Ethics Inquiry:
Hearing Accessibility and Professional Ethical Responsibilities

June 26, 2026

To:

- AAA Ethical Practices Task Force
- ASHA Board of Ethics
- IHS Grievance Committee

Cc:

- Related associations: Academy of Doctors of Audiology (ADA)
- Major hearing aid manufacturers: Amplifon, Demant, GN, Sonova, Starkey, WSAudiology
- Cochlear implant manufacturers: AB, Cochlear, Med-El
- Industry associations: Hearing Industries Association (HIA)

From:

Center for Hearing Access
www.CenterForHearingAccess.org

Founded in 2024, the nonprofit Center for Hearing Access is a national advocacy and education initiative of The John G. Shedd Institute. We champion and educate consumers, facility staff, audiologists, and hearing instrument specialists about all ADA-compliant assistive listening systems and other strategies to increase access to theaters, libraries, conferences, government offices, healthcare facilities, courtrooms, places of worship, and other public and private spaces. Effective hearing access can be life-changing for people with hearing loss to maintain community engagement.

We create and provide advocacy materials, ADA information, a speaker's bureau, videos, articles, vendor lists, and templates for consumers and staff. Our website has 150+ webpages, 1000+ hyperlinks, and 150+ handouts.

The Center for Hearing Access provides educational and informational resources and does not endorse any product, business, or service.

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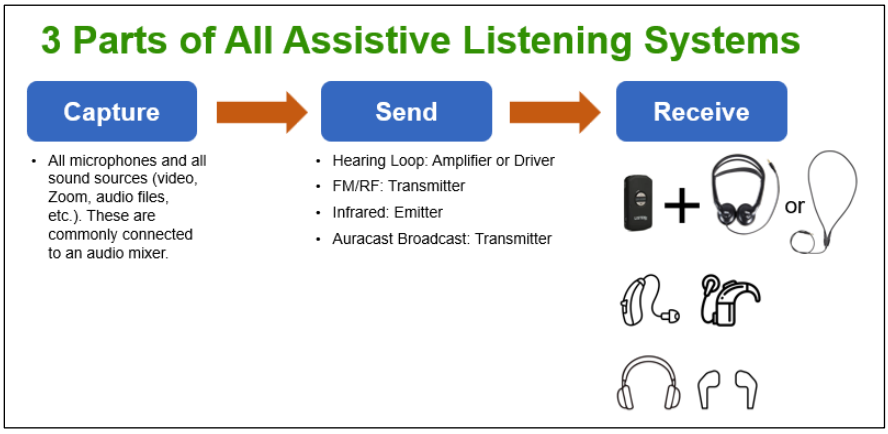
Terminology

In the document, these terms are referenced by numeric superscripts

1. **"ADA-Access-Ready"** hearing instruments are those with both telecoils and Auracast, so patients can connect to all assistive listening systems anywhere in the world. Since each facility can choose to continue using its existing assistive listening system, add an Auracast broadcast assistive listening system, or replace it with Auracast broadcast, all systems will coexist for years to come. ***Patients will need access to all assistive listening systems.***
    - Telecoils directly connect to hearing loops and telecoils can be used with a neckloop/receiver combination for FM/RF, infrared, and Auracast broadcast assistive listening.
    - In the next 5-8 years, when patients replace their hearing aids, they can upgrade to include Auracast along with their telecoil.
2. **Assistive listening *devices***: personal amplifiers, FM/RF receiver with headphones or neckloop, etc.
3. **Assistive listening *systems***: FM/RF, infrared, hearing loops, Auracast broadcast assistive listening systems. Assistive listening systems definition.



4. **CART** (Communication Access Realtime Translation). Human-generated captions. CART is an accurate, verbatim, near-instantaneous conversion of the spoken language into text by a stenographer using a stenotype machine, a laptop, and software to produce the text. Further CART information
5. **Hearing instruments**: hearing aids, cochlear implants, and bone-anchored devices
6. **Providers and professionals**: both audiologists and hearing instrument specialists

Requested Response

We respectfully request a response from the three ethics committees to the questions below.

