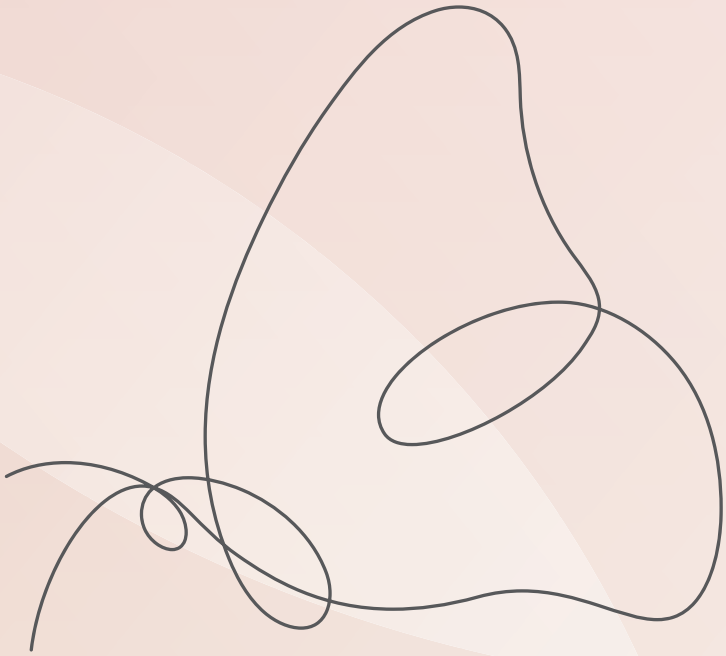
Health and Global Policy Institute (HGPI)
Hearing Loss Project

HGPI Health and Global Policy Institute

Recommendations on
Coherent Countermeasures for Hearing Loss Throughout the Life Course: Building a Society Where Everyone Can Access Appropriate Hearing Care



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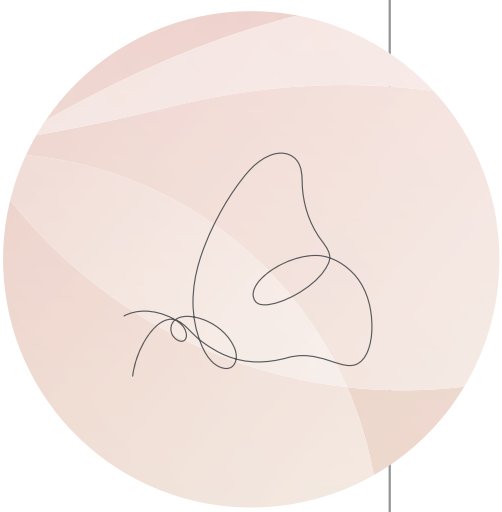

Policy Recommendation Background

Globally, approximately 430 million people currently require hearing loss interventions.[1] This figure is equivalent to around 5% of the world's population and includes 34 million children. Hearing loss was reported to be the greatest risk factor for dementia in a 2017 report in *The Lancet*[2] and has been linked to social isolation,[3] depression,[4] and sarcopenia.[5] It has also been estimated that hearing loss costs the global economy US$1 trillion per year due to factors such as lost work opportunities. These issues have made hearing loss prevention a pressing global concern. Japan has transitioned to a super-aging society ahead of the rest of the world and has one of the highest rates of population aging. As a result, the number of people living with hearing loss in Japan is projected to increase from 20.56 million people in 2020 to 22.75 million people in 2030, an increase of approximately 10% over 10 years.[6] Extending healthy life expectancy is crucial for a higher quality of life (QOL) and to lead a more fulfilling and meaningful life. As hearing loss is strongly linked to healthy life expectancy, it is an urgent issue that requires prompt action from Japan.

While the primary method of compensating for hearing loss is the use of hearing devices such as hearing aids or cochlear implants, Japan has a significantly lower adoption rate of such devices than other countries. According to JapanTrak,[7] a survey report presented by the Japan Hearing Instruments Manufacturers Association, the hearing aid adoption rate among people living with hearing loss in Japan is only 15.6%. This figure represents the lowest adoption rate among developed countries and it has only increased by a few percent compared to a decade ago. One reason for this is that Japan lacks adequate systems for timely diagnosis and intervention. In fact, around 60% of people who are aware that they have hearing loss do not seek medical care. Therefore, there are many challenges in establishing adequate countermeasures for domestic hearing loss and these challenges must be addressed.

Japan also faces major challenges with regard to access to hearing care (In this document, the term "hearing care" encompasses all care related to hearing and hearing aids. This includes care provided at hospitals as a form of medical treatment as well as care provided outside of medical treatment, such as when people receive advice at hearing aid retailers or other such establishments.) and interventions. The domestic hearing care provision system is inadequate due to prominent regional disparities and a lack of healthcare institutions, retailers specializing in hearing aids, and specialized personnel. Personal sound amplification products that are not classified as medical devices but are cheaper and easier to purchase than hearing aids classified as medical devices are widely available, but there are many cases in which affected parties do not fully understand the differences between the two. Some have also voiced concern toward the potential health risks that may emerge due to inappropriate use of products that are not classified as medical devices.

