

**September 9, 2020**

Chairman Mark Takano  
House Committee on Veterans' Affairs  
B234 Longworth House Office Building  
Washington, DC 20515

Ranking Member Phil Roe, M.D.  
House Committee on Veterans' Affairs  
3460 O'Neill House Office Building  
Washington, DC 20024

**RE: House Committee on Veterans' Affairs Hearing on Comprehensive Veteran Suicide Prevention Legislation**

The International Hearing Society appreciates the opportunity to provide comments to the House Committee on Veterans' Affairs Chairman Takano, Ranking Member Roe and distinguished members of the Committee on the Committee's hearing to consider H.R. 5697; *Veterans' Acute Crisis Care for Emergent Suicide Symptoms (ACCESS) Act of 2020* and new comprehensive veterans suicide prevention legislation to build on S. 785, *the Commander John Scott Hannon Veterans Mental Health Care Improvement Act*. We support these important bicameral legislative efforts and commend your commitment to meaningfully reducing veteran suicide and ensure the Department of Veterans Affairs (VA) provides high quality and timely care and benefits to our nation's veterans.

The International Hearing Society (IHS) is a professional membership organization that represents thousands of hearing aid dispensing professionals worldwide, including the approximately 9,000 hearing aid specialists practicing in the United States. Founded in 1951, IHS continues to recognize the need for promoting and maintaining the highest possible standards for its members that are in the best interests of the hearing-impaired populations they serve. IHS members reach and care for hundreds of thousands, if not millions, of rural and underserved patients throughout the country.

Given the documented associations between hearing loss/tinnitus and the risk factors for veteran suicide, which have been further amplified by the COVID-19 public health emergency, our comments focus on the need for increased access to hearing healthcare services and professionals to assist in identifying and meeting the hearing healthcare needs of veterans who present risk factors for suicide. To advance these efforts, IHS is calling on the VA to move toward their Congressional directive under Public Law 114-256 to establish technical qualifications for hearing aid specialists to work for the VA and authorize their hiring. Since the VA has fallen short of meeting these directives, we were pleased to work with Committee leaders in the House and Senate to introduce and advance legislation, H.R. 6612 in the House and S. 785 (Section 703) in the Senate, that will follow up on that directive, and appreciate the Committee including such language in H.R. 5697.

Hearing Loss and Tinnitus: Risk Factors for Veteran Suicide and Potential Interventions

According to the VA's September 2019 Veteran Suicide Prevention Annual Report, "Suicide rates among Veteran users of Veterans Health Administration (VHA) services have been affected by economic disparities, homelessness, unemployment, level of military service-connected disability status, community connection, and personal health and well-being." The report also found that:

- Suicide is prevalent among veterans of all ages.
- Depression and anxiety are identified among the mental health disorders associated with suicide.
- Isolation is a risk factor for suicide.
- Suicide rates among women veterans are on the rise and are 2.2 times that of non-veteran women.

Hearing loss and tinnitus remain the top two disabilities for veteran disability compensation and are intertwined with many of the above listed risk factors for veteran suicide, including military service-connected disability, community connection, personal health and well-being, and unemployment/underemployment. From 2014 to 2018, the number of veterans' newly receiving compensation for hearing loss and tinnitus substantially increased by 32% and 54% respectively. <sup>i</sup>

A 2019 *American Journal of Audiology* study examining health care utilization and mental health diagnoses among veterans with tinnitus found that veterans diagnosed with tinnitus (often co-diagnosed with hearing loss) are more frequently diagnosed with mental health disorders than veterans who are not diagnosed with tinnitus.<sup>ii</sup> In addition, a 2015 *International Journal of Otolaryngology* study evaluating veterans with tinnitus found that 79.1% of the participants were diagnosed with anxiety, 59.3% were diagnosed with depression, and 58.2% were diagnosed with both anxiety and depression. The authors also found that, "[S]trong correlations exist between the degree of tinnitus and anxiety and depression in the veteran population."<sup>iii</sup>

