



## TPI FEDERATION AUSTRALIA

*“Disabled in our Service, United in our Cause”*

### Submission to the Hearing Services Program Review - 2020.

#### INTRODUCTION

This paper aims to address the Hearing Services Program (HSP) Review, in relation to the effect it has on Veterans in receipt of medical compensation and rehabilitation from the Department of Veterans' Affairs (DVA). This is especially so for Veterans who are classified as such under the three Department of Veterans' Affairs' Legislations as Totally & Permanently Incapacitated (TPI), Totally & Temporary Incapacitated (TTI), Special Rate (SR) and Extreme Disablement Adjustment (EDA) Veterans. The three Veterans' Legislations include the Veterans' Entitlement Act (1986) (VEA), Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) and the Military Rehabilitation and Compensation Act 2004 (MRCA).

The Federation of Totally & Permanently Incapacitated Ex-Servicemen and Women of Australia (TPI Federation) works closely with DVA, including with the DVA Minister and a number of Departmental Officers, and the various National and Local Veteran's Consultative Forums. This includes, but is not limited to, Ex-Service Organisations Round Table (ESORT), DVA National Aged Care Consultative Forum (NACCF), DVA Operational Working Party (OWP) and the Female Veteran's and Families Forum (FVFF). DVA also conducts Working parties on many topics (including the Veterans' Legislation and Hearing Workshops of 2016 & 2018) and the individual State and Territory DVA Consultative Forums. It is in these forums that this Federation has also raised, many times, the issues raised by Veterans in regard to the Hearing Services Program Review Terms of Reference.

#### BACKGROUND

##### Establishment of Acoustic Testing Laboratory.

In April, 1943, the NHMRC with funds provided by the Commonwealth, established the Acoustic Testing Laboratory at the Kanematsu Institute of Pathology, Sydney Hospital (p. 74).

The grant provided for the establishment of the Laboratory was £2500 and Mr. N.E. Murray, B.E., BSc, was seconded from PMG's Department to be engineer in charge of the project. The Laboratory was to investigate the problems of noise, hearing and intercommunication that arise in the services particularly in the Army and Air Force and was to work largely through the Armoured Fighting Vehicle Committee and the Flying Personnel Research Committee (p. 417).

As stated on the Department of Health website<sup>1</sup>, in 1944 the National Health and Medical Research Council (NHMRC) established the Acoustic Research Laboratory (ARL) to investigate the effects of noise on military personnel. In 1948, the then Department of Health was given responsibility for the ARL renaming it the Commonwealth Acoustic Laboratories (CAL). The program began providing services to returning World War II Veterans and school children. Since that time the services provided to Veterans and War Widows has morphed into the system that we have today.

In 2013, as part of the introduction of the National Disability Insurance Scheme (NDIS) on 1 July 2013, the Government agreed to transition existing Commonwealth programmes providing support to people with a disability to the NDIS. The Australian Government Hearing Services Program was included as one of these programs.

Prior to 2013, the Department of Veterans' Affairs had full control on the needs of the Veteran community in all aspects including their hearing needs. This was all part of the full medical and financial compensation that DVA provided to their clients.

It should also be noted that when the three compensation Acts for Veterans were – Veterans' Entitlement Act 1986 (VEA), Safety, Rehabilitation and Compensation Act 1988 (SRCA) and the Military Rehabilitation and Compensation Act 2004 (MRCA) – enacted that this automatically enabled the DVA Budgetary Outcomes to be responsible for the 'maintaining and enhancing' of benefits for all Veterans and their families. It should also be noted that Hearing loss and Tinnitus are the two most claimed conditions by Veterans.

1. History of Hearing - <https://bit.ly/2RN7lit>
2. Hear Us: Inquiry into Hearing Health – May 2010

## DISCUSSION

It was noted in the Hearing Services Program Review of 2010 in the Senate report “Hear Us: Inquiry into Hearing Health – May 2010”<sup>2</sup> that *‘whilst provision of hearing aids may be high, the committee heard evidence that usage may be low. The rate of non - or under - usage of hearing aids was estimated by witnesses at between 20 and 40 per cent of all hearing aids provided with public funding’*. They also reported that *‘The committee heard evidence that some people are concerned about the ‘top-up’ aspect of the voucher program, and in particular that people accessing hearing services under the voucher program may be being pushed into taking out top-up options unnecessarily.’*