1 WHO. Fact sheets. Deafness and hearing loss. https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss. Last retrieved on February 25,2026.
2 Livingston G, Sommerlad A, Orgeta V, et al. Dementia prevention, intervention, and care. Lancet. 2017 Dec 16;390(10113):2673-2734.
3 Wen Z, Peng S, Yang L, et al. Factors Associated With Social Isolation in Older Adults: A Systematic Review and Meta-Analysis. J Am Med Dir Assoc. 2023 Mar;24(3):322-330.
4 Kim HJ, Jeong S, Roh KJ, et al. Association Between Hearing Impairment and Incident Depression: A Nationwide Follow-up Study. Laryngoscope. 2023 Nov;133(11):3144-3151.
5 Tian R, Almeida OP, Jayakody DMP, et al. Association between hearing loss and frailty: a systematic review and meta-analysis. BMC Geriatr. 2021 May 25;21(1):333.
6 Umesawa, M. "Project to Extend Healthy Life Expectancy By Building Awareness of Age-Related Hearing Loss: Japan Medical Association Federation TEAM Project." Age-Related Hearing Loss from the Perspective of Public Health (Review Article). *The Japanese Society of Otorhinolaryngology-Head and Neck Surgery (JORL-HNS) Bulletin*. 127(9): 976-981.
7 Japan Hearing Instruments Manufacturers Association, Association for Technical Aids, Inc. JapanTrak 2025 Survey Report. https://hochouki.com/files/japan_trak_2025.pdf. Last retrieved on June 9, 2026.

Another obstacle for hearing loss intervention is economic burden. Nationwide, standardized public financial assistance for the purchase of hearing aids is only available to people living with physical disabilities.[8] While local government initiatives to provide subsidies to other groups are becoming more common, the number of local governments that have launched such initiatives, the scope of coverage, and subsidy amounts are still limited.

There is also a lack of understanding among people living with hearing loss and healthcare professionals. A preconception that "hearing loss is caused by aging and is therefore unavoidable" causes medical examinations to become delayed, and healthcare professionals are not providing adequate explanations of intervention options even after examinations. The Japanese term currently used to describe people living with hearing loss (lit. "person with difficulty hearing") includes a broad range of people, from people whose hearing test results do not indicate they experience obstacles in daily life, to people who encounter serious difficulties. Regarding terminology used in Japan, the Japan Audiological Society's Study Group on Hearing Loss points out that "hearing difficulty" refers mainly to physiological dysfunction (i.e., inadequate hearing capacity), while "hearing disability" encompasses various limitations, inconveniences, and difficulties in daily life caused by hearing loss. The lack of a clear distinction between terms (such as between "hearing difficulty" and "hearing disability") is a factor that contributes to a lack of uniformity and consensus in how these terms are comprehended. As these terms sometimes sound like the names of diseases, some are also concerned that their use may cause affected parties to experience self-stigma.

Age-related hearing loss due to population aging is not the only hearing loss-related concern; there have also been recent reports of increased risk of hearing loss due to more frequent use of earphones, particularly among young people. There are many possible causes of hearing loss, including noise-induced, conductive, sudden-onset, and congenital types. Hearing loss is associated with dementia, social isolation, depression, burnout, an increased risk of sleep disorders, and lower QOL and decreased productivity. We must implement urgent measures that reflect the fact that hearing loss can affect anyone at any age.

As we have described above, Japan faces a wide range of issues pertaining to hearing loss. Identifying solutions to these issues will require cross-cutting discussions involving industry, government, academia, and civil society and led by those most affected, and we have high expectations for the implementation of measures rooted in such collaboration. Given this context, with a neutral and independent standpoint, Health and Global Policy Institute (HGPI) established and convened meetings of an Advisory Board of multi-disciplinary experts and compiled these policy recommendations based on the key issues synthesized through those discussions.

8 The Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities

I Elevating public awareness regarding hearing loss and hearing devices and promoting early intervention

<Background and Issues>

- Society has yet to fully understand conditions referred to as “hearing loss” and their impact, and stigma toward hearing loss continues to be deeply entrenched. Despite improvements in performance and satisfaction levels regarding the use of hearing devices, these devices are often perceived negatively compared to vision loss, even though vision loss also affects a sensory organ. These negative perceptions result in delays in self-recognition of hearing loss and cause psychological resistance toward the use of hearing aids. In fact, research shows that it takes people an average of two to six years from the onset of hearing loss to when they begin using hearing aids,[7] so the aforementioned negative social perceptions and psychological barriers are also factors that hinder the full use of existing policies and systems.

- In terms of usefulness, 68% of hearing aid owners felt hearing aids met or exceeded their expectations, and 56% said, “I should have acquired hearing aids earlier.” [7] Furthermore, 95% of hearing aid owners reported higher QOL with the use of hearing aids. [7] These findings suggest that the positive changes felt by users were not limited to physical or functional changes, such as the ability to hold conversations in most listening environments, but also included subjective changes, such as in feelings of psychological security or emotional stability. However, growth in hearing aid use is currently at a standstill. This lack of progress is due to the belief that wearing hearing aids is troublesome, to resignation to the fact one’s hearing does not recover even with the use of hearing aids, or to the belief that one’s own hearing loss is not serious enough to warrant the use of hearing aids. [7]

1. Dispel the stigma attached to hearing loss and hearing devices and attenuate psychological resistance toward the use of such devices with the intent of spreading the right understanding of hearing loss and a more positive image of early intervention

- Using easy-to-understand language, academic societies, the national Government, and local governments should make continuous efforts to inform and build awareness among all generations of the importance of hearing health throughout the life course, the symptoms of hearing loss, and the impact of hearing loss on daily life. Those efforts should include interventions to inform children as part of compulsory education. Furthermore, from the perspective of upholding the dignity of affected parties and addressing self-stigma, it will also be necessary to hold ongoing dialogues regarding the language used to express the condition of having difficulty hearing, or how that condition is represented.

