National Health Insurance	Mono/Stereo Class 1 € 800 / € 1440 Class 2 € 1000 / € 1800 Class 3 € 1200 / € 1960	Yes	Must be B3 registered	Depending on who issue one week to few months
Malta	ENT, Family Doctor,	National Health	Public: free means tested Private: € 250 per device	Public: no Private: yes	Yes, on reimbursement Yes	1 - 2 weeks 2 - 3 weeks
Netherlands	67yrs: Hearing Aid Professional self-referral *(red flag refer to ENT)* 18-66 y ENT 0-18 y: Audiology Centre	Mandatory Health Insurance	Official protocol (Adults): 75% reimbursement. Private: No reimbursement Children: Free of charge	No (protocol defines technology level)	Yes (Only if you stay in the category defined by the protocol and the HA is in the official list)	About 1 week
Norway	ENT	National Health Insurance	Free of charge	Yes	Yes	Depends on county/Municipality
Poland	Audiologist, ENT	National Insurance	Under 26: € 424 pr ear. Over 26: € 149 pr ear	Yes	Yes	2-3 months
Portugal	ENT, Acoustician	National Insurance Private insurance	Public: Free means tested (very few cases/ mostly children) Civil servants: € 600 pr HA (very few cases) Private: (for adults most cases) if private insurance partial reimbursement	No No Yes	No No Yes	Months-Years Months No waiting time
Romania	ENT	National Insurance	Partial reimbursement, no details	Yes	Yes	Up to 1 year
Slovenia	GP, ENT	National Insurance	€ 300 per HA	Yes	No	Several months
Spain	GP, ENT	National Insurance	No reimbursement for adults (Only for children up to 21 years – max € 1200 for BTE)	No (for children only)	No (for children only)	No waiting time

Country	Referral route	Healthcare system	Reimbursements rules	Pay up allowed?	Choice of the HA/Solution?	Waiting time for the first hearing aid
Switzerland	ENT	Private Health Insurance (nearly all Swiss have this insurance)	Mono/Stereo Adults (retired): € 643/€ 1264 Adults (active): € 858/€ 1685 Children: € 1564/€ 2346	Yes	Yes	No waiting time
UK	Public: GP, ENT Private: Self- referral	National Health Service	Public: Free Private: No reimbursements	No	Public: No Private: Yes	Public: Around 1 month Private: 1 week

AFTER THE FITTING AND FOLLOW UP

2021/22

Country	Reimbursement applied at point of purchase?	Is the aftercare included in the refunded HA? (Fine tuning, re-fitting, verification)	Minimum length of wait for upgrade	Insurance against loss/theft	Coverage for repairs
Austria	Yes		5 Years	Yes	Yes, by national health insurance
Belgium	Yes (but not mandatory)	Yes	Adults 5 years Children 3 years Earlier if the hearing worsens	Yes, Private insurance	No
Czech Republic	Yes		5 years	No,	Yes, 2 years manufacturer warranty
Denmark	Yes		4 years	Yes	Yes
Finland	Yes		No information	Yes	Yes
France	Yes	Yes	4 years	Yes, Private insurance	Yes, case by case
Germany	Yes	Yes	6 years	Yes	Yes
Greece	Yes	Fitting usually is free of charge for the next 2-3 visits. After that period there is a charge for any service provided	4 years	No	
Hungary	Yes		4-6 years	No	Yes
Italy	Yes	Yes	5 years	No (but private insurance is possible)	No (but private insurance is possible)
Luxemburg	Yes	Yes for 5 years	5 years or earlier if the hearing worsens	Yes, also domestic insurance	No
Malta	No	Public: Yes Private: depends on dispenser	Public: anytime Private: 3 years	Public- yes Private- no	Public – yes Private - no
Netherlands	Yes	Yes	5 years or earlier if the hearing worsens	No (But private insurance is possible)	Yes
Norway	Yes	Yes	6 years	Yes, included in HLF membership. Also possible to have a private insurance	Yes
Poland	No		Under 26 years: 3 years Over 26 years: 5 years	Yes	Yes
Portugal	No		No information	Yes, Private insurance	Manufacturer warranty
Romania	Yes	No	5 years No special consideration for worsened hearing	No	Manufacturer warranty

