Leadership Project

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Hearing Aid Loaner Program

According to the Joint Committee on Infant Hearing, all infants with confirmed hearing loss should receive appropriate intervention by six months of age. A part of the appropriate intervention often includes amplification in the form of hearing aids. Most parents of newborns expect medical bills associated with the birth of a child; however few parents expect to have to purchase hearing aids for their newborn. The cost of hearing aids varies greatly, however the initial costs of appropriate amplification can be in excess of $5000. At this time hearing aids are not a covered expense by many insurance companies. With parents unsure of how to pay for hearing aids, often the fitting of hearing aids is delayed until funds can be secured, therefore denying the newborn access to sound.

Infants with untreated hearing loss lack the opportunity to learn language and fall behind their normal hearing peers in speech and language development, cognition, literacy, and social-emotional development. In order to give hearing impaired children the opportunity to be age appropriate in their speech and language development they should be fit with appropriate hearing aids as soon possible. With the development of a hearing aid loaner program infants and young children would be able to be fit with appropriate amplification soon after their hearing loss was diagnosed, not waiting until funding for hearing aids could be secured.

The purpose of our project will be to prepare to set up a hearing aid loaner bank, for use by families with children with hearing loss. It is intended that hearing aids would be loaned to families for a period of time (yet to be determined) while they are securing funding to purchase hearing aids for their child, or are being evaluated for cochlear implant. The hearing aids could be sent from the bank to the fitting pediatric audiologist. While we would have liked to actually get a hearing aid bank up and running, we would have needed a person who would be in charge of the bank as a consultant to help in the decision making.

For Consideration:
*Funding for initial hearing aid purchases and upkeep of program. There may be grants to fund the initial start up of the loan bank, however there will always be cost to maintain the bank. These costs include repairs of non-functioning hearing aids and replacement of lost or outdated hearing aids. Insurance companies as well as the state legislature could be lobbied to cover the costs of hearing aids for children.

*Priority for loan- should priority be given to children under 3? While it is important for all children with hearing impairment to have access to amplification, it is crucial that infants be fit with appropriate amplification as soon as possible in order to develop the auditory pathways. To obtain the maximum benefit from amplification we feel that it would be beneficial for recipients of loaner hearing aids to be required to be a part of an early intervention program (obviously this would not apply to school age children).

*Where the loaner bank should be housed, and who shall oversee it? A university clinic would probably be the most appropriate place.

*Would families be responsible for purchasing earmolds and paying fitting fees, or would funding be available for these services? Answers to these questions cannot really be answered until a person is in place to oversee the loan bank, and knows how much funding is available and where it is coming from.

As part of our leadership project we decided that it would be beneficial to contact the pediatric audiologists in the state of Utah to better understand the importance of a loan bank and who would benefit from it. We knew that the audiologist in the field would be the individuals who best understood the need for a loan bank. As a result of wanting to know the perspective of the pediatric audiologists we decided to create a short survey that would provide us with specific information that would help us decide the protocols that will need to be established as the idea of a pediatric hearing aid bank becomes reality.

One of the first questions that we felt we needed to ask the audiologists was how great of a need there was for a hearing aid loaner bank for children under three years of age. In the survey we also included the question of the length of time most of the families using the loaner hearing aids are needed for. This information would be very important to know as we strive to determine the length of time that a hearing aid can be borrowed and if we need to include the possibility of an extension. Determining the length of time an individual would need to borrow a hearing aid will also give us the insight of how much money will be needed to purchase hearing aids for these children who are in need.

We also decided that it would be important to know if the audiologist would use the loaner bank or if they had hearing aids that they lend to people. This question also will help us determine the need for a hearing aid loaner bank. When we were preparing this survey we talked to a couple of audiologist who stated that they have a few sets of hearing aids that they lend to people for a short period of time. However we did find out that in most cases these hearing aids are old and sometimes do not work properly or are not the correct type of hearing aid for young children. We also wanted to know if the audiologist would be willing to work with a loan bank to help serve the children who need hearing aids better or if they preferred to work
by themselves. This information will be able to help us understand how many hearing aids we need to buy, and how much money we needed to be able to repair any broken hearing aids that would be returned to the bank.

One of the last types of questions we will be asking the pediatric audiologists is what type of hearing aids they like to use and normally sell to individuals. This was an extremely important question to ask. After interviewing a few audiologists we learned that most audiologist have specific brands of hearing aids that they sell. The hearing aids they sell are the hearing aids that they know the most about. As part of the hearing aid bank, we want to know which types of hearing aids these audiologists preferred so that they will feel comfortable using them with the clients they serve. We also asked which type of hearing aids they recommended on price and specific features that are normally a need in the young population of individuals who need hearing aids. Unfortunately we do not have the results of the survey at this point.

Below is an agreement that could be used by the hearing aid bank in order to keep track of the hearing aids, as well as let the parents know what their responsibilities are.

**LOANER AGREEMENT**

Hearing Aid Brand: __________________________________________

Hearing Aid Model: __________________________________________

Serial Number Device Left Ear: ________________________________

Serial Number Device Right Ear: _______________________________

The hearing aid(s) mentioned above has/have been loaned to:

________________________________________________________________________

- I hereby confirm that I have received the hearing aid(s) described above. I, the undersigned, understand that the hearing aid(s) is/are on loan only for a limited time, or until my child has his/her own hearing aid(s). I agree to obtain permanent hearing aid(s) for my child. I agree to assume total responsibility for the general maintenance of the device(s) and I pledge to return it/them in good working condition before or on the specified return date. As soon as my child’s personal hearing aid(s), or as soon as the one year period expires, the device(s) which were loaned to my child will be returned to his/her attending audiologist who, in turn, will return them to the Hearing Aid Loaner Bank.

- All recipients of hearing aids from the Loaner Bank must be involved in an approved Early Intervention program in order maximize benefit.
- Furthermore, I understand that in order to obtain maximum benefit from such device(s), regular visits to the audiologist are necessary for checkups, evaluation, and adjustments. I also understand that I may be charged the standard fees for these visits/services by the audiologist fitting the hearing aid(s) to my child.

- I understand that the costs of the ear mold(s) are not covered by the loan agreement. Therefore, I understand that it is my responsibility to cover the charge for my child's ear mold(s).

- I understand that I am responsible for purchasing the batteries needed for the operation of the hearing aid(s).

- I agree to pay a deductible (based on sliding scale not to exceed $210.00) in case it is necessary to replace any device that is lost, stolen or damaged beyond repair while the device(s) is/are under my responsibility.

- I understand that I will not be charged for any repair of the hearing aid(s). In the case that the device(s) stops functioning properly, I will take the hearing aid(s) to the office of the audiologist who fitted the device(s) for the necessary repairs.

- I understand that in the event that the family or the child has plans to move out of the state, the hearing aid(s) MUST be returned to the audiologist who fitted them before moving.

**Warranty**

Expires ________________________________________________

ALL damage repair covered free of charge until ________________________________

Child's Name: ____________________________________________________________

Parent(s)/Guardian Name: ________________________________________________

Address: _______________________________________________________________

City: ___________________________ State: ___________ Zip: ____________

Phone: _________________________________________________________________

Date Hearing Aid(s) Delivered: ___________________________________________

Loan Date Ends: _________________________________________________________
Audiologist Fitting Hearing Aid(s): ________________________________

Address: _________________________________________________________

City: __________________________ State: ____________ Zip: ____________

Phone: ____________________________________________________________

Parent Signature: _________________________________________________

Date: ____________________________________________________________