- To dispel stigma and promote understanding, the national Government and local governments must gather and share the narratives and voices of people living with hearing loss on the effects of wearing hearing devices, and disseminate their voices throughout society. These efforts should be undertaken with the intent to reshape society-wide recognition of the use of hearing devices so it is recognized as an important means of enriching daily life, providing peace of mind, elevating QOL and wellbeing, and supporting social participation.

2. Review and revise advertising regulations on hearing devices and create an environment in which people can proactively access information

As hearing devices are classified as controlled medical devices or specially controlled medical devices, they are subject to advertising regulations under laws such as the Act on Securing Quality, Efficacy and Safety of Products Including Pharmaceuticals and Medical Devices, the Act against Unjustifiable Premiums and Misleading Representations, and the Consumer Contract Act. While advertising regulations are vital for preventing devices that have not been approved as safe and effective for medical use from being distributed as medical devices, regulations may obstruct people who truly require hearing devices from obtaining or accessing necessary information. Hearing aids and external sound processors for cochlear implants are devices that patients can actually choose for themselves, and that choice can greatly impact QOL. Therefore, the Government should consider relaxing advertising regulations to create an environment in which people living with hearing loss can access the information they need on their own and select hearing devices for themselves. Currently, with the premise that transmitted information should be evidence-based to ensure safety and effectiveness, industry groups[9] and the Ministry of Health, Labour and Welfare (MHLW) are discussing regulations for physicians regarding medical device advertising. In addition to these discussions, healthcare professionals, patient groups, academia, and the Government should collaborate to identify methods of disseminating information that truly benefit patients and other people with lived experience of hearing loss.

However, there are hearing support devices on the market that are not recognized as medically effective or safe, and it is difficult for users to understand why such devices are different or to grasp the scope of their use and applications. From the perspectives of user protection and ensuring access to appropriate medical care, the MHLW should examine how to classify sensory aids related to hearing based on factors like performance, safety, adjustability, or need for medical intervention, as well as how to best provide clear labels and easy-to-understand information for such devices.

3. Present evidence-based information regarding the importance of early intervention for hearing loss

- Academic societies and research institutions should generate domestic evidence on the validity of early intervention for age-related hearing loss and intensify efforts to build public awareness of the appropriate timing for intervention. In addition to interventions at the stage at which people become aware of their hearing loss, this should include the significance of intervening at the stage when hearing ability declines, even if the affected person does not notice.

- Using scientific evidence and comprehensive language, academic societies and research institutions must lead efforts to communicate the potential of auditory stimulation provided through early intervention to prevent decline in brain function and to reduce the burden of any training that is provided in the future.

9 The Japan Federation of Medical Devices Associations. Regarding Private Sector Initiatives Related to the Basic Plan for Medical Devices. https://www.mhlw.go.jp/content/10800000/001675514.pdf. Last retrieved on June 9, 2026.

II Designing systems and frameworks for the early detection and appropriate treatment of hearing loss

<Background and Issues>

- While only about 10% of people are aware or suspect they may have hearing loss, approximately 50% of them feel inconvenienced in daily life.[7] This finding suggests that many people are unaware that they are affected by hearing loss even when it is having obvious negative impact on their daily lives.

- For children, hearing tests are performed during newborn hearing screening and as part of school medical examinations conducted from kindergarten to university under the School Health and Safety Act.[10] For adults, hearing tests are administered to anyone eligible for general medical examinations under the Industrial Safety and Health Act. Speech and hearing tests are also conducted as part of health checkups for infants and toddlers, providing coverage from birth to kindergarten, nursery school, and preschool. However, hearing tests are not included in specific health checkups or the Medical Care System for the Advanced Elderly. While some local governments conduct hearing screening on their own, outside of the health checkup system, these programs are limited in scope. An adequate screening system providing broad coverage for the general population has yet to be established.

- Health checkup data is not centrally managed; it is held or managed by insurers, healthcare institutions, or individuals. Due to the decentralized nature of this system, data cannot be tracked over time, so progress is unclear for individuals who require follow-up examinations for hearing loss after health checkups. There are also a number of factors that result in delayed intervention or other problems with newborn hearing screenings, even though uptake is over 80%. These issues include double-counting based on place of birth or residence, and insufficient follow-up systems for children requiring reexamination.

- When JapanTrak 2025 respondents who knew they had hearing loss but chose not to see an otolaryngologist were asked why, approx. 50% said, “Because I wasn’t really inconvenienced.” [7] Approx. 40% said, “I thought hearing loss was caused by aging and therefore unavoidable.” [7] On the other hand, approx. 40% of respondents who had attended a medical examination selected, “I felt inconvenienced in conversation or in daily life,” while approx. 30% said, “My family suggested I attend a check up” [7] These findings suggest that although obstacles may impede people from proactively seeking consultations or medical examinations on their own, inconveniences in daily life and encouragement from others may prompt them to do so.