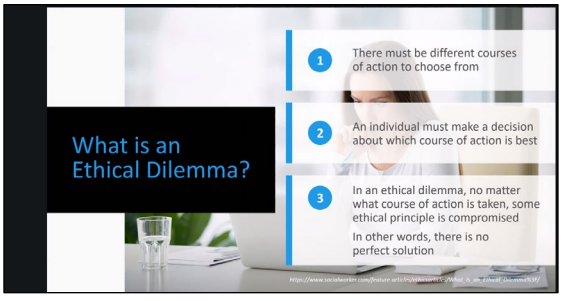
Ethics Committee Questions

1. Please tell us if these **areas of concern** are **ethical issues** for audiologists and hearing instrument specialists, and why or why not?
    a. If not an ethical issue, why do you deem this not to be an ethical concern?
    b. If they are an ethical concern, how can they be addressed and receive more attention by your national association?
2. Would the association consider any of the concerns grounds for a patient to **submit an ethics complaint to your association**? Patient complaint templates. Examples:
    a. When a patient is **not educated** about the availability of assistive listening, why it is needed, how to use it; hearing loss rights and responsibilities under the Americans with Disabilities Act (ADA), etc.
    b. When a patient **cannot connect** (missing telecoil and/or Auracast in their device), and the patient finds out after their trial period concludes. The challenge is that both telecoil and Auracast capabilities require embedded hardware in hearing devices and are usually not able to be retrofit.

Ethical Questions for the Association

3. What are your association's **ethical and legal responsibilities** at the national level concerning issues raised in this document?
    a. When patients' concerns arise, what **patient guidance** does your professional organization offer?
    b. How do you see it as part of your professional ethical responsibilities to offer **guidance to providers**[6] about hearing issues and solutions in public settings? What resources do providers have?
4. How is your association strategically addressing the **changing environment**?
    a. How does your organization plan to provide ethical guidance to hearing practitioners, given the increasing speed with which **hearing technology is changing**: the assistive listening systems and the implications for hearing instruments[5]?
    b. To what degree does the association have an ethical responsibility to take on an **advocacy role** regarding some of the concerns raised in this document? Potential areas include a wide range of topics, from simply providing information about assistive listening systems to advocating for aural rehabilitation insurance coverage.

To assist in forming a response to the questions above, the rest of this document raises questions and dilemmas with stories to illustrate the challenges patients throughout the country encounter.



Screenshots from December 9, 2025, AudiologyOnline course

Perplexing Problems

Professional audiologists and hearing instrument specialists wish to help their patients hear better. But when audiologists and hearing instrument specialists focus only on hearing aids, cochlear implants, and bone-anchored devices, patients are left with limited information about the substantial technological tools available to help them navigate their world.

Since the Americans with Disabilities Act (ADA) in 1990 (36 years ago) and, beginning in 2010 (16 years ago), following the ADA's Revised Standards, advocates have worked to increase patient and provider advocacy, via web based courses, presentations, and articles, and to educate providers about the need for patients to have access to assistive listening systems and thus to routinely recommend telecoils. Yet this body of work has not moved the needle significantly toward ensuring full access, even where states have enacted legislation requiring providers to inform patients. Approximately 30% of audiologists always fit telecoils, but do not always activate them (Alles, 2024); this means over 70% of patients could be denied their ADA rights to equal access to clear audio at public events, meetings, and religious services.

With the addition of Auracast Broadcast Audio used as part of an Assistive Listening System (ALS), these challenges still persist, if not exacerbated. Patients need to be taught how, when, and where to use their devices and accessories to access these systems. Patients need "ADA-Access-Ready"[1] hearing instruments to hear clearly anywhere they go.

There are systemic challenges with the current state of assistive listening, and the audiology and hearing instrument specialists are at the core of these challenges. Furthermore, patients have little or no education about their ADA rights, captions, and other hearing accessibility options. A critical discussion about ethics is overdue. Solutions can be found by working together.