Licensed hearing aid specialists are trained to address the hearing healthcare issues and provide potential interventions to help mitigate some of these risk factors. For example, the use of hearing aids or cochlear implants has proven effective among older adults in addressing social isolation, depression, and cognitive performance. A 2016 *Audiology and Neurotology* study evaluating the effects of auditory rehabilitation and training with hearing aids and cochlear implants on cognitive function and depression among older adults found reduced levels of depression, as well as improved short and long-term memory tasks and cognitive status scores for individuals with hearing loss following aural rehabilitation.<sup>iv</sup> (Hearing aid specialists do not provide cochlear implant services beyond referral for cochlear implant candidacy evaluations.) In addition, a 2007 survey by the Better Hearing Institute, which found that hearing loss negatively impacts household income on average of up to \$12,000 per year, also found that the use of hearing aids mitigates that loss by as much as 50 percent.<sup>v</sup>

#### Improving Veterans' Access to Hearing Healthcare

Veterans continue to experience long wait times and abbreviated care through Veterans Health Administration (VHA) due to the high demand for audiology services and backlog. Many must travel long distances to obtain hearing aid services at VHA clinics. As a result, veterans often seek the help of non-contracted, licensed hearing aid specialists to assist with hearing tests, hearing aids, and follow-up services. The current VHA policy handbook limits VHA clinics' abilities to contract with hearing aid specialists, and until 2016, VHA did not have the authority to hire hearing aid specialists as part of audiology-led VHA hearing healthcare team.

Public Law 114-256, enacted in 2016, directs the Department of Veterans Affairs (VA) to adopt qualifications for hearing aid specialists to work for the VA and authorizes their hiring. Presently more than 11% of all practicing audiologists are employed by the VA, yet the number of audiologists nationally is decreasing due to program drop-outs and attrition. The use of hearing aid specialists on the audiology-led VA hearing healthcare team will provide efficiency and access for veterans who are in need of hearing healthcare and tinnitus services. However, to-date, the VA has not established qualifications nor used its authority to hire hearing aid specialists to fill this role. Congressional intervention is necessary to ensure the VA utilizes this new authority so that veterans who present risk factors for suicide will be identified and receive the necessary interventions.

We are mindful that the COVID-19 public health emergency has created numerous challenges for the country and government, including the important work of federal agencies like the VA. Our hope is that the inclusion of the hearing health care language in H.R. 6612 and S. 785 (section 703), which would direct the VA to establish the technical qualifications within six months and hire at least one hearing aid specialist at each VA Medical Center (VAMC), would expand the capacity for hearing health services and licensed hearing aid specialists

throughout the VA. IHS fully supports the goals of the House Committee on Veterans' Affairs in developing strategies to close existing gaps in veterans hearing healthcare and remains committed to assist veterans in obtaining the high-quality hearing healthcare services they deserve. We are respectfully seeking the Committee's help in ensuring we are serving those who have served us.

Thank you for the opportunity to comment and to explain how IHS can be of assistance. If any questions arise concerning this submission, please contact Alissa Parady at [aparady@ihinfo.org](mailto:aparady@ihinfo.org) or 734-522-7200.

Sincerely,



Kathleen Mennillo, MBA  
Executive Director  
International Hearing Society

---

<sup>i</sup> <https://www.benefits.va.gov/REPORTS/abr/docs/2018-compensation.pdf>

<sup>ii</sup> Am J Audiol. 2019 Apr 22;28(1S):181-190. <https://www.ncbi.nlm.nih.gov/pubmed/31022360>

<sup>iii</sup> International Journal of Otolaryngology, Vol. 2015. at p. 995. <http://downloads.hindawi.com/journals/ijoto/2015/689375.pdf>

<sup>iv</sup> Audiology & Neurotology, 2016; 21 (suppl 1):21-28. <https://www.karger.com/Article/Pdf/448350>

<sup>v</sup> "MarkeTrak VII: The Impact of Untreated Hearing Loss on Household Income," 2007. [https://www.hearing.org/hearingorg/document-server/?cfp=hearingorg/assets/File/public/marketrak/MarkeTrak\\_VII\\_The\\_Impact\\_of\\_Untreated\\_Hearing\\_Loss\\_on\\_Household\\_Income.pdf](https://www.hearing.org/hearingorg/document-server/?cfp=hearingorg/assets/File/public/marketrak/MarkeTrak_VII_The_Impact_of_Untreated_Hearing_Loss_on_Household_Income.pdf)