1. Establish a screening system for the early detection of hearing loss so that people become aware of hearing loss in daily life and that provides broader coverage across generations

- The auditory sense and system function without us being aware, and we are constantly exposed to sound. Given these characteristics, early detection requires increasing opportunities for people living with hearing loss, their family members, or those around them to notice hearing loss over the course of daily life. In addition to the importance of building awareness about hearing loss as discussed in Chapter I, steps should be taken to raise awareness of hearing loss among affected parties themselves or those around them through mechanisms and systems that help people recognize hearing loss and that are integrated into daily life in the future. This includes when people use devices like TVs, radios, mobile phones, or earphones. For example, one effective method would be to use TVs to test if viewers can hear sounds from a certain distance while displaying the phone number of a support center for people who cannot hear the sounds.

10 Japan Society of School Health. Manual of Health Checkups for Children. https://www.gakkohoken.jp/book/ebook/ebook_H270030/index_h5.html#20. Last retrieved on June 9, 2026.

- The health screening system must be reformed to create and broaden screening opportunities for more age groups. As the population ages and more people develop age-related hearing loss, concentrated efforts should be made to screen senior citizens. Bodies like the Health and Welfare Bureau for the Elderly, local governments, and facilities for senior citizens should strengthen screening programs for hearing loss among senior citizens and promote measures for hearing loss as part of the healthcare, long-term care, and welfare systems.

- In addition to expanding medical checkup eligibility, steps must also be taken to secure human resources who can conduct hearing tests (such as speech-language-hearing therapists, medical technologists, nurses, and public health nurses) and to improve the accuracy of test devices. Establishing a screening system for hearing health will come with considerable burdens in terms of cost, location, and time. Therefore, the first step will be for the MHLW, local governments, employers, and individual medical facilities and health screening facilities to establish an environment for medical interviews. Medical interviews are a method of medical examination that is based on ordinary conversation and can easily be used as a criterion to determine if someone is experiencing any obstacles regarding their hearing ability in daily life. Furthermore, because many healthcare professionals are involved in medical checkups, the questionnaires used for medical interviews should be standardized.

- Research institutes and private companies should examine the development and use of portable testing devices for hearing health to reach people who have difficulty physically attending medical examinations (such as for health reasons). Such testing may be possible through the use of healthcare digital transformation (DX) or audio equipment with advanced sound insulation. The World Health Organization (WHO) defines "mild hearing loss" as 20 dB or greater,[11] which roughly corresponds to difficulty hearing low voices or distant conversations. Therefore, quiet environments must be secured to conduct hearing tests.

2. Establish a system for providing early intervention at each life stage by linking and managing hearing data over the long term

- Issues related to collecting, linking, and sharing data from medical checkups, healthcare, and other related data among organizations (i.e., insurers, companies, and healthcare institutions) are shared throughout the domestic healthcare sector. While there are expectations for progress in healthcare DX with the introduction of the Individual Number (commonly known as "My Number") system, Japan still requires a mechanism that enables follow-up on data over time, including for the field of hearing loss. To ensure follow-up for people who require care based on hearing test results, this area requires an infrastructure that enables data to be linked and referenced throughout the life course, from infancy to old age. Japan must establish a system that is based on the existing screening system and that allows for follow-up in each stage of life, from newborn screenings; school health, general health, and specific health checkups; and checkups provided through the Medical Care System for the Advanced Elderly.

- In one example in newborn hearing screening, a region strengthened efforts for early intervention by creating a database of test results and establishing a system for follow-up from the local government. When the newborn hearing screening determines that a child will require follow-up, their results are registered in a database for later use during infant health checkups. This system enables a response that is taken over time and that cuts across organizations such as healthcare institutions, local governments, and rehabilitation facilities.[12] Rather than relying on independent efforts from each local government, it is desirable that efforts to build a nationwide database and follow-up system are advanced based on the Government's current efforts for the digitalization of Maternal and Child Health Handbooks and use of the Public Medical Hub.

11 WHO. Deafness and hearing loss. https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss. Last retrieved on June 9, 2026.
12 Shizuoka Prefecture Infant Hearing Support Center. Hearing and Language Center. https://www.shizuoka-kikoesupport.jp/guardian/system/index.html. Last retrieved on June 9, 2026

3. Build mechanisms and systems that ensure people receive medical attention and follow up after screening

- Individuals with suspected hearing loss are less likely to seek medical attention if they do not experience any inconveniences or do not fully understand how the condition progresses. Given the difficulty of connecting such people to care, mechanisms that encourage or motivate people to seek medical attention must be created.

- At the same time, an individual's level of hearing loss can range from mild to severe, and the symptoms of hearing loss are diverse. It is estimated that approx. 20 million people living with age-related hearing loss have moderate or more severe hearing loss and require intervention with hearing aids.[13] In addition to encouraging them to receive treatment, steps must be taken to reinforce the systems of healthcare institutions that individuals with hearing loss rely on.

- In addition to establishing clear criteria that are easy for affected parties to understand regarding the necessity of treatment (or lack thereof) after screening, it is urgent that a tiered system for referral recommendations based on symptom severity is implemented and that systems which facilitate transitions from screening to treatment are established.

