

Legislative History for Connecticut Act

SB 1075	PA 473	1977
House - 5117-5121		5
Senate - 2760-2766		7
General Law-- 1187-1193, 1200-1250, 1254-1259, 1278-1281, 1294-1297, 1305, 1408-1415, 1422-1424		84
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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1977

VOL. 20
PART 12
4785-5234

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the machine will be locked. The Clerk please take a tally. The efr
Clerk please announce the tally.

The following is the result of the vote:

Total number voting	141
Necessary for passage	71
Those voting Yea.	141
Those voting Nay.	0
Those absent and not voting	10

The bill is passed.

THE CLERK:

Page 6 of the Calendar, Calendar 1301, Substitute for
S.B. 1297, File 511, 1148, an Act exempting municipalities for
liability caused by defective sidewalks or by ice and snow on
nonmunicipally owned property. As amended by Senate Amendment
Schedule "A". Favorable report of the Committee on Judiciary.

TAPE
#7

ROBERT J. CARRAGHER:

Mr. Speaker, may this item be passed temporarily.

MR. SPEAKER:

You've heard the motion. Any objections to the motion?
Any objections? So ordered.

THE CLERK:

Calendar 1303, Substitute for S.B. 1075, Files 872 and
1146, an Act concerning hearing aid dealers. As amended by Senate
Amendment Schedules "A" and "B". Favorable report of the Committee
on General Law.

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ANDREW R. GRANDE:

efr

Mr. Speaker, I move for acceptance of the Committee's joint favorable report and passage as amended by Senate Amendment "A" and "B".

MR. SPEAKER:

The question is on acceptance of the Joint Committee's favorable report and passage of the bill in concurrence with the Senate. Would you remark, sir?

ANDREW R. GRANDE:

Yes, Mr. Speaker. The Clerk has Senate Amendment "A", L.C.O. 8477, Calendar 757. Would he please call.

MR. SPEAKER:

The Clerk please call Senate Amendment Schedule "A".

THE CLERK:

Senate Amendment Schedule "A", L.C.O. 8477, offered by Senator Cutillo, 15th District.

ANDREW R. GRANDE:

Mr. Speaker, I request to summarize.

MR. SPEAKER:

Is there any objection to the gentleman from the 79th District in summarizing the amendment? Any objection? Please proceed, sir.

ANDREW R. GRANDE:

Mr. Speaker, this amendment makes one of the two public members a member of the State Commission on the Deaf and Hearing Impaired. It also changes the cancellation fee from 15% with a \$40 ceiling to a straight 12%. Mr. Speaker, I move for its

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adoption.

efr

MR. SPEAKER:

The question's on adoption of Senate Amendment Schedule "A". Would you remark further? Would you remark further? If not, all those in favor of Senate Amendment Schedule "A" indicate by saying "aye". Those opposed. Senate "A" is adopted and ruled technical by the Chair. Would you remark on the bill as amended by Senate Amendment Schedule "A"?

ANDREW R. GRANDE:

Mr. Speaker, the Clerk has an amendment, Schedule "B", L.C.O. 8478, File 872, Calendar 757. Would the Clerk please call, and I will request to summarize.

MR. SPEAKER:

The Clerk please call Senate Amendment Schedule "B".

THE CLERK:

Senate Amendment Schedule "B", L.C.O. 8478, offered by Senator Cutillo, 15th District.

MR. SPEAKER:

The gentleman from the 79th seeks permission to summarize Senate Amendment Schedule "B". Any objections to that request? Please proceed, sir.

ANDREW R. GRANDE:

Mr. Speaker, this amendment allows for the cancellation fee for sales occurring in the home or a place of business of the purchaser. Also, in line 267, the word "immediate" is deleted, and the word "reasonable" is inserted for the word, and the word "Federal", in line 402, is replaced with the word "food". I move

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for its adoption.

efr

MR. SPEAKER:

The question is on adoption of Senate Amendment Schedule "B". Would you remark further? Would you remark? If not, all those in favor of Senate Amendment Schedule "B" indicate by saying "aye". Those opposed. Senate "B" is adopted and ruled technical. Would you remark further on the bill as amended by Senate Amendment Schedule "A" and "B"?

ANDREW R. GRANDE:

Mr. Speaker, through you, I rise in support of the bill, which I hope will serve to better to protect the hearing impaired consumer. The General Law Committee developed this bill after extensive meetings with all those involved in the hearing aid distribution system. We met with members of the audiologists' system, (inaudible), the hearing aid dealers, representatives from the appropriate State agencies, and most important of all, the hearing aid users themselves. The original intent of the Committee and the result of this bill is to afford the greatest protection possible to the hearing aid users without adding to the cost of hearing aid health care or unduly burdening those who are involved in the hearing aid distribution system. The approach taken by this measure is three-fold. First, consumer protection is facilitated by several provisions, including one mandating a 30-day trial period with a ceiling on the amount of cancellation charges. Secondly, the grounds for disciplinary action against errant dealers are brought in to include acts which have been identified throughout the country that are causing problems. Lastly, the

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portion of the statute dealing with the regulatory agency, the Department of Health, are strengthened, and more cohesive coordination between interested State agencies are mandated. Also, adequate legal representation for the Department where a formal hearing is required is assured. Mr. Speaker, I move for passage of this bill.

MR. SPEAKER:

The question is on passage of the bill as amended by Senate Amendment Schedule "A" and "B". Would you remark further? Would you remark? If not, will the Members please take their seats. Would the staff and guests please come to the well of the House. The machine will be opened. The machine is still open. Have all the Members voted? Have all the Members voted? If so, the machine will be locked. The Clerk please take a tally. The Clerk please announce the tally.

The following is the result of the vote:

Total number voting	143
Necessary for passage	72
Those voting Yea.	143
Those voting Nay.	0
Those absent and not voting	8

The bill as amended is passed.

THE CLERK:

Calendar 1305, Substitute for S.B. 773, File 876, an Act concerning the practice of public accountancy by practitioners from

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S. Bill 1075. AN ACT CONCERNING HEARING AID DEALERS.

THE PRESIDENT:

Senator Cutillo.

SENATOR CUTILLO: (15th)

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill. The Clerk has an amendment or amendments.

THE CLERK:

The Clerk has two amendments. First, Senate Amendment Schedule A. File 872. Substitute Senate Bill 1075. LCO 8477 offered by Senator Cutillo, copies are on the desks.

THE PRESIDENT:

Senator Cutillo.

SENATOR CUTILLO:

Mr. President, I move acceptance of the amendment and waive its reading.

THE PRESIDENT:

Will you remark?

SENATOR CUTILLO:

Yes, Mr. President. There are a couple of changes in here, some of them technical and some substantive and the wording is one of whom shall be a member, and this changes by the way, the Board of Hearing Aid Dealers, and yesterday, of course if that bill goes to the House and the Governor signs it, would change it completely. But Wow! (Overhead lights turned off) I know you are there, but I can't see you, Mr. President. Mr. President, members of the circle,

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again, although this does deal with the board of hearing aid dealers, it would be null and void, of course, should yesterday's bill pass. It would supersede this legislation but just in case, we are putting it in. We are also deleting and removing fifteen, changing fifteen to twelve and we are using forty dollars for repair as compared to a percentage because this would certainly cover that amount. I move passage of this amendment.

THE PRESIDENT:

Hearing no objection, the AMENDMENT IS ADOPTED.

THE CLERK:

The Clerk has Senate Amendment Schedule B, Substitute Senate Bill 1075. LCO 8478 offered by Senator Cutillo, copies are on the desks.

SENATOR CUTILLO:

Mr. President, I move acceptance of the amendment and waive its reading.

THE PRESIDENT:

Will you remark?

SENATOR CUTILLO:

Yes, here again these are technical amendments, ah, changes. We are changing in 267, line 267, by deleting the word immediate and inserting in lieu thereof the word reasonable. We are deleting the word in line 402, Federal and inserting in lieu thereof the words Food And. If there is no objection, I move its passage.

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THE PRESIDENT:

Any further remarks? Hearing no objection, the AMENDMENT IS ADOPTED UNANIMOUSLY.

SENATOR CUTILLO:

I now, Mr. President, would speak on the bill as amended by A and B. The bill would require persons engaged in either the fitting or the selling of hearing aids to obtain a license from the State Department of Health in addition to those persons conducting both activities who must currently be licensed. The bill would require a thirty day trial period in the purchase of a hearing aid and would require that notices of the trial period be given to the purchaser in writing. The bill would clarify and expand the condition under which a hearing aid dealer would be required to advise a patient, to consult a patient and the offers which could result in the revocation or suspension of a license to sell or fit hearing aids. Mr. President, this bill has been around a long time. It has been controversial through General Law. I do feel that the bill as submitted, as amended, is a good bill. If there is no objection, I move it be placed on the Consent Calendar.

THE PRESIDENT:

Senator Putnam.

SENATOR PUTNAM: (5th)

Mr. President, I believe we are speaking about File 872 and I believe on line 260, 261, it says, the return of

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any hearing aid, the sale of which was the result of any solicitation which occurred in the house or place of business of the purchaser shall not be subject to the cancellation fee. Through you, Mr. President, does that mean the first solicitation, the final fitting, can a solicitation be made and then a final fitting be held elsewhere and then the purchaser decide that they do not wish it?

THE PRESIDENT:

Senator Cutillo, if you care to remark.

SENATOR CUTILLO:

I'm sorry, ah. I'm glad the individual who interrupted was a Republican. I'm sorry, Senator.

THE PRESIDENT:

Senator Putnam, would you repeat your question?

SENATOR PUTNAM:

Senator Cutillo, on line 261, it says the result of any solicitation which occurred in the home or place of business of the purchaser shall not be subject to the cancellation fee. Does this means that if a person is solicited at home, but later goes to the store and is properly or improperly, whatever you wish to call it, fitted, can they then say that although the work was done in the store that they were first solicited at home and cancel the sale and not pay the cancellation fee.

SENATOR CUTILLO:

Mr. President, through you in answering Senator

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Putnam's question, that is exactly how I read it, Senator.

SENATOR PUTNAM:

And secondly, lines 283 down through 295, come up with statements that I wonder if a hearing aid dealer is properly trained to answer audiomatic, airborne gap equivalent to or greater than fifteen thousand decibels if five hundred hurts. Ladies and gentlemen of the circle, the intent of this bill is very nice. The intent of this bill is excellent. The way the bill is written, in my opinion, just leaves too much to where there is too much in doubt for the seller. The buyer in this case, we heard many people say, that the buyers had in times been taken by bad salesmen. We attempted to correct that but the language of this particular bill is such that I don't see where the legal defense could be made the selling organization. It's a very good intent but a very loose bill. A very loose bill. And I would rather see us either recommit or vote this bill down so it can be taken up next year and drawn correctly. And I would ask for a roll call vote.

THE PRESIDENT:

Senator Cutillo.

SENATOR CUTILLO:

Mr. President, I am not going to claim that I have been overwhelmed and tremendously happy with this piece of legislation, but by the same token and in the time I have been able to give to the bill, there has been nothing compared to others in the House who have spent a lot of time on the bill and feel comfortable with it. I believe there may be some hangups, Senator,

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through you, Mr. President, but I do feel that it isn't anything that we cannot correct in ensuing sessions. I do feel that the ^{that} work/has been put into it deserves consideration and I therefore request that the bill be passed with these two amendments.

THE PRESIDENT:

Any further remarks? Senator Lieberman.

SENATOR LIEBERMAN: (10th)

Mr. President, I strongly support the bill. It's a bill of rights for customers of hearing aid dealers, many of whom, perhaps most of whom are older people. I think the bill really deserves support.

THE PRESIDENT:

Did you move it to Consent? The bill is moved to the Consent Calendar, without objection.

SENATOR CUTILLO:

Mr. President, Senator Putnam did ask for a roll call as he disagreed.

THE PRESIDENT:

Announce the roll call.

THE CLERK:

A roll call has been ordered in the Senate. Would all senators please take their seats. An immediate roll call has been ordered in the Senate. Would all senators please take their seats.

THE PRESIDENT:

The remark was made that I might be a good prospect for

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a hearing aid. The machines are open. Senator Cutillo.

SENATOR CUTILLO:

Yes, Mr. President, while the senators are coming in to vote. We were just reflecting how cool it has been since the lights went out. (Laughter)

THE PRESIDENT:

Is that a motion to retain lights out? The machines are closed.

Total Number Voting	31
Necessary for Passage	16
Voting Yea	29
Voting Nay	2
Absent and Not Voting	5

THE BILL IS PASSED AS AMENDED.

THE CLERK:

Continuing on page six of the Calendar. Cal. 780, File 375. Joint favorable report of the Committee on Judiciary, Substitute for House Bill 7975. AN ACT ADOPTING THE MODEL STATE PUBLIC WEIGHER LAW.

(THE PRESIDENT IN THE CHAIR)

THE PRESIDENT:

Senator DePiano.

SENATOR DEPIANO:

May that be Passed Retained.

THE PRESIDENT:

Marked passed retained.

THE CLERK:

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CONT. CATHLEEN CURRY: Regulation Rule. Because of such federal activity, there are instances where there is no urgency for the state to act. That is because the federal government has acted, or is about to act. This is not one of those instances. According to spokespersons from the FTC it will be, conservatively, one to two years before the FTC is able to promulgate this rule, and in opinion of this department there is no danger of pre-emption of any inconsistent state law, because the state statute as proposed are not repugnant to the proposed FTC rule.

A funeral buyer purchases out of necessity, not out of choice. With no experience or knowledge to guide them they must make hasty purchase decisions without either full information, respecting choices, which would adequately serve their needs or their respective prices. Itemised price disclosure represents significant departure from the way in which most funeral directors have conducted their business, and dealt with customers. However it does no more than provide consumers with the basic data on price and choice which is supposed to be available to all buyers to allow

SENATOR CUTILLO: Thank you, Cathleen. For the record you have a statement from the banking Commissioner, Commissioner Connel....

DR. LIPTON: Would it be perfectly forceful if I just present you with this written information from the Commissioner? This is from the Health Department.

SENATOR CUTILLO: Would you again identify yourself for the record.

DR. LIPTON: Yes. I am Dr. Lipton the designee of Dr. Boyd on the Commission for the Deaf and Hearing ... and I am the Chief of the crippled children's section of the State Health Department.

I would now like to direct my comments to bill 6925. I would like to further qualify myself when I make my statements.

I Harold Lipton am a Doctor of Medicine. licensed in Connecticut, with 45 years of medical training, military service and medical practice. I am certified by the American Board of Pediatrics, and my medical appointments are too many to enumerate. They are, however, published in the Directory of Medical Specialists and in part

SENATOR CUTILLO: Excuse me. 6925? Is it listed for today?

DR. LIPTON: That is 1075. I am a member of the Commission for the Deaf and Hearing impaired, and am a member of several of its sub-committee's, including that on the Hearing Impaired and the Education of the Hearing Impaired. I represent the Commissioner of Health on the Advisory Council for Speech Pathologists and Audiologists and the Advisory Council on Hearing Aid Dealers.

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CONT. DR. LIPTON: I am also a graduate of the Air Force School of Aviation Medicine at Randolph Air Force base and the Aero Space Medical Center in San Antonio, Texas. I was retired from the Air Force with the rank of Brigadier General and am rated a Flight Surgeon with 30 years experience in Aviation Medicine. The latter includes, among other things, examination of the ears, audiometric testing and all other examinations of the ear necessary for flying.

As a public health medical consultant in pediatrics and as Chief of the section for Crippled Children of the State Health Department I have examined the ears of children, reviewed otological reports, audiometric, audiological and hearing aid evaluations. I have authorized the purchase of over 600 hearing aids for crippled children patients. I have noted the various types of hearing aids prescribed and their effectiveness. I have been in a position to evaluate the role of those concerned in the delivery of hearing aids to children, including the pediatrician, otologist, speech pathologist, audiologist and hearing aid dealer.

The proposed changes in statutes pertaining to hearing aid dealers, and the sales of hearing aids, are in compliance with the newly approved federal regulations of the Department of Health, Education, and Welfare, Food and Drug Administration. These regulations were published in the Federal Register on February 15, 1977 and will become effective on August 15, 1977.

A seller shall not sell a hearing aid to any prospective user unless that person presents to the seller a written statement signed by an otologist, indicating that there is no medical reason why any prospective user may not be fitted with a hearing aid. Any prospective user of age 18 or older may waive a medical examination except when any of seven otological conditions are present at the time of sale or within 90 days. Federal regulations require a medical examination which may be waived in adults over 18 years for religious and personal reasons.

The state requirement goes beyond federal regulations, stating that the 7 conditions stated cannot be waived. The reason for prohibiting a waiver is that each of these conditions may signify a serious problem. The hearing aid dealer is neither medically trained, or medically licensed to make a medical decision and permit a waiver for any of these problems. It's my personal feeling that once you render a medical decision, you're practicing medicine. And to practice medicine in the state of Connecticut you must have a license.

An audiologist should examine a prospective buyer after the otological examination when required for the purpose of determining if a hearing aid is necessary and also for the purpose of pre-

CONT. DR. LIPTON: scribing the proper hearing aid. An audiologist is defined in federal regulations as any person qualified by training and experience in the evaluation and rehabilitation of individuals whose communication disorders center in whole, or in part, in the hearing function. Audiologists in Connecticut are licensed and meet federal qualifications

In the discussion, audiological testing by audiologists in the Federal Register of February 15, 1977, pages 19288 - 19289, it is stated that audiological tests from audiologists is not appropriate at this time and would create an additional barrier to the receipt of a hearing aid device in those, and I emphasize, those areas of the country where audiological services are scarce.

In Connecticut there are 60 licensed audiologists, and in proportion to the general population, Connecticut has more licensed audiologists than practically any other state of the Union

The Percy Commission, which investigated the hearing aid industry, recommended the use of an audiologist in the public interest, but in its final report stated such a requirement would not be practical in certain areas. And when I say certain areas I mean some of the mountain states where there aren't any audiologists.

Connecticut has an abundance of licensed audiologists and therefore, in compliance with the spirit of feasibility of the use of an audiologist as recommended, but not mandated, at this time in federal regulations, an audiological examination prior to the fitting and sale of a hearing aid by a dealer is considered to be in the best interests of the consumer, and in the protection of the public welfare.

There is a conflict of interest with the prescriber, fitter and seller of a hearing aid is the hearing aid dealer. I believe this is recognized in Pennsylvania, and perhaps in other states. The welfare of the consumer or patient is jeopardized for obvious reasons. In other words if you are the seller and the prescriber, the probability are you're not going to let anyone get out of your clutches without a hearing aid. I don't want to mention other professions but that seems to prevail with the seller and the prescriber are all in one. The patients best interests are not served.

The replacement of a hearing aid within one year does not require an audiological and otological examination in the absence of the seven medical conditions stated in both this proposed legislation and in the new federal regulations. We have changed, or we have proposed a change, from 16 to 18 because of the federal regulations.

Other conditions of sale including the furnishing of receipts with etc. are included in the report that I presented to you from the State Health Department.

SENATOR CUTILLO: Thank you. Brian Sullivan, John Wanchek.

JOHN WANCHEK: My name is Jon Wanchek, representing the Connecticut Citizen Action Group. Mr. Chairman and members of the committee I'm speaking in support of legislation concerning hearing aid sales, specifically bills 6834, 6847 and 1075. CCAG would like to commend the legislators sponsoring this legislation, the two or three that are sitting here today.

If this committee acts favorably on these bills, it will do so with widespread support from parents, teachers, state commissions, hearing professionals, and such senior citizen organizations as United Auto Workers Retirees, Connecticut Council of Senior Citizens. Representatives of these groups have expressed support in the past on these issues before such bodies of the Public Health Council and the Federal Trade Commission, and some of them will be appearing here today, and others will be appearing in Bristol at the hearing there. In addition, as a member of the state-wide Legislative Coalition on Aging, which is a broad network of senior citizens and agencies which advocate the interests of older citizens in Connecticut, I'm authorized to tell this committee that the coalition yesterday formally voted to endorse, as a high priority, comprehensive reform of hearing aid sales practices, as embodied in the concepts underlying these bills.

The primary issue among these bills is required medical clearance prior to the sale of the hearing aid. Arguments will revolve around whether examination should be mandatory, or whether they should be able to be weighed by the purchaser, whether the examination should be by an ear specialist and what role, if any, the audiologist is to play under the law. Questions of convenience and cost to consumers will also be raised.

CCAG emphatically supports mandatory medical examination by an ear specialist, and we oppose the waiver provision. We also support a mandatory hearing aid evaluation by an audiologist and we oppose waiver of that. We therefore support, in large measure, Senate bill 1075, with the exception of its waiver provision. CCAG does not believe that consumers will be either inconvenienced or financially embarrassed by these provisions.

The medical nature of hearing problems and hearing aids is well recognized. Several states require medical clearance for adults. Dr. Lipton has described federal agencies and state agencies attitudes toward requirement of medical exams. The federal law defines the hearing aid as a medical device. The Food and Drug Administration has promulgated a regulation. In Connecticut children, but not adults, are protected by a required ear specialist exam, and testing by an audiologist prior to fitting. The proposed

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CONT. JOHN WANCHEK: Department of Social Services regulations would require non-waivable medical clearance for purchase of hearing aids for Medicare recipients.

It's time that Connecticut considered adult hearing impairment a health care problem that deserves effective regulation. Ear specialists are trained to identify and act to correct hearing problems. General physicians are not. It makes sense, then, to require a specialist to make a preliminary examination. Audiologists receive advance degrees and training in testing hearing loss and aural rehabilitation. Dealers and general physicians don't. The consumer, as well as the dealer, should have the benefit of audiological evaluation if public health and safety is to be maintained in this field.

Permitting waiver of the medical examination, while perhaps well intentioned, is really a cop-out on the situation. It buys the scare tactic arguments of the hearing aid industry, that specialists are too scarce and too expensive to pay for. Disappointingly the Food and Drug Administration recently bought this line. While forcing dealers to hand consumers a booklet telling them that a specialist examination and audiological tests are strongly recommended a waiver strongly discouraged, the FDA still required only a waivable exam by a general physician. This is akin to telling consumers that purchase of anti-biotics without prescription is not recommended but allowing them to do it anyway.

Non-waivable examinations and audiological exams do two things which compensate for any inconvenience, or cats that may come attached to them. One, they prevent consumers from being sold hearing aids - usually at incredible mark-ups - that are unnecessary, dangerous, or unsuitable. We've had too many reports in our office from consumers fitted with expensive hearing aids, sometimes two or more by the same dealer, that never helped them, for us to believe that paying for a doctors visit is too expensive. Second, preliminary examination and testing will ordinarily reduce the cost of the hearing aid. The dealer does not need to conduct a less adequate test that ordinarily are part of the overhead. At worst, the consumer will wind up paying about the same price, as if no exam or testing were required, but will have far greater assurance of quality.

Permitting waivers, in addition, opens up the possibility of abuse by unscrupulous dealers steering consumers away from protections available under the law. This is not an uncommon occurrence as you probably know in other consumer contract situations.

Now I want to comment briefly on the other two bills that CCAG supports. The 30 day trial period, which is nothing new. Dealers and manufacturers have been doing this for some time. This is 6834.

