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Report on the Prevalence and Cost of Hearing Loss of Maine's  
Elderly Population

As Authorized by L.D. 1055

“Resolve, To Establish a Working Group To Study the Prevalence  
and Cost of Hearing Loss and the Use of Hearing Aids and Other  
Devices in Maine's Elderly Population”

Maine Department of Labor  
Bureau of Rehabilitation Services  
Division of Deafness

December 7, 2007



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DEPARTMENT OF LABOR  
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GOVERNOR

LAURA A. FORTMAN  
COMMISSIONER

December 6, 2007

The Honorable Ethan K. Strimling, Senate Chair  
The Honorable John L. Tuttle, Jr., House Chair  
Members of the Joint Standing Committee on Labor  
123<sup>rd</sup> Maine State Legislature  
100 State House Station  
Augusta, ME 04333-0100

Dear Senator Strimling, Representative Tuttle and Members of the Joint Standing Committee on Labor:

Attached is a copy of the Report on Prevalence and Cost of Hearing Loss of Maine's Elderly Population as authorized by L.D. 1055, Resolve To Establish a Working Group To Study the Prevalence and Cost of Hearing Loss and the Use of Hearing Aids and Other Devices in Maine's Elderly Population.

If you have any questions about this Report, please feel free to contact John Shattuck, Director of the Division of Deafness at 623-7957.

Sincerely,

Laura A. Fortman  
Commissioner

LAF/lm  
attachment

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**Report Prepared by:  
John Shattuck, Director  
Division of Deafness**

## **Introduction**

At the conclusion of the first session of the 123<sup>rd</sup> Legislature, L.D. 1055 “Resolve, To Establish a Working Group To Study the Prevalence and Cost of Hearing Loss and the Use of Hearing Aids and Other Devices in Maine’s Elderly Population” was passed and signed by the Governor on June 2, 2007. This resolve authorized the formation of a work group to explore the need and availability of hearing aids as well as the feasibility for a Captel service subsidy for Maine’s low-income elderly population. The work group was comprised of 7 members appointed by the Governor in addition to a designee of the Director of the Office of Elder Services and the Director the Department of Labor’s Division of Deafness. The resolve designated the Director of the Division of Deafness to chair the work group.

The group met on four occasions to review the progress of research guided by the resolve’s questions, and offer advice and feedback on the reliability of the information retrieved. The work group also held a public hearing to solicit comments regarding the challenges of the elderly who experience hearing loss. This hearing was convened on November 15, 2007 at the Senior Spectrum in Hallowell.

In response to the question of how other states address the need for hearing aids by elderly individuals, a survey was conducted via telephone, TTY and email. Each agency whose primary purpose is to serve individual state’s Deaf and hard of hearing population was contacted directly to ascertain what services were available for low-income elderly experiencing hearing loss.

The members of the 1055 Work Group include:

John Shattuck, Director, Division of Deafness  
Derrick Grant, Office of Elder Services  
Eric Risch, Maine Academy of Audiology  
Debbie DiDiminicus, Southern Agency on Aging  
Kristine Dach, Community Counseling Center, Portland

Maryl Troop, Member of Ad Hoc Committee for Late Deafened and Hard of Hearing

Amy Snierston, Maine Center on Deafness

Deb Reynolds, Deaf Consumer

Christine Dietz, Community Counseling Center, Portland

## **Executive Summary**

The first issue addressed by the work group was the number of people who would be considered to be low-income elderly who are experiencing a hearing loss severe enough to warrant a hearing aid. In lieu of a thorough census, not allowed by time or resources, there were a number of assumptions based on previous research made to determine a final number. These assumptions are described in the “duties and findings” sections. The number arrived at and agreed upon by the work group is **16,748**. This number includes Maine citizens who are 65 years of age or older, have a minimum hearing loss of 40 dBs (pure tone) (According to the National Institute on Deafness and Other Communication Disorders) in both ears, and fall within the 175% federal poverty guidelines. For the purpose of determining a service demand, we used a 20% utilization figure proposed by the 2003 Bureau of Insurance (*Review and Evaluation of LD 1087, an Act to Require All Health Insurers to Cover the Costs of Hearing Aids*) report to the legislature bringing the number of people who would participate in a hearing aid service program to **3,450**.

A periodical search was done to explore studies relating to the impact of hearing loss experience for elders who are unable to afford hearing aids. Although there are several articles relating to this subject, all the articles found referenced a study done by The National Council on Aging in 1999. This very thorough research concluded that the impact of hearing loss on this population may have several emotional and psychological consequences including low self-esteem, stress, fatigue, isolation, and possible chemical dependency. However, the prevailing negative impact cited is **sadness, and depression**. Comments provided at a public forum, November 15<sup>th</sup> in Hallowell, supported these findings, and focused to a large extent on people’s sense of social isolation and associated depression resulting from hearing loss in elders.

There are as many as 11 private and public agencies that provide hearing aid assistance to elderly people in Maine such as the Lion's Club, Hear-Now, the Warren Center, and under certain circumstances, MaineCare. Most of these agencies expressed a severe lack of resources to meet the need of those elders who are experiencing hearing loss, and are unable to afford the cost of hearing aids which with associated services cost at minimum \$1,000 per aid. Upon consideration of the research regarding the effectiveness of these programs it was noted that there was little in the way of sharing of information or coordination of services between agencies. There were several instances when one agency was completely unaware of the existence of other opportunities of service or resources. There appears to be a range of effectiveness of service delivery from one agency to another, but clearly there has been little consideration offered to a statewide collaborative effort.