Another comment in the report on page 78 states *‘DVA also made a submission to the inquiry on the issue of Veterans being sold unnecessary top-ups: DVA receives numerous queries or complaints from the Veteran community regarding the purchase of top-up hearing aids, that is aids which have additional features that are not essential to meet clinical needs...it appears that top-up devices are sometimes provided unnecessarily...DVA is concerned about the unnecessary up-selling of hearing aids.’* This can be confirmed by Veterans who cannot receive a higher level of hearing aid above the base-level provided by the Hearing Services Program even when evidence is provided to Department of Veterans’ Affairs by the Audiologist of their *‘clinical need’* for them. At the same inquiry, as stated in the report of 2010, DVA also made a submission<sup>3</sup> to the inquiry on the issue of veterans being sold unnecessary top-ups:

*“DVA receives numerous queries or complaints from the veteran community regarding the purchase of top-up hearing aids, that is aids which have additional features that are not essential to meet clinical needs...it appears that top-up devices are sometimes provided unnecessarily...DVA is concerned about the unnecessary up-selling of hearing aids.”*

It was also noted that the Government’s own agency, the Hearing Services Program, which lays within the Department of Health, was mentioned by the ACCC in March 2017<sup>4</sup> for unnecessary top-ups<sup>4</sup> to their clients.

The TPI Federation is of the opinion that Veterans and War Widows are being penalised and, subsequently, not being provided with the required and recommended medical aids because of the supposed upselling by providers. It is very important to note that it is not the responsibility of the Veteran or War Widow to look for an honest Audiologist. This is the responsibility of the Government as they are paying the accounts and approving the base-level hearing aids regardless of what the Audiologists recommends.

This was mentioned in the ABC Radio Nation program ‘Background Briefing’ which stated, on 30 November 2014, *“A Background Briefing investigation has found that even Audiologists who don’t directly work for manufacturers often receive commissions and other incentives to sell hearing aids to their patients.”* The same article stated *“Now there’s a push by a group of independent Audiologists to change the way the industry works, but they’re in the minority. In the meantime, hard of hearing people—mostly older adults—remain frustrated by the system.”*

There have been so many reviews, inquiries and reports on the HSP for over a decade, including the *‘Report on the Inquiry into the Hearing Health and Wellbeing of Australia – September 2017’*, (which is still sitting in limbo with the confines of the Government *‘Still waiting to be heard’*) and still the same complaints and excuses are being laid by the Veterans and to the Veterans. How many more reviews have to be conducted with the same result. Another waste of Government money!

Why is it necessary to continually have these reviews, inquiries and reports and still the services provided by these programs remain the same – totally inadequate and not responded to in any meaningful way.

Attachment A to this submission is a Hearing Australia information on how the different levels of hearing aids assist a person. The base-level hearing aid shows that *‘low-level conversations, TV (which has a volume control) and limitations on phone calls’* is the best that anyone can expect from a base-level hearing aid.

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2. Hear Us: Inquiry into Hearing Health – May 2010
  3. Hear Us: Inquiry into Hearing Health – DVA Submission 135
  4. ACCC Media Release – 1 Nov 2018

And yet, at the Foreign Affairs & Trade Committee Senate Estimates of 26<sup>th</sup> October 2020 it was stated by the DVA Secretary –

**CHAIR:** So, when I am told that there is an 87 per cent rejection rate, that was from the original request that was made.

**Ms Cosson:** Correct. But they'll still get a hearing aid.

This is the point – they still receive a hearing aid but it is, in too many cases, too inadequate and utterly useless. It is noted that Audiologists recommendations are the only Allied Health Provider who have their recommendations queried and, as noted by the DVA Secretary, ultimately rejected! Would any other health professional put up with this or the result of this policy? Yet the Veteran pays the price for such bloody-mindedness and their social isolation is exacerbated and their family life becomes non-existent.

The TPI Federation has pointed out many times to DVA that the uneconomic method of providing only the base-level hearing aids is an absolute waste of public monies as well as a denial of the ‘clinically’ required equipment. Most Veterans who cannot afford to top-up their hearing aids to the level that is required, usually ‘make-do’ with the base level hearing aids offered and they ultimately end up in many bedroom’s ‘top-drawers’ around the country. This denies the Government the essential requirement for efficacy and efficiency in the provision of hearing services to Veterans.