Because these ethical dilemmas are present across all of the professional associations receiving this query, this document is being sent to multiple association committees to address a longstanding national, systemic concern that hearing providers' primary focus is on hearing devices themselves, omitting essential information and instructions for connecting patients' devices to audio in public places. Second, if the association(s) choose to make changes to their ethical codes or professional practices, they could be considered in parallel efforts or together in unity.

Ethical Considerations

Patients' access to assistive listening systems ***starts*** with the audiologist or hearing instrument specialist. What do these ethical principles mean in practice for hearing accessibility?

The three organizations' Codes of Ethics state:

- "shall not limit the delivery of professional services" (AAA)
- "shall use every resource" (ASHA)
- "provide the best possible service" (IHS)

The following are possible questions for internal discussions.

A. Patient Education-Skill Development

Patient stories

- "I don't understand **why professionals don't *teach* patients** how to hear more clearly in difficult and complex public settings."
- "**Where can I *find* a professional** who knows the importance of telecoils and Auracast, has the knowledge to adjust them, and has the skills to teach me how to use them?"
- "On my vacation tour, I was told to **take out my hearing aids** to use ear buds, headphones, or a single-sided ear speaker. Isn't there something better?"

Reflective questions

1. Is it ethical for providers to provide patients only with **hands-on training** for hearing instruments but not assistive listening devices[2] and systems[3]?
    a. e.g., if a clinic doesn't have inexpensive equipment to use their telecoil (counter hearing loop or personal amplifier with a neckloop) and an Auracast transmitter, clinicians cannot provide hands-on training to their patients. Instead, patients are on their own, as providers sometimes instruct patients to find a community facility to validate whether these features are working to their benefit.

B. Patient Education-Providing Information

Patient stories

- (teary-eyed) "Why didn't my provider *tell* me I could hear more clearly when I attended (Church, Temple, theater, performing arts center, event, etc.). **I have been missing out for a long time.** I didn't know I could hear this well. I learned from a friend, rather than my provider."
- "I asked my provider to sign an exemption form for jury duty, and she did. Later, however, I **learned about CART[4] and assistive listening systems**. Next time, I would like to participate in the jury process."
    - Comment: It is a delicate balance between a patient's comfort, limited time for patient education, and the fact that the courts are required to accommodate all disabilities, including those with hearing loss. Juries are a jury of peers – what if 20% of the population doesn't participate because they don't know about the tools to help them understand and thus believe they will be a hindrance?
    - Comment: Who is responsible for educating the patient? The court system, audiologist/hearing instrument specialist, or the patient themselves? How much does the patient need to know to advocate for themselves?
- People contact the Center for Hearing Access when they have **pre-planned surgery** and don't know how they can be assured of hearing clearly and accurately at the hospital. How would they know? Could their audiologist or hearing instrument specialist educate them, or is it even their responsibility? Many patients don't consider that they have a disability and thus don't seek ADA accommodations. Or even if a patient looked at their hospital's website, the hospital commonly

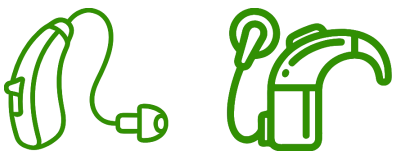
uses a modification of this basic statement below. Often, hearing loss is not listed. How would the patient know they can ask for CART, personal amplification, or assistive listening systems at classes, such as “after a heart attack” or “pre-surgery information”?

- Acme Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Acme does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Acme provides free aids and services to people with disabilities to communicate effectively with us, such as sign language interpreters.