Country	Reimbursement applied at point of purchase?	Is the aftercare included in the refunded HA? (Fine tuning, re-fitting, verification)	Minimum length of wait for upgrade	Insurance against loss/theft	Coverage for repairs
Slovenia	Yes		6 years	Yes, Private insurance	Yes
Spain	No	Yes	4- 5 years (children only)	Yes, Private insurance	Manufacturer warranty
Switzerland	Depending on reimbursing authority	Yes	Between 5-6 years	Yes, Private insurance	Yes Manufacturer warranty
UK	N/A Private - No		NHS: Between 2- 5 years or earlier if the hearing worsens	No need as under NHS coverage Private insurance for private HA.	Public Yes Private insured HA fix right away.

ANNEX II

To standardize the way in which severity of hearing loss is reported, WHO has adopted a grading system based on audiometric measurements.
The grading system is presented in Table 1.3 from Page 38 of the WHO World Report on Hearing below.

Table 1.3 Grades of hearing loss and related hearing experience*

Grade	Hearing threshold[‡] in better hearing ear in decibels (dB)	Hearing experience in a quiet environment for most adults	Hearing experience in a noisy environment for most adults
Normal hearing	Less than 20 dB	No problem hearing sounds	No or minimal problem hearing sounds
Mild hearing loss	20 to < 35 dB	Does not have problems hearing conversational speech	May have difficulty hearing conversational speech
Moderate hearing loss	35 to < 50 dB	May have difficulty hearing conversational speech	Difficulty hearing and taking part in conversation
Moderately severe hearing loss	50 to < 65 dB	Difficulty hearing conversational speech; can hear raised voices without difficulty	Difficulty hearing most speech and taking part in conversation
Severe hearing loss	65 to < 80 dB	Does not hear most conversational speech; may have difficulty hearing and understanding raised voices	Extreme difficulty hearing speech and taking part in conversation
Profound hearing loss	80 to < 95 dB	Extreme difficulty hearing raised voices	Conversational speech cannot be heard
Complete or total hearing loss/deafness	95 dB or greater	Cannot hear speech and most environmental sounds	Cannot hear speech and most environmental sounds
Unilateral	< 20 dB in the better ear, 35 dB or greater in the worse ear	May not have problem unless sound is near the poorer hearing ear. May have difficulty in locating sounds	May have difficulty hearing speech and taking part in conversation, and in locating sounds

The classifications used in Table 1.3 follow the recommendations of the International Classification of Functioning, Disability and Health (ICF) proposed by WHO in 2001.
The ICF defines a person's state of health along three dimensions . According to the ICF, the disability experienced is determined not only by the individual's hearing loss but also by the physical, social and attitudinal environment in which the person lives, and the possibility of accessing quality EHC services. Therefore, a person with hearing loss who does not have access to hearing care, is likely to experience far greater
limitations in day-to-day functioning and thus higher degrees of disability.

ANNEX III

The EU hearing aids reimbursement questionnaire – 2022

1. Organisation and country you represent.

2. Is there any support in paying for hearing aids in your country? e.g., free healthcare, reimbursement, partial reimbursement etc (Please provide as much information as possible about different ways that a hearing aid can be paid for)

3. Is there a health insurance system in your country that pays for healthcare treatment i.e., health insurance? [Please provide as much information as possible, and include information about whether insurance is mandatory or optional if it exists]

4. Under the reimbursement/ state support system in your country, who makes the referral?

5. Is the reimbursement applied at the point of purchase or you must pay full cost first?

6. Is there a limit in the type of hearing aid you can receive via the state support in your country?

7. What happens if the hard of hearing person wants a hearing aid that is not covered by state support? [E.g. are they able to pay for it? And are they able to reclaim same of the east?

8. How long must a person wait for their first hearing aid?

9. If your hearing worsens and requires a hearing aid upgrade; how long does this take to happen? Is the upgrade free?

10. What happens when a person loses or breaks the hearing aids? Can he/she get a new one without paying?

11. Is insurance for hearing aids in the case of theft, loss or damage available to purchase in your country? Can it be included on other insurance policies?

New questions - 2021/2022:

12. How long must a person wait before they can renew their HA? Can this renewal automatic, or does the person need a new prescription?

13. Is the aftercare included in the refunded HA? If so, for how many years?