

4 May 2018

Dr Jeffrey Harmer  
Chair, Private Health Ministerial Advisory Committee  
Department of Health and Ageing  
GPO BOX 9848  
CANBERRA ACT 2601

C/O Private Health Insurance Taskforce  
[PHIConsultation@health.gov.au](mailto:PHIConsultation@health.gov.au).

Dear Dr Harmer

**Re: Consultation on Draft Standard Clinical Definitions and Hospital Product Categories**

Audiology Australia is writing to oppose the proposed approach to 'hearing loss surgery' contained in the Private Health Insurance Taskforce's latest consultation papers. Audiology Australia is the peak professional body for audiologists with over 2,600 members and represents over 95% of all Australian audiologists.

In particular, Audiology Australia opposes the proposal to include 'implanted devices for hearing loss surgery' as a minimum requirement only within the Gold product classification.

We believe this proposal will limit the access and affordability of clinically efficacious and cost-effective treatment for people with significant disabling hearing loss. In turn, this will have a major detrimental impact on those individuals affected in terms of their learning outcomes, employment opportunities and mental health. We note, for instance, that there is already an estimated productivity loss of \$9.3 billion in Australia per annum due to reduced employment prospects for people with hearing loss.

Audiology Australia also considers that including 'implanted devices for hearing loss surgery' as a minimum requirement within the Gold product category will have broader, negative impacts. As the Committee will be aware, hearing impairment already places a significant burden on Australia's health care system, economy and society. Currently, the prevalence of hearing loss is estimated to be 3.6 million Australians with a financial impact of \$15.9 billion and lost wellbeing of \$17.4 billion per annum. As the prevalence of hearing loss in Australia is projected to more than double to 7.8 million people by 2060, we consider that the proposed change will only exacerbate these issues. For instance, if this change were to be introduced, there is likely to be greater demands on public health funds and services, which in turn will create delays that will impact on patient outcomes especially for children.

As an organisation dedicated to securing the best hearing health and wellbeing outcomes for all Australians, Audiology Australia is opposed to a policy proposal that could undermine Australia's position as a global leader in hearing health. It is a move also at odds with longstanding government support for the hearing sector, including the recommendation made by the Commonwealth House Committee on Health, Ageing and Sport that Hearing Health become our 10th National Health Priority.



audiology australia

We urge the Taskforce/Advisory Committee to reconsider the proposed classification and ensure minimum coverage is included across Bronze, Silver and Gold tier product categories for hearing loss surgery to help ensure all Australians with disabling hearing loss can access this treatment option. Audiology Australia also endorses the content of Cochlear's more detailed submission on this issue.

If you wish to discuss any aspect of this submission further, please contact Audiology Australia's Research and Policy Manager Elissa Campbell on [elissa.campbell@audiology.asn.au](mailto:elissa.campbell@audiology.asn.au) or (03) 9940 3900.

Yours sincerely

Dr Jason Ridgway  
President  
Audiology Australia

**Reference:** Hearing Care Industry Association (2017) The Social and Economic Cost of Hearing Loss in Australia. Available at: [http://www.hcia.com.au/hcia-wp/wp-content/uploads/2015/05/Social-and-Economic-Cost-of-Hearing-Health-in-Australia\\_June-2017.pdf](http://www.hcia.com.au/hcia-wp/wp-content/uploads/2015/05/Social-and-Economic-Cost-of-Hearing-Health-in-Australia_June-2017.pdf)