Despite a somewhat insular approach to providing services, each agency expressed an open willingness to share information with other providers suggesting opportunities for collaboration. Establishing a statewide "loaner/recycle" network with a centralized clearing-house within the non-profit community may be an option to be considered. Initial steps toward this structure may be a cross-training conference to include private non-profit agencies and state representatives. We have also been in contact with the University of Maine's Department of Electrical and Computer Engineering to explore an innovative repair/refurbishing model that could be incorporated into the centralized clearing-house model.

There are several options to be considered in administering a hearing aid program. If a state agency were to administer a hearing aid program for elders, it would be most efficiently done through contracts with providers of audiological/dispensing services. The contracts would be put out to competitive bid to cover three separate sections north, central, southern portions of the state, and would have access to a menu of resources that would best meet the need of the consumer and leverage resources to maximum extent. If we contract with well-established non-profit providers the overhead could be kept to a minimum.



A program could also be administered as a part of the established Telecommunications Equipment Program (TEP). This program provides telecommunication equipment to assist people with disabilities access telecommunication services. The TEP is currently funded through the Universal Service Fund as well as general state revenue. The program provides equipment on a cost sharing/loaner bases through a contract with one statewide agency. This one agency could contract with local licensed providers using a defined fee for service price structure.

If it were decided to have Medicaid cover the cost of hearing aids, all licensed hearing aid dealers and audiologists would continue services but at a Medicaid rate.

To project the costs of developing and delivering a pilot program, consideration must be given to the testing of hearing, fitting of the hearing aid, the hearing aid, and the administration costs involved. A pilot program to determine the practicality of a hearing aid program could be done with 100 hearing aids, and could use rules already established by the Bureau of Rehabilitation. The projected cost of such a program would approximate **\$100,000**.

A survey of other states was conducted to determine if support is offered to elders in the efforts to obtain hearing aids. Of the 43 states that responded, most states identified philanthropic organizations such as Lion's Club as their only resource, and that service was for the most part very limited. There were three states that utilize their Universal Service Fund to provide hearing aids, North Carolina, Louisiana, and Oklahoma. A number of state's Medicaid programs do cover hearing aids at different levels, and many states have a low cost equipment loan system that offers some limited support.

In projecting the cost of taking no action, the work group was unable to determine specific amounts, but was able to identify some correlations between hearing loss and demands placed on the Department of Human Services Mental Health system. Of particular note is the Department's 2006 "Chapter 55" that cites the cost for MaineCare funded mental health services for persons 60 years old and older for FY 2005 was \$11,441,391.

In response to the question of feasibility of funding a hearing aid program using the state's Universal Service Fund, a meeting was held with the Public Utilities Commission. For the purpose of discussion we used the 20% utilization rate (National Institute on Deafness and Other Communication Disorders) suggested to determine what impact full service delivery would have on the USF. If we assume a cost of \$1,000 per hearing aid (one hearing aid per person) x 3,350 (20% x 16,748), the total cost would be \$3,350,000. This would increase the average telephone bill from 1.35% to 1.9% (approximately a \$.20 per bill increase). If you were to use the USF for the pilot project estimating the cost to be \$100,000, the average cost per bill would be approximately \$.005 (1/2 penny). Representatives of the PUC have expressed a concern that increases in the USF moves the state closer to not being competitive with other states for telephone service particularly for those businesses that are "telephone intensive". If the USF were also used to subsidize a 2<sup>nd</sup> Captel line for the 115 Captel users in Maine the cost increase per bill would be \$.001 per month (1/10 penny).

## **Resolve Duties and Findings**

### **The Number of Elderly Individuals Who Have a Hearing Loss Significant Enough to Affect Their Daily Functioning, Community Participation, or Finances**

According to the National Institute on Deafness and Other Communication Disorder (NIDCD) statistics provided in 2002, the frequency of hearing loss of people 65 years old and older is 31%. According to the US 2005 Census Bureau, 14.6% of Maine's population of 1,321,574 is 65 years old or older (192,950). Assuming the NIDCD figure of 31% x 192,950, 59,814 people in Maine are older than 65 years and experience a hearing loss. For the purposes of determining level of hearing loss, most statistics base the definition of hearing loss to be 40 dB loss in both ears PTA (pure tone average). A 40dB loss has been determined by the NIDCD to be the level of loss that impacts people's ability to perform daily functioning. In determining the level of those people over 65 years of age who cannot afford a hearing aid, we used the US Census Bureau's Maine statistic on poverty level of income under 1.75 of the Federal Poverty Rate which is \$9,699 for

single and \$12,201 for a couple. According to the Census Bureau, there are 54,100 people in Maine who are over 65 and fall within the 175%, which translates, to 28% of the 65 and older population. If you apply the figure of 59,814 (people with a hearing loss over the age of 65) x 28% the result is 16,748 Maine citizens who are over 65 years of age who have a hearing loss and fall under the 1.75% of Federal Poverty Guidelines. For the purposes of determining the utilization of a hearing aid service for this population, we referred to the 2003 Bureau of Insurance report to the legislature “using the nation wide prevalence distribution, an estimate of 20% of the hard of hearing who actually use hearing aids”. Using the 20% utilization figure we estimate that 3,350 people would be the “global” consumer base. As an anecdotal note of information, the Division of Deafness receives over 200 inquiries per year requesting assistance for obtaining hearing aids a majority of which are elders.