CONT. JOHN WANCHEK: But some dealers and manufacturers haven't been offering this, and this necessitates the requirement and a standardized provision for return, under the law. The hearing aid must work within the consumers environment, not just in the testing room. Purchasers have to have time to try out the hearing aid, and if it can't be adjusted satisfactorily, to return it paying only cancellation charges. The Federal Trade Commission has proposed such a legislation.

Door to door solicitation of hearing aids probably shouldn't even take place. 6847, I'm talking about here. It's doubtful that accurate tests can take place in the home. Sales tactics that we have received complaints about, are, without doubt, wholly inappropriate for an expensive medical device. A minimal protection this committee can provide is to require sellers to receive prior written consent before visiting a consumers home for the purpose of selling a hearing aid. Thank you.

REP. RITTER: Mr. Wanchek, can I ask you a question? I show you this statement by George Lipton of the State Health Department. Would you look at that and see if it's the benefit of your.... (TELEPHONE) have to do it by way of written summary at a later time, that's fine. If you feel comfortable in responding now that's...

JOHN WANCHEK: I probably would like to respond in more detail later, but just a quick reaction, as I pointed out The FDA regulation is a basically optional examination by a general physician. We're in favor of a non-optional examination by a specialist as well as audiological hearing aid evaluation. There is the issue of whether the FDA regulation supercedes other state law, and that's an issue that's going to be decided on - the FDA has taken the position that it doesn't, and they're going to promulgate a regulation to allow states to petition for exemption under that.

REP. RITTER: You may advance, but I'm sorry I have to go down to Judiciary Committee Hearing. That's why I missed the early part of your testimony. But did you cover the other questions as well? I ask you because I know Mr....and I know his great concern and I'm sure it would be helpful for him

JOHN WANCHEK: His basic conclusion is that the state should pass these laws if they are already provided for in federal regulations. If that were the case, the Department of Consumer Protection in the state would be out of business because it enforces at a state and local level many federally based regulations. Federal agencies are notably ineffective for enforcing things at a state level, and we think that the mere fact that the FDA has promulgated a regulation that might be similar - in fact, weaker, than the ones being proposed here - does not mean the state can take either an equivalent or even stronger action to protect it's own citizens.

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REP. RITTER: Have you discussed this with your organization, and discussed these matters with the Commissioner?

JOHN WANCHEK: I've discussed it with a member of the Commission on the Deaf and Hearing Impaired who is also a public member on the Hearing Aid Dealers Advisory Council who will be testifying here today. Is this a copy I can keep to comment upon? or...Okay I'll comment more specifically on each one.

SENATOR CUTILLO: Charles Mokriski. Not here. Joseph Donohue.

JOSEPH DONOHUE: I slept here, Mr. Chairman. It's a delightful spot, and the fact that you are all here makes it all the more attractive. You're asking for it Mr. Chairman. I am Joe Donohue, Executive Vice President of the Connecticut Retail Merchants Association. I would like to address myself to several bills that are scheduled today.

First is 5157, AN ACT CONCERNING SALE OF SECONDS OR IRREGULARS. We see a defect in this proposal, and would suggest that after line 18 which reads that no consumer products which have a defect in manufacture, there be inserted the phrase "and which defect is known either to the manufacturer or the seller shall be sold". And after line 21 which relates to that such consumer products that are second or irregular, we would also add "or is being sold", quote, "as is". That would afford the necessary protective language to avoid any serious problems.

REP. RITTER: How would you feel about adding and which defect is known, or should be known?

JOSEPH DONOHUE: That's a matter, again, of determination.

REP. RITTER:is known. That's almost impossible ... (INAUDIBLE)

JOSEPH DONOHUE: Well, should be known, would be better than it is now but again, it's a question of judgement. Who would determine to what degree. There are certain things a retailer should know, to be sure, but there are certain things otherwise which he maybe ...think he should know, but he wouldn't know. It boils down to a question of judgement.

REP. RITTER: What's your reaction?

JOSEPH DONOHUE: I would prefer the language we've suggested, but if we have to make a bill that's going to fly, we have to make an adjustment, we would prefer that language be included than no language at all.

SENATOR CUTILLO: What makes you think the bill is going to fly?

JOSEPH DONOHUE: Your point is well taken. I shall make it a point to meet with Mr. Hines and discuss what he has in mind on that bill, which seems to be the principle one. And I appreciate your time this morning.

SENATOR CUTILLO: Are there questions? Thank you, Seymour Sloan

SEYMOUR SLOAN: My name is Seymour Sloan. I'm a hearing aid dealer from Bridgeport. I'm Chairman of the Advisory Council on Hearing Aid Dealer Licensing through the Department of Health, and I speak here for the hearing aid people of the state.

We are against some of the provisions in bills 1075, 6846, 6834, and 6847 for two basic reasons. One: that conditions relating to the sale of hearing aids in this state simply do not warrant the kind of restrictions which are being offered to this committee. And two: the fact that these rules, or these rules, or these laws, bills, deviate from the rules published by the food and drug administration on February 15th of this year.

The investigation into the so-called problems of hearing aid dispensing. This is not a new phenomenon. The FTC started its own investigation in June 1975, and the FDA started in March 1974, at which time a task force from the DEW was established to look into all phases of the industry. Thousands and thousands of letters were elicited by the request for comment, and so far as the FDA is concerned, 97.8% of the comments received, from consumers that is, were in favor of the position of the hearing aid dealers. 97.8%

The FTC held public hearings in Washington, Chicago and in San Francisco, and literally thousands and thousands of pages of testimony were taken. The FDA has published its regulations in final form and the FTC is expected to do so. A Trade regulation rule before the end of this year.

One portion, the first paragraph of section 20-403 of bill 1075, is similar to the rule of the FDA which requires a medical examination, preferably by an ear specialist prior to the purchase of a hearing aid, but with a waiver for religious and constitutional reasons. The second part of proposed 20-403 is directly contradicted by the FDA, and this rule reads: After reviewing all of the conflicting information in the public record regarding the predictive value of audiological testing in determining whether or not a patient will benefit from a hearing aid, the Commissioner has concluded that a requirement that a patient obtain certain mandatory audiological tests is not appropriate at this time. The Commissioner has concluded that the record does not justify requiring mandatory audiological evaluation to determine hearing candidacy or patient benefit from the use of amplification. Such a requirement would also increase the cost of obtaining the hearing aid without providing any conclusive assurance that the patient would

CONT. SEYMOUR SLOAN: benefit from amplification. This is a direct quote and with the Chair's permission I would like to furnish to each member of the committee a packet of information including the FDA regulations, with certain sections highlighted, so as to substantiate my testimony. The American Council of Otolaryngology which is the professional organization of ear, nose and throat specialists, submitted testimony to the FDA, and in their formal report they were unable to find evidence to support the contention that audiological testing procedures will predict a patient's acceptance of a hearing device.

You've already heard, and I daresay you will hear further, that hearing aid dealers are merely sales people who ought not to be included in the system as professionals. Here again, there is a divergence from the position of the FDA, and I respectfully remind the committee that the FDA's position was taken after all the input both oral and written, and the Commissioner says; The Commissioner rejects the contention that hearing aid dispensers should not be included in a characterization of the hearing help care team. Various services provided by hearing aid dispensers such as testing hearing for selecting and fitting hearing aids, motivating prospective users to try amplification, making impressions for ear molds, selecting and fitting hearing aids, counseling hearing impaired persons on adapting to the hearing aids, and repairing damaged hearing aids, are regarded by many of the hearing impaired as indispensable to their welfare. The hearing aid dispenser is the most accessible member of the hearing aid health care team, and the hearing aid dispenser sees the hearing impaired person with greater frequency than either the physician or the audiologist. For these reasons the Commissioner regards the hearing aid dispenser as an important member of the hearing health care team, strategically positioned within the delivery system to provide the hearing aid user with essential services.

The American Council of Otolaryngology goes on. There is no clinical data available to support legislation in which the qualifications of the individual who is to perform the test be restricted. Accurate measurement of the patient's hearing level does not imply that every patient must be tested by a clinical audiologist, and that's in quotes from the ACO caucus, with a Master's degree and certified by ASPHA, which is the American Speech and Hearing Association. Mandatory examination of a patient by a clinical audiologist is unnecessary and unwarranted. There is no evidence of a clinical study to support, or even suggest this requirement.

Our organization supports, in general, the proposed changes for section 2404 but frankly we're puzzled by what a personal guarantee might be in view of the fact that the "Moss Magnuson" Act, which went into effect on January 1st, requires that not only for hearing aids, but for every device which with a guarantee that the purchaser or the prospective purchaser be apprised of the terms of the guarantee before he makes a purchase.

CONT. SEYMOUR SLOAN: You've heard from previous speakers that the situation in Connecticut warrants drastic action. Allow me, please, to provide facts rather than sweeping generalised allegations.

In the four years, starting January 1st 1973, when hearing aid licensing became effective in the state of Connecticut, approximately 25,000 hearing aids were sold in this state. These were sold by approximately 150 people. During those four years, there were about 80 contacts made to the Department of Health which were listed tabular, in a tabular fashion, by the Department of Health as complaints. They were not all complaints, but the Department listed them that way. In any case, the bulk of these complaints were actually against three dealers. Against one dealer we had 26. Now that dealer is no longer in business, his license was revoked. Another license was revoked, and legal process is now ensuing in the case of the third dealer. 10% of these complaints were actually introduced by our peers, by other hearing aid dealers. I think this speaks highly for the effort of the dealers to try to keep their own profession clean.

If my arithmetic is correct, 25,000 hearing aids sold in four years, 80 complaints, that's, for every 1,000 aids, there were 0035 a ratio of 1 to 35 10,000s, and I don't think that there are very many industries that can boast a similar ratio. The figures used here came from the Manufacturers Association as to the number of aids, and from the Department of Health as to the number of complaints, and the summary of the Department's listing will be furnished to you.

Perhaps you will hear here later today that these figures represent only the tip of the iceberg. A favorite ploy, there are only 80 complaints out of 25,000. But again allow me to present facts. For example, at a formal hearing held over a year ago before the Advisory Council against the holder of a license, the complaining audiologist sought to charge the respondent with charges which were not pertinent to the case at hand. Of course he was not allowed to do that, but he was invited to search his files and bring to the attention of the Advisory Council such other complaints as might be justified. That was well over a year ago and we're still waiting.

Another example I can give you I think to indicate that there is no iceberg under the tip, is that in May of 1975 on a broadcast over channel 8, run by Dr. Elsie Fettermen, from U Conn. - perhaps you gentlemen may have heard of her. She runs a consumer protection program - I was the person interviewed. And during the interview I made a flat out pitch for complaints against hearing aid dealers. I provided the Governor's in watts telephone number, which is a no charge number, as you know, I repeated the number twice and while I read the number it was flashed visually on the screen. The sum

CONT. SEYMOUR SLOAN: total of the complaints received from that showing, and a subsequent one, a re-run in August, was 0.

A few weeks ago Commissioner Heslin, of Consumer Protection, appeared on channel 3. Perhaps channel 3 doesn't cover as much as channel 8, or maybe the other way around, but Commissioner Heslin provided her listeners with the telephone number of the secretary of the Council and asked for complaints. The sum total of that was 6 calls. One of which was a request for information as to how to get into the hearing aid business, and one was a complaint. It antedated the law, but it was handled in any case. And I think the record speaks more eloquently than the vague and unsubstantiated charges.

Finally, with respect, I call your attention to the fact that Public Law 94-295, which was signed by President Ford on May 28, 1975, has some bearing on this situation. This is known as the Medical Device Amendment of 1976, and is the law which gives the FDA it's authority. Section 521 pre-empts laws which are a definite problem, or in addition to any requirement at the end. I'm not a lawyer, and I'm certainly not a legal scholar, but it seems important, I think, for the committee to examine Public Law 94-295, and the regulations adopted thereunder.

A previous speaker alluded to the fact that the states could impose more stringent requirements, and this is true, but only after petitioning the secretary of HEW and substantiating the needs for compelling local conditions.

A previous speaker also alluded to - and also a conflict of interest - and I think it appropriate to tell the committee that in some cases in this state there are audiologists who are among the 60 mentioned by a speaker, who are also licensed hearing aid dealers, who are dispensing hearing aids.

I don't mean to imply that present licensing law is perfect, it isn't. No law is perfect. I think that continuing education for hearing aid dispensers ought to be mandated. And I think there ought to be a provision in our state law to make it mandatory, or make it an unethical practice for a person to ignore the existing state laws or regulations, and federal laws or regulations.

You have before you bill 6845, concerning opticians. If not today and it may not be before this committee, but it is mandated continuing education for opticians, and I think this would be a fine idea for us.

With reference to the FTC, a bare report of their formal trade regulation rule will be printed and effective sometime before the end of the year. And the FTC does address itself, or did, in it's proposed trade regulation rules, such issues as the 30 day trial period, and house solicitation. So far as home solicitation is

CONT. SEYMOUR SLOAN: concerned, I think that if a person in any business is going to be ethical, he will be ethical in his home, in his office, or in somebody else's home, and if he is going to be unethical the contrary will also pertain.

I'm authorised by membership of our organisation to provide the committee with such assistance as we can so that the law can be reasonable amended consistant with the basic premise that must protect the consumer.

REP. GRANDE: Yes, I have a question. Is it common for hearing aid dealer to give a price of a hearing aid to an individual that is all inclusive? In othe words, if I were to ask you I would like to be fitted with a hearing aid, and what is the charge? and what are you going to give me naturally different makes and models, whichever would be suitable for me. Do you give a flat price or would you say that it'll cost you \$100.00 for the hearing aid, \$100.00 to service it, or to fit you for my services. Do you break down the service charge as opposed to the cost of the particular product itself?

SEYMOUR SLOAN: The answer to your question, sir, is that typically this has not been the case. The hearing aid is provided to you, here you are, you're interested in a hearing aid it cost you whatever the price is and from here on in we will service it for you. Every time you need services, cleaning, adjusting, retesting, we will provide it at no additional cost. This does not include repairs, but whatever services are required are included in the basic price. But there is no broken down cost.

REP. GRANDE: You didn't answer my question...If I were to have a hearing aid to be fitted, the whole process, I want to get the whole process done, check my ears to see if it needs it, and be provided with one also. You get a hearing aid also a different product ... my needs (background noise) You need a hearing aid and it will cost you \$475.00. There doesn't seem to be, from my experience, talking to different people, there doesn't seem to be a breakdown of the charges. Of course you mentioned optometrists, this is the same problem we had in the past.

SEYMOUR SLOAN: Excuse me, sir. I mentioned opticians.

REP. GRANDE: Opticians. I'm sorry. The same thing applies there. Should the cost go up and down. The product itself, the hearing aids, the hearing aid itself, It doesn't seem to me as though this ... is a common practice. That the hearing aid itself cost x amount of dollars, the examination costs x amount of dollars, the service costs x amount of dollars. Everything is usually in a package.

SEYMOUR SLOAN: Yes, sir. That is true, and I think I can answer your question.

CONT. SEYMOUR SLOAN: Now, in the trade that is known as unbundling - the examination, the product, the service, this that and the other thing. As I said before, typically this is not done, because most hearing impaired people will not - first of all they don't want to wear a hearing aid - but services which they really do require from time to time. If they feel that every time they walk into the office it's going to cost them \$12.00 or \$6.00 or \$22.00, and that, in general, is the reason why prices have not been unbundled. Does that answer you, sir?

REP. GRANDE: Okay. I'd like to ask another question, if I may. If you have the answer, I don't know. I heard testimony in the city of New York by the Department of Consumer Protection there in the state of New York, that the hearing aids, themselves, are not - don't correlate to the prices at which they're charged, per se. Let's give a figure of, say \$475.00 to fit a hearing aid, and this is what I'm getting back to. No one seems to know what the cost is of that particular hearing aid. Whether it's \$50.00, \$100.00, \$200.00 or \$300.00.

SEYMOUR SLOAN: You mean at the wholesale level?

REP. GRANDE: No, I'm talking about the retail. I don't know wholesale. Do you have any idea what these go for at wholesale on the level at wholesale? I know there are many different types, but on a scale, on a wholesale.

SEYMOUR SLOAN: I think that the average wholesale cost of a reasonably good hearing aid today, is between \$150.00 and \$190.00. Now there have been figures bandied about that a hearing aid costs \$50.00. I wish it did.

REP. GRANDE: Excuse me. The Chief of Consumer Protection in the state of New York indicated to our committee one time - this was last year - that you can get one of the best on the market for \$75.00. I'm not -

REP. RITTER: Excuse me. May I just say something? Your testimony...
(Inaudible. Not speaking in microphone. Background noise)

SEYMOUR SLOAN: I hope I have not treated it in any other way.

REP. RITTER: (INAUDIBLE)

SEYMOUR SLOAN: I understand that, but the only answer to that is to furnish this committee with photostatic copies of wholesale price lists. And we'll be glad to do this.

REP. RITTER: (INAUDIBLE)

REP. GRANDE: Okay. This is what I would like to see. I would like to see, not only that, but I would like to see the intent of some of this

CONT. REP. GRANDE: legislation would be to give a breakdown to these individuals, to the recipient. This doesn't seem to me, as I mentioned before, and you have indicated also, it doesn't seem to be a practice - you say it's a bundling. Well, I feel as though we should unbundle it, you know, and --

SEYMOUR SLOAN: You're not alone. Other people feel the same way. But the implicit threat is there - that our people will not come back to us for simple adjustments if they know they are going to pay \$7.00.

REP. GRANDE: It seems to me as if some of the charges that I've heard, you know, they can go back to you for ten years and still not get their money's worth. On a six month basis, for what they've paid initially, sure you're using this as a coming back for service. I don't know how long it is for you - if it's forever or the lifetime of the hearing aid, but, you know, when you're talking about a \$300.00 charge, you know, to provide a hearing aid for the individual, that's not including according to the cost of the product. Talking about \$450.00 to \$500.00, then you're talking in terms of about \$300.00 to \$350.00 for the service charge, fitting and so forth.

SEYMOUR SLOAN: No, sir. Your arithmetic isn't good, if you'll forgive me. Because if the hearing aid, if you use the lower figure,

REP. GRANDE: Okay. Let's use the higher figure.

SEYMOUR SLOAN: Use the lower figure of \$150.00. And if the hearing aid is \$450.00, there's \$300.00 on the face of it for testing, and the succeeding service. And, with your permission, I would like to provide you with a detailed exposition of the rationale behind this. May I do that?

REP. RITTER. It would be very helpful.take this very seriously.

SEYMOUR SLOAN: I know you do. I heard someone say "no" and I thought perhaps it...I know you take it seriously, and so do we, believe me.

SENATOR CUTILLO: I think we have another question.

REP. GRANDE: You were going to explain it.

SEYMOUR SLOAN: Oh. The charges. I thought you meant, I meant rather, that I'd furnish it to you in writing. I can, I can, I can expound on it a little bit.

REP. GRANDE: That's all right. Give it to me in writing.

REP. FERRARI: I have a couple of questions I'd like to ask. Rep. Ferrari from the 15th.. If I understood your testimony concerning the Federal Drug Administration set up, basically they said that an audiologist was not necessarily qualified to determine whether or

CONT. REP. FERRARI: not a hearing aid would be suitable to an individual for any length of time. Is that correct? Or whether a hearing aid fitted for example in their office, would later be suitable for the individual?

SEYMOUR SLOAN: May I get a copy of the FDA regulations? It's right on my chair. In essence what the FDA is saying, and I'll read the appropriate comment, is that the physician is the manager of the patients care, and if the physician says you sir, need a hearing aid and you may go to audiologist A or hearing aid dispenser B, that is within the physicians prerogative. The FDA says that the American Speech and Hearing Association, and many audiologists, commented that a mandatory audiological evaluation by a audiologist, should be required by federal regulations as a condition for sale of a hearing aid. Comments on the proposed regulation expressed a wide diversity of opinion as to the reliability of audiological testing, in predicting to a certainty whether or not a patient may benefit from a hearing aid.

The American Council of otolaryngology stated that it was unable to find evidence to support the contention that audiological testing procedures will predict a patients acceptance of the hearing aid device. It was pointed out by ACO that the terms "acceptance, benefit and satisfaction" when applied to hearing aids, often involved a subjective response by the patient. After reviewing all the conflicting information in the public record regarding the predictive value of audiological testing in determining whether or not the patient will benefit from a hearing aid, the Commissioner has concluded that a requirement that a patient obtain mandatory audiological tests from and audiologist is not appropriate at this time.

REP. FERRARI: I take it that you agree with that statement? So that you would feel that in initial testing that, here again referring to these bills concerning a 30 trial period, if what we've said is, and what the FDA has said, is that you cannot predict whether or not a hearing aid, fitted in an office, is going to be suitable to the patient, then that would seem to indicate that what is actually necessary is a trial period such as this calls for in the legislation before us. Would you say that that is essentially correct?

SEYMOUR SLOAN: I think that's a very good point, sir. And most dealers, today, and it's a position of our National Society, they do provide that, I know that we do, and I know that other people do. The thing to which we object, I think, is that this provision would be the first time, at least in my knowledge, that a commercial transaction was invaded, so to speak, by such a requirement. And the bill before you, incidentally, does not provide for remuneration in the event of cancellation.

REP. FERRARI: Now, if we provided for compensation to the dealer for the use of the aid while it was being tested, by the individual for let's say 30 days, would you then feel that, on balance, that would generally be in the public interest and certainly be in the best interest of the individual involved?

SEYMOUR SLOAN: I give you a personal answer. I do not speak for anyone else, in this instance. The answer to your question is yes.

REP. FERRARI: Thank you. Now you previously had mentioned in your testimony that you were speaking for an organization. Are you speaking for the Advisory Council or for some professional organization?

SEYMOUR SLOAN: I am speaking for the Connecticut Hearing Aid Dealers Organization. I identified myself as Chairman just to let you know who I was.

REP. FERRARI: One further question. Could you enlighten the committee on the matter that a hearing aid salesperson is taught in how to operate the equipment, how test people for hearing aids.

SEYMOUR SLOAN: Well, this varies, of course, from office to office, but the manner of training will very shortly be mandated by the state in the form of rules and regulations which are before the Council and the Commissioner, presently. And it will require a 20 week training period, and it will specify that a stipulated number of hours be devoted to study in certain facets of testing, evaluation, setting of hearing aids and things like that.

REP. FERRARI: One further question. Is the home the best place to fit someone for a hearing aid?

SEYMOUR SLOAN: It depends. The average home is quiet enough to test a hearing aid, and bear in mind that we are not testing. Hearing aid people are not testing for the possibility of medical intervention. We're not physicians and we don't play doctor. But the hearing aid is worn in the home, and elsewhere, not in a sound proof room, so the predictive value of a test conducted in a home that is reasonably quiet - and here again, the rules and regulations will mandate a level which may not be exceeded for testing. I'm sorry. I lost your question.

REP. FERRARI: No, that's okay. Just one last question. You said that you are not able to project whether or not medical intervention is necessary. Doesn't it reasonably flow from that that we should require that a person be tested by a medical doctor prior to having a hearing aid so that the individual could be appraised of any possible medical problems which, for example: I had a relative who used to wear a hearing aid. She wore the hearing aid for a number of years, until she found out, by a simple surgical procedure, her hearing loss could be corrected to the extent where she no longer needed a hearing aid. Now if what you are

CONT. REP. FERRARI: saying is that you really don't know, and you really can't train one of your salespersons to know, whether medical testing, or whether or not this is medical problem, it seems to flow logically from that that what's necessary is to require that hearing aids be dispensed only on prescription basis.

