

1 May 2020

Director
Button Batteries Taskforce
Consumer Product Safety Branch
Australian Competition & Consumer Commission
GPO Box 3131
Canberra, ACT 2601

Email: nationalprojects@accc.gov.au

Dear Director

Re: Button battery safety – Assessment of regulatory options – Consultation paper

Audiology Australia (AudA) welcomes the opportunity to provide feedback on the Australian Competition and Consumer Commission's (ACCC) proposed regulatory options to reduce the risk of serious harm posed by button batteries if swallowed or inserted by children. AudA is the peak professional body for audiologists with over 2,900 members practising across Australia.

Audiologists provide high-quality hearing health care services, including the prescription, fitting and programming of hearing aids; and the provision of hearing aid rehabilitation and counselling. Our members work with a wide range of clients, including older adults in clinics, home visits and aged care settings.

In principle, AudA supports the ACCC's proposal to address button battery safety through the implementation of regulatory action. We acknowledge the significant increase in button battery emergency department presentations in Australia and the growing global record of injuries and deaths resulting from button battery ingestion. We note that adults with cognitive impairments are also at risk of button battery ingestion and should be included in the ACCC's button battery safety considerations.

AudA strongly supports the ACCC's proposed exemption for hearing aid devices and associated zinc air button batteries. In addition, we note that some implantable devices used for hearing - such as cochlear implants and bone anchored hearing aids - also operate on zinc air button batteries. Our submission outlines the potential social and economic impacts to hearing aid users if the ACCC's proposed exemption is unsupported. We believe the issues outlined are vital for the ACCC to consider during the development of the Final Recommendation.

Our submission specifically focuses on Question 8 in the ACCC consultation paper as set out below.

Question 8. Do you agree with the proposed exemption for hearing aid devices and associated zinc air batteries? Why/why not?

AudA strongly agrees with the proposed exemption to exclude hearing aids from the secure battery compartment requirement; and zinc air button batteries intended for hearing devices from the child-resistant packaging requirements. We believe the low risk profile of zinc air button batteries must be carefully considered alongside the clinical and therapeutic benefits of hearing aids, as well as within the wider context of the social and economic costs of hearing loss in Australia.

Currently, one in seven Australians are affected by hearing loss.¹ In 2019-20, the prevalence of hearing loss, in the better ear, was estimated to be 3.95 million people, with the majority of those affected over the age of 60.² AudA notes that as the Australian population ages, the prevalence of hearing loss is expected to rise to 7.78 million people by 2066, representing 18.2% of the total population.³

We highlight that uncorrected hearing loss can negatively affect a person's physical, cognitive, behavioural and social wellbeing; and can often contribute to a poorer quality of life as a result of reduced social activity and employment opportunities, loss of autonomy and increased feelings of isolation and exclusion – all of which can lead to an increased prevalence of symptoms of depression.⁴ In addition, recent studies have also indicated a potential link between hearing loss and the progression of dementia and age-related cognitive decline.^{5,6}

According to the Hearing Care Industry Association's report (2020), the total financial costs of hearing loss in 2019-20 were estimated as \$20 billion, comprising:

- health system costs of \$1 billion, or \$259 per person with hearing loss. The largest component of health system costs was the cost of the Hearing Services Program provided by the Australian Government (\$590 million);
- productivity losses of \$16.2 billion, or \$4,109 per person with hearing loss, most of which was due to reduced employment of people with hearing loss (\$12.6 billion);
- informal care of \$174.7 million, or \$44 per person with hearing loss;
- deadweight losses of \$1.9 billion, or \$480 per person with hearing loss; and
- other financial costs of \$683.4 million, or \$173 per person with hearing loss.

AudA notes that in addition to the financial costs, the value of lost wellbeing due to hearing loss was estimated to be \$21.1 billion, representing 51% of total costs attributed to hearing loss. Furthermore, the total cost of hearing loss estimated in 2019-20 was 23.7% higher than

¹ Hearing Care Industry Association, *Hearing for Life – The value of hearing services for vulnerable Australians*, March 2020, p iii.

² Ibid, p 13.

³ Ibid, p iii.

⁴ Arlinger S. 2003. *Negative consequences of uncorrected hearing loss – a review*. International Journal of Audiology.

⁵ Michalowsky B, Hoffman W & Kostev K. 2019. *Association Between Hearing and Vision Impairment and Risk of Dementia: Results of a Case-Control Study Based on Secondary Data*. Frontiers in Aging Neuroscience.

⁶ Lamb B & Archbold S. *Hearing Care, Cognitive Decline and Dementia: A public health challenge for an opportunity for healthy ageing?*. The Ear Foundation, April 2019.

the cost estimated in 2017 – suggesting that hearing loss is a growing problem in Australian society.⁷

The provision of hearing aids is often the first-line clinical management and intervention pathway for those experiencing mild to moderate hearing loss. Hearing aids have been shown to be effective in improving hearing-specific, health-related quality of life; general health-related quality of life and listening ability in adults with hearing loss.⁸ As the majority of hearing aids users in Australia are over the age of 60, age-related traits including reduced dexterity, visual impairments and increasing frailty are factors to be taken into account should any changes to the battery compartment of the hearing aid and associated battery packaging be introduced.