### **The Impact of Untreated Hearing Loss on Elderly Individuals Who Need Hearing Aids But Cannot Afford Them**

There have been a number of studies regarding this topic on a national level from 1980 to 1998 (Weinstein & Ventry, Thomas and Herbst 1980, Bridges & Bender 1998), but the most comprehensive study on the impact of untreated hearing loss on elders was commissioned by the National Council on Aging (NCOA) in 1999. The NCOA contracted with the Seniors Research Group to conduct a national survey of older Americans to quantify the social, psychological, and functional effects of hearing loss. This study focused on over 2,000 people who had a hearing loss to determine the effects of those who did not wear a hearing aid with those who did. The results of this study concluded that “Older people with hearing impairments that go untreated suffer many negative effects”. The effects include increased incidence of sadness and depression, worry and anxiety, paranoia, diminished social activity, emotional turmoil and insecurity. Conversely, there was a percentage of hearing aid users who reported improvements in overall life functioning: relationships at home (56%), self confidence (39%), mental health (36%), sense of independence (34%), social life (34%) sense of safety (34%), and physical health (21%).

This study is further supported by a conversation this past November with the Director of Hearing Loss Education and Resources, Laine Waggoner's who stated "Among the major issues faced by hard of hearing are grief over the hearing loss, low self esteem, stress, and resulting fatigue, depression, loss of intimacy, withdrawal, social isolation, and possible chemical dependency".

Although hearing loss is not specifically mentioned in the February 2006 report "Improving Access and Delivery of Mental Health Services to Older Persons" by the Joint Advisory Committee on Select Services for Older Persons and the Maine Department of Human Services, it does allude to depression as a common diagnosis among elders. This report states: "Between 50-60% of older persons receiving long-term care or home care services have one or more mental health diagnosis....The most common diagnosis is depression with 54% of people in nursing facilities and 40% in residential home care having a diagnosis of depression". The report goes on to say, "Depression is the largest risk factor of suicide; the rate of suicide among persons over age 65 is higher than for any other age group." Under the report's Appendix 13 section, the observation was made that "Depression disorder was the most common diagnosis, with 40% and the 2,076 (sample group) having this disorder".

Although there is no formal statistical correlation made between the NCOA report and the DHHS report, the common thread of a high incidence of depression and hearing loss within the elder population captured within the two reports is worthy of consideration.

### **Operation and Effectiveness of Existing Programs Available to Assist Elderly Individuals with Hearing Aids**

The following are national and state public and private programs that provide hearing aid assistance:

- The Warren Center, 175 Bangor Street, Bangor. The Warren Center provides used and new hearing aids to those applicants who meet the 200% federal poverty level and are not VA or VR (vocational rehabilitation) eligible. They serve all ages, but 98% of those served are people who are 65 years old and older. The program is limited to

one behind the ear device per individual. They have served 150 people since its inception in 2002, and have served 45 to date (2007) with a 100 people on a waiting list. The program receives \$15,000 from United Way and \$9,000 from a Rite Aid grant with additional private donations.

- Veterans Association. Veterans are eligible for hearing aids if they have received an increased pension for regular services or are homebound, are a former prisoner of war, or have received a Purple Heart medal. There have been recent developments within the Veteran's Administration that have broadened the availability for hearing aids for veterans, even for those whose disability are not service connected. If a veteran is within the current system, and in need of a hearing aid, the availability of services is much improved.
- Hear Now. This is a national non-profit organization supported by the Starkey Hearing Foundation. There is an application fee of \$100 and eligibility based on a limit of assets \$2,000, and income limit of \$12,960 per annum for a single. The foundation does cover the cost of the hearing aid, but not any associated services such as audiological exam or hearing aid fitting. The eligibility notice is sent to the hearing aid provider and consumer. The ear impression is sent to Starkey and then the foundation sends the aid to the provider for a fitting.
- Easter Seals. This national organization has state chapters that decide their focus of services. Although several state Easter Seals organizations do provide hearing aids to elders, the Maine Easter Seals focuses their efforts on children.
- MaineCare. MaineCare will cover the costs of hearing aids, accessories and services to include repairs with authorization prior to provision, and is available to people who reside in nursing home facilities.
- Lions Club Recycle Program. The Lions club does have a statewide foundation that each local chapter contributes to, but the process requires that referrals are made by local chapters. The chapter receives an application requiring information about income and assets. The person is then referred to a participating audiologist who does an

assessment and fitting with a reconditioned aid collected by the Lions Club. The cost is about \$150 per aid. They serve approximately 50 people per year.