13 JORL-HNS. Project to Raise Awareness of Age-Related Hearing Loss and Extend Healthy Life Expectancy: Joint Declaration on Addressing Age-Related Hearing Loss to Create an Inclusive Society and Extend Healthy Life Expectancy. https://www.jibika.or.jp/uploads/files/kyodosengen_0310.pdf. Last retrieved on June 9, 2026

III Establishing a hearing care provision system

<Background and Issues>

- Hearing loss treatment involves a variety of medical practitioners, including otolaryngologists, other medical specialists, and primary care physicians. However, a system for providing systematic treatment has yet to be established, and even if someone seeks a medical examination with hearing loss as their chief complaint, they do not always arrive at appropriate treatment. Only 50% of Japan's 11,000 otolaryngologists are certified hearing aid consultants,[14] and not all of them are proactively engaged in providing treatment for the use of hearing aids. Knowledge and interest in hearing loss treatment also vary, even among otolaryngologists. Furthermore, there is inadequate hospital-clinic collaboration involving otolaryngologists and other specialists or primary care physicians. Recognizing the variation in quality of hearing loss treatment among otolaryngologists as an issue for its organization as a whole, the Japanese Society of Otorhinolaryngology-Head and Neck Surgery (JORL-HNS) published a manual titled, "Treatment Manual for Mild to Moderate Hearing Loss." JORL-HNS is also working to raise awareness through efforts that include a manual for providing guidance to people living with hearing loss and is considering a review of the Certified Hearing Aid Consultant system. JORL-HNS efforts targeting physicians in other departments include developing and distributing a checklist to screen for hearing loss, with its focus on raising awareness among internists who treat senior citizens.

- The medical service fee schedule does not include any premiums specifically for interventions provided to people living with mild to moderate hearing loss or for the roles fulfilled by certified hearing aid consultants. While the hearing aid compatibility test (which is used to determine hearing aid effectiveness) is listed and assigned a premium, its facility criteria are strict. (The test must be administered by a physician who has completed an MHLW-designated training program on hearing aid compatibility testing, but that program only has about 100 openings per year and can only be attended by one person per facility.) Facilities can receive the Advanced Hearing Loss Guidance and Management Premium once per year for guidance and management provided to people living with hearing loss, but they must meet the established facility criteria. While these systems have hindered the spread of hearing care, a revision of insurance coverage for over-the-counter (OTC) drugs is projected to reduce medical examinations for seasonal allergies and the common cold, which have mainly been handled by clinics.

- Other persistent challenges include regional disparities and shortages of healthcare professionals involved in the diagnosis and treatment of hearing loss (speech-language-hearing therapists, certified hearing aid consultants, medical practitioners with specialized training, otolaryngologists, etc.). In regions without clinics or hearing aid specialty facilities, providers sometimes have no choice but to sell and adjust hearing aids through home visits rather than providing these services in-store. Such limitations obstruct the provision of hearing care.

- Some countries have a type of specialty called an "audiologist," which is someone who has completed specialized training in audiology and is involved in clinical hearing care or research. Japan lacks a system for education in audiology and an environment to cultivate such professionals. This is an obstacle for hearing care and treatment.

14 JORL-HNS. JORL-HNS Certification System. https://www.jibika.or.jp/modules/certification/index.php?content_id=39. Last retrieved on June 9, 2026.

1. Promote the right understanding of hearing loss treatment among otolaryngologists and medical practitioners in other departments and encourage collaboration between hospitals and clinics

To ensure people living with hearing loss can access healthcare facilities with the capacity to provide consultations on hearing loss in a timely manner, steps must be taken to train and increase the number of specialists who are well-versed in hearing loss as well as to establish systems to screen for the condition. Otolaryngologists should be encouraged to foster an understanding of hearing loss treatment, to learn about hearing devices, and to recognize that appropriate intervention can improve QOL for patients. Achieving this shift is particularly important for medical practitioners who are certified hearing aid consultants and require more advanced knowledge and skills. It will be necessary to establish mechanisms and systems that enable certified hearing aid consultants to properly update their knowledge and skills. It will also be necessary to raise awareness and provide information so medical practitioners in other departments and primary care physicians can collaborate with otolaryngologists at appropriate times.

2. Determine best practice for designing premiums in the medical service fee schedule to advance hearing loss treatment

The unclear positioning of certified hearing aid consultants in the medical service fee schedule and the lack of opportunities to train such consultants make it difficult for facilities to meet the criteria for obtaining the premium for hearing aid compatibility testing. This issue is particularly visible in depopulated regions that rely on outpatient care provided by part-time medical practitioners. Given these difficulties, steps should be taken to review and relax conditions and create a system that facilitates hearing care checkups, even when they are provided by part-time physicians. Such steps might include introducing a premium for online medical consultations.