SEYMORE SLOAN: Again, sir, a good point. And this is covered specifically by the FDA regulations which state that no person, over the age of 18, may but a hearing aid unless he is examined by a physician, preferably an eye, ear, nose and throat specialist, unless he waives for religious or constitutional reasons, the right to have a medical examination. I'm not a constitutional lawyer, or any other kind, but obviously there are intrusions into a persons life when you mandate this that or the other thing. And there are some people in this country who are of a religious persuasion which prohibits the use of medical intervention. I'd also like to comment on your interpretation of my statement that we play doctor. We do not, but I think perhaps I was overly modest because there are certain signs which will indicate to any reasonably competent hearing aid specialist that medical intervention ought to be sought. And when this particular subject was discussed with the then Commissioner of Health, Dr. Foote, and accusation was made well, you're playing doctor when you do that. And Dr, Foote's response was well, if Sloan looked at my cheek and saw a big red spot on it and said gee, you ought to see a doctor about that big red spot, is that practicing medicine? And we don't think it is.

The FDA does go on to say that if a person is wearing a hearing aid, and one of eight specified conditions are noticed by the hearing aid specialist in the course of his conversations with, or examinations of, a person, that person may not be sold a hearing aid and must be advised of the necessity to seek medical attention, orally and in writing.

REP. FERRARI: Just another question that comes to mind. If Representative Grande asked a number of questions concerning the bundling or unbundling of hearing aid packages, and you indicated that one of the reasons why they were bundled was because it was of benefit to the patient concerning the patient perhaps not wanting to go in and have service work done if it was not, if there were an additional charge. Representative Grande made the point that if, for example, the hearing aid cost \$200.00 and the total charge was \$400.00 or \$500.00 they were paying quite a bit for those additional services. The question I have is this. Isn't there also a benefit to the hearing aid dealer from doing that? In that it's almost a constant opportunity for resales and continuing to keep a person familiar with a particular location and be able to advise a person as to when a new hearing aid comes on the market that perhaps they might be interested in, and that sort of thing, so that it really. While it's beneficial to the patient, to the individual, it also seems to me as if it would be equally beneficial

CONT. REP. FERRARI: to the establishment in keeping the person frequenting the establishment.

SEYMOUR SLOAN: You are quite right.

SENATOR CUTILLO: Representative Migliaro.

REP. MIGLIARO: Yes. I think Representative Grande raised a very, very important, valid question....And I think that one element that we're forgetting about in the whole situation is the age bracket. Does your organization have statistics showing the age bracket involved in the users of hearing aids? What is your biggest portion? From 60 up?

SEYMOUR SLOAN: I would say so.

REP. MIGLIARO: Well, that is a good point, from 60 up. Now you say you're giving services to individuals which occur once every 6 months.

SEYMOUR SLOAN: No sir.

REP. MIGLIARO: How often?

SEYMOUR SLOAN: Ideally these people ought to be seen no less frequently than every 4 months.

REP. MIGLIARO: Okay. Let's take the 4 months. The average life expectancy of individuals in the 60 up are pretty low. Let's not kid anybody. So when they come in and pay on a package deal, I'm not trying to project here, and you say and you say ...on a wholesale price was \$200.00, we'll take \$150.00 and sell the whole package what for \$450.00. We're talking \$300.00 that you're going to be paid for come back service, if they're around.

SEYMOUR SLOAN: No sir. That isn't quite right, because this does presume that we're going to test the person for the purpose of fitting, selecting....

REP. MIGLIARO: We're talking about two hours.

SEYMOUR SLOAN: I want to finalize this. \$150.00 for the unit.

REP. MIGLIARO: How much do you apply for the examination for testing?

SEYMOUR SLOAN: Well, how much is time worth? We spend probably two hours. I would say that's \$50.00.

REP. MIGLIARO: Okay. Now we're up to \$200.00. We still have \$250.00 left. Now, correct me if I'm wrong. You apply the \$250.00 for coming back in service.

SEYMOUR SLOAN: No, sir, because you're neglecting the cost of doing business.

SEYMOUR SLOAN: We have to make expenses before we make a buck.

REP. MIGLIARO: (INAUDIBLE) Now is this retail or wholesale?

SEYMOUR SLOAN: For \$150.00 it might be \$450.00.

REP. MIGLIARO: \$450.00 per unit?

SEYMOUR SLOAN: For everything.

REP. MIGLIARO: ... You're pretty good. I'll tell you that right now, but you're not good enough. \$150.00 wholesale price. Let's stop now. Maybe I talk Chinese...understand. How much profit is your mark-up on \$150.00, 40%?

SEYMOUR SLOAN: Well, if we sell it for \$450.00--

REP. MIGLIARO: Forget the \$450.00, we're going back to the unit only, not the whole package deal. Let's stick to one item at a time.

SEYMOUR SLOAN: We can't sell the unit without tests however.

REP. MIGLIARO: These are other costs added to the unit. This is the thing that I think Representative Grande was trying to establish here and you're evading the question.

SEYMOUR SLOAN: I'm sorry. I don't mean to be obtuse. I don't understand the question.

REP. MIGLIARO: Okay, let's start from scratch. \$150.00 wholesale price on a unit. What is your mark-up? 40% on a unit?

SEYMOUR SLOAN: I can't answer the question because we cannot take the unit....

REP. MIGLIARO: Let's assume you've purchased 100 units here in ... for your establishment. You get a bill for 150 units. You know what they cost you. You have to have a mark-up profit in there pertaining to the unit, if you do your bookkeeping, your bookkeeping properly, you have to show. Now what is your mark-up status? Is it 40%?, 30%? on just the units. This is what I think Representative Grande has been trying to establish here, and you keep us going back to the package deal. Take the other incidentals involved included in the package deal....

SEYMOUR SLOAN. I can't. I honestly cannot. I'm not trying to evade you. I honestly cannot, because the hearing aid may not be sold over the counter....I'm telling you the truth...

REP. MIGLIARO: You have to work somewhere along the line on mark-up ... and if take all of your other costs you have projected here that you have two hours, \$50.00 for the examination period. Okay? You're establishing now, you're starting, but you stop at a certain point.

CONT. REP, MIGLIARO: You have a reason for it. I don't know what it is I can tell you. But we go...examination, we have \$50.00 established there. What other costs? Lets try that approach.

SEYMOUR SLOAN: Perhaps I can clarify my answer by saying to you that the best way I know how to figure what I ought to charge for a hearing aid is to say that the hearing aid costs me x number of dollars, and all my costs of business cost me some more money, and I come up to a figure. Now on that figure I want certain returns.

REP. MIGLIARO:Let's go back again. Let's take it in your terminology. Let's take it with additional cost,cost, okay? of \$150.00 scale. Give me an itemise for it. How can you arrive from \$150.00 to \$450.00.

SEYMOUR SLOAN: All right. Rent.

REP. MIGLIARO: You're including rent on the unit?

SENATOR CUTILLO: Representative. Are we determining ... or are we determining, you know, what a doctor should charge for a visit or what --

REP. MIGLIARO: Mr. Chairman, in good respect now, to you and to this committee, what I'm trying to establish here and I think what Representative Grande tried to establish, and we have'nt established, is what the additional costs - separate from the unit - after your profit is realized from the unit, so that you can establish that if services which are used to ... do give people services for no charge, but the services are incorporated in the initial cost. I'm trying to have a determining factor of what these services amount to in dollars and cents for one specific reason. By his own testimony he stated that the average age, the biggest portion, was from 60 up. It would be interesting ti know that assuming \$100.00 or \$200.00 of this \$450.00 figure, are services, actual services, portion of it. Many of these people would never live to receive these services, therefore they're paying for something they will never get, because of the mortality rate. That's all I'm trying to establish here. And it just doesn't seem right that we can't get this information in a breakdown. I can include in any item, if I sold a pair of glasses you mean to tell me I'm going to include the cost of my rent, my help, and everything in that pair of glasses? What I'm saying is that this cost is separate in... and establish it. I'm trying to establish what portion of this figure is the actual, factual amount that is being charged for services to these people, othe than other expenses that he's had.

SENATOR CUTILLO: Can you answer that question?

SEYMOUR SLOAN: I cannot.

SENATOR CUTILLO: Okay. Then we've reached an impasse and you can draw your

CONT. SENATOR CUTILLO: own conclusions. Any questions?

REP. MATTIES: I think I'm going in the same direction but I'd like to ask in a different way. If this committee were able to, and decided to, to build in a 30 day returning privilege, what in your mind - assuming there's a good reason and the patient had to return it within 30 days - and using that \$450.00 number, how much would the patient be entitled as a refund determining the use of the contract?

SEYMOUR SLOAN: Again, I can only relate my personal opinion, and I can tell you what we're doing to all purchases of our hearing aids.

In the event of cancellation, for any reason, if the hearing aid comes back to us in substantially the same condition as it left our office, we make an ear mold, which is typically necessary, a device to fit in the ear, we will refund all of the purchase price less the cost of the ear mold - and our price is \$25.00 for that, and this varies from place to place - and a \$35.00 fee which we call a dispensing fee. We have to take the hearing aid back and send it to the factory for re-casing. And here we have a problem, really, because the FTC says anything that is used, whether it's a microphone or a hearing aid, is a used device. So we're betwixt and between, and we don't know how that will relate to the 30 day clause that you are considering, and the FTC is considering.

REP. MATTIES: That's what concerns me. If we were to legislate this 30 day return privilege, or cancellation, we should know what we are legislating, and I think you said \$70.00 of that \$450.00 would not be returnable.

SEYMOUR SLOAN: \$60.00. Thirty five and twenty five.

REP. MATTIES: So \$60.00 would not be returnable. Do you think - let's accept that now. Do you think this committee would be unfair if they said that beyond that everything must be returned?

SEYMOUR SLOAN: I can't honestly respond to that question, but I would like to further respond to yours, if I may. I can't because my costs may be different than his costs, or her costs. I just don't know the answer.

REP. MATTIES: I think that's what we would like to know, and I don't mean right at this moment, I'd appreciate .. I realize that. We're putting you under the hot light here. But I think we'd all like to know what are we talking about when we say return privilege. What's fair to you and the patient? If you can't answer now, don't even try to. I'd like to know before we vote.

SEYMOUR SLOAN: Well, the only thing I can say about that is that is obviously an important question. If you're looking for guidance we'll call a meeting of our organization, with reference to that specific question, and then give you the results.

SENATOR CUTILLO: Did you want to continue. You wanted to elaborate on Representative Migliaro's question.

SEYMOUR SLOAN: The gentleman behind you has a question that I would like.

SENATOR CUTILLO: Why don't you do that now?

SEYMOUR SLOAN: I find it impossible to separate the cost of a product, the wholesale cost of a product, from the cost of delivering that product. A Chevrolet automobile costs the dealer \$3,000.00 I would say, and when he charges \$5,000.00 - the figures are wrong but it doesn't make any difference - he's including in that \$5,000.00 price his cost of doing business. He must, sir. Isn't that reasonable?

REP. MIGLIARO: No question, sir. I'm not questioning that. The only thing somewhere along the line, as I said earlier, you have used the phrase here that you have to service that you give incorporated in this package deal. Now I'm sure I'm in business and I've been in many businesses. I can give you a breakdown on my profit sheet to show you what you've bought originally, what these services are, when I'm realizing from that profit sheet you specify in order to arrive at this profit to be stable. (INAUDIBLE) But you use the phrase of service somewhere along the line, maybe not now, but I think you can sit down and break down a service charge that is incorporated in the ...

SENATOR CUTILLO: Representative, maybe ...It's clear to me what they're getting at. As I said before, it seems like we're at an impasse. You gave an average age. Do you have an average of how many times a person would come back to be serviced?

SEYMOUR SLOAN: Yes, we do have, and here again I would like to provide you with a formal report.

REP. FERRARI: Another question. Can you give us an idea - we've established that perhaps your wholesale cost are ... made is \$175.00. Does that include any allowances, or discounts for volume or other sorts of considerations that you get from the factory? In other words, do you get any quote, unquote, aids or other services in addition to that are in terms of buying discounts or etc.

SEYMOUR SLOAN: The answer to the answer to the question is yes and no, sir. Some manufacturers do provide quantity discounts. Others do not.

REP. FERRARI: Can you give us some idea of what the order of magnitude of those quantities of costs ...

SEYMOUR SLOAN: From the top of my head I cannot. But I would be glad to furnish them. And I have the ... here to furnish wholesale price lists, if I will.

REP. FERRARI: The wholesale price lists really aren't relevant, unless one considers whether or not any discounts, or any other- for example, aids in advertising or other things are applied to those wholesale price lists.

SEYMOUR SLOAN: Typically the manufacturers who provide quantity discounts do not provide aids in advertising. The manufacturers who do not provide quantity discounts provide the advertising. Baloney is baloney no matter how you slice it.

REP. FERRARI: One other question. Can you illuminate for the committee at all on how much it costs the manufacturer of hearing aids.

SEYMOUR SLOAN: No, sir.

REP. FERRARI: Then I've heard the FDA or whatever --

SENATOR CUTILLO: Just answer the question, Representative....The answer to the question was no.

REP. FERRARI: Can you give us any information from the FDA. Has the FDA established a \$50.00 rate to manufacture a good hearing aid? It seems that I have come up with that.FDA work from the FTC.

SEYMOUR SLOAN: The FDA does not touch the subject of price, either the cost of manufacture, or the cost of wholesale, or the cost of retailing. There has been a lot of testimony, you know I'm familiar with it in a general sort of way, before the Senator Percy's committee, before Senator Mac Intyre's committee, as to the wholesale cost of hearing aids, and I do not know what that is. And of course, there is always the question is the bill of material the cost of the hearing aid, or are there other things such as we were addressing with Representative Migliori. There are other things to be involved that are involved, other than a bill of materials.

REP. GRANDE: I have one final question. I don't know whether or not you've experienced this circumstance or not. Maybe we can pinpoint it a little. In the event you have a individual who is fitted, does have a hearing aid, gone through all the process, deemed it necessary, purchased one. Have you ever had anyone, an older person maybe or a younger person who has lost one?

SEYMOUR SLOAN: Occasionally.

REP. GRANDE: Okay. Old age probably destroyed one.

SEYMOUR SLOAN: We had one put on a stove just last week.

REP. GRANDE: How do you determine the replacement value then?

SEYMOUR SLOAN: It depends on the condition. It depends on how badly--

REP. GRANDE: What if it's lost?

SEYMOUR SLOAN: If it's lost then it has to be replaced.

REP. GRANDE: That's the crux of the whole situation. What would it cost to replace it?

SEYMOUR SLOAN: The same as another one.

REP. GRANDE: The same as the initial, it would cost an additional \$400.00? If the initial cost was \$450.00 they would pay an additional \$450.00 to replace to the same individual?

SEYMOUR SLOAN: I would think so.

REP. GRANDE: Okay. Thank you. You answered my question.

SENATOR CUTILLO: Are there any other questions? Thank you very much. We are going to return to the top of the speakers list. Dr. Robert Gryboski, I believe it is, asked to testify anytime after 10:45 so that's obviously why we didn't call on the doctor until 12:00 o'clock. I want to thank you for waiting. We had some long testimony. Before we hear your testimony, and while I have the two ranking members the three chairmen and some committee members, we had intended to have a committee meeting after this hearing, but considering that the - it looks like we are going to be going a long way - I would recommend, because I suspect we'll be losing some of the body here, that we have the --we postpone the committee meeting until after Monday's hearing, which should not be quite as long. Is that okay with everybody? I would ask everybody who is here right now, please try to attend. We have another committee meeting scheduled after Tuesday's hearing, and as I look at the schedule that may also be a long hearing. So one thing at a time. We do have a hearing Monday afternoon at two o'clock. It should not be quite as long, and I'd like to get into that committee meeting after that.

DR. ROBERT GRYBOSKI: Mr. Chairman. I'm Dr. Robert Gryboski. That's GRYBOSKI, from New Britain. I'm an otolaryngologist, a surgeon who specializes in hearing disorders and diseases of the ear. Please let me say first that I am delighted that the Connecticut legislature has finely become willing to consider meaningful legislation to revise and restructure the hearing aid delivery system within our state. Whatever else results from this public hearing today, it's greatest benefit will be the opportunity that it provides for publicizing and bringing out into the open the horrible mess that our present hearing aid delivery system is in. And the opportunity for focusing upon, and illuminating some of the major problems of this delivery system, so that whatever legislation eventually is passed, will be specifically directed toward the resolution of

CONT. DR, GRYBOSKI; teses problems, rather than toward protecting the special interests of the politically powerful, and financially persuasive hearing aid industry. In my comments I would like to take several minutes to provide som back ground information, which I hope will be generally useful, about the nature of hearing aids, about the nature of hearing losses, and about the workings of our currently inadequate hearing aid delivery system.

There are hundreds of different types of hearing aids on the market today, and when I speak of differences among hearing aids, I do not only mean differences in color, or shape, or size, or whether the aid is worn in the ear, behind the ear, on top of the ear or incorporated into eye glass frames. Although not to be ignored, these are, by and large, minor differences. The important way in which hearing aids differ, one from another, is in their performance, and the different ways in which they alter the sound that passes through them. Now, all hearing aids amplify sound to some extent. But they differ considerably in the particular sounds they amplify, in the amount of amplification, or gain, that they provide, and in the type and amount of distortion which they add to these amplified sounds.

Just as there are many different types of hearing aids, so there are many different types of hearing losses. And these losses differ from each other in many more important ways, and in degree of severity. Hearing losses can be conductive or sensory neural, reversible or non-reversible, permanent or temporary, steady or flucuant, progressive or stable, hereditary or acquired. Hearing loss is not necessarily the same for all sounds. Some people have difficulty hearing low pitched sounds while others have difficuly hearing high pitched sounds. Some people experience a great deal of distortion in what they hear. These people do not need sounds to be made louder, they need them to be made clearer. Some people have considerable difficuly understanding speech, some people have hearing problems which are so complex that they can actually hear more clearly, and more comfortably quieter sounds than louder ones, and the implications of this for a person preparing to buy an instrument - namely a hearing aid , whose primary function is to make sound louder should be quite apparent.

The main goal of the hearing aid delivery system should be one of appropriate matching. Proper hearing aid, on the one hand, to the particular hard of hearing patient on the other hand, so that every hard of hearing patient in need of amplification is fitted with that particular type of hearing aid which will give him maximum benefit at the lowest possible cost. Now the problem is that this matching up, this determination of which particular type of hearing aid a specific hard of hearing patient should wear, requires a highly sophisticated type of clinical judgement based upon a knowledge of human hearing, understanding the physics of sound, and an experience with audiologic techniques and principles.

CONT. DR. GRYBOSKI: Under our present system in the state of Connecticut, the person who is most frequently called upon to make this critical judgement is not an otolaryngologist, or a well trained and highly qualified audiologist, but the person who perhaps is the least qualified to do so, the hearing aid dealer. It is very important to emphasize that the hearing aid dealer is not a health professional, he is a business man, a salesman. There are vast educational and professional differences between audiologists, on the one hand, and hearing aid dealers on the other. And although the hearing aid salesman would like to blur these distinctions and to have us ignore them, the ways in which these two groups differ are extremely important and deserve to be repeatedly underlined. Audiologists are highly trained, well educated, health professionals, all of whom hold at least a masters degree, and some P.H.D. degrees. Educational background consists of years of experience in the evaluating, counseling, and rehabilitating hearing impaired patients. On the other hand, the educational requirements for a hearing aid dealer in the state of Connecticut are a high school diploma. Aside from a brief correspondence course, fitting and selling aids, he is not required to have any specialized training, even in sound or acoustics, let alone in the diagnosis and assessment of hearing loss. And in absolutely no way should he be considered at all qualified to perform diagnostic audiology, to measure human hearing, or to make medical judgement as to how patients with hearing losses should be treated and cared for.

Because the hearing aid dealer is a business man, salesman, it is not at all unreasonable for him to base his decisions upon considerations which are occasionally more economic than scientific, and for him to sell a hearing aid which would give him the highest financial profit, rather than one which would give the patient the greatest hearing improvement. The problem is not that the hearing aid dealer is unscrupulous, unethical, and greedy - he is not - the problem is that he is improperly trained to assume the responsibility and to engage in the practices allowed by our current statutes. One would have hoped that the newly proposed legislation would have rectified this situation by re-defining and limiting his practices, but unfortunately the newly proposed bills do not this.

The hearing aid dealer is incapable of telling, for example, which ears would be dangerous or even life threatening to fit with a hearing aid. This is a medical decision which can be made only by a physician trained in the diagnosis and treatment of ear disease. He is incapable of telling whether or not a patient's symptom of decreased hearing indicates the presence of more serious systemic disease. This, too, is a medical diagnosis which can be made only by a competent physician. And the hearing aid dealer is incapable of telling which specific hearing aid would give the greatest improvement to the patient's hearing because he is totally unqualified to perform the sophisticated audiologic evaluation necessary to make this determination, and yet the structure of our current

CONT. DR. GRYBOSKI: hearing aid delivery system not only allows, but encourages this professionally unqualified salesman to make exactly these judgements and determinations, and in fact, to select and decide which type of hearing aid should be sold to the prospective hearing aid user. The result of this situation is that thousands of people, most frequently elderly people with limited finances and fixed income are sold a wrong hearing aid, that they do not need or that cannot possibly help them.

Tens of thousands of perfectly good hearing aids lie discarded in bureau drawers because they were improperly distributed to the wrong people, not because there is anything wrong with the mechanical device itself. And many more thousands of people who either today, or at some future time might benefit from hearing aid amplification, have been so turned off and disillusioned by the widely reported experiences of others that they themselves would rather remain deaf than feel helplessly ripped off.

I do not feel that the hearing aid dealer is totally unnecessary, and that he has no role whatsoever to play in an ideal hearing aid delivery system. On the contrary, he has an extremely important role, namely to dispense the hearing aid to the patient, fit it to his ear, to service it, to provide spare parts, to make minor adjustments himself, or send the aid off to the factory for more major repairs. And most importantly, to provide the patient with information about his hearing aid, and with the instruction and encouragement and reinforcement which will be needed during the period of rehabilitation and adjustment. There is more than enough work here to keep the hearing aid dealer busy within the sphere of his own expertise so that he need not engage in activities for which he is totally unqualified, and which are more appropriately performed by otolaryngologists and audiologists.

In summary, I have three specific recommendations to make and they are as follows. Number 1: The role of the hearing aid dealer be completely defined by appropriate legislation, and that it be specifically an unequivocally limited to the dispensing of hearing aids already prescribed by a otolaryngologist and audiologist, to the fitting of these aids to the patients ear, and to their maintenance and repair. Now please note that I say that the otolaryngologist and audiologist determine, specify, and prescribe which aid the hearing aid salesman will dispense to the patient. This differs considerably from the concept of medical clearance as advocated in the newly proposed bills. Medical clearance means that the prospective hearing aid user - this is a direct quote from Senate bill 1095, 1075 - presents to the seller a written statement signed by a licensed physician indicating that there is no medical reason why the prospective user may not be fitted with a hearing aid. But with, or even without, associated waiver provisions, the concept of medical clearance implies that it is still the hearing aid dealer who selects the type of aid that he will sell

CONT. DR. GRYBOSKI: to the patient. That is not what I have in mind at all.