- Audient Northwest (Affiliate of the Northwest Lions Foundation for Sight and Hearing). This is a national discount program that provides low cost hearing aid services to include: hearing aid fitting, ear molds and fully digital hearing aids, and three adjustments. The cost range through Audient is \$760-\$1,400 for one aid and \$1,290-\$2,400 for 2 aids. Eligibility for the program is based on income with a base line of \$24,000 for a single person.
- Mpower, Finance Authority of Maine. This program provides low interest loans for adaptive equipment administered by Alpha One, and underwritten by the Finance Authority of Maine (FAME). Of the 243 loans administered this past year, 59 were for hearing aids with the average cost of \$2,500. Each applicant loan is based on the ability to pay. 20% of the loan applications have been denied due to applicant's inability to pay back the loan.
- Vocational Rehabilitation (VR). The division of Vocational Rehabilitation provides services to assist people with disabilities obtain or maintain employment. Hearing aids may be available to people if receiving a hearing aid is specifically related to employment. There is an order of selection that limits services to only those who are considered to be the "most severely disabled" and eligibility for services may not necessarily ensure the provision of a hearing aid.
- State Grange. The Grange did provide people with hearing aids in the past, but have not been active in that service recently. We have been informed that the Grange would consider such a program again.
- Purdy Center, Maine Medical Center. Offers new digital hearing aids to about 15 people per year who meet the audiological and financial eligibility. There is a 6-8 month waiting list. People fall into A,B,C categories based on income and need. There is no cost for those who fall within categories A and B. People in the C category pay for the mold (\$65) and audiological (\$200) exam. The funding comes from the local Lion's Club. The aids are ordered from Siemens Manufactures.

Regarding the effectiveness of the above programs, it was observed in our research that several of the above agencies were effective on a local level; however, most were unaware of the availability and operation of other programs within the state. This was not only evident within the non-profit community, but also true within the state agencies. Individuals contacting agencies for possible support with obtaining hearing aids were often denied without any referral to other potential service providers. From a statewide perspective there is great potential to establish an improved infrastructure for referral, information sharing, and service delivery.

### **Opportunities for Coordination Among Existing Programs Available to Assist Elderly Individuals With Hearing Aids**

Although limited in resources, there are a number of agencies in Maine that do provide hearing aid services to the elderly population. However, as noted above, there is little in the way of cross referral or sharing of information. It has been recommended that non-profit and state providers be brought together in a conference setting to share and initiate coordination and collaboration efforts. A statewide “loaner/recycle” network could be established within the non-profit community. We may also want to include hearing aid manufacturers as possible corporate sponsors. A cross training program would be made available to both public and private providers to ensure that all providers appreciate what services are currently available. A follow up approach would be to establish a centralized hearing aid “clearing house”. Referrals could be made to a central database to be placed on a waiting list. Donations and hearing aids can also be placed in a central inventory where they can be categorized and assessed for function. A match can be made based on a person’s audiological evaluation. A designated licensed audiologist would perform the actual hearing aid fitting.

### **Approaches, Opportunities, Techniques and Programs Used In Other States to Address the Need For Hearing Aids by Elderly Individuals**

See Appendix I for State by State Listing

**Options on Potential Approaches, Techniques and Programs in Maine for Providing Hearing Aids to Elderly Individuals, Including Different Methods of Program Administration and Delivery So As to Maximize Program Availability Statewide and Minimize Overhead Costs**

- Hearing Aid Clearing House: As indicated in Appendix I, there are several program approaches across the country that provide subsidized hearing aids to elders. As in Maine there seems to have been little effort in other states to coordinate information sharing and services among providers. A program model to enhance service delivery would be to designate a not for profit as an information and distribution conduit. Referrals could be made from any state or private agency using a comprehensive standardized form that would reflect eligibility for all state and national programs. The designated agency would then determine which program the applicant would be eligible for, and make the appropriate referral as well as coordinate and do follow up on the service provided. For those people who are not eligible for a program, or are put on a prolonged waiting list, the agency could also serve as a donated hearing aid warehouse. The agency could accept hearing aids from participating agencies, have the aids repaired and reconditioned and made available to the applicant. This approach would require the collaboration of speech and hearing centers, audiologists, state agencies, and philanthropic service agencies such as the Lions Club and the Grange.
- Telecommunications Equipment Program (TEP): The TEP is an established program, currently administered by the Maine Center on Deafness, that provides telecommunications equipment to people who are Deaf, hard of hearing, late deafened, or have a disability that precludes someone from accessing the telecommunications network. The equipment is provided on a cost share/loaner basis depending on an applicant's income. Hearing aids for elders who are low income and have a hearing loss could be incorporated into the TEP. Unlike the equipment currently disbursed in the TEP, hearing aids would require the technical support of an audiologist or licensed hearing aid dispenser for a fitting. The TEP administrator would determine eligibility for service and then would authorize the providing of the aid.



- **University of Maine Electronic Refurbishing Service:** This design would use the University of Maine's Department of Electrical and Computer Engineering as a centralized refurbishing service center using graduate students to repair used hearing aids. This service could be used by speech and hearing centers throughout the state. Donated aids would be gathered by the traditional organizations such as Lions Club, and sent to the University for restoration and storage. Eligibility for the program could be determined by individual speech and hearing centers throughout the state. Once the specifications are determined, the speech and hearing professional could contact the University for the availability of the hearing aid requested. The hearing aid would then be sent to the center for the fitting. Once the University is equipped to provide the repair service, an ongoing promotion would be needed to ensure an ongoing flow of hearing aid devices. A meeting was held with Dr. Mosavi, Chair of the UMO Department of Electrical and Computer Engineering to discuss the practicality of UMO's involvement in a hearing aid loaner/refurbishing program. The results of this meeting suggest a program using graduate students to perform the refurbishing was not only feasible but also desirable. There is some possibility that up front equipment costs could be covered by UMO. Dr. Mosavi will be providing additional information regarding costs to cover personnel expenses.
- **Hearing Aid Loner Program:** This is a program that was established in the mid 1980s to meet the growing need of Maine's elders who were experiencing hearing loss. The state did promulgate rules for the program (still in existence) with eligibility based on the degree of hearing loss and income. The hearing aids were dispensed through a contract with a geographically central speech and hearing center. Funds used for the program came through a surplus in a Federal account available at the time. The program met with some success, but when the funds were no longer available, the program ended.

