

9 October 2019

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority
Level 6
McKell Building
2-24 Rawson Place
Sydney NSW 2000

Email: consultation@sira.gov.au

Dear Ms Donnelly

Re: Work-related hearing loss in the NSW Workers Compensation System

Audiology Australia (AudA) welcomes the opportunity to make a response to the State Insurance Regulatory Authority's (SIRA) current review of work-related hearing loss in the NSW Workers Compensation system (WorkCover).

AudA is the member association for the profession of audiology with over 680 members in NSW who provide extensive support to, and advocacy on behalf of, WorkCover clients.

We also strongly support the overall objective of this review, which is to simplify the process for making a claim for work-related hearing loss, have a system that delivers good claimant experiences and operates efficiently and effectively.

Based on feedback from our members, this submission provides comments on the funding of hearing aid claims, current WorkCover processes and the need for greater recognition of chemical related hearing loss in the workplace.

Funding of hearing aid claims

On 21 December 2018, the Workers Compensation Independent Review Office (WIRO) introduced a significant policy change for the funding of hearing aid claims.

The effect of the change was that WIRO would now no longer provide funding for the purpose of investigating or pursuing a claim for hearing aids on or after 1 January 2019 where the worker was eligible for subsidised hearing services under the Australian Government Department of Health's Hearing Services Program (HSP).

AudA acknowledges the intent of the policy change, which is to avoid clients potentially double-dipping by obtaining hearing aids via both the WorkCover and the HSP. However, we have concerns about the implications of this policy change and that it restricts those least able to afford costs associated with making a WorkCover claim from being able to recover the cost of a medico-legal report or legal advice associated with the claims process.

Most injured workers who have the benefit of the HSP have limited financial means and cannot afford the cost of a medico-legal report or legal advice. This policy change places this cohort in a situation where they will have difficulty in pursuing their claim despite being potentially eligible for workers' compensation entitlements.

We are also concerned about the impact of this policy change on workers' quality of life. When clinicians meet with injured workers, a range of factors are considered including their age, work history, the extent of their hearing impairment, familial circumstances and lifestyle.

Based on this information, clinicians then recommend the most appropriate hearing devices for the injured worker. The devices available to a worker at no cost to them via the HSP are good quality and appropriate for many people's circumstances. Individual circumstances and workplace requirements must also be taken into consideration when hearing aid technology is considered.

Injured workers accessing the HSP have the option of obtaining higher level devices according to their clinical needs but will have to pay out-of-pocket for any cost above the subsidised standard model price.

However, clinicians recommend aids available via the WorkCover schedule of devices and costed under the *Workers Compensation (Hearing Aid Fees) Order* - where they are available - because they consider them to be more appropriate for the specific needs of injured workers.

Clinician concerns

AudA members have commented on the increasing complexity of the WorkCover scheme that they must navigate and have raised concerns that - without simplifying the way that it is currently administrated - access to the provision of hearing services will be underutilised to the detriment of worker outcomes.

Based on member feedback, AudA submits that there are opportunities for reform that would improve WorkCover system efficiency and improve claimants' experiences as follows:

- Workers who have English as a second language – Many people who seek workers compensation are factory workers who have English as a second language. These workers may have a lower ability to advocate for themselves and have mismatching information such as birth-date and anglicised names that results in SIRA reporting that there is no claim. This is despite the injured worker using hearing aids, suggesting that there is a claim. Clinicians will then need to act as an intermediary between the client and SIRA in order to ascertain a worker's correct details.

A possible solution is to either allow the SIRA employee and clinician/worker to have a validation process so that they can have a discussion over the phone to find out what details are incorrect rather than having to resend all the paperwork again.

Another challenge is – once the claim number is provided – where an insurance company no longer processes that person's claim, it is again incumbent on the worker or clinician to ascertain which insurance company will administrate the request for new hearing aids.

If the claim was previously held with an insurance company that is not now handling the claim, there is no contact to tell clinicians who they should contact. There are also often lengthy delays of months for the new insurance company to obtain the hard copy of the file and send it to the clinician to determine an outcome.

Another idea to address these difficulties is a portal where qualified clinicians could complete and conduct an eligibility search for workers who believe they have a previous claim so that the information can be accessed and provided to the worker at the time of the assessment. This portal could also be used by clinicians to communicate with insurance companies and process hearing aid requests by uploading them into the system. Insurance companies could also use the portal to update the status of a particular claim. Such a portal would help reduce any communication confusion and speed up the management and processing of WorkCover hearing loss claims.

- Streaming devices - Streaming technology allows direct wireless connection between hearing aids and other external devices such as the TV, phones and tablets. While these devices are not currently included under WorkCover, injured workers may use their hearing aids more often if the hearing aids can connect with external devices via the streamer. The addition of streamers and FM systems to the WorkCover system would benefit hearing aid users and also increase the amount of hearing aid usage.
- Maintenance costs – We believe that maintenance costs and battery provision should not have to be approved by a case worker and should only require the client's signature.
- Search queries – Members suggest that SIRA could return search queries in a more timely manner as they currently take at least two to three weeks.
- Advertisements - Members have also raised concerns that potential claimants may be enticed into WorkCover by advertisements claiming to be from not-for-profit organisations that are raising awareness about industrial deafness.

Chemical related hearing loss

While there is strong awareness that occupational noise exposure can be a significant health hazard, it is less well known that common industrial chemicals can exacerbate the effects of noise and/or cause hearing loss (Fuente, 2013). These chemicals are said to be ototoxic as they damage the cochlea in the inner ear and/or the auditory neurological pathways leading to hearing loss, tinnitus and vertigo.

Hearing damage is more likely if exposure is to a combination of chemicals or a combination of the chemicals and noise. Exposure to both chemical and noise is common in the Australian workplace (Lewkowski et al, 2019).

Activities where noise and ototoxic chemicals often combine include: painting, printing, boat building, construction, furniture making, manufacture of metal, fibreglass, leather and petroleum products, aircraft maintenance, labs and fire-fighting.

There is increasing recognition of the dangers of hearing loss and ototoxic chemicals. For instance, the WA Government recommends annual audiograms for workers whose airborne exposures are at 50% or more of the exposure standards stated in the Safe Work Australia Hazardous Substances Information System for the chemical in question, regardless of the noise level.

However, the current exposure standards for chemicals and noise do not consider or address the increased risk of hearing loss from exposure to ototoxic substances and noise.

AudA considers that there should be greater recognition of the link between workplace chemical exposure and hearing loss by SIRA for the purposes of considering WorkCover claims made by this cohort. Equally, we believe that more effort should be made towards promoting this link to help prevent worker injury from occurring in the first place.

We would welcome the opportunity to discuss any aspect of this submission with you further. I can be contacted via Audiology Australia's Advocacy and Policy Manager Elissa Campbell at elissa.campbell@audiology.asn.au or (03) 9940 3904.

Yours sincerely



Dr Jessica Vitkovic
President

References

Fuente A et al (2013) Auditory dysfunction associated with solvent exposure 13 *BMC Public Health* 13-39

Lewkowski K et al (2019) Exposure to noise and ototoxic chemicals in the Australian workforce. 76(5) *BMJ Occupational and Environmental Medicine*: 341-348