My second recommendation is that the hearing aid dealer not be allowed to perform any diagnostic audiologic testing at all. The state of Connecticut currently licenses highly qualified audiologists to do exactly this.

Number three, I recommend the laws be changed to make hearing aids prescription items, dispensable only upon a written prescription from an audiologist and otolaryngologist. In this way, and only in this way, will the hearing aid salesman be relieved of the responsibility for making clinical judgements which are more appropriately made by more highly qualified persons. The hearing impaired individual will have his medical problem evaluated by a physician rather than by a salesman and the hearing aid consumer will be assured of being fitted with the specific type of amplification which will give the greatest hearing improvement to him, rather than the greatest profit to the hearing aid dealer.

Thank you, Mr. Chairman. I appreciate having the opportunity to speak.

REP. GRANDE: Do you dispense hearing aids?

DR. GRYBOSKI: No sir, I do not.

REP. CONN: First I would like to know are the three steps. Can you give us any cost figures that how much more does it cost these hearing aid patients, and the second part of the question would be how many now do you estimate are not being treated properly and end up with more serious problems?

DR. GRYBOSKI: Let me take your questions one at a time. Objection raised to the suggestion of making hearing aids prescription items. That this will increase costs to the hearing impaired public, or to our society, has been raised by the hearing aid industry, and I think it's sort of ironic that it's members of an industry which is characteristically whose sales practices are characteristically included exorbitant mark-ups on their aids, should raise the question of costs. That's not my answer to your question. My answer to your question is that some cases, the cost involved in purchasing an item in a transaction is clearly defined, and easy to see. In some cases the cost is less apparent, less easy to see, less clearly defined. For example, a patient goes to a hearing aid dealer and spends \$500.00 for a hearing aid-

REP. CONN: INAUDIBLE - CROSS CONVERSATION

DR. GRYBOSKI: No, I'm almost there to answer your question. If a person goes to a hearing aid dealer and spends \$500.00 for a hearing aid,

CONT. DR. GRYBOSKI: the cost is clear. If he goes to a hearing aid dealer and spends \$500.00 for a hearing aid and also spends \$50.00 previously for an audiological evaluation the cost is fairly clear. What is the cost, however, in a situation where a person goes to a hearing aid dealer, spends \$500.00 for a hearing aid, goes home and wears the hearing aid but gets this much improvement in his hearing, rather than this much improvement in his hearing, which he could have had for another \$50.00.

REP. CONN: You're still not answering my question (INAUDIBLE - NOT SPEAKING IN MICROPHONE)

DR. GRYBOSKI: I charge, in my office, \$20.00 to see a new patient for the first time, and to examine him. An audiologic evaluation with including a hearing need evaluation, the going rate in the state - and this varies from location to location in the state - in our office it's approximately \$50.00.

I do not think, from my ways of looking at economic things, that the system would cost more if hearing aids were made prescription items. How do you evaluate the cost in a situation where a patient goes and spends \$500.00 for a hearing aid, goes home, wears it two weeks, it doesn't do him any good because it's an improperly fitted aid and puts it in a bureau drawer. What is the cost there?

REP. CONN: My other question was how many persons have been harmed in the way it's been handled? Can you give me any statistics the number of people who have been damaged by hearing aid dealers?

DR. GRYBOSKI: No, because I don't think anyone has ever counted them. By harmed by hearing aid dealers do you mean physically harmed or have been fitted with amplification which was not the best for them? The latter answer are - there are many, many, many. You can ask any audiologist in this room who will provide you with many examples. If you mean hearing aid dealers who, in my experience, have fitted patients in an outrageously wrong fashion, yes, I can give you an example of a patient in my office approximately a year and a half ago - I don't remember exactly when it was. It was probably a little longer than that because there was a hearing before the Hearing Advisory Council about this case - who was sold a hearing aid, by a hearing aid dealer, for an ear that had absolutely no hearing in it. It was an ear that was totally deaf, could not be helped, not only by that particular type of hearing aid, but by any particular type of hearing aid fitted to that ear. However, subsequent to this sale, and subsequent to the patient's objections and what not, she did undergo audiologic testing and audiologic evaluation, and was subsequently fitted with a different amplification arrangement that took advantage of the residual hearing that she had in her other ear, and today she is hearing very, very, well, and feels very happy. The examples of that are endless.

REP. RITTER: I have a couple of quick questions for you. Will you tell us a bit about your own educational background. Where did you go to college, and where did you go to medical school.

DR. GRYBOSKI: I graduated from Yale in 1961. I graduated from Yale Medical School in 1965. I did a surgical internship at the Yale/New Haven Medical Center for one year and then was a resident in general surgery at Yale for one year. I left New Haven in 1967, spent two years in the Navy, and then from 1969 to 1972 I was a resident otolaryngology and head and neck surgery at the Massachusetts Eye and Ear Infirmary in Boston. Since July 1972 I have been in practice in central Connecticut, in New Britain. I have an office in New Britain and we have - there are three of us who practice together, three otolaryngologists. We also have a small office in Southington.

REP. RITTER: How many people do you would estimate during the course of a year with hearing problems?

DR. GRYBOSKI: With hearing problems of all different types?

REP. RITTER: Approximately.

DR. GRYBOSKI: I see approximately, I think, about 100 patients a week, and I would say that from a third to a half of these have hearing problems.

REP. RITTER: So you see 4500 a year.

DR. GRYBOSKI: No, it's not correct. If I see 100 patients a week..

REP. RITTER: Say about 2,000. How many of these do you recommend these hearing aids?

DR. GRYBOSKI: The recommendations from patients in our office as to whether or not to use amplification was made in conjunction by one of the three otolaryngologists in the office and also by an audiologist. I've never counted the exact numbers, but I would imagine that we recommend hearing aids for three, four, five patients a week on an average of - total - I would think maybe more than that. Four, five, six patients a week, total.

REP. RITTER: That would be 200 a year.

DR. GRYBOSKI: I would think between two and three hundred.

REP. RITTER: So that you're pretty well experienced then with the operation of the industry.

DR. GRYBOAKI: I think so.

REP. RITTER: Can you tell us how it operates? Are most of the dealers franchised, do they own their own business? How is it structured?

DR. GRYBOSKI: I think that's a question you'd better ask Mr. Sloan. There are different arrangements, as I understand it. There are some dealers who can be freelance dealers, carry aids from any different company that they wish, not franchised, they are set up an independent business. What arrangements they make with the various manufacturers regarding costs of aids, bulk buying, service contracts for repairs and what not, I'm unfamiliar with. There's a great of latitude that they have. There are other dealers who are somewhat franchised, although that, to me, implies that the dealer has paid a certain amount of money for the right to dispense hearing aids in that particular area, and I don't know if that is true or not. But work say a master franchiser in the state or the area, and who carry one brand, two brands, rather than the whole gamut.

REP. RITTER: In the case of these folks who you recommend some form of hearing aid, how do you handle it? Does your office make a call to a dealer or -

DR. GRYBOSKI: When a patient is seen by me, or by one of my associates, and it is determined that a hearing aid may be helpful in this particular case, the patient is referred to the audiologist who performs a hearing aid evaluation. The hearing aid evaluation is a series of tests performed under acoustically controlled conditions, that determines (1) whether or not there will be sufficient benefit gained by amplification. Number two; What specific kind of hearing aid or two or three types of hearing aids would have the best chance of helping that patient the most. Arrangements are then made with one of several dealers, the patient is given that we see, because we have two offices, we have patients who come from a rather wide area of central Connecticut, and we make arrangements. Our audiologist calls the dealer in the particular area where the patient lives. The patient is given the name of two or three dealers, sometimes more, who carry that particular type of aid. The patient then goes to the dealer, is fitted with that particular type of aid, and wears it on a trial basis. Two weeks, three weeks, four weeks, 30 days. If there are problems with that aid, comes back, sees the audiologist, and if there was another alternative perhaps a second type of aid is tried. After time has passed, varying from three weeks, in some cases, three or four months where the patient has - upon the specific recommendation of our audiologist, been fitted by a dealer with these specific aids set to certain standards, has brought home, worn the aid in various situations, at work, at parties, at baseball games and what not, and determined that yes he wants to buy the aid, he likes the benefit that it gives him. The patient makes the arrangements with the dealer to purchase that aid.

REP. RITTER: So in a sense you are now prescribing.

DR. GRYBOSKI: In a sense. Accept - As far as our own patients are I certainly..

REP. RITTER: Your office has a relationship with the individual dealer.

DR. GRYBOSKI: I don't understand.

REP. RITTER: I gather just a practical understanding the way life is that you have greater control in your dealing, you make arrangements with the dealers for your patients. Then you don't know the dealer. The patient is going off on his or her own to a dealer whom you don't know.

DR. GRYBOSKI: Yes. The last especially. We have very good rapport with many dealers.

REP. RITTER: This is what was.. So there are many responsible dealers.... How many of the 2,000 people that you see...come to you after they've had other experience with hearing aids with which they're disappointed.

DR. GRYBOSKI: I would bet that I see almost one patient a week who would fall into that category. Who has previously been fitted with a hearing aid, or has tried a hearing aid previously but eventually did not buy because he didn't think it was suitable, but who has elected not to wear a hearing aid because of bad experience.

REP. RITTER: Is that figure for all three of you.

DR. GRYBOSKI: No, I would say that is for me. I perhaps see more of these patients than my two associates do, but I think you can multiply it by 2 1/2 if not a factual 3.

REP. RITTER: Based on your experience, what is the average charge of a hearing aid geared to a patient for the sale and the continuing service of the hearing aid.

DR. GRYBOSKI: This varies tremendously. Let me interject as a side light. The discussion earlier with Mr. Sloan regarding the cost of hearing aids, I saw about a year and a half or two years ago, the figures, and I'm not absolutely sure where these originated, but I think they came out of a hearing with Senator Percy's committee in Washington. These figures were the cost of the components that go into manufacturing the hearing aid, are approximately \$20.00 to \$25.00. The cost of assembling these components, and packaging them and casing doubles the cost of the components. The price that the hearing aid dealer pays to the company for the right to sell that particular hearing aid, the figure that I recall and please do not quote me for these, are in the range of \$50.00 to \$135.00, somewhere in there. This is for all types of aids. Aids, the retail price that is charged for aids can vary tremendously within the state. The same type of aid from \$300.00 to \$600.00 or \$700.00

REP. RITTER: Now is it the price of the instrument, or is it the price of ... service.

DR. GRYBOSKI: No. The hearing aid dealers characteristically bundle their charges, and lump everything together. One of the reasons for doing this, I would think, is that if they were to itemize the charges and say well the hearing aid cost \$250.00 but the plastic tubing that costs me 10¢ I'm charging you \$30.00 for that, the ear mold I'm charging you \$35.00 for that, and I'm charging you \$150.00 for my services for the 15 minutes or 20 minutes that it has taken me to take the impression of the ear mold and put this in your ear. The public would be outraged at paying these exorbitant fees for services which I don't think are worth that amount of money.

REP. RITTER: But what about the on-going services. Isn't that part of the bundle too? In five or ten years ...

DR. GRYBOSKI: Hearing aids come with a guarantee from the manufacturer.

REP. RITTER: As a Lawyer I can tell you those are limited in time and often

DR. GRYBOSKI: I think in many cases they do, and in spite of that, pass the cost onto the consumer.

REP. CONN: (INAUDIBLE)

DR. GRYBOSKI: What do my patients pay for hearing aids. What do I tell them they can pay, can expect to pay. I tell my patients that they can expect to pay somewhere in the range of \$300.00/\$400.00, sometimes as high as \$500.00 for a hearing aid. I tell them that hearing aids are fragile instruments, that they break, that they get lost, they fall apart, that they need replacement parts, they need a fantastic amount of upkeep, and they should expect to go in for ... in the future. In most cases if the audiologic evaluation has been done by us, if the hearing aid dealer is relieved of the responsibility and does not have to spend the time trying to determine which kind of aid he should fit the patient, it will reduce his cost considerably, and charge the patient \$275.00 or \$250.00.

REP. RITTER: Does that price include on-going services ...

DR. GRYBOSKI: Most dealers with whom we've had experience, and to whom we send patients with written prescriptions for a particular type of aid, will provide excellent service. It depends on what the service is. They will see patients free, change ear molds, change tubing for ears without a... If the aid has to go back to the factory for major repairs obviously there's more charges.

REP. RITTER: Has there been any real effort on the part of people like yourself, and responsible representatives of the Hearing Aid Dealers

CONT. REP RITTER: Association, to sit down and try to work through a proper piece of legislation that might benefit both the industry and....

DR. GRYBOSKI: Not that I'm aware of.

REP. RITTER: Do you think if you were to sit down with some representative you and some other doctors who are socially aware and socially concerned, as well as experienced, do you think you might accomplish something? If you sit down with representatives of the Hearing Aid Association. What I'm sensing here is that the answer is probably, yes. What I'm sensing is that most people who hold a leadership position in the hearing aid business, will recognize that they will do at least as well over the long haul if they had more rationalized business that they were trying to service they intend to do. And if it were structured...you were apparently were able to structure your relationship with responsible dealers.

DR. GRYBOSKI: Yes, it makes a great deal of sense. It always has. I think that the hearing aid dealers, the hearing aid industry has been foolish to fight this concept. They would stand to make more money with less hassle, sell more aids, have more happy customers going around saying I got a hearing aid from so and so and it's just great.

REP. RITTER: And isolate those particularly outfits that are incapable, or unwilling.

DR. GRYBOSKI: Right. It's to their advantage to do this. Why they haven't done it, I don't know.

REP. CONN: Sir, in the state of Connecticut the service to the people that would require that service, and the persons that are qualified under your evaluation to deliver the service - how many are there available today?

DR. GRYBOSKI: Well I think.. Do you mean hearing aid dealers or audiologists?

REP. CONN: No. In your profession that you feel are qualified to handle this?

DR. GRYBOSKI: We have approximately 100 otolaryngologists in the state of Connecticut.

REP. CONN: And how many hearing agencies?

DR. GRYBOSKI: I don't know. There are approximately 60 licensed audiologists in the state of Connecticut. And earlier testimony today pointed out that this is higher than the national average, and it is. There are something like 3000 audiologists certified, 60 of whom are in Connecticut.

REP. CONN: Okay. Now in your estimation of this number of persons, and we have something over 3 million 300,000 persons, could you give the service required for the entire state for that group of people?

DR. GRYBOSKI: I would think so. I would think so. With the natural amount of increase that is taking place, and the number of otolaryngologists, and audiologists. Several years ago there were only 40 something audiologists licensed in the state, now it's 60. In another year it will be a few more. The same with otolaryngologists. There are more and more otolaryngologists coming into the state, and the younger otolaryngologists are people who are more interested in hearing problems and who have training and background which would make them more capable of taking care of this type of patient.

REP. CONN: Do you think

DR. GRYBOSKI: Well, not me. I think they should... I think that every person who is going to purchase a hearing aid or wear a hearing aid, should see an otolaryngologist and an audiologist. Otolaryngologist primarily for determining whether or not there is any other medical problem associated with the hearing loss, and also the audiologist for determining which specific type of hearing aid that person should be fitted with. And then, obviously, the person to see is the third person in the delivery system, the hearing aid dealer who does not have to worry about which aid to sell. He takes the prescription, fits that aid to the ear, makes the ear mold, makes the impression, adjusts the tubing, gives the patient the instructions and what not, and provides further service.

SENATOR PUTNAM: On these hearing aids, when a person has completed an examination and you send them out with their prescription, does that state the specific make of hearing aid which is to be sold, or does it state a level of audio reception. If you understand what I'm trying to say.

DR. GRYBOSKI: It specifies the aid by make and model. All Right? It doesn't say to the dealer fit a high gain aid to this persons right ear, we don't say that. We say fit brand x model number 14b.

SENATOR PUTNAM: Now. You have stated that all these figures that show that things start out costing \$25.00 and we end up selling it to the consumer \$175.00. Those were the rough figures I believe you stated, and that gets me a little upset because it gives the impression that everybody is taking eveybody else. You must therefore, if you state a specific brand x to be sold, you must therefore have some cognizance of where that can be purchased at the lowest price to the consumer. Is that correct?

DR. GRYBOSKI: The purchasing of the lowest price at which a consumer can purchase the hearing aid, is not necessarily synonamous with the best deal for the consumer. For example, it might be better for a consumer to buy a hearing aid from a dealer who is close

CONT. DR. GRYBOSKI: to his home, especially if if the consumer is old and has trouble traveling about. Even if that hearing aid is going to cost you 20, 30, 50 dollars more than if he has to drive or have someone drive him 40 miles to another hearing aid dealer who would give him a lower price. And the same way the service is provided by a hearing aid dealer are important. We like dealers to be willing to see the patients, have them come back, encourage them to come back. Patients say my hearing aid is not working, the ear mold is filled with some wax and dirt, so you take a needle and clean it out, there shouldn't be any charge for that.

Some dealers will do that, other dealers will not, or will charge for it.

SENATOR PUTNAM: All I wanted to bring out was the sale that the gentlemen spoke to ahead of you of \$300.00 or \$400.00 for a hearing aid may really curtail other services that do have a very important value. Just because it's \$400.00 the consumer is not being ripped off. That's all I wanted to bring out.

DR. GRYBOSKI: Yes, but some hearing aid dealers will provide those services with the aid for \$295.00.

SENATOR PUTNAM: That's right. But you just told us you didn't choose on..

DR. GRYBOSKI: And they will provide - it happens that the dealers who charge the least are among the most ethical, and the most helpful to the consumers.

SENATOR PUTNAM: That's also true. But you have also you've been saying right along that you do not steer your clients to where, in your opinion, they would get the best price. You add in for the unit. You add in other items.

DR. GRYBOSKI: There are other factors. There are other factors to consider, but we certainly don't try to get the patient the lowest possible price.

REP. CONN: Representative Conn. I would like to pursue a point that you made that you recommend a specific hearing aid. When I go to the doctor and he gives me a prescription and I take it to the drug store of my choice, and that druggist uses a certain type of drug. I wonder is it common practice in the medical field to recommend by model and size and so forth, rather than by need and then the patient, or whoever makes the judgement as to what piece of equipment they will buy. It's like saying you're going to get a Chevy truck to carry one ton of coal. You know, a Dodge truck or a Ford truck will carry that ton of coal. The same with this hearing aid. I wonder if this is common practice...

DR. GRYBOSKI: Are you talking about hearing aids or other medical devices?

REP. CONN: Or any other medical device.

DR. GRYBOSKI: In most cases, and even in our office, I do not write the prescription for the hearing aid. The audiologist does this following mutual consultation and what not. All right. What we do prescribe, our audiologist does prescribe, by specific model and make and number. In most cases otolaryngologists do not prescribe hearing aids. Audiologists do in consultation with the otolaryngologist. I don't want to take time to write out a prescription and call a dealer, and have to worry about it. We have an audiologist who does that. I will talk to the dealer, frequently. I will talk to the dealer about specific problems and about specific patients. Questions about deformity in the ear canal that needs some special attention regarding making of the mold, and I will talk to dealers. But by and large these are chores that are handled by the audiologist. And I think audiologists speak more directly to this. I don't know if, I don't think, that in the state of Connecticut other otolaryngologists frequently prescribe hearing aids by model and number, but I don't either. Our office does. Someone in our office does. That person is not me.

REP. RITTER: Mr. Sloan, could you take the floor please. You've heard the testimony the doctor has given this committee. Do you believe there is a basis for the two of you, and perhaps others who are equally well informed and motivated, to sit down during the next week or ten days and possibly come up with a bill of the nature the doctor has indicated was - with any other in-put that such a group might have.

SEYMOUR SLOAN: The only answer I can give you, Mr. Ritter, is to say we have always felt this way, either organization, and for years we have tried to sit down with the audiologists and I can quote you verbatim the response I got from the doyen of the profession: "We have nothing to say to you".

REP. RITTER: That's a beginning. Do you think under the auspices of this committee, representing the legislature, representing the people of the state, trying not to punish people but trying to reconcile to help people which includes everybody, would you take the time would you be willing to take the time to put together - people who might be interested, to try to accomplish something.

SEYMOUR SLOAN: Yes, I will. I don't think I'm the most important person to have on such a committee, however. I think that audiologists would be far more important than I would, and I think that you ought to speak to Connecticut Speech and Hearing Association.

REP, RITTER:that's what we do, but let's start with ... Would each of you be willing to be part of such a ...

PHILIP WEISS: So far all I've heard is. Mr. Weiss. Philip Weiss.

REP. RITTER: And who are you?

PHILIP WEISS: A retired state employee. I've been deaf since 1906, a very young man, and I hope ... of the hearing aid and the medical profession get together, set up new rules.....

REP. RITTER: Mr. Adams would be a member of that group by the way. You may or may not be, but I'm sure you'll be well represented. I assure you that people like Mr. Adams and others have given a life long effort to accomplish constructive social change will be well represented.

DR. GRYBOSKI: I might say that the Commission on the Deaf and Hearing Impaired for the past year, year and a half, has held hearings and meetings, and has gotten in-put from medical people, from otolaryngologists, from the Connecticut Speech and Hearing Association, and from the hearing aid dealers before they made their recommendations to the legislature about the proposed bills.

REP. RITTER: Well, you've answered my questions. You go ahead.

REP. MATTIES: Are there any cases to your knowledge where audiologists sell hearing aids?

DR. GRYBOSKI: There are audiologists who dispense hearing aids in the state, I am told.

REP. MATTIES: That concerns me. My ears perked up when I hear that someone recommends a specific plan ... But if we have audiologists that are in the business of selling expensive hearing aids their doing it by the plan, that seems to be undue control of the market place.

DR. GRYBOSKI: Are you saying that there is a conflict of interest? When a person who is determining which aid, or which device, should be used, or sold, is the same as the person who sells the device to the patient.

REP. MATTIES: Well, even beyond that. If I were in a position to direct a man, prescribe more than recommend, a specific brand, then I would have a whole lot more going for me than I would by saying you should get a unit that meets these requirements. There is a difference. It's probably difficult for you to even respond, maybe I'm giving more of a comment here than a question. You answered the question that there audiologists who do dispense, there audiologists who prescribe by brand and I suggest that can be a problem.

DR. GRYBOSKI: I understand. Hearing aids, I tried to bring this out in the earlier portion of my prepared testimony. There are many, many

CONT. DR. GRIBOSKI: different kinds of hearing aids. Hundreds of different types and models and brands, and these all differ one from another in very important ways, and very subtle ways. Hearing aids are characterized and defined according to three things. Number one, their gain. How much louder they make the sound that comes through them. Number two are their maximum power output. By what is the loudest that they can take any sound and make it. Some hearing aids, regardless of how high you turn them up, won't get above 90 or 95 decibels. Other hearing aids are very powerful and will get up to 130, 135 decibels, which is extremely loud, painfully loud. The third way, the third mathematical thing that goes into defining a hearing aid is frequency response curve, what the hearing aid does to vary a sound that come into it. Does it take a 500 cycle sound and amplify it as much as it amplifies a 2000 cycle sound. And this is where the hearing aids differ.