## TERMS OF REFERENCE CRITERIA

To address some of the criteria of the Terms of Reference for this review, the TPI Federation submits the following –

- whether the program delivers services aligned with clinical need and contemporary service delivery  
The TPI Federation contends that the hearing aid needs of Veterans is not being met due to the very restrictive levels of the base-level hearing aid. To request a higher-level hearing aid is extremely prohibitive. The Community Service Obligation (CSO) Program within HSP is also not available to Veterans. They are not classified as a client ‘who needs additional assistance’. It doesn’t matter how many requests are submitted for the CSO program, to our knowledge, none have ever been given to a Veteran.
- how the Voucher and device maintenance payment system compares with advances in the manufacturing sector and product offering  
The Veterans utilise the voucher system as a means of entry to the HSP while the device maintenance program is delivered by DVA. The voucher system does not protect the needs of the Veteran and the maintenance program only guarantees the supply of batteries.
- how technology is changing the provision of services through the program  
The technology of the 280<sup>5</sup> base-level hearing aids is insufficient for today’s technology. The base-level hearing aids do not include blue-tooth or remote-control facilities. Again, attachment A shows the level of base-level hearing aids and their capacity.
- how program services are currently delivered and whether access can be enhanced for vulnerable Australians and in thin markets, such as regional, rural and remote areas.  
Regional, rural and remote areas suffer greatly with the lack of HSP services. The need to travel great distances is prohibitive for many in these areas. This restrictive access could be enhanced with the introduction of a telehealth/video link-up type of consultation for those who reside in these areas.
- improve access to hearing services for low-income earners, vulnerable Australians, those over 65, and those living in regional, rural and remote areas  
Access can be improved by firstly placing DVA clients into a specialised category where full compensation needs are provided and by improving the variety of hearing aids that should be available to all Australians. Why it is that [REDACTED] has over 700 hearing aids available for their compensation clients and yet HSP only has 280? HSP is not a compensation system but the DVA provision of hearing aids is, and should have a much wider flexibility of the hearing aids that can be dispensed for Veterans.

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5. <http://hearingservices.gov.au/hsoViewWEB/file/fully-subsidised-schedule.pdf>

- implement new targeted initiatives that encourage the provision of services in thin markets and the development of alternative service delivery channels.

The greatest initiative would be to at least progress a review, inquiry or report to the finalisation of it, so that services to the general public as well as Veterans could be improved and not have the same old complaints re-surface each time.

- the needs and experiences of clients

The TPI Federation notes that with the high DVA rejection rate (as noted in the recent Senate Estimates) of 87% for Veterans that, indeed, the ‘needs and experiences of clients’ are not being met and, as such, is not a satisfactory result.

The Veterans need their compensation requirements addressed and not to have the onus of finding a suitable Audiologist (that won’t up-sell) with the correct pricing levels fall at the feet of the client. If the supposed ‘up-selling’ by Audiologist is the highest priority for not approving the required hearing aid, then surely the Government (who is paying the accounts for this service) should be responsible for having the Audiologists regulated and have them adhere to those regulations for the benefit of all clients.

- interactions between the Hearing Services Program and other government programs

The interactions between HSP and other government programs, especially DVA’s hearing program is non-existent. The DVA hearing policy is a direct copy of the HSP hearing policy which is totally unsuitable for the majority of DVA clients who have had their hearing adversely affected by their Defence Service.

- outcomes from any previous inquiries and consultation.

It would appear to the TPI Federation that the many previous Department of Health and DVA reviews, inquiries and reports on hearing aids and hearing services have not had any lessons learned from them. It is apparent that the issues raised over 2 decades are still being rehashed each and every time. The result of this is that the client is the one to suffer and, in the case of the DVA client, is not given the true compensation for their Defence caused injuries.

## CONCLUSION

It is a salient point that the provisioning of HSP is not a ‘mechanism’, and never should be, that allows DVA to abrogate its legislative obligations and responsibilities toward its clients – the Veterans and their families.

DVA’s Budgetary Outcome obligations state –

*Outcome 1: Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependents through access to income support, compensation, and other support services, including advice and information about entitlements.*

*Outcome 2: Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependents through the health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.*

The TPI Federation would like it noted that in the DVA Budget of 2020/21, there is no mention of an appropriation to Department of Health for Hearing Services. Is this because the DVA clients fall under the HSP budget for all Australians and thus prove, again, that Veterans with such a high incidence of hearing loss are the worse for it.