Reflective questions

2. Do providers have an ethical responsibility to **educate patients about telecoils and Auracast broadcast and the importance of having a direct connection to ALS?** Only 42% of participants in a survey reported that they learned about telecoils from their provider (Frazier, et. al, 2024). Or, said another way, is it ethical for providers to leave patients on their own to discover these things? Would other professions leave critical areas for patients to learn on their own through internet searches, limited consumer support groups, and friends and family?
3. Do providers have an ethical obligation to tell patients about the **limitations of their hearing instruments** and the difficulties of hearing in public places with hearing instruments alone? E.g., educating patients about the value of augmenting hearing instruments with assistive listening systems to hear more clearly.
4. Do providers have an ethical responsibility to educate patients about their **ADA rights** regarding i) assistive listening systems (one-to-many) and ii) Effective Communication (one-on-one communication, such as captioning, personal remote microphones, or personal amplifiers)? If the hearing provider doesn’t educate patients, how will they learn about these rights? If the professional isn’t aware of assistive listening systems in their state and local communities, how will their patients learn about these places?

C. Hearing Instrument Selling and Fitting



Patient stories

- “I just bought brand-new **hearing aids** with Auracast and no telecoils. If they are quality hearing aids, shouldn’t they have a telecoil and Auracast? Where in my community is Auracast available now? Right now, I need to connect to the hearing loop at my favorite performing arts center, the FM system at my church, and the IR system in my courtroom. How do I know to ask my provider for hearing accessibility? I’m new to hearing loss.”
- A question posed to a class of audiology students by a patient presenting: “If **all 75+ audiology schools across the country all teach the benefits and importance of assistive listening systems**, why do you suppose that when students graduate with their degree, only 30% of providers report fitting (yet not always activating) telecoils?
- At a cochlear educational event, one patient turned to another patient and asked whether he used his CI telecoil with systems like the FM system in the room. He responded, “**What’s a telecoil**?” Why didn’t this patient have all the tools in his toolbox to maximize clarity and understanding? Wouldn’t those patients with severe and profound hearing loss benefit greatly from assistive listening systems, whether they use cochlear implants or hearing aids?

Reflective questions

5. Is it ethical for a provider to **"specialize" only in hearing aids?** Is it ethical to market only hearing aids and have no easy-to-find information about assistive listening devices and systems?
6. Where is the professional **ethical balance between upselling** and encouraging patients to gain new capabilities such as Auracast? Sometimes providers make statements in social media posts, on their blogs, and in articles such as "Auracast is needed because of the lack of hearing loops." It is misleading to focus only on hearing loops because in the United States, there are more FM/RF systems in use than hearing loops. Infrared systems are often in courtrooms. The ADA requires neckloops for FM/RF, infrared, and Auracast systems.
    a. How does the patient know about these FM/RF and infrared systems and how to use them? How does the patient know they can use their existing telecoil with a neckloop to connect to future Auracast systems, and that they do not need to be pressured to upgrade immediately?
7. What are the ethical considerations for determining **candidacy for access to assistive listening systems**? Select patients based on their degree of hearing loss, whether the patient initiates a request, or are all patients with hearing loss and other hearing disorders (APD, etc.) candidates?
    a. What constitutes adequate **assessment and documentation** to evaluate the patient's needs?
    b. Is it ethical for a provider to decide, without consulting the patient, whether s/he **"needs" access to assistive listening systems**?
8. Do providers have an ethical responsibility to provide patients access to all assistive listening systems, specified in the **Americans with Disabilities Act (ADA)**?
    a. Does each association have an ethical responsibility towards a commitment for patients to have both telecoils and Auracast for the next 5-10 years? (e.g., "ADA-Access-Ready" hearing instruments).
    b. Is it ethical to give a patient **only access to Auracast** when currently very few facility installations exist, and it will take up to a decade to develop an Auracast ecosystem (Bluetooth SIG, 2023)?
    c. Is it ethical to **deny a patient access to direct audio**, by indirectly giving them only headphone options (no telecoil, no Auracast)? Neckloops using a telecoil make devices "hearing-aid compatible" (an ADA requirement for assistive listening systems); e.g., the individual can fully utilize their prescription hearing aids without being asked to remove them or use headphones. Potential problems for hearing device users exist while using headphones:
        - Lower-quality audio. Direct audio is always clearer.
        - Audible feedback for the patient and people around
        - Audible leakage
        - Pain and discomfort with headphones and/or hearing devices from physical pressure
        - Needing to wear headphones on top of the hearing instrument microphone, which is not how headphones are designed to be used



These photos illustrate how patients must awkwardly place headphones or museum audio devices on top of their hearing devices in order to hear when they do not have direct audio.