Now you can pick two hearing aids which have the same gain, the same maximum power output, the same frequency response curve, and put them on a patient, the same patient, with the same ear molds, and that aid will differ and perform differently because the aids differ in many other ways than in those three mathematical things that go into defining the aid. Does that make any sense? So to prescribe an aid generically, as we do with certain medications, is not a good idea because the substitutions - if you prescribe penicillin generically, different types of penicillin are substituted, they're all pretty much the same, with minor differences - however, if you prescribe a hearing aid of certain type and another one is substituted for it, even though it has the same gain, the same output, the same frequency response curve and whatnot, it's an entirely different thing. It's not the same make, it's vastly different, so you have to prescribe by model number.

REP. RITTER: detain you much longer. Do you want to ask one final question? Go ahead.

REP. MATTIES: Do certain companies specialize in certain aspects of what you just described, differences, or do the companies build the hearing aid to recommendation or prescription, or are they right on the shelf. I still can't separate why company y which makes a whatever, I don't remember the term, made a specific hearing aid why company y is the only one we can recommend, maybe company A out there can provide the same thing. And if we're talking mass production or any kindwe all recognize that.

DR. GRYBOSKI: But, as I said, the specifications for a hearing aid, if you take two hearing aids from two different companies, different model numbers, okay? specifications are exactly the same, the aids will perform differently in the same ear of the patient. That's why, as part of the hearing aid evaluation, the audiologist tries multiple aids. Not only one. The audiologist uses his or her expertise and experience to say well, this person needs a medium gain aid,

CONT. DR. GRYBOSKI: with not a great power output, vented the mold this way, and adjust it this way. Then narrows the choice down to four or five aids perhaps that fall into that ballpark, and then try each one of those aids and see which one the patient is more comfortable with. And sometimes there will be vast differences, even though the aids, to look at the mathematical figures the mathematical specifications are the same.

REP. MATTIES: I would imagine the same thing applies to ten units coming out of the same..

DR. GRYBOSKI: I don't think it does.

REP. MATTIES: Well, I'm sure you've heard how in the past the ability to guide to create a tie-in can cost the public a great deal if it's abused. And that would be a concern of mine.

DR. GRYBOSKI: But right now we have a situation where the person who makes the decision as to what type hearing aid a person is going to wear, if the same person who sells it and who makes the profit from the sale as well, mainly with the hearing aid dealer.

REP. MATTIES: That doesn't make it right.

DR. GRYBOSKI: No, it doesn't, no. I'm saying that it's not right.

REP. RITTER: Thank you, very much Doctor. We're going to call on you to work with committee.

DR. GRYBOSKI: I'll be happy to help in any way I possibly can.

JOLANTA PECORA: My name is Jolanta Pecora, and I'm an audiologist from New Britain. I have two statements here. One is from one of the dealers that I refer to and I was wondering if I could read that as well.

REP. RITTER: How long is it?

JOLANTA PECORA: A page and a half.

REP. RITTER: Read it fast. Unless you can summarize it.

JOLANTA PECORA: I think it's pretty concise. I am Lee "Basset" of Meriden I have been engaged in the fitting of hearing aids for the past 10 years. Prior to this I was an electronics technician for a major hearing aid manufacturer for approximately five years. I'm not here to criticize the wrongs of the past but to express my felling about the hearing aid delivery system of the future.

I very stongly believe in the team approach to all, I emphasize all, hearing problems. By team I mean the otolaryngologist, the audiologist and the hearing aid fitter or dealer. It is my ...

CONT. JOLANTA PECORA: feeling that we need a re-defining of roles. No one person can be all things to hard of hearing.

REP. RITTER: Excuse me. Is this your statement?

JOLANTA PECORA: This is Mr. Bassett who is a hearing aid dealer in Meriden.

REP. RITTER: Then you're going to read your statement?

JOLANTA PECORA: Right. The audiologist or otolaryngologist should not have to diagnose a defective microphone or distorted receiver in a hearing aid. They should not have to spend their valuable time grinding ear molds or teaching patients how to put on a hearing aid and change the batteries. These details should be left to competent, caring ear fitter.

The hearing aid fitter for his part should not try to do the job of the audiologist or the otolaryngologist. It has been my good fortune in recent years to have a good working relationship with several excellent audiologists and otolaryngologists. This relationship has been built upon mutual trust and respect for each others integrity, talent, and abilities. To ensure the best possible care and treatment for the majority of the people contacting me about a hearing problem, it has been my policy to refer them to an otolaryngologist and an audiologist for proper diagnosis and evaluation. Many of these people are referred back to me with a recommendation for a specific hearing aid, make, model, and ear mold type. I think it is obvious to each and every one of them that the otolaryngologist, the audiologist, and myself have their best interest in mind at all times. It has not been a matter of selling them something they did not want. It has been a matter of providing them with the best guidance and care possible and then letting them make the decision as to the usefulness of the hearing aid in their everyday lives.

I am pleased to say that the fitting satisfaction ratio has been extremely high. The role of the otolaryngologist can not be over emphasized. More than once I have referred a person for a routine otological check up, who was found to have a severe, or potentially dangerous condition demanding immediate medical attention. Who but the otolaryngologist is qualified to render diagnosis of some of these some-time life threatening conditions?

In my opinion the team approach to hearing correction is the only proper route to travel. I cannot, in good conscience, knock on a door and try to sell someone a hearing aid, any more than a dentist would knock on a door and try to sell false teeth. In these days of enlightenment, people expect, demand and deserve the best hearing correction and medical treatment possible. The three discipline or team approach is the surest means.

CONT. JOLANTA PECORA: And then this is my statement. I just wanted to define, or rather explain what the backgrounds are the three health professionals as are presently required. An otolaryngologists requirements are 4 years of college, 4 years of medical school, a year of internship, 1 year of general surgery residency, and 3 years of residency in otolaryngology.

An audiologist requirements are 4 years of college, a Master's degree, which has requirements being met in speech and hearing related areas in a masters degree the areas of concentration include the physics of sound, psycho-acoustics, biocoustics, psychology, psychology of deafness and the hearing impaired, anatomy and physiology of hearing, various communication arts, aural rehabilitation and hundreds of hours of practice on them before they are set out on the public. Also hearing aid and instrumentation courses. Then a nine month period of supervised employment, after which the audiologist is required to pass a national exam which is given by the American Speech and Hearing Association.

The requirement for being a dealer is that one must be over 21, a citizen of this country, must pass some sort of correspondence course which, I understand, emphasizes anatomy, hearing devices and sales techniques, and that's about it as far as I understand it.

The purpose of this comparisment is not to demean any one group, but rather to hopefully point the wayto a better delineation of roles. The role of otologist is on-going medical supervision of the hearing impaired individual. I do not believe that a time limit can be placed on the replacement of the device as is stated bill 1075, specifically on lines 27, 28, 29. They state the device is defective within a year that the person does not need to be seen for a recheck by either an otologist or audiologist. If a persons hearing deteriorates that rapidly that he needs to go onto a stronger, or a device with different characteristics, then that is a sure sign of some sort life threatening pathology, and I think that that sort of provision could be very, very dangerous.

The role of the audiologist is oredering audiological assessment, and appropriate rehab measures, and that includes the hearing aid evaluation and counseling the patient relative to the nature of his hearing problem, the nature of hearing aids, the help that he may reasonably expect from a hearing aid, the help that he may not expect from the hearing aid, and the nature and importance of other avenues of aural rehabilitation.

The role of the dealer is provision of services, provision of the device and its servicing.

REP. RITTER: How long have you been an audiologist?

JOLANTA PECORA: 4 years.

REP, RITTER: What are your experience ..generally in dealing with the industry , the hearing aid business?

JOLANTA PECORA: The hearing industry? Well, right now they are very good because I have found several reliable, honest dealers. In the beginning they were not that happy.

REP. RITTER: What were some of your earlier experiences?

JOLANTA PECORA: My earlier experiences were the recommendations that I made were not followed up on. I don't feel that it's my rule, but I can't help but worrying about the persons financial out-put so I have made myself sort of a guardian in that sense, and I generally try to steer people to agencies that will provide funds. And I have, in the past, had patients being blocked from obtaining these funds because they were convinced that it would be a hassle, it would take too much time, too much red tape. It's really in ..

REP. RITTER: Were they welfare clients?

JOLANTA PECORA: No. Division of Vocational Rehabilitation. It's a matter of time before the dealers get paid. Patients sent, you know, say they don't want to go through all this because the dealer insisted that it - convinced the patient after I had counseled him that it would take too much time for the patient - when indeed it would take more time for the dealer to receive his payment.

REP. CONN: You practice where? In New Britain?

JOLANTA PECORA: Yes, I do.

REP. CONN: And you see how many patients. (INAUDIBLE)

JOLANTA PECORA: I work for a group of physicians.

REP. CONN: which group ...same group as the doctor who spoke?

REP. RITTER: Don't run. I want quite a bit more. I understand that you had quite an extensive experience beyond four years.

JOLANTA PECORA: Yes, I have two years of masters degree training. I have also been a teacher of the deaf. I did my training at Galudette College which is a National Liberal Arts College for the Deaf, and I also did my intership at Walter Reed Army Medical Center

REP. RITTER: Just if you would, in your own words, take a couple minutes to tell us your ... experience in your evaluation of the state of New York in the field of dealerships.

JOLANTA PECORA: You mean as it is now?

REP. RITTER: As it is now.

JOLANTA PECORA: Well, I just feel the dealers are doing, for the most part, a job that they should not be doing. Well, according to some of the provisions, I'm not sure whether they are law or not, but the seven medical signs. I don't think it's their job to look into someones ear and say you have a medical sign. I can't tell and I think I've looked in more ears than dealers have. In fact my biggest experiences home to home sales for elderly people. I have run across many elderly people who have bought aids because people have come to their home. They're lonely, they're widows, they're widowers. These people don't use a hard approach, they use a soft, good guy approach, and a person buys an aid because someone is visiting him, and he's convinced it's going to help him. And the usual line is you have to get used to it, and that's one of my lines too, but in a different sense.

REP. RITTER: Any experience in your own family?

JOLANTA PECORA: My father is deaf. He went to a dealer before he went to his own daughter for a hearing aid, but that's because we live in different ...

REP. RITTER: And what was his experience?

JOLANTA PECORA: And his experience was that I wound up fitting him with a different aid. He wasn't getting any benefit from the one he had.

REP. RITTER: How much, as far as you understand, what is the normal, what is the range of the dollar amount that a dealer charges for an instrument.

JOLANTA PECORA: It varies. There are dealers who charge \$195.00 for their bundle fee, and there are others who charge \$250.00 to \$295.00. I generally tell them, I tell people you may bargain hunt, these are some names of people that I know prices of but you're free to go where you want.

REP. RITTER: We've heard prices of \$400.00 and \$500.00.

JOLANTA PECORA: Right. I have also. These are generally the aids that are left in bureau drawers, from home to home salesmen. Also another practice, the fairs, the country fairs, win a free hearing aid like you can win a free water purifier, and then you get your

CONT. JOLANTA PECORA: name on a list, and then everybody whose name is on the list gets a phone call or a knock on the door.

REP. RITTER: Any further questions? Thank you very much. Walter Adams.

WALTER ADAMS: Mr. Chairman, Senator Cutillo, members of the committee. My name is Walter Adams. I live in Southington. I am speaking on behalf of the UAW CAP Council and the Connecticut Council of Senior Citizens.

The Connecticut Council of Senior Citizens is comprised of 153 clubs, embracing over 100,000 members. I'm speaking in favor of bill numbers 6847, 6834, and 1075. Nearly one third of this country's population suffer from the hearing impairment. According to the U.S. Bureau of Vital Statistics, and that's in the year of 1971, there are some indications that workers may have higher rates of hearing loss because of long term exposure to industrial noise. These facts make protection of hearing and purchasers and those consumers yet untreated of practical concern to our organization. It is not uncommon to hear our members speak of problems they or a family member have had adjusting to a hearing aid. Some have given up after spending nearly \$500.00 on an aid. Others hear the stories and don't believe their problem can be helped.

The U.S. HEW Department's task force on hearing aids, year 1975, found that hearing aids may be sold to individuals who don't even benefit from the device. HEW's report said some individuals are sold the wrong type of hearing aid, but most tragic of all, some individuals with remedial ear disease go undiagnosed, trying one hearing aid after another, until they reach the point where the disease is no longer remedial.

We believe the legislation before this committee is a long stride toward correction of these problems, effectively assisting people with hearing loss. It is time to consider hearing loss as what it is - a medical problem - and have medical people, specialists, examine patients before they are sold a hearing aid. Retirees, as tight as money is, would rather spend money for a medical exam that would lead to real help to their hearing problem than to throw money down the drain for an ineffective or dangerous hearing aid.

Consumers would like to know when a hearing aid will actually help them and to assured that help is available if they have problems getting adjusted. The provisions of Senate bill 1075, calling for an ear specialist exam and testing by an audiologist provide this assurance. Many of our members have had good experiences with hearing aid dealers who have helped them get adjusted to hearing aids, but there have been, also, cases of the hard sell, and people getting talked into a useless hearing aid. Therefore we also support bill 6834, that will give consumers 30 days to try out

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CONT. WALTER ADAMS: an aid. Some dealers already do this, which indicates it is not so great a burden on them. But everyone buying a hearing aid should try it out in their everyday lives to see if it really functions correctly for them. If it doesn't, and adjustment fails, they should get their money back.

We also support House bill 6847, that makes it illegal for hearing aid sellers to solicit at people's homes without first getting their consent in writing. We've heard too many stories about the free drawing, or giveaway, that resulted in peoples names getting put on the list, that hearing aid dealers later used to try to sell their products. Further more the home is not the place to test someone with hearing problems. That should be done professionally in a sound proof setting where accurate evaluation can take place.

Please remember that hearing aids are not only expensive devices, but that they especially affect the health and well being of older consumers. This legislation is reasonable, and we urge you to act favorably upon it. Thank you, Senator.

REP. RITTER: Any questions? Mr. Adams would you be willing to give some time to working on this bill with ...

WALTER ADAMS: If I could, in a sort of a unprofessional way. I'm not a doctor but I do see some terrible cases, and I've heard while I've been sitting here, some of these raffles, or whatever you call them, this name drawing - this all seems so ridiculous - you know, to a hearing aid that is supposed to be professionally fitted as we've heard from the doctors. Yes, I would be.

REP. RITTER: We'll be in touch with you then and set up something. Are you able to leave ... Thank you. Jack Gretta and Sara Gretta.

JACK GRETTA: We've been sitting here for the past. My name is Jack Gretta, my wife, Sara. We have a hearing impaired child, 15 years old. We moved to Connecticut 10 years ago and immediately started searching for assistance on how to educate and help this impaired child. We ran onto exactly what we've run on to this morning, four and a half hours of listening to how to fit, mass produced appliances to the elderly, and to protect the elderly from being taken by the hearing aid dealers.

I can't say that we've experienced anything of that nature. We've not been taken by any hearing aid dealers, but we've been taken by some of the state laws, and some of the suggestions by state representatives.

Back in '67, '66 or '67 when we first moved here we didn't get too far, we're just doing out best to get Mike into school and get established in the state of Connecticut. In 1969-

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REP. RITTER: Whereabouts do you live?

JACK GRETTA: In Chester, Connecticut. In 1969, Mike had already been attending - our boy is John Michael Gretta, commonly known as Mike - had been attending the Mystic Oral School which was a boarding school, but we arranged it where my wife could drive back and forth to the school so we could raise our son at home. In 1969 we thought we'd start looking for help, medical help, and see what we could do to improve Mike's hearing, and if anything could be done. It was recommended that we went to Yale-New Haven for tests. In 1969 and again in '72 Mike was at Yale-New Haven and we got this type of answer. Mike has profound loss in left ear. He has severe loss in his right ear. They felt we were wasting our time with a hearing aid in his left ear, and they recommended that Mike continue at Mystic Oral School.

REP. RITTER: Are there any particular bills you want to call our attention to?

JACK GRETTA: Yes, primarily I believe it is 9145, pertaining to the - okay it's 1075, I was corrected - pertaining to the reasons .. I do believe we should have professional guidance. But also I think the professional guidance should be policed. And the reason I say this is because of the quotations of these people at Yale-New Haven, and the guidance we got from them, that Mike was deaf in his left ear and only one hearing aid might help him, maybe.

In my profession I travel a lot and I discussed this problem, and I ran onto a technique which has never been mentioned in any of the conversation here, and that is otology - is that right? - otometry, excuse me, otometry. Otometry was established, is used by a doctor down in Maitland, Florida by the name of John Victorine. And through him, and some of his associates - which there is one here in Connecticut, New York, Delaware, Maryland, Pennsylvania and Florida, the main east coast cause that's what I'm considering - We've been able to establish Mike's hearing now to where he has been attending a normal school at Old Saybrook, Middletown and now at John Winthrop Junior High School, and he'll be going into the ninth grade at Valley Regional. His grades are very good, considering. In fact he has been getting close to a "B". He's striving for this because he wants to take drivers ed so he can get his drivers license, and get his insurance at a minimum rate.

But if we had listened to these prescribed statements, Mike would still be in Mystic and probably not aural or speech. His hearing level right now, as of last October, he's flat at 62 DB out to 4 KC, stereo. He's hearing words, for the first time. He was asking his mother this morning what kind of bird makes warbling sound that he heard out in the field. Now up until last October he was not able to hear birds, but it was only because the people we were dealing with, were dealing with the ultimate in the

CONT. JACK GRETTA: state of the art of audio. In the conversation here suggesting appliance to put on the patient, you'd better believe it, because in this particular case there is only one instrument that would comply to Mike's hearing loss. That would correct his hearing loss up to a reasonable, and normal, level. This particular instrument is called a "bicoenamate otorex". It has basically 12 BB perocative gain as the frequency goes up. With corrections, proper fitting of hearing ear molds, his ear molds themselves, are specially made, they're not available commercially.

But my comments are here, and that is you're substantiating a law thinking that people, people of the state of Connecticut, have to try and speak of the residents of the state of Connecticut to be protected, and be fitted with the proper equioment, for which we were not able to get in the state of Connecticut.

I've run into a case just recently of a 16 year old girl who is attending the School for the Deaf in Hartford. She's been there for a number of years. I ran into her in an airplane flying back from Chicago last Thursday, who was sitting there listening to a pair of stereo systems on the airplane. I said "Karen can you hear that?" and she nods yes. She lip reads. My boy can't. He has to use his hearing aids to hear. But this girl is 16 years old and in the School fot the Deaf. I'm assured that properly fitted, with the proper equipment, a good prescription established for this girl, she would be able to hear as well, and maybe better than my boy Mike. But she's not getting the help that is available, or should be available to her.

My suggestion is audiology, this is the people the state recommends recognizes, as being the knowledgeable people in the state of Connecticut, should be at least kept up to date as to what is the state of the art. What is available to the public. You mention here a question about the appliances that are available to people. Unfortunately the appliances are manufactured like tooth-paste out of a tube, that everybody's hearing loss is exactly the same is the way the hearing aid manufacturers look at it. I've been to four hearing aid manufacturers in my past ten years of experience, and I've taken the prescription designed by this system of Dr. Victorine's. Can you make an instrument that will give me a correction on this curve? One tried and failed, and one tried and made it. The rest of them weren't even interested.

The point, I think I brought my point, and at this point I'll close and let my wife maybe enter into it. We feel that there is a lot to be corrected in the state of Connecticut to help the youth. They should be more important, they're the ones who have to be educated, they're the ones who should hear while they're young. They're going to lose their hearing as they get older, worse, Mike's going to get worse as he gets older. But right now

CONT. JACK GRETTA: we're doing our very best to get that resolved to him so he'll learn as much as he possibly can, so when he does get older he can correct or adjust to the hearing loss ...

REP. RITTER: What business are you in?

JACK GRETTA: I'm in the safety lighting business. My contact with this otometry procedure was through Telex, which are in the audio business. They sell hearing aids, but they do not recommend their equipment for Mike. And I respected this industry, Telex Company, telling me where to go. They put me in contact with a I guess you'd say a student of Doctor Victoine, and we followed through with his suggestions. We didn't buy any equipment, now, we just had a test using the "equiton" instrument. We established a prescription. Fortunately I was in a position where I could fly to Florida, and I took Mike down to Maitland, Florida and we put Mike down in front of Doctor Victorine's equipment, and his technicians. And Dr. Victorine - I said I have the curve here. He said "No, I don't want to see it". He sat Mike down and they ran this similar test. When they got all through with the prescription they came up with to help Mike to bring him up to a reasonable level, we took the two prescriptions and put them up against the light in the ... This is two different laboratories. Now I can't measure light that close. I mean two different lighting laboratories don't come within 10% of each other, but this audio procedure they have there ... We put some equipment on Mike and it proved it. On the average of every six months for the past three years we've been going down to see Dr. Victorine and And as I say, the last check he had was in February.

REP. RITTER: Is one of the implications os what you're pointing up is that the state is not spending enough money in the Home for the Deaf? or other institutions?

JACK GRETTA: No. I think that there .. go ahead.

SARA GRETTA: Audiometric testing is not the only means of testing hearing. Our experience with audiometric testing has availed nothing for our son.

JACK GRETTA: We received no help no help from an audiologist in the state of Connecticut, and we contacted the leading audiologists in the state of Connecticut.

REP. RITTER: What, specifically, do you recommend this committee do?

SARA GRETTA: Granted an individual should originally have an audometric test, and atolaryn- I can't say the word. But anyway a test by the doctor to substantiate there is a problem. What their basic hearing loss is. But, when going to a hearing aid dealer, you are not concerned with what the loss is, you are more concerned

CONT. SARA GRETTA: with what hearing can be provided for this individual. We were given to understand that our son's hearing loss was so severe that that he just had no aid...

REP. RITTER: I understand that, but I'm trying to get the full benefit of your recommendation. What is it that you wish to recommend that this committee do?

SARA GRETTA: That the committee not put an audiologist as the ultimate, or the only, test.

JACK GRETTA: There is no reason why an audiologist couldn't be trained to use - now otometry we like. It works, it's proven itself, it's documented itself. We've got a walking example that it works. We also know that if we had followed through with suggestions of the audiologists in the state of Connecticut, we would not have this boy capable of doing what he is. This boy, with the hearing equipment he has right now, graduated two years ago from a square dance class, which takes a heck of a lot of good hearing.

SENATOR PUTNAM: Could you possibly tell us who you saw - not who - but the type of person you saw at Yale/New Haven Hospital?

SARA GRETTA: We saw both otolaryngologist and a audiologist. It was the audiologist who made the recommendation that the boy's hearing loss in his left ear was so severe that there was no need in getting a hearing aid.

SENATOR PUTNAM: What did the oto..what did the doctor say?

SARA GRETTA: Strictly that the boy had a severe nerve damage. There was no nothing physically visible, it was simply a nerve damage.

SENATOR PUTNAM: Now you were at Mystic Oral School. What type of person did you see there?

SARA GRETTA: In what relationship?

SENATOR PUTNAM: Was it a janitor, or was it the doctor?

SARA GRETTA: I was a teacher's aid in that school for two years.

SENATOR PUTNEM: You were. Your son was not properly investigated there either?