We emphasise that there must be a balance between button battery safety and hearing aid usability. The proposed safety requirement to utilise a miniature tool in order to open the battery compartment of a hearing aid may leave many older adults unable to independently change their hearing aid batteries or may actively discourage them from using their hearing aids. We note that Australians in residential aged care facilities are more likely to have hearing loss than those in the general community; and are also more likely to have more complex health conditions combined with hearing loss, such as vision loss and cognitive and physical impairments. The proposed safety requirement of hearing aids may result in some residents becoming more dependent on aged care staff. AudA notes that there is already a current shortage of aged care staff who are skilled and knowledgeable in the management of hearing loss and familiar with basic hearing health care techniques such as how to change hearing aid batteries.⁹ This problem has been exacerbated during the COVID-19 pandemic. We are therefore concerned that should the proposed safety requirement for hearing aids be implemented, an increasing number of older adults - particularly those in aged care facilities – will be adversely affected.

Accessibility to subsidised hearing aids through the Hearing Services Program (HSP)

AudA considers that the accessibility to subsidised hearing aids through the HSP may be significantly impacted by the proposed safety requirement to hearing aids. Since 1947, the HSP has provided hearing services to those most vulnerable in our community. A significant benefit of the HSP is that - for eligible Australians - the Government provides subsidised access to hearing services and a wide range of quality hearing devices and assistive listening devices through the delivery of the voucher component of the HSP. In 2018-19, a total of 796,000 clients accessed high-quality hearing services under the HSP¹⁰ and 398,874 hearing devices were fitted to these clients.¹¹

⁷ Hearing Care Industry Association, *Hearing for Life – The value of hearing services for vulnerable Australians*, March 2020, p 17-18.

⁸ Ferguson MA, Kitterick PT, Chong LY, Edmondson-Jones M, Barker F, Hoare DJ. 2017. *Hearing aids for mild to moderate hearing loss in adults*. The Cochrane database of systemic reviews.

⁹ Audiology Australia, Submission to the Royal Commission into Aged Care Quality and Safety, 2019, p. 8.

¹⁰ Department of Health Annual Report 2019-18, p. 83.

¹¹ HSP Annual Program Statistics 2018-2019

AudA notes that a significant, and increasing, number of clients are accessing the HSP and this number is expected to continue to increase, largely due to the growth in the proportion of older Australians in the population. As a result, there will be a greater demand for subsidised access to hearing services and devices in the coming year. In addition, the HSP also provides hearing services and access to subsidised hearing devices to eligible Australians in other government funded schemes, including to Department of Veterans' Affairs (DVA) clients and participants in the National Disability Insurance Scheme (NDIS).

Currently, 100 per cent of fully subsidised hearing devices accessed by HSP clients are non-compliant with the ACCC's proposed safety requirement and, more broadly, an estimated 85% of devices on the wider market are non-compliant. If the exemption is not supported, AudA highlights that specific issues will need to be addressed, including how to best manage clients who have devices under existing government schemes that are no longer compliant with regulatory standards; whether a recall of non-compliant hearing devices will need to be undertaken and the entire device supply list revised; and whether clients' non-compliant hearing devices will be upgraded over time and how this will be funded. We note that providers delivering services to children and adults outside the HSP will also need to be made aware of these new safety requirements. We highlight that audiologists are well-equipped to make clinical decisions to ensure the risks associated with batteries are mitigated for their clients. For example, should an audiologist be concerned about battery management and safety issues for their adult client - if possible - a rechargeable hearing aid can be advised as a suitable solution. Furthermore, we note that paediatric hearing aids are specifically designed with a tamper-resistant battery compartment feature, however, the current supply chain in Australia is not set up to only provide tamper-resistant hearing aid products.¹²

AudA emphasises that the replacement cost of devices will be very significant given the current extent of potential non-compliance of fully and partially subsidised hearing aids in the HSP. As hearing aids in the Australian market are manufactured overseas, there will need to be considerable time to allow manufacturers to implement changes to their production lines in order to accommodate for the increased safety requirement without incurring significant costs to business. We are concerned that additional production costs will potentially be passed on to clients in the HSP, NDIS and DVA schemes, and subsequently reduce the funding available for new and existing clients of these schemes. We note that reduced funding and access to subsidised hearing aids can detrimentally impact the hearing health of these clients who represent the most vulnerable in our society.

Lastly, we note that modern hearing aids are decreasing in size. As a result, the ACCC's proposed labelling requirements may prove costly for manufacturers to implement. Again, we highlight the need to address how these additional costs will be met and the potential flow on effects it may have on HSP, NDIS and DVA clients and the wider market.

¹² Hearing Aid Manufacturers and Distributors Association of Australia, Submission to the ACCC, 2019, p. 12.

We would welcome the opportunity to discuss any aspect of our letter with you further. I can be contacted via Elissa Campbell, Advocacy and Policy Manager on (03) 9940 3900 or elissa.campbell@audiology.asn.au.

Yours sincerely



Dr Barbra Timmer
President

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