## **The Projected Costs of Developing and Delivering a Pilot Program to Provide Hearing Aids to Elderly Individuals**

The most basic pilot program would be to have the state re-establish the Hearing Aid Loaner program for low-income elders. The cost of hearing aids has increased significantly over the past 10 years. As technology progresses in the field of electronic acoustics, it is expected that the costs will continue to rise. If we assume the cost of a hearing aid to be \$850 per aid (conservative estimate based on a non-programmable behind the ear hearing aid), and include administrative/fitting costs of 15%, the cost would be \$1,000 per person served. Assuming a pilot to focus on 100 people the cost of such an initiative would be \$100,000. The Division of Deafness could contract with 3 speech and hearing centers to cover north, central and southern sections of the state. The pilot could cover a period of one year to assess the need and the most efficient process to provide the service.

We have made contact with the University of Maine Department of Electronic and Computer Engineering in Orono. There was a suggestion that a nominal service charge, plus the funding of a part-time staff to oversee the training and administration of the program would be an approximate cost of \$100 per aid. If the pilot program were to focus on 100 used hearing aids the total cost over the first year would be \$10,000 for the refurbishing services. Publication of this program on a statewide basis for printing and staff time would come to \$1,000. If we continue to assume a fitting and mold cost of \$100 per aid provided by the speech and hearing centers the additional cost would be \$10,000 for a total of \$21,000 for the first year.

If we folded a pilot program into the current TEP the costs would include the \$100,000 suggested in the Hearing Aid Loaner program above plus and additional administration cost for the Maine Center on Deafness of approximately 10% bringing the cost to \$110,000.

If we were to combine the University of Maine restoration/refurbishing model with the Clearing House model we may have the most innovative program if the service was to be limited to "used" hearing aids. The additional costs above the University model, \$21,000, would include a full time staff at a private non profit agency (salary/benefits \$50,000), initial set up costs \$5,000 and administrative costs of 15% \$7,500 per year totaling \$83,500.

## **Projected Costs of Taking No Action to Develop Any Program to Provide Hearing Aids to Elderly Individuals**

There is a fair amount of information describing the quality of life cost for people who are unable to obtain hearing aids, but it is difficult to conclude and actual direct dollar amount as to the cost of services, or support required as a result of someone not being able to obtain hearing aids. We do know from research done that people who are 65 and older who experience hearing loss do suffer from depression and isolation, and that depressive disorders is the most common diagnosis of people in nursing facilities 54% ("Chapter 55 Report" prepared by The Joint Advisory Committee on Select Services for Older Persons and the Maine Dept. of Health and Human Services, February 2006). This same report cites the cost of MaineCare funded mental health services for people age 60 and above for FY 2005 was \$11,441,391. We do not know what proportion of those funds went to the treatment of depression, and we do not know to what extent a hearing aid would alleviate the need for services. We can conclude with some confidence that there is a significant correlation between hearing loss for elders and depression, and that depression in Maine for elders had a high incidence in relation to other mental health diagnosis. However, in the absence of a more empirical analysis, we would suggest caution in formulating a conclusion based on this information.

## **The Feasibility of Funding From the State Universal Service Fund a Hearing Assistance Program, to Include Grants to Eligible Low-Income Persons For the Purchase of Hearing Aids and Subsidies for Captioned Telephone Service**

In discussions with the Public Utilities Commission (PUC) regarding the use of the Universal Service Fund (USF) for hearing aid grants, the following assumptions were offered to determine the impact on the fund:  $1,321,574$  (pop.)  $\times .146\%$  (census of 65 and older in Maine)  $\times .31\%$  (% of 65 and older with hearing loss)  $= 59,814 \times .28\%$  (175% of Federal Poverty Guidelines)  $= 16,748 \times .20\%$  (utilization)  $= 3,350$  people  $\times \$1,000 = \$3,350,000$ . The PUC did express concerns that increases in the USF may move the state closer to not being competitive with other states for telephone service particularly for businesses that are considered to be a "telephone intense" industry. PUC

staff did suggest that even in those companies that rely on high telephone use, the impact would be very small. There is continuing concern that the base rate increases as the customer base decreases placing the burden of the customer on a smaller customer foundation. Based on the \$3.35 million estimate there would be an increase of 20% to the USF. This would translate to an increase from 1.35% of consumer bill rate to 1.9% bill rate, or an increase of \$.15 to \$.20 per average customer monthly bill. If a pilot program were developed using a \$100,000 fund, the cost per average bill would be \$.005 (1/2 penny) per monthly bill. The question of the propriety of using the USF for hearing aids has been raised as to whether hearing aids are essential for people with hearing loss to access telecommunications service. One state that uses the USF for providing hearing aids addresses this issue by requiring that only hearing aids with a telephone accessory switch be subsidized.

LD 1055 also asked the work group to consider the feasibility of funding subsidies for captioned telephone service. Despite the work group's best efforts, a clear explanation as to the nature of the precise telephone service could not be ascertained. The group is aware of interest in the Deaf and hard of hearing community to have access to a second line into "CapTel" service. CapTel provides telephone text messaging for people who are Deaf or hard of hearing using a captioning service. Ordinarily a caller to a Deaf or hard of hear person needs to call the captioning service who then calls the CapTel user. A second line would allow the originator of the call to call the CapTel user directly and the captioning service is incorporated into the call automatically.