SARA GRETTA: No, he wasn't. There was no audiological follow up. There was no audiological recommendation for improved hearing. They did suggest that, you know, possibly he could make out in a regular school. In fact they did eventually put him into a regular school situation.

SENATOR PUTNAM: And have you gone to any private doctors? Not connected with Yale New Haven or Mystic Oral School?

SARA GRETTA: We have been to Newington.

SENATOR PUTNAM: And they said the same thing?

SARA GRETTA: No recommendation.

SENATOR PUTNAM: No recommendation whatsoever. At the audiologist?

SARA GRETTA: aids that we had purchased when we went to Newington, he had a fairly recent purchase, on our own through the otometric testing. He improved enough...to where he was doing better in school, but we wanted to get him back into our own school district. He was in a public school with the aid of a teacher of the deaf. We wanted to get him back into our own local school district, so he was up there for further testing.

REP. RITTER: Could you folks send us a .. memo of your recommendations...

REP FERRARI: Could you tell us the differences in otometry and audiology?

JACK GRETTA: The system, the way I explain this - and I'm a layman at this - and I think there are people in this room who can explain it in more detail. Is that they deal in not only audio gain amplification but they deal in sound pressures. Now this is one of the things with the special receivers that Mike is wearing. They're very special to the point that the majority of the production receivers that the ear form fits into the ear, cause Mike has to go with body aids for the audio he needs, are not mechanically sound. And when start applying 128 decibels of sound pressure to a person who is acutely hard loss of hearing, you're going to get some feedback mechanically from the earphone down into th receivers, so he cannot receive the sound pressure necessary to bring him up to level.

Now the word has been mentioned "dangerous pressures" to the ear. Very definitely there is danger of this. There is a level, there's also a fine line to divide it all and that is how much sound we should give to a 15, 16, or 17 year old boy so he picks up as much as possible, and how much residual hearing he'll have when he is 50 or 60 years old.

REP. FERRARI: Are you saying the sound pressure now might impair his....

JACK GRETTA: It could if it was up - it was my explanation - above 138 decibels. This equipment originally when we fit it onto him last October would reach 138 decibels, but this new equipment we put on just last month will only reach to 128 to 132 decibels. And it was stated, quote, that he could go to a rock band and listen to 170 db and it wouldn't hurt a bit because of the equipment limits

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CONT. JACK GRETTA: of 128 to 130db. The important part is that we established through "respace" testing for he's wearing aids and the equipment's in front of him, that he can hear now up to 4000 cycles. His first impression was it's noisy, and that's exactly what everybody gets when they first get their hearing aids on - they're noisy. You're hearing things you never heard before. And the first thing he experienced was a rattling hub cap from a car driving down the street. For a 15 year old boy that's impressive. The next thing was when we were walking by a bush full of birds and I clapped my hands and they all got quiet. He thought that was the funniest thing he had ever seen, that I could shut those birds up by clapping my hands. Now that's how I get his attention, clapping my hands.

But to point out that through the years, he's 15 years old now, he was only 5 when we came to the state of Connecticut, from being profound hearing loss - that was quoted - or severe hearing loss, to where now he is hearing relatively normal up to 4 KC. He is a licensed glider pilot, he's doing very well in a regular school with a little of assistance, he's a graduate square dancer. He's not sign, he's aural, and he's going to be able to live in a world, and he'll be able to sit in meetings like this here and talk to you as time goes on. I hope to hell he does. I hope that he takes what he's learned in the past 15 years and will help kids in the next generation be able to hear better, and I think he's intersted in this. He's been to some of the meetings here in the town. He will be happy to demonstrate what can be done without the help of the state of Connecticut, in fact with the handicap of the state of Connecticut.

SENATOR PUTNAM: Could you perhaps tell us, and I don't remember your saying but has your son been examined regularly by different medical doctors?

SARA GRETTA: Pediatricians.

SENATOR PUTNAM: I mean specifically on his ears, in the state of Connecticut.

SARA GRETTA: No. I can't say that he has because with a nerve damage, which he's suffering, you don't see anything.

REP. RITTER: Thank you, very much. I'm not sure I can read this next. Is it Philip West? This lady has to leave. Do you mind if we hear her first and then we'll come to you, or do you have to go too? Thank you very much. Thank you. I'll be with you Mr. West. We'll be here for a little while.

MARCIA CORNELL: My name is Marcia Cornell. I'm an audiologist at the

CONT. MARCIA CORNELL: Gillett Hearing Center which is privately owned hearing center owned by a physician otolaryngologist in Hartford.

SENATOR PUTNAM: Could you speak a little louder so people can hear you.

MARCIA CORNELL: Essentially the revised law regarding hearing aid dealers would ensure that the hearing impaired population of our state would finally have the benefit of audiological and medical expertise in making a decision as to the benefits of amplification and selection of amplification. One of the arguments espoused by those who are against the passage of this revision are involved with the additional cost to the client. True, the client would have to pay for hearing aid evaluation, but the client would also have the advantage of expert opinion as to whether or not a hearing aid would benefit him, which ear should be amplified, one or two, and what kind of amplification should be employed. It can also be shown that over the past few years, in the Hartford area, clients of audiologists spent less on total services including audiological evaluation, hearing aid evaluation, and hearing aid, than they would have if they were seen only by a hearing aid dealer.

One must admit that there are some hearing aid dealers who know something about audiology; but one must also recognize that the minimal educational requirements requisite to obtaining a hearing aid dealer's license cannot compare to the Master's Degree, or equivalent, that one is required to have in order to be licensed as an audiologist in Connecticut and in most states of the union.

Audiologists are committed to a close working relationship with otologists. They understand the hearing loss is a medical problem and a hearing aid is a medical device. They recognize that the patient's best interest is best served by the team approach to the hearing problem. Audiological and otological evaluation, and if no medical or surgical treatment is indicated, decision by the audiologist as to whether and which kind of amplification should be used. Thank you.

REP. FERRARI: Could you tell me why you don't open your own shop and leave the doctor. You have this knowledge and you're able to select the type of equipment that is necessary, why wouldn't you be better off as a dealer than you would working for a doctor?

MARCIA CORNELL: Because I'm committed to audiology. I feel, as some of my colleagues don't, that the separation of the professional and the business should exist. I choose to recommend the hearing aid, not to sell it. I think the three, whatever, the doctor, the audiologist and a hearing aid dealer can best serve the public. I don't believe, frankly, that optometrists should sell glasses, and I've been stung many times by the person who recommends the glasses and then sells them to me.

REP. FERRARI: Further question, Mr. Chairman. We've heard testimony here today that there are a wide variety of hearing losses problems and that each one could require a specific sort of solution. Are all of those specific sorts of solutions generally available when one goes into a particular hearing aid dealer. They generally are.

MARCIA CORNELL: If the dealer is aware of them. The thing about a hearing aid evaluation, based on our expertise, and our interpretation of of test results, many test results not just measurement of... We are able to select hearing aids which we think will be suitable. And we assess the patient under many listening conditions, in quiet, in noise, direct, indirect, with speech interference, with noises. Based on those test results, we can say this appears to be the aid that you will do the best with, and then follow up, hopefully, assures that the patient gets the maximum benefits.

REP. FERRARI: Your answer seems to suggest that it's necessary one have an opportunity to wear a hearing aid for some period of time before they settled on that particular one. Is that true?

MARCIA CORNELL: Definitely. If I may say, I did make a statement about costs. Everybody is very worried about costs, and before it was brought out that we should all get together with hearing aid dealers Four years ago a group of Hartford audiologists asked the dealers if they would service our patients in this way. We would do the tests, we would make the recommendations, you make the mold and sell the aid, take care of the repairs and reduce the price. Because when I started in the Hartford area 5 years ago, hearing aids - from my office, I don't know what, I do know what patient who walk in off the street - but patients from my office, who I had referred to a specific dealer, were paying no less than \$329.00, \$359.00 \$429.00.

REP. RITTER: This was 5 years ago? What are they paying now?

MARCIA CORNELL: My patients who I send to, who I recommend that they go to a particular dealer, pay \$250.00. So the total cost to the patient serviced is the hearing evaluation and the hearing aid evaluation in my office, which takes anywhere from an hour to an hour and a half, is \$60.00. My office meaning the doctors, I'm on salary. The doctor's evaluation is \$20.00, assuming it's a straight, clear cut hearing loss and not medical. So that's \$80.00. \$80.00 and \$250.00 is \$330.00. If the patient and/or I decide he shouldn't have the aid, he just returns from the hearing aid dealer \$235.00, the dealer charges \$15.00 for the ear mold that's made for the patient. The patient returns to me as often as necessary, at no charge, for hearing aid check with schedule 11:30 in the morning over lunch hour if necessary.

REP. RITTER: What do folks who are not recommended from your office pay? as far as you know.

MARCIA CORNELL: Well, I've had patients come in to me with two aids, in glasses, saying that spent \$1,029.00, and other patients say this thing cost me \$369.00, I've had other patients say it cost them \$429.00. I've had experience where I called the dealer and said why did you sell the aid because mild, high frequency hearing loss, and they say that they came in and has a hearing loss and said they wanted an aid and ... And I equate it with the kind of thing if I go to a doctor and say I have a stomach ache, operate and see what's wrong with me, and he does. Sometimes the patient needs the advantage of an expert.

But to get back. We talked about the dealer, we asked the dealers if they would cooperate with us. Charge our patients - we just pulled a figure out of a hat at \$250.00 - and they said "no". then one dealer came into town and said "I will sell aids only to hearing specifications, I will not sell aids to people coming in off the street. And I will sell them for \$250.00, will you send me patients? And we set up the .. requirements that we wanted and now the Gillett Hearing Center uses him, the Hearing Improvement Center in West Hartford - which is community sponsored- use him, the University of Connecticut does. We even have patients coming all the way from that part of the state to use him because we have been assured that our patients get the kind of service that we, ourselves, would like to have.

SENATOR PUTNAM: Representative, may I ask a question? We've just had some people make a definite statement that would cast some doubt. Can you talk to that statement? Is it a possibility? Do you hear of this happening oftentimes in our state?

MARCIA CORNELL: Do you hear about doctors who sometimes make the wrong diagnosis? None of us are fallible. I'm sure there are audiologists - sorry. All of us aren't fallible - No, you're right. I meant none of us are infallible. I'm sure there are some audiologists who might not make the proper recommendation, not knowing what the full history of these people were talking about out-put limiting. We all know, anybody knows hearing aids, know all hearing aids have out-put limiting in terms of depression or ... or whatever at different times. I'm not sure that this particular hearing aid, which I don't fully understand, none of us in the audiological profession really do.... I don't know really what it does. I really don't.

SENATOR PUTNAM: Do you know this particular machine?

MARCIA CORNELL: I've heard about it.

SENATOR PUTNAM: You haven't looked into it?

MARCIA CORNELL: No, I personally haven't. In terms of what it does, it's not

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CONT. MARCIA CORNELL: taught in the university audiology program. It's not generally accepted (INAUDIBLE)

REP. FERRARI: If a person were to be fitted with an improper hearing aid, is it possible that that could damage whatever hearing that person had? So that in some cases if the person's hearing loss is minimal, is it possible that it might be better if that person might be better served if they had no aid at all?

MARCIA CORNELL: (INAUDIBLE)

REP. RITTER: Thank you, very much. Mr. West and then Mr. Mokriski.

PHILIP WEST: My name is Philip West. I'm a retired state employe. I've also been deaf since 1906.

REP. RITTER: How old were you in 1906?

PHILIP WEST: Three.

REP. RITTER: What happened to cause that.

PHILIP WEST: Well, I had a couple mastoid operations at the age of eighteen months, and shortly thereafter I had measles which reduced my hearing. I'm also a former member of the Advisory Council of the State Health Department on Hearing Aids.

I know while my next remarks may not be germane to the purpose of this hearing, it is my opinion that they may. I'd like to call your attention to a proposal of Governor Grasso; at least one third of the members of regulatory boards - and I would like to add Advisory Councils - to be consumer proof...lead to that. As stated before I was the only public member of the Advisory Council on Hearing Aids, and therefore was easily outvoted by three hearing aid dealers on audiologist, one ear specialist, one representative hearing aid manufacturer.

REP. RITTER: Did they all vote together?

PHILIP WEST: 90% of the time.

REP. RITTER: What year was this? What years are you talking about?

PHILIP WEST: Let's see, ... at the time. I resigned in (CROSS CONVERSATION) In the proposed bill, the only one that are in the interests of the hearing aid users are as follows; 6847 that reads in part - it shall be unethical conduct for a hearing aid dealer to solicit the sale of a hearing aid at a persons home without first getting the written consent. I approve of that very highly, and the reason I state that is you have there advertisements by a well known manufacturer of hearing aids ... newspapers and magazines, I don't care what kind they are, the purpose of which is to get the names

CONT. PHILIP WEST: of people, and they will pass those names on to their dealer, and the dealers are urged to contact or pursue these people who wrote in and requested a ... So I think 6847 should be passed to eliminate that.

Bill 6834. This pertains to the right of the customer to return a hearing aid for free adjustment and returns, and a refund. Now, it's been quite the ... here about getting a full refund of money. Obviously it's unfair for a dealer who lets them use an instrument for a month, to be required to return the full amount of the price ... It should be established by rental status for daily cost for the use of the instrument for the ... guarantee. If the instrument is not usable or satisfactory then the cancellation of sale and the refund may, less the difference for days cost of using begins. I don't think it's fair to the dealers to refund the entire amount of money, and we have to take that ... return to the factory to be serviced, can not sell it again as a new instrument. That takes care of 6847.

In regards to bill 1075. I oppose this bill because it violates my civil rights of choice in regards to medical service or advice. And finally it requires an individual to also use the service of an audiologist is still another invasion of my rights. Furthermore this bill would add tremendously to the cost in money and time for everyone in need of a hearing aid. ... in years past, I know it has a fancy name, and the audiologist. At one of our meetings the question was raised...the ear doctors recommend using a hearing aid that you go to an audiologist, the audiologist will make his diagnosis, the evaluation will provide an audiometric graph. The individual will take that graph to a hearing aid dealer, and the hearing aid dealer will fit the hearing aid to the ... audiograph. If the hearing aid does not provide satisfactory service, what happens? The individual goes back to the dealer, and the dealer says "Well, the audiologist made...you'll have to go back to the audiologist". The audiologist you've got to go back to the ear specialist. It's like ... A specialist, ear specialist, an audiologist..

REP. RITTER: It sounds like a shell game.

PHILIP WEST: It is a shell game. Exactly. And it's my contention it violates the rights of an individual as to what doctor he is going to see, and I see no reason why anyone should be compelled to go to an ear specialist then on to an audiologist, then on to a dealer. Now we've heard a lot of comment about dealers. I've been processed by many of them over the last 32 years..

REP. RITTER: Are you wearing a hearing aid now?

PHILIP WEST: I have to. Over 32 years. And there is no one aid, one manufacturer, to fit all hearing aids to a standard model. My prescription, like my glasses. There's going to be a speaker following to deal with more details. My argument here is bill 1075 does violate my right to determine whether or not I shall go to an ear

CONT. PHILIP WEST: specialist, an audiologist, before I can go the dealer. The only thing that I would suggest in this 1075 that a person consult a physician. Now it's a personal decision. ...certain qualified or not to be determined whether or not I have an ear problem, a pathological problem with my ears, that I should consult a specialist.

REP. RITTER: You would feel comfortable if it did require you to go to a physician?

PHILIP WEST: I would feel comfortable if they feel that it was required that before he was tested to have that person ride in with a statement from a physician, there's no reason they should not be fitted with a hearing aid.

REP. RITTER: I fail to understand the logic of your position in terms of your civil rights if you appear to agree (OVERLAPPING CONVERSATION)

PHILIP WEST: I had something else to add to that. I should provide to any provision that would permit a prospective user of a hearing aid, parent or guardian, to sign a waiver of responsibility after seeing a physician, or before, that would permit him to buy a hearing aid.

REP. RITTER: The question I was really putting to you is if you're prepared to support a bill which requires that you be examined by a general physician, why would you not be prepared to support a bill which said that you first have to go to a specialist? You can pick the specialist of your choice.

PHILIP WEST: As to why you have to go to a specialist. Why can't you go to a physician? And as I look at it here ... a person can sign a waiver that he doesn't want to go to any doctor. I say it's his constitutional rights to decide for himself whether or not he is going to an ear specialist, or a general practitioner, or an audiologist, or directly to a hearing aid dealer.

REP. RITTER: You may be right.

PHILIP WEST: There was one other thing. (NOT UNDERSTANDABLE)

REP. RITTER: Any questions? Thank you very much. You've been very helpful. Mr. Mokriski. We called you before, Counselor, but you were at another committee I guess.

CHARLES MOKRISKI: Thank you very much Mr. Ritter. Chairman, members of the committee. My name is Charles Mokriski. I'm an attorney with Day, Berry and Howard in Hartford. I wonder if I can put on two different hats, Mr. Chairman? The first for the Hartford Housing Authority, a bill that I didn't notice was on the docket in the beginning. It's 5505, having to do with the payment of

CHARLES MOKRISKI: Can't tell until we see the wording of the actual statute. A great many of your statutes which impose restrictions on certain kinds of advertising, for instance real estate syndication, include expressful exemption provisions for the publisher of it.

REP. FERRARI: Relating specifically to advertising goods which are not new, can you tell us has the Commissioner of Consumer Protection promulgated it ... regulation concerning that?

CHARLES MOKRISKI: I don't know that today. I talked to the, I tried to find them just before because Brian Sullivan is in for CCAG indicated to me he felt that she had, promulgated a regulation upon that. I might say again the wording would be important. I just had occasion as a private consumer to buy a new refrigerator yesterday because our old refrigerator didn't last quite as long as our marriage did. I bought the floor model. They weren't selling the floor model, but I needed it in a hurry. Clearly whether if this isn't carefully worded or something of this sort, it might prohibit - cause I bought it for the same price as the advertised model - it might prohibit them from selling that model.

REP. FERRARI: Did they advertise it the floor model? I think that's the perfect question. What we're saying is they have advertised the floor model then they have to state that for \$369.00 you get the floor model whereas if you pay \$450.00 then you would get a new one.

CHARLES MOKRISKI: Well they advertised \$479.00 representative for a new one, and I went in and I paid \$479.00 for the floor model because I wanted it today because my milk is getting sour out on the back porch.

I think that really is the sum and substance of the testimony, and I appreciate the indulgence of the committee in hearing me having missed my turn.

REP. RITTER: Any questions? Preston Zimmerman.

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PRESTON ZIMMERMAN: Ladies and gentlemen. Course the ladies aren't here yet, but they'll be hearing this later I guess. My name is Preston Zimmerman. My business is located in Hartford. I've dispensed hearing instruments for the past 31 years, it'll be 31 years in four more weeks. Throughout Connecticut and the contiguous states. Our clients are referred to us by other customers, and by doctors who are knowledgeable about sound pressure evaluation and it's advantages, to patients who need amplification.

No agents or peddlars are employed in any capacity. For more than 16 years I have been the only dispenser in Connecticut who has followed the principals of otometry exclusively in this state. This principal is simply this: the hearing aid utilizes only whatever acuity is still usable. It cannot restore whatever is

CONT. PRESTON ZIMMERMAN: gone. By measuring the dynamic range of the persons residual otuity, the manufacturer then takes that information and thereby makes the instrument to the individual persons prescription requirements.

Right here are the proved, established facts of otometry for you and your advisors to study and consider. Ther's at least one state, which is Florida, that uses and follows these facts, and I know that there are others but I can't pinpoint them now. However on Monday, this past Monday, I learned that this scientific philosophy is pursued in the state of Pennsylvania by the leading medical institutions and doctors.

Now you've heard people talking here who are supposed to be experts, talking about audiological testing and all that sort of stuff, believe me, it's obsolete. It has been obsolete for at least 16 years and they are still using it. The usual testing and fitting procedures, and that's in quotes, amount to guesswork mirroring of the audiogram. In other words, you have this audiometric chart, it shows so much loss, you're supposed to reverse it. That's mirroring the audiogram by giving amplification to a person. It is pure nonsense, and is an insult to the uninitiated customers. It is misleading, it's a dis-service. No wonder so many people complained about hearing aids until the Congress acted and the FDA promulgated rules such as those that appeared in the Hartford Courant on the 22nd of February. I've got them in, right here.

I feel confidant that the clamor in Congress would not have occurred if those same customers had obtained their instruments on the basis of otomo-otometric prescriptions. I really believe that. There's nothing unique about three of the bills which are proposed here for your consideration by Mr. Grandy. I think they are excellent. I made identical proposals last year to the State Public Health Council. As I mentioned at that meeting, my wife and I have always emphasized the logic of anyone having a medical examination before any instruments should be considered, from any source at all. And we still advertise exchange or money back in 30 days. We've been doing it ever since 1946. I can tell you doggone few instances where we've had to give back the money, believe me. The otometric philosophy has been correct to the point where it has been very seldom necessary to make refunds. Some of our staunchest customers, and best advertisers, are people who originally had devices that were unsatisfactory, obtained by these various other so-called testing methods.

Now some of the worst offenders, these high pressure peddlars you've heard about today, they represent some of the best known and most highly advertised brands of hearing aids. They render a dis-service to customers, and they demean a very fine industry. They should be outlawed in accordance with the proposed House bill 6847. I've been saying that for four years when I was up at the

CONT. PRESTON ZIMMERMAN: Council and I was ignored. For four years until last October, when I was a member of the original Advisory Council on Hearing Aids to the Health Commissioner, my suggestions about outlawing peddling was always ignored. The crowning members of the Council also refused to listen to suggestions for the adoption of otometry. They know that otometry disproves the guesswork and the time wasting audiogram matching procedures, which they all follow, and that superior techniques have been available for a long time.

The perennial Council Chairman Sloan asked me to discuss otometry at one their state dealer group meetings. They wanted to know what it's about. That group sponsored a course of studies, they called it, supposedly to upgrade the business in this state but listen to this; all plans were cancelled, admittedly, because of lack of interest by their own membership.

Permit me to most respectfully recommend and urge this committee to adopt a new practical rule to mandate that all dispensers in this state, retail and otherwise, acquire and follow the newer techniques of otometric sound pressure. Also, that all dispensers acquire and utilize hearing instrument performance analyses of whatever brand name as there are increasing numbers of them now becoming more available all the time.

Here is some information. Sir, I'm going to hand it all in to you anyway. Here is information on the type of analyser I have used these past 12 years, and it might just still be the only one of it's kind in the state as it was since 1965. It is absolutely indispensable. If any of you folks have any questions to ask about it, fire away.

There are two groups, as you've seen evident here today, there are two groups fighting for control of the distribution of hearing aids in the United States, and certainly, and obviously, in Connecticut. Proof of this is the increasing numbers of clinical audiologists who have obtained licenses to sell hearing aids. The self styled, would be all knowing, clinical experts and their national group called ASHA, would have everyone believe that they alone are capable, they're knowledgeable, ethical, and properly equipped to dispense hearing instruments. They even have been quoted in interesting magazines as asserting that they are more knowledgeable about diagnoses than medical professions. Yes, more so than the ear specialists. In here I have some of the nationally published appraisals of clinics which are most caustic and especially one such clinic right in this state. It didn't give the name, it just said a clinic in Connecticut. No sir, I don't know, but I have some ideas. I can't say who it is. Exactly. But they stated that it's a clinic in Connecticut, it's in the magazine. It's a national magazine.