3. Train and expand the roles of speech-language-hearing therapists specializing in audiology and encourage their employment

- As speech-language-hearing therapists specializing in audiology can screen for hearing loss, provide patient guidance, and contribute to patient satisfaction and task-sharing with physicians, there is a growing need for these therapists. There is an increasing trend to actively employ speech-language-hearing therapists among clinics, a setting where their employment has been limited.[15] The duties performed by speech-language-hearing therapists (such as hearing aid compatibility testing and cochlear implant adjustments) are eligible for relatively high reimbursements, even within the field of otolaryngology, so the previously mentioned hiring trend is a rational development from the perspective of profitability. However, among speech-language-hearing therapists, only approx. 4% (about 2,000 people) specialize in audiology, making it difficult to secure personnel.[16] Examining items in the medical service fee schedule, prominent issues include the lack of a unique item for hearing rehabilitation provided by speech-language-hearing therapists and the strict conditions for premium eligibility. For example, standards for full-time staffing when providing single sessions of rehabilitation in speech-language therapy are too high. This creates an arrangement in which it is difficult to apply for reimbursement, which can impact the reliability of profitability. Due to these constraints in human resources and systems, healthcare facilities tend to prioritize hiring staff who can handle broader duties, such as nurses or medical technologists. The first step in addressing and improving these circumstances will be for the MHLW and the Japanese Association of Speech-Language-Hearing Therapists to clearly outline settings in which speech-language-hearing therapists specializing in audiology can serve (such as medical facilities, long-term care facilities, hearing aid retailers, and schools for the deaf) as well as the roles of these therapists in such settings. In addition, in regions with insufficient hearing care resources, consideration should be given to establishing flexible work arrangements so speech-language-hearing therapists can serve at multiple healthcare institutions. As cochlear implants become more popular, demand for mapping (the adjustment of cochlear implants) at easily accessible, local clinics is likely to grow. The use and increased employment of speech-language-hearing therapists should be considered alongside expansion in the use of hearing devices.

15 JORL-HNS. Working Group on Speech-Language-Hearing Therapists (The ST Employment Promotion WG). https://www.jstage.jst.go.jp/article/jibiinkoka/123/6/123_491/_pdf/-char/ja. Last retrieved on June 9, 2026.

16 PTOTST Worker. Will Demand for Speech Therapists (STs) Increase? For People Troubled About Certification. https://ptotst-worker.com/postart/column/204/. Last retrieved on June 9, 2026.

- A key measure for steadily increasing the number of speech-language-hearing therapists specializing in audiology will be establishing a foundation for human resource development. Building a system for continuous education that allows these therapists to regularly attend training programs even after becoming certified is essential. This measure should include securing instructors and developing online seminars.

4. Leverage the latest technology to address shortages and the uneven distribution of hearing care specialists

Addressing shortages and the uneven distribution of otolaryngologists and speech-language-hearing therapists specializing in audiology will require promoting remote medical care using the format “Doctor to Patient with Speech Therapist (ST)” in an arrangement similar to the remote Intensive Care Unit (ICU) system. While telemedicine in the field of audiology currently lacks methods, equipment, and systems for hearing assessment, promoting technological development while designing suitable systems may help achieve widespread adoption and care services.

IV Establishing coherent pathways and ensuring access to high-quality hearing devices at each stage of hearing loss

<Background and Issues>

- In Japan, purchasing hearing aids does not require a prescription or an examination from a physician, and they are available through various channels, including hearing aid specialty shops, opticians, and mail order. In terms of ease of purchase, hearing aids are more easily obtainable in Japan than other countries. However, with only 15.6% of people owning hearing aids, Japan has the lowest ownership rate among developed countries.[7] Despite the introduction of various measures based on the idea that increased accessibility would lead to more people owning hearing aids, it is clear that these measures have not worked as intended. Although there are entry points for purchasing hearing aids, there is still a structural issue in that pathways to connect people to appropriate specialists or the support they need to continue wearing hearing aids have not been systematically established.

- Oftentimes, individuals with mild to moderate hearing loss disregard or do not notice their condition, which makes it difficult to connect them to support or appropriate interventions. In addition, as individuals can purchase personal sound amplification products or hearing aids at their own discretion, without visiting a healthcare institution, there are also times when they have difficulty making appropriate decisions or selecting the right product for their condition.

- Although an environment with easy access to hearing aids is convenient, it can also make it difficult to ensure quality. As of April 2025, among Japan's 8,266 hearing aid retailers, 5,501 retailers (approx. 67%) did not have certified hearing aid technicians on staff.[17] Meanwhile, as of April 1, 2026, there were 1,119 certified hearing aid specialty shops,[18] which represents a limited proportion of all hearing aid retailers.[19] Currently, hearing aids are also being sold, fitted, and adjusted at general retail shops that lack staff with specialized knowledge.

- Regular follow-up from physicians, speech-language-hearing therapists specializing in audiology, certified hearing aid technicians, and other ENT (ear, nose and throat) professionals is vital for the safe and effective use of hearing devices. However, Japan's current system lacks sufficient mechanisms to allow for the use of hearing devices to be systematically monitored and managed after purchase, so building a system for continuous support is a challenge.

- The pathway from hearing aids to cochlear implants is not well-known among all relevant parties, and only one-third of hearing aid users who are likely candidates for cochlear implants receive explanations from medical practitioners. In addition, Japan has yet to establish an environment in which cochlear implant candidates can make decisions with adequate information and support.

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17 To contribute to the safe and effective use of hearing aids, JORL-HNS certifies hearing aid technicians as having acquired the knowledge and skills necessary to accurately perform the tasks listed below, based on the diagnosis and guidance of a certified hearing aid consultant.
(i) Ask questions to hearing aid wearers to ascertain their hearing status
(ii) Select appropriate hearing aids based on consultations with and requests from people seeking to use hearing aids
(iii) Take measurements and perform adjustments (fitting) for people seeking to use hearing aids described above to ensure safe use and to achieve the best possible hearing results
(iv) Provide instructions on the use of the hearing aids described above (including matters related to after-care)
(v) Prepare and retain records regarding matters listed above
Association for Technical Aids, Inc. 2023. Training Outline for Certified Hearing Aid Technicians. Chapter 1 General Provisions, Article 1. https://www3.techno-aids.or.jp/html/pdf/yoseiyoko.pdf. Last retrieved on June 9, 2026.