To project the cost of providing a CapTel subsidy for a second line, we have assumed the 115 Captels currently in use in the state. A second line in to a residence costs \$35-\$40 for installation and \$18 per month for service. The total installation would be \$4,600 and approximately \$25,000 per year total to the USF fund or \$.001 per month cost.

## Public Hearing

A public hearing was held on Thursday October 15 to receive comments regarding hearing aids and elders. This hearing was advertised and held at the Senior Spectrum-Cohen Center in Hallowell. A review of the report's research and findings was provided to the attendees, and comments were invited. The general theme of the comments centered around the high cost of hearing aids, and people's inability to afford even the most basic models resulting in social isolation and depression. One comment from a provider of services for people who have a vision and hearing loss stated that the combination of the two conditions may lead to loss of balance and "can set them up for disaster". Other comments focused on people being vulnerable to hearing aid providers, and not being confident that the aid offered is appropriate for their specific needs, or that the price is inflated. There was some recognition that people who are over the age of 65 are often "taken advantage of". For those programs that do provide either low cost services or loaner aids, there was concern that there is often such a long waiting list, people do not survive the amount of time it takes to receive the service. There was some agreement within the attendees that hearing aids were important when using the telephone, however there were comments that some people took their hearing aids out for comfort when using the telephone.

Two recommendations offered during the hearing are as follows:

- Because so many people will eventually experience a hearing loss in the aging process, a check-off box be added on State Income Tax forms as an optional voluntary payment.
- For the state General Vocational Rehabilitation program to recognize "homemaker" as a vocational goal as does the Division for Visually Impaired. *In response to this recommendation it was explained that the Division of Vocational Rehabilitation serving people with disabilities, not related to vision impairment, made a policy decision not to recognize "homemaker" as a vocation more than 20 years*

*ago. This decision was based on the belief that providing services with a vocational goal of "homemaker" was not consistent with the intent of the 1973 Rehabilitation Act authorizing the federal Vocational Rehabilitation Program. Although the federal regulations do allow services to be provided to people whose plan is to remain unemployed, but occupied as a homemaker, the Federal Rehabilitation Services Administration as articulated competitive employment, not homemaking, as their clear mission of services.*

### **Conclusion**

Upon review of the information gathered in response to LD 1055, the work group concludes that there is a significant unmet need for hearing aid assistance for low-income elders. There are organizations throughout the state that have made efforts to meet this need, but activities are performed without a statewide infrastructure and with little collaboration. A national survey suggests that Maine is similar to many states in its recognition of the need, but to date are unable to provide adequate services. There are notable exceptions with those states utilizing their Universal Service Fund to provide hearing aid assistance to elders, and several states that provide hearing aids through their state's Medicaid program. Despite Maine's current lack of resources, it is felt there is great potential to maximize the efforts of existing service structure, and with a modest investment could begin to address the needs of hard of hearing elders. Legislation to address this ever-growing need could use any one of the above models to begin resource development on a statewide basis. It is hoped that this report proves helpful in that endeavor.

We would like to take this opportunity to thank the work group members for their insight and dedication to this very important issue, as well as those agencies who provided timely and valuable information to this effort.

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND SEVEN

H.P. 773 - L.D. 1055

APPROVED

JUN 20 '07

BY GOVERNOR

CHAPTER

100

RESOLVES

**Resolve, To Establish a Working Group To Study the Prevalence and Cost of Hearing Loss and the Use of Hearing Aids and Other Devices in Maine's Elderly Population**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** a growing number of elderly individuals who have a significant hearing loss are unable to afford hearing aids; and

**Whereas,** current programs provide inadequate assistance to prevent a growing number of elderly individuals from suffering significant hearing loss without remedy; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1. Working group established. Resolved:** That the Working Group to Study the Prevalence and Cost of Hearing Loss and the Use of Hearing Aids and Other Devices in Maine's Elderly Population, referred to in this resolve as "the working group," is established; and be it further

**Sec. 2. Working group membership. Resolved:** That the working group consists of the director of the Division of Deafness within the Department of Labor, Bureau of Rehabilitation Services, who shall be the chair of the working group; the director of the Office of Elder Services within the Department of Health and Human Services or the director's designee; and the following 7 members appointed by the Governor:

1. One member from the Maine Academy of Audiology;
2. One member from the Area Agencies on Aging;
3. One adult consumer with a hearing loss who uses a hearing aid;

4. A representative from the Department of Labor, Bureau of Rehabilitation Services, Division of Deafness Advisory Council's ad hoc committee on the late-deafened and hard-of-hearing;

5. One adult consumer with a hearing loss, representing the deaf community;

6. One member from a consumer services agency that serves the mental health needs of elderly citizens; and

7. One member from the Maine Center on Deafness; and be it further

**Sec. 3. Appointments. Resolved:** That all appointments must be made no later than 30 days following the effective date of this resolve. Within 15 days after appointment of all members, the chair shall call and convene the first meeting of the working group, which must be no later than 30 days after the appointment of all members is complete; and be it further

**Sec. 4. Duties. Resolved:** That the working group shall study the prevalence and cost of hearing loss in Maine's elderly population.