D. Patient and Community Advocacy

Patient stories

- "I didn't know my senior community had an assistive listening system. Others in my community didn't know to ask, the facility didn't promote it, and multiple providers didn't let us as patients know."
- "I cannot hear clearly at my political candidate's town hall. Where can I learn and find support to make positive changes for myself and others?"
- At one national conference, the AV personnel told a patient that **she was the only person in years who had requested the FM system**. Why don't patients know they can expect to find assistive listening systems in most public settings? If providers don't tell patients about assistive listening systems and patients don't use them because they don't know they exist, facilities sometimes ignore or avoid maintaining them. This burdens patients who cannot assume the system is working correctly. It is time-consuming and frustrating for patients to inquire about and educate facility staff about malfunctioning assistive listening devices (receivers and neckloops). Furthermore, why is it often that only one person uses the assistive listening system, even though multiple people could benefit (e.g., why aren't patients wearing hearing aids USING the assistive listening systems)?
- When there isn't a ramp to a building, improvements happen when someone is aware and addresses the problem, an assessment is made and built into a budget, or a complaint is submitted. Likewise, changes for hearing accessibility will not happen until people take action. Yet, **few patients will speak up to request accommodations** or report when equipment is missing or not working, because they don't have the knowledge to do so.

Reflective questions

9. What are the **professional's advocacy responsibilities** for assisting the local community where they practice in making public spaces more hearing accessible?
10. What are the ethical boundaries for a provider in assisting a **patient to hear better in their community**? If an assistive listening system didn't work for a patient, how does the provider support the patient? There is a continuum: at one end, there is nothing; at the other, teaching the patient to be a strong advocate.

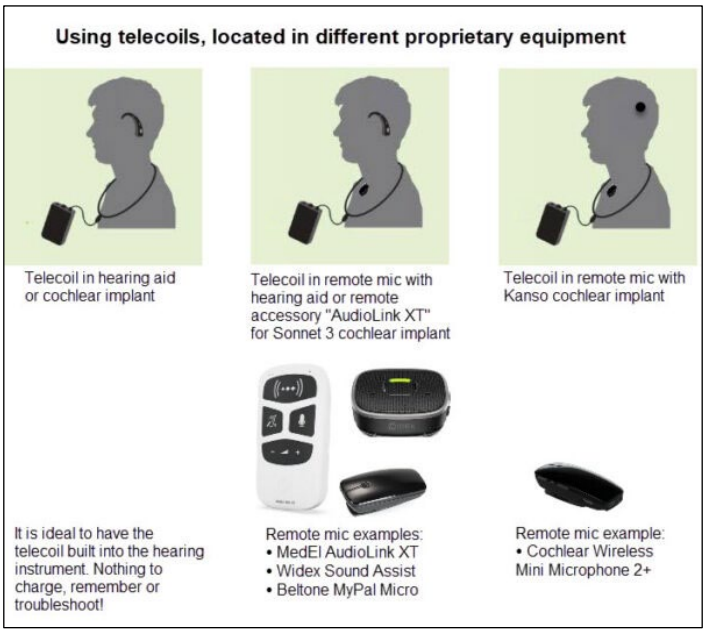
E. Hearing Instrument Manufacturer Representatives' Working Relationship

Patient stories

- "How do I use a telecoil? How do I connect using Auracast? I can't find a video."
- "How come I can't get a hearing aid with Auracast and telecoil in the device itself?"