CONT. PRESTON ZIMMERMAN: I am personally acquainted, and aware that there have been instances in the past of misfeasances..

REP. RITTER: Is it possible for you to talk louder?

PRESTON ZIMMERMAN: I'll try.

REP. RITTER: I'd appreciate that. Some of us have hearing problems.

PRESTON ZIMMERMAN: I hope you don't. I am personally aware, and acquainted, with instances during the past of misfeasances that occur to people who sought supposedly expert advice and assistance. And I can tell you about some of them any time you want.

Now, bills number 1075 and 6925 should be rejected forthwith as I believe they deserve. The new FDA rules indicate that this to be a fact also, and with the FDA rules to be effective August 15th numbers 1075 and 6925 are absolutely unnecessary, and unworthy of your consideration.

All the other bills being proposed, they're fair and definitely in the true public interest, and merit your approval. They conform to the same ethical rules of the FDA. The only person or persons qualified to make assessments prior to the purchase of any kind of a hearing instrument are the otologists and other medically trained physicians. The doctor's reports to the hearing aid dispenser should include such assessments as medical finding. It was mentioned that there about eight different categories of anomalies of the ear, well this is not the hearing aid dealers business, or the audiologists business either - that's a doctors problem and they shouldn't infringe upon it. So if a person goes to a doctor before anything whatsoever, and goes anywhere else, the doctor will then find this out and set him on the right track. And this will save an awful lot of argument, and a lot of misunderstanding, and everything else. Audiologists certainly are not equally qualified as is a doctor despite their claims, and their allegedly professional set up. No professionally equipped dispenser will find fault with the FDA rules which will be effective in August. They are only the Golden Rule at work in the market place. My wife and I have known this to be true during the last 31 years, and it works. Anyone who disagrees, has no place in this field, in any capacity. I thank you for your indulgence. If there are any questions I'll be happy to answer all of them, if I can.

REP. MATTIES: Would you just tell me the questions you think belong in ...disagree with some of the bills?

PRESTON ZIMMERMAN: I agree. Number one would be bill proposing that a person see a doctor first. I'm absolutely in favor of that, right down the line.

REP. MATTIES: General physician or..

PRESTON ZIMMERMAN: Either one. General physician or ear specialist. Because if a general physician if he sees, in his own training, and his own knowlege, the person has a condition beyond his scope he's certainly going to send that person to a specialist. Now, as far as seeing a doctor first, this should be mandatory and particularly for a person who has never had an instrument before.

Now I sell hearing aids to people who haven't seen a doctor for a couple three years. I check their ear to see that there's no wax. If there's any discharge, or anything that doesn't look right I say by all means get to the doctor, and there's a lot of them that won't go to a doctor.

REP. MATTIES: What purpose is that machine that you ...

PRESTON ZIMMERMAN: That machine there - I should have given you two pieces - one is the sensetometer, the other is a hearing instrument performance analyser. Now that analyser is an absolute must. If anybody that's in this business, or in a clinic, and dares to tell a person who comes in "Your hearing aid is no good", how does he know it's no good? He doesn't have an analyser to find this out, to find out what it's capabilities are. That's what this instrument does. In the years I've had this; I think it's '65 I got it. When a new hearing instrument comes to me from the manufacturer, or a repaired instrument comes to me from the factory, I don't know what happened to that thing on the way. It might have been handled very carefully at the post office, did you see them do it? I have, so I put it in the analyser, and I check it out to see if the performance is as it's supposed to be.

This is the purpose of it. It protects the customer from the dealer saying "Oh, it's just your imagination, Mrs. Jones. This thing is fine, I just got it back." Sure, he just got it back, but who knows what happened to it on the way? So when the thing comes in, before the customer is notified, it should be checked and then either it's right or it's not right - back it should go to the factory, whether it's new or repaired.

REP. MATTIES: Do you agree that it should be a physician?

PRESTON ZIMMERMAN: Absolutely. I've been doing it for 31 years. I couldn't think otherwise.

REP. MATTIES: First step and then...(INAUDIBLE-NOT USING MICHROPHONE)

PRESTON ZIMMERMAN: Absolutely not. On Monday, this past Monday, I spoke twice with Doctor Lindsay Pratt in Philadelphia. He's one of the biggest doctors in the country. He is connected with the American

CONT. PRESTON ZIMMERMAN: Council of Otolaryngology in Washington. These are two of the people who went before the Food and Drug Administration, and some of the results of this Food and Drug Administration decision is based upon their testimony, and their facts which they presented. Dr. Pratt told me Monday, I can't remember the wording 'cause everything is quick over the phone, but he did say that basically he feels that a hearing instrument should provide a person with the things I've been saying for years, and have learned from other people like Dr. Victorine. A hearing instrument should perform the function of bringing a person sound, which will be comfortable, and as a result of it being comfortable, it'll be understandable.

Now you see all these ads in the paper, and other places, I hear it but I don't understand.

REP. RITTER: Sounds like legislatures to me.

PRESTON ZIMMERMAN: This is the primary purpose of a hearing instrument; to understand what you hear, not to just hear what is going on, but to hear it understandably.

REP. RITTER: I don't think. We're going to have to ...

PRESTON ZIMMERMAN: I'm sorry. I didn't mean to get carried away. But the thing is this is what they presented to the FDA. These people are not fools, they're scientists down there.

REP. RITTER: We have that information without any further characterization. Dr. Gryboski, does the name Lindsay Pratt mean anything to you? Do you want to comment on it for our benefit for a moment? Don't feel an obligation if you'd rather not.

DR. GRYBOSKI: There is an organization whose name has been mentioned here earlier today (THE REST OF DR. GRYBOSKI'S STATEMENT IS INAUDIBLE SPEAKING TOO FAR FROM MICROPHONE)

REP. RITTER: Thank you. Thank you very much. Next speaker is Mr. Flynn. Attorney Flynn.

ATTY. FLYNN: Mr. Chairman, members of the committee. My name is Paul Flynn. I represent a public affairs concern by the name of the Hart and Brody of Washington D.C. Basically they represent the book industry, and the record industry. I would think if you would pick the largest accounts in those areas it would be the book of the month club, or similar type of hot line books, historic book club out of Stamford, Grolier Inc. which is the largest encyclopedia concern up in Danbury.

I speak in opposition to 6829, and I would like very briefly to outline - that's a bill, by the way, which is designed for the

CONT. KIT NORTHRUP: for three years. Our sub committee on the problems of the hearing impaired is responsible for the drafting of bill 1075 of which you have all heard many times today. We followed closely the lines of the Federal Regulation number 801.420 which has just been published in the February 15, 1977 Federal Register. Our bill, however, is more stringent in the section referring to audiologists. If I can digress just for one minute, both Mr. Clinton of the Department of Health, and Sy Sloan who spoke before, refer to the regulations, in both cases they were talking about the preamble to the regulation and not the specific regulation. There are four pages of why we said what we said, and then two pages of these are the regulations. I understand Sy is supplying every room with a copy of the regulations and I would point that out because some of comments taken out of context don't say what they sound like they're saying.

The Commission strongly supports the concept that the hearing aid delivery system should be a three pronged effort. That it should involve three specialists. A physician, preferably an ear specialist, and audiologist, and a hearing aid dealer. The ideal situation is for the prospective hearing aid purchaser to be seen by all three. The present system in Connecticut allows a hearing aid dealer to solicit, test, fix and sell a hearing aid to an adult without any medical or audiological back up. I would like to point out that that is not so with children. You must have both a physician and an audiologist check out a child before you can purchase a hearing aid.

Unfortunately the present system leaves a vast area open for mistakes in judgement, and even a few cases of fraudulent sales. The hearing aid dealer is an expert in his field. He knows his product and provides valuable help to his customer, especially in the upkeep and repair of the device. He is a necessary service.

Federal government has recently declared that a hearing aid is a medical device. A hearing aid dealer is not a physician. He should not have the responsibility of making even a cursory medical decision. That decision is whether or not there is medical reason for prospective customer not to be fitted for a hearing aid.

Audiology is a comparatively new profession, and it's just beginning to get recognition as part of the hearing aid team. Audiological testing accurately describes the extent of the hearing loss, and can confirm that a prospective hearing aid is assisting the purchaser to hear in those frequencies in which he needs the most help, or if another device would better serve him. The audiologist does not sell hearing aids. We do not recommend that audiologists sell hearing aids. We are opposed to audiologists getting hearing aid dealer licenses. We see it as a three pronged, separate function.

The audiologist receives extensive training. We've already been

CONT. KIT NORTHRUP: through how much training they get as compared to the six weeks, \$40.00 correspondence course for hearing aid dealers. The audiologist is equipped with knowledge of the use of extensive testing techniques and machinery, as well as the various kinds of hearing aids available. The field of the audiologist is a resource which should be provided to every prospective hearing aid customer, especially if the medical waiver is in effect. While the audiologist is not a medical profession, the training received should make him more familiar with the physiology of the ear than the hearing aid dealer.

In conclusion, I will sum up by asking you to consider the best possible delivery system for the prospective hearing aid customer. While this bill with its medical waiver does not provide that, it is at least a step in the right direction. Connecticut has always been a leader in providing for its hearing handicapped citizens. West Hartford's American School for the Deaf was the first of its kind. We are currently leading the way in public school integration for hard of hearing children, and if I may say with some modesty, that many states are using our Commission on the Deaf as an example of leadership. It is fitting that Connecticut should take this next step in consumer protection for the hearing aid purchaser.

Procedures are established at the national level for a state to pass a more strengthened regulation than the federal regulation. We on the Commission would be very happy to go to Washington and defend Connecticut's taking the lead once again for the deaf and hearing impaired. We urge you to report favorably on this bill as well as 6847, and 6834. We know that the deaf and hard of hearing citizens who purchase a new hearing aid now, and in the future, will benefit.

I have one more addition to my prepared statement. Representative Ritter seems to be putting together a study committee, and of course we're not opposed to any such thing, but we would hope that the study committee would come up with its proposal before the deadline for reporting out, so that we can have some action in this session. And the Commission, of course, would like to be represented on such a study committee.

REP. FERRARI: Are there any questions from members of the committee?

REP. CONN: Representative Conn. Judging from the testimony here today, you have three very good, qualified, groups that you are recommending. But I also noted that there was another group representative here with a little different technique that appeared to have, from my judgement, some good qualities. The couple who referred to their son, and the gentleman who practices in Hartford for 35 years, and I wondered why they were not a part of your consideration.

KIT NORTHRUP: It seems to me, as a non-professional, I didn't know anything about deafness until I had a deaf child, that there is a great fear among the professionals that one branch is trying to overtake the other branch. And there seems to be a jealous guarding of how dare you say an audiologist is better at testing in spite of the fact that they have \$3,000.00 worth of equipment and I have this whatever it is. The fact is that an audiologist is at least has a masters degree, and at least is instructed in the physiology of the ear. You do not get that in a correspondence course. On the other hand I would not ask my audiologist to repair the hearing aid that my child has dumped in the bathtub, because the hearing aid dealer has this neat little oven that he can put the hearing aid in and fixes it. So it's two separate services.

REP. CONN: (INAUDIBLE - SPEAKING TOO FAR FROM MICROPHONE)

KIT NORTHRUP: From what I can understand, and again I'm not a professional, this is a kind of machine.

REP. CONN: Now that brings me to my, this question, and that is should we pass legislation instead of treating We would be taking a position that this is the only treatment that can be given in Connecticut. So we maybe closing the door to some treatment that might have valuable application to some person.

KIT NORTHRUP: I might suggest that the committee do some research into this particular case. From what I understand as we all buzzed around back here, this is a kind of technique that a particular hearing aid company is recommending, and it's pretty much the same thing as if I were to say Venus has the best kind of testing equipment. That's really all I know about it. It seems to be an individual kind of device.

REP. CONN: But we wouldn't want to, by our legislation, shut out that type of benefit ...

KIT NORTHRUP: I can tell you from my experience with my own child, we went to Newington's Childrens Hospital and received extensive audiological testing. And we were given three hearing aids at different times. The child took them home and wore them and at the end of the time we were given a choice, this hearing aid and this hearing aid, by this manufacturer and this manufacturer, to best suit your childs needs. And it was up to us to research the price and to be sure that we got the proper service.

REP. CONN: Yes. I'd just like to pursue that a little further. You're talking about different types of machines, my indication is that this boy received a different type of treatment to begin with. In other words, had he gone to an audiologist in Connecticut they never would have discovered this problem. Is that correct?

REP. FERRARI: My understanding of it, Representative, see what we are talking about what sort of professional is to see the child, not the sort of procedure that a professional is to use. So if I understood the earlier gentleman testimony correctly, what he was saying was that procedure is available through ear doctors and through audiologists but not necessarily in Connecticut at this time. You have to understand the distinction of that.

REP. CONN: I thought they implied that he wouldn't have gotten that treatment.

KIT NORTHRUP: I thought he said quite plainly in the beginning that his audiologist directed him in the wrong direction. It has been known to happen.

REP. FERRARI: Further questions? Thank you. The next person on the list is Mr., is it Twitty? The next individual Mr. Flynn.

WILLIAM FLYNN: Mr. Chairman, members of the committee. My name is William Flynn. I'm a legislative agent for the Savings Banks Association of Connecticut. In order to consolidate everything, what I will say will be a representative point of view for the Connecticut Bankers Association and the Savings and Loan League of Connecticut so I'm wearing one hat but representing three people, three groups. I'll go down the bills in sequence.

The first one is 5217, AN ACT CONCERNING THE USE OF THE WORD "FREE" IN CONSUMER ADVERTISING. In general terms the position that we take is, of course, as is true of all the bills that are before your committee, there is no precise legislative language that enables us to say is this line, in these words, we take some exception when we agree to a certain proposition.

One of the reasons that we are concerned here is that we'd like to see the language if in fact the bill is drawn. We would prefer that a bill not be drawn, but if one is drawn then we could make a better analysis of it. The problem we're concerned with, and I don't want to go into a whole lot of detail, just take one very very small example. You could offer, for example, free checking, and in an advertisement, and it would truly mean that the service cost of the account would be free to the individual under whatever circumstances. Let's say certain amount of the savings account or the like. That would always be explained. However an individual may decide that they want a certain type of check book, and that is a little more elaborate, instead of a conventional checkbook, and consequently there would be charge for that. To reflect these types of things in advertising is a very difficult problem. I speak in another perspective in this in that the major portion of my organizations business is an advertising agency, and I can tell you that I would be a little apprehensive about this because it would look like going into the contract

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CONT. RAPHAEL PODOLSKY: it drafted. And I've been told that it was to be drafted for the public hearing, so people who were testifying would have something specific to speak to. Apparently the Legislative Commissioners office had not as yet produced the bill, and I'm not certain this is the bill sent to the Legislative Commissioner.

REP. CONN: (INAUDIBLE, TOO FAR AWAY FROM MICROPHONE)

RAPHAEL PODOLSKY: No, no. Oh, no. This did not come from the Legislative Commissioner.

REP. CONN: (INAUDIBLE)

REP. FERRARI: Any questions? Thank you. The next individual on the list is Mary O'Connor. Bill Marshall.

BILL MARSHALL: My name is Bill Marshall. I'm an audiologist, I'm licensed in the state as an audiologist and as a hearing aid dealer. I'm currently a clinical supervisor at the University of Connecticut, and am no longer dispensing hearing aids. However, up until the beginning of January I was dispensing hearing aids through the Southeastern Hearing and Speech in Norwich, Connecticut. I'd like to address myself to proposed bill number 1075, specifically with regards to waiver and requiring audiological evaluation prior to the fitting of hearing aids.

One of the reasons I feel waiver should not exist is simply because of the seven or eight stated conditions that must pre-exist so that a waiver cannot be given is determined by the hearing aid dealer, who is not a medical person to begin with. I listened to Mr. Zimmerman's statement that if he sees something wrong with the ear, he will refer them to a doctor. Well, he is in absolutely no position, whatsoever, to make such judgement, nor am I as an audiologist. That's while I feel that a waiver cannot exist simply for reasons like that.

In addition I am in favor of the term otologist, rather than physician. I base this on research that has come about in many areas relating to what is known as an impedance bridge. An impedance bridge is a tool to assess middle ear functions, whether there is a hole in the eardrum, a disarticulated bone in the middle ear space, fluid, what have you.

Research has been done in effect of how well this tool agrees with otology. Otology is the otolaryngologist, or otologists view of the middle ear. And the agreement with impediments, and the otologists, is approximately 92%. What he sees the bridge, if you know how to operate it, and you know how to interpret the results, agrees 92%. Then you go down the list. They compare

CONN. BILL MARSHALL: a pediatricians view of the middle ear space, then down to an otologist and the agreement drops to approximatel 80%. As you go further down the list, the general practitioners agreement with what an otologist sees in the middle ear reads only 40%. If you list the physician as the person who the individual must see prior to fitting, then you really are limiting only 40% success. He obviously is much more expert in determining middle ear pathology than a hearing aid dealer but not as expert as your, if your reason for including this is to preclude any remediable pathology in the ear space, then it should be otologists, and not physicians.

For including audiology, or an audiological evaluation, and hearing aid evaluation, I've heard testimony from some of the hearing aid dealers that you can't see how a person is going to do in a sound proof room, except in the home. Well, if I were to test your hearing here, you'd all have a 30 decimal hearing loss and you'd all be candidates for a hearing aid.

In scientific endeavors you control your variables. Unless these variables are controlled, you're not going to get repeatable results. A street location, a street office location may be at 12 o'clock noon, a lot of street traffic outside, you'll get a different result, hearing level wise, than you would if there were very early in the morning. You just need controlled conditions to evaluate hearing.

What I've been hearing about Victorine otometry is nothing new. It's been researched over and over again and found... Victorine is regarded audiologically as somewhat of an eccentric, and what that otoscrophly is, is it's not new to audiology, is a mere fitting. They do an audiogram, and they fit, they make a hearing aid according to the audiogram. Unfortunately it doesn't work. The hearing aid industry, itself, says it doesn't work all the time. I can supply you with some research on that. If you can repeat results and test aid to aid..

REP. CONN: Excuse me, could I interupt? (INAUDIBLE, TO FAR FROM MIKE)

BILL MARSHALL: No, no. I'm not saying that it doesn't work. I'm saying that it is ... to work in some cases than not in all cases. It certainly is not as dependable a tool as the general hearing aid evaluation, which if I may elucidate, includes a determination of speech thresholds, speech discrimination ability, thresholds in the sound fields for different tones.

REP CONN: I don't mean to interupt you ...(INAUDIBLE)

BILL MARSHALL: No, simply because it's too set. It doesn't allow you any variability in your working with the individual, or the hearing aid. Hearing aid dilations are quickly approaching the science stage. They will never reach the science stage with comments

CONT. BILL MARSHALL: like you can't test, you can't see how well a hearing aid does unless you test it in a home. Well, the principle behind the hearing aid evaluation is that you first determine the most suitable amplification for that individual. Whether that individual can adapt suitably to that amplification, is determined in everyday life, and that's why it's mandatory to have a 30 day trial period.

I've dispensed hearing aids and I'd like to submit to the committee three reports. These reports were presented to the Taft Interdepartmental Task Force on Hearing Aid Dispensing Systems that eventually advised the FDA on what regulations to come up with. You will find in these reports that when audiologists had some control, where there was a big audiological center, where they did a lot of hearing aid evaluations, in actuality the price and delivery of the hearing aid was, indeed, reduced.

I was in Minnesota working in such a sector and we put out feelers to various hearing aid dealers, those that would not reduce the cost of their hearing aids would not get a referral, those that did, would get the referral. Another thing, is their unbundling of costs, which was mentioned before. It was very interesting to note that the replacement aids still had the incredible service fee even though it was still paid for with the other aid.

You dispense the hearing aid to include the testing procedure, they include advertising, office overhead, etc. and their cost for the aid. Hearing aids, number one, are given a one year warranty, which the company gives to the dealer so they repair the aid free. Secondly, when an audiologist refers to a hearing aid dealer, it does not incur the overhead of testing or of advertising for that particular individual. And yet many, many hearing aid dealers will not reduce the price of the hearing aid.

All this is mentioned in these journals. They're actually three research articles. There are actually four, five in totoal, but I haven't received the other two. There were other studies done in Baltimore and in Detroit. But it is inconceivable a businessman cannot unbundle his costs. How does he come about his price for a day if he doesn't do a cost analysis? It just seems strange to me that he couldn't come up with that.

But be that as it may, when we were dispensing down in Norwich, we charged for the hearing evaluation, the hearing aid evaluation, the invoice cost of the hearing aid, and then a service fee. The service fee was unbundled and it was done through cost analysis on the basis of the average amount of business a hearing aid patient generally goes back to the hearing aid dispenser. And no matter whether we dispensed on hearing aid, or two hearing

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CONT. BILL MARSHALL: aids, the dispensing fee was exactly the same. So in essence they can get two hearing aids for a little over \$300.00. And we weren't going broke, it was paying my salary.

As far as conflict of interest, the American Speech and Hearing Association has set down prescribed guidelines for dispensers, and that is what we follow. The unbundling of costs with a set dispensing fee no matter what aid is dispensed. Working on a salary basis with no commission, and in a non profit organisation where the only money that goes back is into the center for equipment and upgrading of services so I do not see any conflict of interest there. Although I can see it if the audiologist goes into private practice on his own, and wants to make a few bucks. The solution that I see is separating dispensing and testing. I cannot see how there cannot be a conflict of interest the way the system stands now.

REP. FERRARI: Any other questions?

BILL MARSHALL: Oh! Yeah. I just want to make one comment about prices. I've been going through the manufacturers, and I know hearing aid costs, and they are reduced on volume sales of only four. The price goes down, let me be more specific. "Otocon" hearing aids are probably the largest manufacturers in the country, and in the world those two manufacturers. And they give discounts on volume sales. And so 10 to 15% beyond four, and another 10 to 15% above that, and so you do get that, and what that does is , that's bringing the average cost of an aid probably down to about a hundred bucks. Okay. \$50.00, \$75.00, you're talking about the most, the most basic hearing aid you can get. The average sophisticated, good hearing aid will run at a single unit price of let's say an average of \$130.00 or \$140.00, depending on the manufacturer, but that's a single unit. You know, when you buy volume it goes down much more.

REP. FERRARI: So that if you bought, if you anticipated a demand of say 50 and you purchased 50 you could ...

BILL MARSHALL: Yeah, but it's on a monthly basis. You buy, within a calendar month 10 aids and get say a 20% or 30% discount on all the aids. So it's not on a yearly basis, but month by month.

REP. FERRARI: I understood that. What I was saying if you bought them all at once, all of them, ..

BILL MARSHALL: You're in good shape if you can do that.

REP. FERRARI: Other questions? Thank you. The next person to speak is richard waters. Is there a Richard Waters here?

CONT. HUGH WARD: In bill 7738 and 7740, which is to allow the customer rescind the contract of used automobile within 72 hours, and also the aluminum bill which is 7739. This would benefit all the consumers and get a chance away from that pressure. When you get something new, you're kinda proud of it and the fascination for a day or two and then all of a sudden, hell, I made a mistake. So I'd like to see that enacted.