In examining these issues, the working group shall specifically examine:

1. The number of elderly individuals who have a hearing loss significant enough to affect their daily functioning, community participation or finances;

2. The impact of untreated hearing loss on elderly individuals who need hearing aids but cannot afford them;

3. The operation and effectiveness of existing programs available to assist elderly individuals with hearing aids;

4. Opportunities for coordination among existing state programs, or with the private sector, to maximize the effects of available resources;

5. Approaches, opportunities, techniques and programs used in other states to address the need for hearing aids by elderly individuals;

6. Options on potential approaches, techniques and programs in Maine for providing hearing aids to elderly individuals, including different methods of program administration and delivery so as to maximize program availability statewide and minimize overhead costs;

7. The projected cost of developing and delivering a pilot program to provide hearing aids to elderly individuals;

8. The projected cost of taking no action to develop any program to provide hearing aids to elderly individuals; and



9. The feasibility of funding from the state universal service fund a hearing assistance program, to include grants to eligible low-income persons for the purchase of hearing aids and subsidies for captioned telephone service; and be it further

**Sec. 5. Staff assistance. Resolved:** That the Department of Labor and the Department of Health and Human Services shall provide, within existing budgeted resources, necessary staffing services to the working group; and be it further

**Sec. 6. Report. Resolved:** That, no later than December 7, 2007, the working group shall submit a report to the Joint Standing Committee on Labor and the Joint Standing Committee on Health and Human Services that includes its findings and recommendations, including suggested legislation for the Second Regular Session of the 123rd Legislature. The working group is not authorized to introduce legislation. The Joint Standing Committee on Labor and the Joint Standing Committee on Health and Human Services are authorized to submit legislation pertaining to the report.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

Alaska-Pamela Meuller-Guy, TTY 907-523-5285 South East  
Alaska IL. No response.

Alabama-Tammy Adams, 800-441-7607: Alabama has no program  
at this time, but is considering beginning a refurbishing program.

Arkansas-Ken Mustang, 501-296-1610: IL services. Volunteer  
used hearing aid program; they are exploring Medicaid.

Arizona-Arizona Commission for the Deaf and hard of hearing,  
800-352-8161. They have nothing at this point.

California-Office of Deaf Access, Marsha Fins, 916-651-9140,  
“MediCal” does cover hearing aids for children and adults.

Colorado- Office of Deaf and Hard of Hearing, Cliff Moers, 303-  
866-4824 [cliff.moers@state.co.us](mailto:cliff.moers@state.co.us), Colorado had no programs for  
adults.

Connecticut-Commission of Deaf and Hard of Hearing, Stacey  
Mawson, 860-231-8756. Medicaid for up to 18 yrs. Have no  
program for Elderly.

Delaware-Loretta Sorro, Cindy Basno, 302-761-8275,  
[Loretta.Sarro@state.de.us](mailto:Loretta.Sarro@state.de.us), RSVP. Nemours Health Clinic, non-  
profit from Dupont endowment. \$25 co pay for those eligible  
based on income. Elizabeth Perkins 302-651-4408. Delaware  
Assistive Technology Initiative. Low interest loans. Hearing Loss  
Association of Delaware, Linda Heller, 302-292-3006,

Florida-Bureau of Rehabilitation, Deaf Services Cecil Bradley, 850-245-3399. They have no program.

Georgia-SCD Becky Seals, 770-909-2724. Georgia reports the only resource at this time is Lions Club.  
Rebecca.sills@dol.state.ga.us,

Hawaii-Ellie McDonald PR, 808-587-5660. Hearing aids are covered by the state's Medicaid program for children and adults.

Idaho-Idaho Commission, Cindy Shriner, 208-334-0879. They do have coverage for one life-time hearing aid through Medicaid, any age.

Illinois-Illinois Commission, John Miller, John.miller@illinois.gov Medicaid will cover the cost of one hearing aid (monaural) for adults.

Indiana-Deaf and Hard of Hearing Services, James VanManen, 317-232-1143. Indiana has no program at this time

Iowa-Deaf and Hard of Hearing Services, Suzy Mannella, suzy.mannella@iowa.gov. Iowa relies on the Lion's Club Hearing Aid Bank

Kansas-Kansas Commission for the Deaf and Hard of Hearing, Audrey Walters 785-368-8034. There are no programs in Kansas for low income elders.

Kentucky-Kentucky Commission for the Deaf and Hard of Hearing, Anita Dowd, 502-573-2604. Other than the Lions club there is no program.

Louisiana-Louisiana Commission for the Deaf, Naomi Bedual, 800-256-1532. Does have a program for 50 and over, 250% of fed pov. guidelines. Universal Service Fund annual allotment. Pays for molds and ancillary services \$400 per aid through their technical equipment program.

Maryland-Governor's Office of Deaf and Hard of Hearing, 410-767-6290. Denise Purdue. There are no programs in Maryland.

Massachusetts-Massachusetts Commission for the Deaf and Hard of Hearing. Mary Marcone 617-740-1600. There is an assistive technology fund that provides equipment including hearing aids. They serve 35-40 people per year; full benefits of aids with audiogram. Lora Nelson 617-740-1630. Does have a waiting list.

Michigan-Division of Deaf and Hard of Hearing, 877-499-6232. No response.

Minnesota-Minnesota Commission for the Deaf and Hard of Hearing, Cynthia Weitzel, [Cynthia.weitzel@state.mn.us](mailto:Cynthia.weitzel@state.mn.us). They provide no services at this time.

Mississippi-Office of Deaf and Hard of Hearing, Denee Smith 601-898-7056. They have no program at this time.