18 Based on certification applications from hearing aid retailers, the Association for Technical Aids, Inc. confirms that retail operations are in full compliance with its "Operational Standards for Certified Hearing Aid Specialty Shops," which were established to ensure the proper sale of hearing aids and are linked below. Such retailers are added to the Association's registry of certified hearing aid specialty shops and are presented with a certificate of certification.
The Association for Technical Aids, Inc. "Introducing Certified Hearing Aid Specialty Shops." The Hearing Aid Specialty Store Certification System. https://www5.techno-aids.or.jp/nintei.php. Last retrieved on June 9, 2026.

19 The Association for Technical Aids, Inc. 2026. "Projects Related to Hearing Aid Specialty Shop Certification (Public Interest Objectives Project 6)." FY2025 Activity Report. https://www.techno-aids.or.jp/kyokai/r07hokoku.pdf. Last retrieved on June 9, 2026.

- For people with age-related hearing loss, one significant barrier to the use of hearing aids is the financial burden. Under the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities, public subsidies for the purchase of hearing aids are available to anyone with a physical disability certificate, regardless of age. However, under that same Act, adults with mild to moderate hearing loss below 70 dB are not eligible to receive subsidies for prosthetic devices. Efforts from local governments to establish subsidy programs for adults and senior citizens are lagging behind, leading to significant regional disparities. In many cases, affected parties have no choice but to cover the full cost of hearing aids out-of-pocket. Furthermore, expenses related to hearing aids are not limited to initial purchase cost; they also include ongoing costs for maintenance and other expenses, thereby increasing the financial burden.

- In cases when local governments do have their own subsidy programs, they do not always limit eligibility to cases that involve certified hearing aid technicians or specialty shops. In other words, even when there are public systems in place to ensure financial access, quality is not always guaranteed.

- Gaps in support manifest in more complex forms during the transition from childhood to adulthood. To begin, given the impacts that hearing loss can have on the development of language and social skills, many local governments have their own programs to subsidize the purchase of hearing aids for children who are under age 18 and have mild or moderate hearing loss. However, each local government is responsible for its own program and does not receive financial support from the national Government, causing major regional disparities in subsidy availability, content, and amount, even before children reach age 18. Second, there are cases in which children with disability certification are required to have their hearing reassessed after reaching adulthood, and their certification is revoked. When this occurs, they become ineligible for subsidies for prosthetic devices. Third, at the age of 18, children lose eligibility for child care and developmental support provided under the Child Welfare Act as well as the Core Support Program for Children with Hearing Loss. As these examples show, in addition to financial issues, the combination of moving from the jurisdiction of one system to another and losing eligibility for support creates an institutional gap that causes people to lose multiple forms of support simultaneously at the transitional point of 18 years.

- Japan has yet to establish a sufficient evidence base for determining the order of priority among eligible parties when expanding public support for people with hearing loss. While parties such as hearing device manufacturers and hearing aid retailers possess some data and knowledge, there is no mechanism for the systematic use of their input as the basis for policy decisions. There is also a lack of quantitative evidence regarding the financial impact of interventions and their effect on employment and productivity.

1. Working from the perspectives of those most affected, multi-stakeholders should identify, develop, and formally establish systematic pathways to appropriate care and specialists for all levels of hearing loss and create an environment that ensures these pathways are effective

- Sequential pathways for each level of hearing loss must be established to provide people living with hearing loss with smooth access to appropriate care and specialists. The pathways must cover people living with mild to moderate hearing loss and span long-term follow-up to the point people are fitted with hearing aids, or to the point they are provided with medical consultations, treatment, and ongoing management. At regular deliberation forums at the MHLW or that involve various ministries and agencies, multi-stakeholders representing industry, government, academia, and civil society should collaborate to establish or formulate these pathways and to outline the roles of specialists (such as otolaryngologists, speech-language-hearing therapists specializing in audiology, and certified hearing aid technicians) that should be involved at each step.

- Lowering the psychological barriers to using hearing aids will require creating an environment that ensures easy access to them while allowing people to choose the best one for their condition. Specifically, hearing aids that can be purchased without involvement from a healthcare institution or hearing aid retailer tend to vary in terms of performance, safety, and adjustability, so from the perspective of user protection, we should consider introducing a certification system that ensures that hearing aids meet quality standards. New technologies like OTC hearing aids that users can adjust themselves based on hearing data should also be examined in that certification process. Stakeholders have differing views on issues, such as making prescriptions or medical consultations mandatory for the purchase of hearing aids, or requiring healthcare institutions and hearing aid retailers to verify the effectiveness of such devices. Academic societies, the private sector, relevant organizations, and affected parties must cooperate and carefully consider discussions on such issues.

- Individuals living with severe or profound hearing loss are not being provided with adequate referrals to specialized treatment for cochlear implants or other specialized treatments, and too few people are transitioning to such treatments even in cases where they have reached the limit of how much they can benefit from hearing aids. Clear criteria and procedures for transitioning from hearing aids to cochlear implants and a system for evaluating the implementation of such practices should also be considered and established.