In the hearing aids, I'll read the three bills because I'm going to mention them all, I'll mention together, 6834, 6846, and 1075 and 6847. In our last convention, in October, our class in New Haven state convention, we petitioned that action be taken presenting the legislators to put in enactment of the current abuse. The delegates expressed their own rip offs, therefore we consumers do need the protection. We desire that any hearing be a prescription, and to be dispensed by a medical personnel. And we have a couple of cases, in fact I mention just one of them. This fellow had a bad hearing in the front, go see this fellow cause he's got a hearing aid. So he did, and they sold him a hearing aid, and gee he said, it's noisy. Well, I guess that's a common cause with most of them anyway. So after a while he just couldn't wear it so somebody said "hey, don't do this". He went to a medical doctor. They cleaned out his ears, it was wax. He didn't need a hearing aid at all. He couldn't return it either. So this is one of the features. In fact we expected some people here today but they're kind of timid about coming before a committee, especially if they know they have to wait, and they're scared even to talk to our legislator to tell you these things. But there is a lot of rip off of the elderly, and we find it in ...I guess that's about all, unless there are some questions.

REP. FERRARI: Thank you, Mr. Ward. Any questions?

HUGH WARD: That's good. I was here last night til 5:20.

REP. FERRARI: Betty Tianti.

JOSEPH LYON: My name is Joseph E. Lyon. I represent the State Labor Council AFL, CIO. For the pleasure of the committee I'll submit this statement and summarize it in one or two sentences.

I wish to state our support of House Bill 6854 dealing with closed end credit financing and installment financing. We think this should be brought in line with other methods where there is a limit and we favor the 15%. We think that the people, stores that are selling refrigerators, TV, things like this, oftentimes people don't understand the contract and, even more important, oftentimes they are not able to pay some of the exorbitant rates that they're being charged.

So in a nutshell I'd just like to state our support of that bill.

HENRY KAYKO: My name is Henry Kayko, I'm the business manager of local 256, plumbers and steam fitters of New Britain, and I'm here to speak against proposed bill number 7084, which has to deal with the enactment of exempting occupational licensing requirements for employees of certain contractors.

I represent as I say the Plumbers and Steam Fitters and to become a plumber or a steam fitter, a man must go to school he must absorb a four year apprenticeship, this was just reduced from five years, this year, and then he must go to Hartford and pass the test which includes, plumbing and or steam fitting in or out side of a building, and thereby receive his license to become qualified to do this work, now if this bill were to go through, they say that the Federal inspector is enough. I think we're short of inspectors as it is, on the work that's being done, although we have very little construction work right now, in the state of Connecticut.

Just a test or to have a Federal Inspector come in and inspect the job is not certainly enough, because sometimes, I'm not saying the inspector is not qualified, but they most times are not plumbers or steam fitters. They put a test on it, see if it isn't leaking, that's good enough. And I can't see where a man, unless he's qualified and goes through our program have apprenticeship in schooling and licensing is qualified to do this, any type of construction work, in plumbing or steam fitting.

Any questions?

REPRESENTATIVE GRANDE: Questions? Thank you very much. Marion Henniges is it?

MARION HENNIGES: My name is Marion Hennigas, and I'm speaking in favor of 1075, an ACT CONCERNING HEARING AIDE DEALERS.

I want to give you a little bit of my credentials, I am an Audiologist, I have a masters degree in audiology, I have a certificate of clinical competence in audiology issued by the National Association and I have a license of practice audiology in the state of Connecticut. I am employed as the director of audiology at the Hearing Improvement Center, which is a private non profit center providing comprehensive audiological services. I am a salaried employee. I am speaking in favor of proposed bill 1075 which would require otological and audiological examinations prior to the sale of the hearing aide.

If passed this bill would help to insure the most appropriate hearing aide through this system for the consumer. The concerns I have are as follows; first of all a mandated otological ex-

MARION HANNINGES: (Cont) amination should be included to remove the hearing aide dealer from the position of evaluating an individuals medical history, and determining whether a medical referral is indicated. The inclusion of the waver of otological evaluation, places a medical decision in the hands of the hearing aide salesman, who risks the loss of a potential sale if he encourages an examination by an otologist prior to the fitting of the hearing aide.

Further more, the hearing aide dealers have limited testing equipment, uncontrolled acoustic environments, and limited training in diagnostic audiology and this may cause potential problems, medical, to be overlooked. I'd like to point out that audiologists routinely require medical clearance prior to a hearing aide evaluation.

Secondly, and audiological evaluation or a hearing aide evaluation by a licensed audiologist prior to the hearing aide sale should be mandated. By virtue to their training and their clinical experience, audiologists are the professionals trained to evaluate individuals candidacy for amplification, and to assess his performance with various forms of amplification. The fee charged for a hearing aide evaluation by an audiologist are not contingent upon the sale of a hearing aide. There is no financial advantage for an audiologist to recommend one particular brand of hearing aide over another. This is in contrast to the conflict of interest which exists when a hearing aide dealer prescribes, fits, and sells, a hearing aide.

Third, mandated otological and audiological evaluations prior to a hearing aide sale, need not increase the total cost of hearing aided delivery to the consumer. For example, at our center, the total cost of hearing aide delivery for an individual who obtains an otological examination, a hearing aide evaluation, and then purchases a hearing aide, is competitive to or less then the manufacturers suggested retail price of that identical hearing aide.

The break down is, if an individual gets a otological examination for some \$35, and audiological hearing aide evaluation, an a hearing aide check for \$60 and a hearing aide purchase for \$300, the total cost to them would be in the neighborhood of \$395 to \$400. The manufacturers suggested retail prices and the ones that I'm quoting are 1974 prices because I can't seem to get ahold of the current prices. But in 1974 they were \$356 to \$479. Wholesale prices range roughly from \$95 to \$140 depending on the particular model and the quantity of that particular model that has been sold during the month.

MARION HENNINGES: (Con't) The retail price of a hearing aide as quoted by a dealer theoretically includes instruction, service calls, and fitting adjustments, however to my knowledge, the individual who requires no fitting adjustments or the experienced user who requires no instruction, does not receive a cost adjustment.

The above considerations and seven years of experience as an audiologist lead me to urge your support of a mandated otological and hearing aide evaluation prior to the sale of a new hearing aide.

REPRESENTATIVE GRANDE: Thank you, I have a question. We did have a hearing this last week on this particular subject, in Hartford, and I found it extremely difficult to get a price from some of the individuals representing the hearing aide dealers, and I asked them if they would kindly break down the cost of the hearing aide itself, the services prior to the fitting of it and the services rendered after fitting it and I think the Senator was there and he gave me one price, I think, no the Senator didn't, but the prices given to me that they couldn't do this. They could not do this, it was one price, on the average of around \$450 and that included everything. I was very concerned about this because, and he indicated that his prices were the average I believe wholesale cost of a hearing aide was \$140 to \$190. Wholesale cost. Of course we didn't go onto, we did for a while go into the amounts, at purchase, but you had indicated that where you are and the services that you perform and the facility in which you practice, that if someone goes into purchase it, the total, did you give us the cost of an individual, of what was charged where you are?

MARION HENNINGES: We do not sell hearing aides but what we know is that if we perform an evaluation on an individual and then refer him to a hearing aide dealer for a hearing aide purchase, the cost that he pays is substantially less than the price someone would pay off the street. So that someone who has been seen for a medical evaluation, and then has been seen for hearing aide evaluation may pay \$250 to \$300 for a hearing aide. If that individual were to walk off the street, chances are he would pay substantially more for the identical hearing aide, without the services that he would otherwise, you know, have been able to afford.

REPRESENTATIVE GRANDE: You gave us some figures as to the charges, or the cost for testing. And I wrote them down here, I'm not sure but the first test was \$35, is that it?

MARION HENNINGES: Can I give you a copy, would that be of help?

REPRESENTATIVE GRANDE: Sure.

MARION HENNIGES: O.K. That was an estimated cost, for an otological evaluation. Which would be a typical cost in our area. No a charge at our center, because we do not have otological services at our center. But this is the typical cost, for an otological evaluation prior to the fitting of the hearing aide.

REPRESENTATIVE GRANDE: I'm not embarrassed by this next question, I'm going to ask you, because I'm sure the same, the committee feels as I do, but can you being in the field, can you give me the name of the physician that examines the ear?

MARION HENNIGES: The name of the physician?

REPRESENTATIVE GRANDE: Yes, his title.

MARION HENNIGES: He's either an otologist or an otorhinolaryngologist is that what.....

REPRESENTATIVE GRANDE: O.K. I've heard that about six times already, but I can never remember the title. I suggested that they change it, shorten it or something. O.K. Thank you very much any questions, Senator.

SENATOR PUTMAN: Yes, just a couple. Do you recommend that your clients go to an specific dealer?

MARION HENNIGES: No, we tell them what price they should expect to pay, and.....

SENATOR PUTMAN: How do you know what price, they should expect to pay?

MARION HENNIGES: Because, there, the prices quoted are not consistant so that if an individual may call a dealer, the price may not be a consistant quote, from call to call. I'm not

SENATOR PUTMAN: Like how far.....

MARION HENNIGES: O.K. This is a better example, I know for private patients who are going to be buying the hearing aide on their own that they can expect to pay around \$280 to \$300. However, if I call a dealer and ask for a price quote for DVR which is a state agency, or for social services, that the price quote that I am given is sometimes considerably \$100, \$150 higher then the prices quoted to private individual who they know has come through our center. So in terms of servicing the people that I do evaluations on, I tell them be sure you price shop and be sure you tell them you have been seen at an audiological center. Because, that's a certain amount of leverage that shows up in the pocket book.

MARION HENNINGES: (Cont) But for.....and for naive individuals you know, people who perhaps do not receive evaluations prior to purchase, for people who are not cued in advance, what a competitive price for hearing aide is, will often end up spending much more then they need to spend or should have to spend for a instrument that is important for their life.

SENATOR PUTMAN: Well, one of the problems that seems to come up on this cost is following on free adjustments, and repair, that is given by the seller of the equipment. And I seem to recall that you used to be able to buy dances from Aurther Murray in New York, and they were getting 65 year old people to invest \$18,000 for thirty years of dancing. And this Idea is what I think we're trying to aim at, if someone charges \$380 or \$390 for a hearing aide to a 65 year old person, is it reasonable to expect that the adjustments and such that the dealer will give will reflect the price that the 60 year old person pays?

MARION HENNINGES : It's going to vary from individual to individual. Now, at our center we see everyone that is fitted with a new hearing aide, for a recheck visit. In our experience has been that there are very few problems, on, if you've taken certain precautions along the way, you just don't end up with that many problems. There are certain amounts of individuals that need supportive counseling, there are a certain amount of people who need to recognize limitations, and I'm not glossing over that, but I think, in the long run, particularly now that hearing aides, are much more sophisticated and don't break down a much that the services calls are much fewer. So, my own feeling is that I would prefer to see the cost for service in any follow up be billed to the person who demands that and for someone that takes good care of their hearing aide and is a good user, don't ask him to carry, you know, costs for other individuals.

SENATOR PUTMAN: One last question, we heard about a particular doctor in Florida who came up with automotry?

MARION HENNINGES: Right.

SENATOR PUTMAN: Now, are you familiar with automotry, is this something that is part of the audiological examination?

MARION HENNINGES: Well, lets' put it this way, I was given exposure to it in graduate school as one of the techniques that is quoted by hearing aide dealers, for example, our instruments are calibrated to sound pressure level. That's just a unit of measurment. You can also calibrate instruments also to sound pressure but call them different names. I think, it's more semantics, in other words I don't have a sound pressure meter tester, I have an audiometer, but it's all essentially measuring the same thing. I don't know if that answers you question, this is not, lets' put it this way,

MARION HENNIGES: (Con't) this is not a standard test, that is performed routinely in an audiological battery.

SENATOR PUTMAN: Not standard?

MARION HENNIGES: No.

SENATOR PUTMAN: There were certain people before us in Hartford when we had a hearing on this, that maintained that this was the saving grace for their children. Or excuse me for their child. There was one person with a child, the lady there heard it. And I don't mean to put you on the spot, but I'm wondering if you do not test for it, is there a reason why?

MARION HENNIGES: It's all testing the same thing. It's the terminology is different, but in essence it's testing the same thing which is the reaction of the ear to sound pressure. And the level at which that ear detects sound pressure. So that, you know, I wasn't at the hearing so I don't really know the situation, but in essence, what you're doing is you're getting a pressure reading out, like if I were to get on the scale and somebody said my weight in pounds or if they say it in whatever the equivalent is going to be. It's still a measure of weight. It's a different term, but it's still describes my size. I don't know if that's a good analogy.

SENATOR PUTMAN: Your saying then that in a sense otometry and audiological testing will reach the same conclusion.

MARION HENNIGES: Assuming that the person who is testing is testing appropriately. So that the human element can be the element that is the flaw.

SENATOR PUTMAN: Thank you.

REPRESENTATIVE GRANDE: Thank you very much. Joe Papa.

JOE PAPA: My name is Joe Papa, I live on 231 Greenly Street, and all I want, I'm interested in is to give you my own case and what I believe should be done.

I have a hearing aide here which I've paid over \$500. Prior to this one I had another hearing aide, which cost me \$389 about six years ago, and one day some fellow come up the house about a year ago, and said to me that my hearing aide was....I never had any trouble to much with that one but he worked on it, and soon after I had trouble with it. So they come over and they tested me for another hearing aide, and they told me it would be \$489 plus tax, and I felt that at that time, that I was somewhat of a delegate from my local union and the elderly which are deal quite a bit with some of them, and everytime you speak to them, it was the same as I was. So therefore, I felt that there was three of them

JOE PAPA: (Con't) but I know.....completely deaf in both ears, and being deaf in both ears, they lived a miserable life, becauseand they couldn't see what that was all about, and couldn't hear what that was all about, they could see it but that's about it. So I have a resolution, which I wrote, and passed it through my retire age through my local union through a counsel of senior citizens, which is believe the legislators must have a copy at the present time, because that was my motion at the Counsel Convention, that each legislator would receive a copy of that.

But my whole theory is to avoid that, people if they have to pay over \$1,000 for two hearing aides, it's an awful bite that they could not afford. And I vote that something should be done in as much that we buy for medicare, we're first apt to meet the \$60 for medicare, and then after, soon after that \$7.20 will be taken out in July, we're paying for that cost, and I vote that medicare and medicade should....a portion of that cost. To take care of those who can least afford to spend \$1,000. Nobody wants to pay \$1,000 out of the income that they have coming, their working on a fixed income and some are just barely getting social security. I vote that something should be done to provide this equipments to the medicare system. And that's what I'm interested mostly in, in the cost, the poor people they cannot afford to dish out \$1,000 or \$500, that hurt me. This here cost me over \$400. It's \$489 plus tax, so that it's cost me over \$500 and I had to pay the money right away before they would give me the hearing aide. I had to go to the bank draw the money out, that I had, good thing I had it, give them the check and then I received my hearing aide. But the test was given to me at the house, which I don't believe they should be done at the house, they should be done someplace other then the house, in the doctors office, or something. They should be recommended by the doctor.

REPRESENTATIVE GRANDE: Mr. Papa. This fellow that gave you the test, did he tell you what type of an, you know, what he was an audiologist or a medical doctor or was he just, was he the same person who sold you the hearing aide?

JOE PAPA: The one that came in the first time, I never was able to find out his name. He's the one that ruined it on me, the original one.

REPRESENTATIVE GRANDE: Did he test your ears?

JOE PAPA: Yes, he tested my ears, another thing, I didn't purchase from him because my hearing aide was alright at that time. But then he ruined it, but then immediately after that, I called up, I'll name the company if you want me to.

REPRESENTATIVE GRANDE: Sure go ahead.

JOE PAPA: The Belltone Company. I called them up and I called up

JOE PAPA: (Con't) the girl in the office, and they had a fellow by the name of Romano, that come over to my place, he tested my hearing, and she was the one that told me to get the money right away to pay and we'll order you another hearing aide. And I waited maybe about a week before I got the other one. And I had trouble with this one here, since I got it. This here was supposed to be the best they had, it was up to date and it's supposed to have double power then the old one had, but it doesn't have any more power then the other one did. But the fellow by Romano came and I still had trouble, and they sent another man up there to pick my hearing aide up because, I called them again. And he was supposed to come to pick it up and I didn't give it to him in as much as I got burnt the first time, when I couldn't find out the guy that came over the first times name. I felt that I'm not going to give up this hearing aide and end up licked. I have nothing to prove that your from the company.

They claimed that the guy that came the first time, they don't know who he is. I haven't found out this name yet. So I did send a letter to the department on the Aging and which they are supposed to investigate, state letter, I have it over here. And they said they found no troubles in the cost and that my hearing aide was seven years old, and that actually even if it was 7 years old, the only time I wore it was if I had attended a meeting such as this, if I attended I wanted to hear, I used to wear it other wise I don't wear it steady. Even this one here, I don't wear steady, because it still bothers me.

REPRESENTATIVE GRANDE: Excuse me, the department of Aging indicated that they found no problem with the cost. Did they investigate to see who did your testing and how you were tested and what the costs were. That's o.k. Mr. Papa I just, you know if you could answer that it would be helpful.

JOE PAPA: Well, this isn't the letter but I have it here some place.

REPRESENTATIVE GRANDE: That's alright you can give it to the committee we can look at it after the hearing.

JOE PAPA: Alright, but actually mostly what I'm really concerned with that the medicare would do something about it, for those that can't afford to buy them. Because 65 and over, they all have bad hearing and I feel that in as much as they can't afford to purchase them they should have them, so they can enjoy life alittle bit more in the later years. And for that purpose I'm interested in seeing that they medicare system would pay some of the cost of that.

REPRESENTATIVE GRANDE: Thank you Mr. Papa. Mr. Martin?

DANIEL MILLER: (Con't) when he proposed it and I said o.k.

REPRESENTATIVE GRANDE: Just make out you didn't say that tonight I'll request that you get in touch with us, rather the CCAG.

DANIEL MILLER: Would you pull a Mary Rose or whatever it is and wipe out three minutes. Thank you very much for your time gentlemen.

REPRESENTATIVE GRANDE: Thank you Mr. Miller. That ends the list of speakers, if anyone else in the audience wishes to be heard on any of the particular subjects they can please step forward, and be welcome. Just identify themselves for the record.

FRAN LEMIEUX: Mr. Chairman, and members of the committee, My name is Fran Lemieux, president of Connecticut State UAWCAP counsel.

SB-1075 I believe one of our previous speakers, brother Papa, is a UAW member, I'm one of the people who has heard his problem. I would first like to thank representative Grande and members of this committee for coming to Bristol for this hearing. As the previous gentlemen stated, this is alot more comfortable then room 4 1/2. It also brings the legislative practice closer to home for me.

The sale of hearing aides represents both a consumer market place situation and a health matter. Unfortunately, in Connecticut adults with hearing problems may as well be purchasing a stereo set, as a hearing aid for all the attention given to the medical aspects of their hearing loss. Newspaper adds where people tortured by poor hearing, into hearing aid dealer offices, where they are encouraged to lay out \$300, \$400 or \$500 for a device that sometimes works and sometime doesn't. Sales people, rome around communities, checking out lists of people who may have hearing problems. Who take advantage of a free testing program at a home show for example. It is about as unusual as a pharmacist going door to door asking if people want to purchase Antibiotics. Quite seriously hearing professionals are very dubious about the quality of hearing loss testing that is conducted with portable equipment, in a home environment, where many extrenuous noises occur. We find it dubious that a medical device is sold in such a manner.

IN our view hearing aid dealers play a legitimate role at least when they are adequatly trained. Fitting, repair, and adjustment of hearing aides are all performed by competent dealers. But they are not trained to medically diagnois the source of hearing loss and to decide whether a hearing aide will assist the consumer or whether medical treatment is necessary.

Nor does their training compare with that on university trained audiologists in carefully evaluating the extent of hearing pro-

FRAN LEMIEUX: (Con't) blems. Dealers should work with the physicians in audiology to serve the medical needs of consumers with hearing impairments. The legislation being considered by this committee to protect the consumer from failure to recognize hearing difficulties, not correctively by a hearing aide. S.B. 1075 and H.B. 6846. It also provides consumers the opportunity to choose whether they wish hearing aide sellers to visit their homes H.B. 6847 and the money back opportunity to wear a hearing aide for a while to see if their required adjustment or just ineffective.

H.B. 6834, this is not a minor problem, as many as 15 million Americans or more suffer hearing impairment. As a union representative, I can tell you that workers have a very high interest in top quality health care. They do not want to go on having hearing loses considered merely a market place opportunity, for merchants, rather than for serious problems deserving close professional attention. Thank you.

REPRESENTATIVE GRANDE: Thank you. You got a question.

SENATOR PUTMAN: What program does you union, I guess I should say your local, are you a local or a state.

FRAN LEMIEUX: I'm a state president.

SENATOR PUTMAN: Your a state president. What programs does your union statewide have to tell it's members, about using a medical doctor and audiologist before they get a hearing aide? It would seem to me that there must be a large number of people who might require this information.

FRAN LEMIEUX: Senator, in our union, our union is strictly an industrial union. Many of our plants, it is an adherent problem, to have hearing loses. Everyone of our plants have representative in the.....field for example, who are trained to counsel people as to where they should go and in most cases they could probably tell them about how much it should cost. To go to that certain individual, of course, what further counseling that individual gives is entirely their profession. That is not our area we do not get into that. We do have as, I stated....representatives.

SENATOR PUTMAN: Are the OCHA Representatives union?

FRAN LEMIEUX: There are union trained OCHA representative, in other words, representatives of the union who are trained in the OCHA laws. They could measure sound levels, etc., use the equipment necessary to measure this, they are not trained in evaluating hearing loses. No.

SENATOR PUTMAN: But you do have a program, within your union that directs itself specifically to informing your membership that is they are going to get a hearing aid, that they should see a doctor who has an audiologist,

SENATOR PUTMAN: (Con't) that they should see and otologist. I'm sorry. Honest, I don't like government regulation, I'm sick of it, I've heard too much of it. We got too many people unemployed, and we still got more regulations. Now, you seem to be asking for more. You do have a program, that does inform your members?

FRAN LEMIEUX: Our OSHA representatives, upon request, in other words our people cannot go in the department and individually inform each one of the people working in that department to go get a hearing test.

SENATOR PUTMAN: But they are able to tell.....

FRAN LEMIEUX: If they are called, if a person puts in a call and says hey, listen, I think, the noise level in here is, you know, tremendous, I just can't seem to keep my balance, I'm getting dizzy I can't seem to perform, I go home at night, my ear starts ringing. He will recommend in most cases, I don't know of any OSHA or safety Rep who will not recommend for that person, to go see an ear doctor, or an audiologist or somebody else who could possibly help him with that problem.

SENATOR PUTMAN: O.K. That's all I wondered. Thank you.

REPRESENTATIVE GRANDE: Thank you very much.

FRAN LEMIEUX: Thank you.

REPRESENTATIVE GRANDE: Before I conclude I would be remiss if I didn't introduce my intern. From Bristol, Terry Parker, to out left here who has been diligently taking notes, I hope he forgives me for not introducing him at the early part of the meeting. Just as a matter of introduction. Anyone else who wishes to speak on any of these bills, please come forward, if not, I hereby declare the hearing closed. Thank you.