Missouri-Commission for the Deaf and Hard of Hearing, 573-526-5205. Missouri has no program that provides hearing aids.

Montana-Montana Deaf and Hard of Hearing, Connie Phelps, 406-444-4290. Montana has no program.

Nebraska-Nebraska Commission for the Deaf and Hard of Hearing, Donita Mains. Income based program 118% of fed poverty level plus under \$5,000 in cash assets for one aid and \$10,000 for two aids. After application is filed, get letter of approval and then referred to participating audiologist who makes the mold. Mold is sent to University of Nebraska where electronic graduate students assemble the aid and sent back to audiologist who does the fitting. They serve about 100 people per year, and Lion's club does about 100 per year for under 65. Sertoma Hearing Aid Bank, 308-535-6600

Nevada-Nevada Association for the Deaf, Carson City. E-mailed with question re: if they have a program. No response.

New Hampshire-Office of Deafness and Hard of Hearing Services, H. Dee Clanton, 21 Fruit Street, suite 21, Concord, NH, 03301 E-mail. No program at this time.

New Jersey-Division of Deaf and Hard of Hearing, PO box 074 Trenton, New Jersey 08625-0074, Ira Hock 609-984-7281 Hearing Aid Assistance, \$100 rebate. New Jersey apportions approximately \$250,000 for aged and disabled for this program. Medicaid does cover aids.

New Mexico-Albuquerque Speech, Language, and Hearing. 505-247-4224. Provides hearing aids to those above 18 years of age. Based on a sliding scale. Will cover up to 50% of cost of aids. For non-digital aids that cost would be about \$250. The state does provide Medicaid coverage for one hearing aid for adults, but it covers the cost for one aid only. United Way does cover the cost of a second aid if needed.

New York- New York State Deaf and Hard of Hearing Services, 518-474-5625 Sharon Brown Levi, Lifeline: HearNow, Lions Club. Northwest Alliance for Accessible Hearing Care 206-838-7194

North Carolina- Division of Services for Deaf and Hard of Hearing, Jeff Mobley 919-874-2212. Uses the state's Universal Service fund from wireless (\$.11 per telephone bill). They provide one digital aid per person provided the aid does have a telephone coil on the aid. They provide up to \$900 per person and \$233 service. They serve about 5,000 people per year and have \$17,000,000 in the fund to date.

North Dakota-Vocational Rehabilitation, Helen Baumgarden, 701-328-8954. The state has the Hear-O program which is run by the St. Alexis Hospital in Bismark. Donated aids are gathered at several "drop off" points. The aids are refurbished by the hospital and provided to eligible clients. There is no income criteria, but applicants must be 55 or older. Between 75 to 100 aids per year are dispensed through this program.

Ohio- Ohio Rehabilitation Services, Sherry Lowe, 614-781-8723, Ohio has no programs other than VR.

Oklahoma-Services for Deaf within the VR program. Joyce Gribbsby, 508-622-8812. Use state's USF for Senior Citizen's Hearing Aid Program. \$500-600,000 per year. Eligibility: 60 years of age, with income limits (single \$2,200 per month). If over that amount, will pay 1:1 co-pay. Example: if receives 2,700 per month will pay 500 co-pay. They have contracts with providers with \$668 per aid including molds and assessments. Will provide 2 aids for a person who is deaf/blind.

Oregon-Deaf and Hard of Hearing Services, 503-373-7605.  
Oregon has no program.

Pennsylvania-Office for Deaf and Hard of Hearing, 717-783-4912,  
Sharon Bein. Pennsylvania has no program at present.

Rhode Island-Steve Florio, Rhode Island Commission for the Deaf  
and Hard of Hearing. [sflorio@cdhh.ri.gov](mailto:sflorio@cdhh.ri.gov). No program at this  
time.

South Carolina-Department of Vocational Rehabilitation, Toni  
Wilson, 803-896-6666. No response.

South Dakota-Division of Rehabilitation Services, Deaf Services.  
605-773-3195, Janet Ball. They have no program.

Tennessee-Council for the Deaf and Hard of Hearing, Thom  
Roberts. No response.

Texas-Division of Rehabilitation Services, Office of Deaf and hard  
of hearing. [david.myers@cars.state.tx.us](mailto:david.myers@cars.state.tx.us) , Rose Minette. There  
are no programs in Texas, but the local A As do receive some  
federal funds for services that on occasion go to pocket talkers.  
Texas just established Medicaid coverage for aids, and are  
currently working on the rules.

Utah-Sanderson Center on Deafness, 801-263-4861. No response.

Vermont-Carrie Foster. Vermont's Medicaid program does cover  
up to \$700 for aids.

Virginia-Deaf and Hard of Hearing Services, 804-662-7614, Mary  
Nunnally. Other than low interest loans and the Virginia Lions  
Club, Virginia has no program.

Washington-Office of Deaf and Hard of Hearing, 360-902-8000. Other than private philanthropic groups, there is no service regarding hearing aids.

West Virginia-Division of Rehabilitation, Barbara King, 304-766-4965. West Virginia has no programs.

Wisconsin-Office of Deaf and Hard of Hearing, Linda Huffer, 608-266-5641. Wisconsin Medicaid does cover hearing aids for adults.

Wyoming-Department of Workforce Services, Vocational Rehabilitation, Deaf Services, Lori Cielinski, 800-452-1408, 851 Werner Court, Suite 120, Casper Wy. 82601. Wyoming has no services other than Lion's club