- For the previously mentioned pathways to function in an effective manner, certified hearing aid technicians and other personnel must be trained and secured, and a continuous support system must be established. Currently, the qualification possessed by certified hearing aid technicians is not required by law, nor are retailers required to staff these technicians. This results in disparities among regions or facilities in terms of involvement from specialized personnel. In addition, population aging and a decline in young people in the labor force mean it will not be possible to fully meet growing demand solely through quantitative increases in human resources. In light of these circumstances, while steadily training and securing more certified hearing aid technicians who possess more sophisticated, practical skills, steps must also be taken to build a system for the continuous provision of specialized support through the proactive use of technology (i.e., to provide remote support).

2. For adults with mild-to-moderate hearing loss (30–70 dB) not covered by current subsidies, create and establish multi-tiered public support and insurance systems for hearing aid purchases; design sustainable systems by clarifying national and municipal role division

- We must examine the option of positioning financial assistance for hearing aids for adults with mild or moderate hearing loss within the frameworks of healthcare, long-term care, or welfare to cover people who are ineligible for support through existing systems (under the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities or through local government subsidies). The prevalence of hearing loss increases rapidly with age; it is 17.6% for people ages 65 to 74 and 43.7% for people age 75 and older. Since hearing loss can be partly attributed to a change in function that occurs with aging and because members of these age groups are covered by long-term care insurance, positioning hearing loss within the context of long-term care has a high degree of institutional consistency. In addition, because long-term care insurance has more leeway for systemic review than health insurance or the disability welfare system, positioning measures for age-related hearing loss within the context of long-term care policy centered on the bureau in charge of long-term care insurance, the MHLW Health and Welfare Bureau for the Elderly, may be a realistic option for achieving a breakthrough.

- One option may be to expand long-term care preventive benefit eligibility to people with moderate hearing loss using the Certification for Long-Term Care Need framework. In addition to improving QOL for senior citizens, providing such coverage would also be likely to have social and economic benefits, such as by enabling people to remain in the workforce longer. While the national Government would be responsible for the design of the system, including support eligibility, basic standards for support, and evaluation indicators, prefectural and municipal governments would be responsible for implementing specific forms of support that reflect local characteristics or needs. It will be necessary to clarify the division of the roles between the national Government and local governments to maintain the flexibility of governments while preventing the emergence of regional disparities in levels of support.

3. Design a cross-sectoral, collaborative framework that eliminates gaps faced by children with mild to moderate hearing loss at age 18, ensuring coherent support across the lifespan

Continuous coordination that spans and links the Children and Families Agency (CFA), the MHLW, the Ministry of Education, Culture, Sports, Science and Technology (MEXT), and other ministries and agencies will be critical for eliminating gaps in support that emerge when children reach age 18. People living with hearing loss currently receive support from different ministries at different life stages. For instance, the CFA provides support for newborns, the MHLW provides disability welfare, and MEXT provides support for school-age children. However, each time someone transitions from one form of support to another, they face the risk of having their support interrupted. Overcoming this siloed structure will require establishing opportunities for cross-sectoral coordination with ongoing involvement from each ministry as well as specialists and affected parties. During discussions at that forum, priority should be given to addressing the loss of eligibility for local hearing aid subsidies at age 18, ensuring access to prosthetic device allowance systems, and eliminating gaps in follow-up systems that emerge after people are of school age.

4. Gather real-world evidence and clarify priorities for expanded public support for hearing loss

Hearing loss impacts many people and they experience a broad range of conditions, ranging from mild to severe, so it will be necessary to use an evidence-based approach when determining who to prioritize when expanding public support. Developing an evidence base for such policy decisions will require multi-stakeholder collaboration involving parties like the Government (the MHLW, the CFA, etc.), academia, and the private sector. A basis on which policymakers can determine budget priorities must be established. Specifically, it should involve calculating costs that can be avoided through public interventions for people living with hearing loss or quantifying how hearing aid use can improve labor force participation rates or work-related productivity. When doing so, it will be important to leverage data and expertise from parties like hearing aid manufacturers or retailers, with efforts centered on academia. In a similar manner to when evidence on the effects of interventions from national registered dietitians was reflected during a revision of the medical service fee schedule, demonstrating the effectiveness of interventions in hearing loss may provide a realistic path to the systematic implementation of public support.

5. Instead of relying solely on public support, reduce the financial burden of purchasing hearing aids through a multi-tiered framework of public-private partnerships that combines manufacturers, retailers, and the insurance and tax systems

As social security costs continue to rise, caution will be necessary when considering expanded subsidies for hearing aids. As there are many people with hearing loss, there are limits as to what can be achieved only by expanding public support. Addressing this will require examining initiatives to reduce the financial burden on people living with hearing loss through public-private partnerships with manufacturers and retailers. Specific options might include introducing trial periods or subscription systems. However, Japan's current legal framework was not originally designed to include the reuse or return of hearing aids, and the impact of such a system on cash flow for retailers must be evaluated objectively through survey research and cost-benefit analyses performed by academia and the private sector. While taking the relationship between hearing aid performance and cost burden into account, concrete steps must be taken to develop a system that prevents people from giving up on the purchasing and the using hearing aids due to economic reasons.

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