The Department of Health’s Budgetary Outcome for Hearing Services obligations state –

***Outcome 4: Individual Health Benefits***

*Access to cost-effective medicines, medical, dental and hearing services, and improved choice in health services including through the Pharmaceutical benefits Scheme, Medicare, targeted assistance strategies and private health insurance.*

In the Department of Health’s 2020/21 Budget it was announced that “A \$21.2 million national three-year Roadmap for Hearing Health will focus on, preventing, treating and destigmatising avoidable hearing loss and damage, including for people in aged care.”

In the Department of Social Services Budget of 2020/21 it is noted –

**Outcome 1: Social Services – multiple programs**

DSS contributes to providing access to cost-effective medicines, medical, dental and hearing services by determining eligibility for Pensioner Concession Cards, Health Care Cards and Commonwealth Seniors Health Cards, which attract concessions under this Outcome.

It should be noted that the DVA or DVA Health Care Cards are not mentioned in this.

The TPI Federation notes that Government, and particularly DVA, on the basis of the Whole of Government process, has actually negated its responsibility to true compensation for Veterans and War Widows by throwing the Veterans in a high-use and under-funded Hearing Services Program. To obfuscate their true responsibility in this way is highly immoral and leads many Veterans to a much poorer quality of life, much more social isolation from friends and family and often exacerbates any existing mental health issues. The Veteran community have a higher level of OHS issues as a result of their Defence service and are therefore in greater need of a higher level of hearing support. This has been denied to Veterans for many years.

The Treatment Principles (TP) within the Veterans compensation Acts (see Attachment B which is an extract of the VEA TP) shows that DVA could, if it would accept the recommendations of the Audiologists, approve the hearing aid requirements for Veterans.

**All Veterans should have an eligibility for their hearing aids compensation commensurate with their higher needs which are a result of the Defence Service to this nation.**

## Attachment A

# Technology to suit your lifestyle

		PARTIALLY SUBSIDISED / TOP-UP				
		Fully Subsidised	Level 1	Level 3	Level 5	Level 7
BASIC	Large Hall				○ ○ ○	○ ○ ○ ○
	Car				○ ○ ○	○ ○ ○ ○
	Music			○ ○ ○	○ ○ ○	○ ○ ○ ○
	Outdoor Conversations		○ ○	○ ○	○ ○ ○	○ ○ ○ ○
	Restaurant / Social		○	○ ○	○ ○ ○	○ ○ ○ ○
	Meetings / Conferences		○	○ ○	○ ○ ○	○ ○ ○ ○
	Phone calls	○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
	TV	○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○
	1:1 Quiet Conversations	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○	○ ○ ○ ○

## Attachment B

### Treatment Principles

#### Instrument 2013 No. R52

made under subsection 90(4) of the  
*Veterans' Entitlements Act 1986*

#### 11.5 Hearing aids

**11.5.1** The Commission will approve the supply of a spectacle hearing aid when it is the only type of hearing aid appropriate and the person is entitled to the treatment of:

- (a) all injuries or diseases; or
- (b) war-caused deafness or deafness that is a *determined condition* other than a *determined residential care condition*; or
- (c) war-caused visual defect or a visual defect that is a *determined condition* other than a *determined residential care condition* and the need for a spectacle hearing aid arises from the person's inability to accommodate spectacles and a separate hearing aid.

**11.5.2** Where a person who has a war-caused hearing defect or a hearing defect that is a *determined condition* other than a *determined residential care condition* is provided with a spectacle hearing aid under paragraph 11.5.1:

- (a) new lenses will be provided; or
- (b) the existing spectacle lenses will be fitted as part of the aid.

**11.5.4** Subject to prior approval, the Commission may accept financial responsibility for the supply of a hearing aid from an audiology provider if the hearing aid is unable to be supplied to the eligible person under the *Hearing Services Administration Act 1997* or the *Hearing Services Act 1991*.

**11.5.5** The Commission may accept financial responsibility for service charges in respect of a hearing aid that has been supplied under paragraph 11.5.4.

**11.5.6** The Commission may accept financial responsibility for service charges in respect of a hearing aid following the supply of that hearing aid under paragraph 11.5.4 or 11.5.5.