Reflective questions

11. If a provider does not have **adequate educational patient materials** from the manufacturers, does the provider have an ethical obligation to request that educational materials be provided by the hearing instrument manufacturer representative or directly from the manufacturer?
12. Does the provider and/or association have an ethical responsibility to collectively "**pushback"** against a manufacturer's hearing instrument design when it conflicts with the best interests of the patient?
    a. Many manufacturers have **removed the telecoil**, using the "reason" that there's no space, or moved the telecoil to a remote accessory, such as a multi-purpose, remote microphone.
    b. "It (Auracast broadcast) also won't be quite as simple as using a hearing loop, at least for people who have telecoils, since you'll need to connect via your phone rather than just push a button on the hearing aid itself." (Roberts, 2026)
    c. **Patients cannot have all the features** they want because of the limitations in the quest for smaller hearing aids. The industry strongly markets small, "invisible" hearing aids, contributing to the stigma that hearing loss is something to hide, rather than having all the capabilities needed.



Concerns. Most patients prefer telecoils built into the hearing device rather than in an accessory. When the telecoil is in the HA or CI device, it is easier to use, no need to remember to bring, and one less thing to troubleshoot. Remote accessories add latency, which can cause a "mushy", less clear sound, as well as lip sync being off. They can be challenging to use during exercise or dance activities, especially with borrowed equipment, and keeping the device and the telecoil in its proper alignment with the magnetic field of the hearing or neckloop. Generally, remotes are often difficult to use for people with low vision, limited dexterity, or limited cognitive ability.

F. ADA "Effective Communication" Responsibilities

Patient stories

- "At my first appointment, I had difficulty understanding the provider and office staff."

Reflective questions

13. Does a practice have an ethical and legal responsibility **to provide assistive listening devices** (such speech amplifiers and captioning tablets)? Having this equipment in the clinic a) provides accommodation for ADA's Effective Communication b) demonstrates equipment, and c) most importantly creates better communication with patients, thereby decreasing miscommunication and misunderstandings.

Conclusion

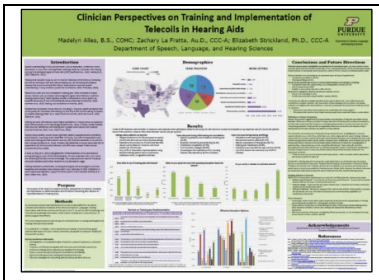
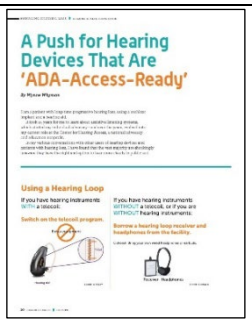
Hearing accessibility in places of public accommodation is important for patients to hear clearly; hearing aids alone cannot provide this clarity (research collection). Do audiologists and hearing instrument specialists have an ethical responsibility to patients regarding the many aspects of connecting to systems required to be in places of public accommodation? Could improved hearing accessibility a) help to lower hospital re-admission rates, b) assist patients in being more fully engaged in their communities, and c) cause less frustration due to the limitations of their hearing aids?

Yes, with the assistance of professional organizations.

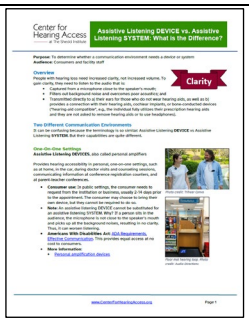
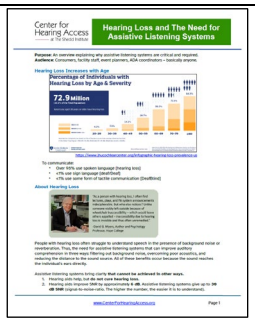
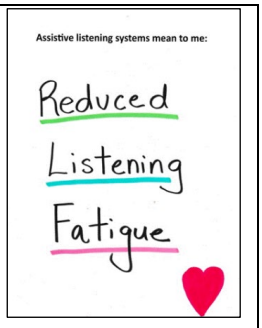
Appendices

Appendix A: Assistive Listening Resources and References

Key articles, poster

 Alles, M. (December 2024) Clinician Perspectives on Training and Implementation of Telecoils in Hearing Aids. Student poster. Reflective questions	 Roberts, C. (May 7, 2026). It's One of the Best Hearing Aid Features. Many Still Aren't Using It. *Consumer Reports*.	 Whyman, W. (Spring 2025) "A Push for Hearing Devices that are 'ADA-Access-Ready'" *Hearing Health Foundation*, Quarterly publication. 4 pp.

