

AMERICAN ACADEMY OF AUDIOLOGY

Resolution: 2012-17

**Subject: Mail Order/Internet Ordering of Hearing Aids**

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1 Whereas, hearing aids and other forms of amplification are but one part of the process of  
2 intervention for hearing loss, and  
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4 Whereas, hearing aids have been shown to require modification from default settings, which  
5 frequently provide the incorrect amount of amplification necessary to make sounds audible and  
6 tolerable for a given individual with hearing loss, and  
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8 Whereas, face-to-face verification of the prescribed hearing aid settings, and counseling about  
9 additional options for hearing loss have been shown to improve outcomes, satisfaction, and  
10 compliance with the use of hearing aids, and  
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12 Whereas, untreated hearing loss (as well as inadequately treated hearing loss) can exacerbate  
13 depression, isolation, and other emotional issues in all adults and older adults in particular, and  
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15 Whereas, failure to appropriately treat hearing loss may result in considerable emotional,  
16 psychological, and physical harm to an individual with hearing loss, due to misunderstanding or  
17 failure to hear instructions or other necessary communication by a physician, co-worker, friend  
18 or family member, and  
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20 Whereas, all 50 states, and the District of Columbia, have laws governing the sale and  
21 distribution of hearing aids in order to protect individuals with hearing loss, and  
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23 Whereas hearing aids are, by definition, body-worn devices and are subjected to conditions  
24 which create the need for ongoing maintenance and repair, and  
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26 Whereas, the majority of those repairs are now done in the audiologist's office, negating the  
27 need for a hearing aid to be shipped to the manufacturer for repair, reducing the time an  
28 individual is without a device, and  
29

30 Whereas, the FDA recognizes hearing aids as Class I medical devices and has recognized that  
31 there are certain "red flags" which indicate potentially serious medical conditions and these "red  
32 flags" can only be identified through a comprehensive case history, physical examination of the  
33 individual with hearing loss, and thorough audiological examination.  
34

35 **RESOLVED**, that a hearing aid programmed without an evaluation performed by a licensed  
36 audiologist, programmed at a remote location and mailed to an individual without verification

37 performed to assure its functioning, without counseling about other options to improve overall  
38 hearing abilities, without a method of assessing proper insertion and physical fit of the aid, and  
39 without a method of providing any onsite maintenance and repair will not adequately meet the  
40 needs of an individual with hearing loss, and

41  
42 RESOLVED, that rehabilitative amplification services including the selection, fitting,  
43 verification, and maintenance of hearing aids and related devices should always be provided in  
44 person, by or under the supervision of a licensed audiologist who is involved in the care of the  
45 individual with hearing loss.

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#### References:

Aarts N.L, Caffee C.S. (2005, May). Manufacturer predicted and measured REAR values in adult hearing aid fitting: accuracy and clinical usefulness. *Int J Audiol.* 44(5):293-301.

Aazh H, Moore B.C. (2007, September). The value of routine real ear measurement of the gain of digital hearing aids. *J Am Acad Audiol.* 18(8):653-64.

Aldridge, P., Rizzo,W. (2011, November). Hearing aid walk in services personal communication.

Brooks, M.,(2001). Hearing aid repair rates. Available from  
[http://www.audiologyonline.com/askexpert/display\\_question.asp?question\\_id=28](http://www.audiologyonline.com/askexpert/display_question.asp?question_id=28) .

Hawkins, D.B., Cook, J. A. (2003, July). Hearing aid software predictive gain values: How accurate are they?. *Hearing Journal.* 56(7): 26,28,32,34.

Kochkin S., Beck D.L., Christensen L.A., Compton-Conley C., Kricos P.B., Fligor B.J., McSpaden J.B., Mueller H.G., Nilsson M.J., Northern J.L., Powers T.A., Sweetow R.W., Taylor B., Turner, R.G. (2010) MarkeTrak VIII: The impact of the hearing healthcare professional on hearing aid user success. *Hearing Review.* 17(4):12-34.

The National Council on the Aging (1999), The Consequences of Untreated Hearing Loss in Older Persons.

Ross, M. Veterans and Aural Rehabilitation. Available at:  
<http://www.hearinglossweb.com/Issues/Services/ar/ross2.htm>.

United States Health and Human Services, Food and Drug Administration (FDA) (2011)  
Available at  
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/HearingAids/default.htm> .