Key Handouts and webpages

 17 years of International Declaration and Position Statements about telecoils and Bluetooth/Auracast. The 2024 CHA Declaration was emailed to AAA, ASHA, IHS February 2025	 Assistive Listening DEVICE vs. Assistive Listening SYSTEM: What is the Difference? (2 pages)	 Hearing Loss and the Need for Assistive Listening Systems (2 pages)	 What assistive listening systems mean to patients (photos from across the country, 2+ minutes)

Center for Hearing Access Handouts

- "ADA-Access-Ready" Hearing Instrument List. List of devices that have Auracast and telecoils in the hearing devices themselves.
- ADA Places where assistive listening systems are required under the ADA 1 page, pdf).
- ADA requirements & Assistive Listening Systems Short summary of the ADA requirements for assistive listening (1 page, pdf).
- Legislation and Rulemaking: Telecoils, Assistive Listening Systems, & Buildings (20 pages, pdf)
- Open Letter to Manufacturers and Providers, (February 2025). "ADA-Access-Ready" Hearing Instruments
- What do assistive listening systems sound like? (1-minute videos).
- Zotero online library (ongoing). A comprehensive, easy-to-use online resource for assistive listening systems (FM/RF, infrared, hearing loops) and telecoil information. It contains articles, legislation, papers, presentations, research, tools, videos, etc. 2400 + items.

Articles, Handouts, and References

- AAA Telecoil Fact Sheet (2010, 2023). Connecting directly to Sound Still True (2 pages, pdf)
- AAA and HLAA press release (2010). "Get in the Hearing Loop" campaign promotes doubling functionality of hearing aids" (2 pages, pdf)
- Burwinkel, J., et al. (February 2024). "Hearing Loops and Induction Coils: Improving SNR in Public Spaces." *Hearing Review* 31, no. 2: 22–25.
- Clark, JG. (May 13, 2019). Audiology's Threatened Autonomy May Be Self-Inflicted. AAA, Opinion Editorial.
- Frazier, et al. (January 8, 2024). Consumer use of and preferences for assistive communication technology in public places. *Committee for Communication Access in America*.
- Sabin, et. al. (June 22, 2023). Why Auracast™ broadcast audio needs to coexist with current assistive listening technologies. *Bluetooth SIG*.
- Sterkens, J. (March 19, 2026). 10 Steps to "Auracasting" Your Community *Hearing Tracker.*
- Turton, L., et. al. (2020). Guidelines for Best Practice in the Audiological Management of Adults with Severe and Profound Hearing Loss. Seminars in Hearing, 41(3), 141–246.

Appendix B: Relevant Excerpts of Each Association's Code of Ethics

Below is a list of items that pertain to this inquiry.

AAA Resources

- AAA Ethical Practices Task Force
- AAA Code of Ethics
  - PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
  - Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.
  - Rule 2b: Individuals shall use available resources
  - PRINCIPLE 2: Members shall maintain the highest standards of professional competence in rendering services.
  - PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered…
  - Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered or products (including, but not limited to, prescriptive or over-the-counter) provided or research being conducted.

ASHA Resources

- Board of Ethics
- ASHA Code of Ethics
  - I-B: Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided
  - I-J: Individuals shall accurately represent the intended purpose of a service, product…
  - I-L: Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
  - III-C: Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed…
  - IV-E: Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.

IHS Resources

- Grievance Committee. Information in Bylaws
- IHS Code of Ethics
  - Code of Ethics-2: We shall provide thorough and ethical consulting services when we recommend and dispense instruments, including the appropriate testing and fitting suitable for the patient's particular type of hearing loss.
  - Code of Ethics-3. We shall, at all times, provide the best possible service to individuals who are deaf or hard of hearing, offering counsel, understanding, and technical assistance contributing toward their deriving the maximum benefit from their hearing instruments.
  - 1-B: The IHS Member shall utilize all resources available, including referral to other specialists as needed.