



Speech-Language & Audiology Canada
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A Proposal for Improving Hearing Health Outcomes in Saskatchewan

By: Speech-Language & Audiology Canada

Purpose: A recommendation for targeted provincial funding for hearing care and hearing aids for children (0–18 years) and seniors (65+) in Saskatchewan to address critical gaps in access, equity, and system sustainability.

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Executive Summary

Hearing loss is common, under-recognized, and largely unfunded in Saskatchewan, leaving many children and seniors without timely hearing health services, including access to hearing devices despite clear evidence of positive impacts on development, cognitive health, safety, and social participation. Untreated hearing loss contributes to speech and language delays, academic challenges, social isolation, higher risk of cognitive decline, and reduced ability to achieve gainful employment.

Saskatchewan currently has no systematic provincial coverage for hearing healthcare services (e.g., hearing tests) or hearing aids outside a small number of specific programs. Families of children with hearing loss and older adults with hearing loss face significant up-front costs. For many, these costs are prohibitive, leading to delayed diagnosis and untreated hearing loss.

Speech-Language & Audiology Canada (SAC) recommends that the Ministry of Health introduce targeted provincial funding for annual hearing tests and hearing aids for children 0–18 and income-eligible seniors 65+, aligned with other Canadian jurisdictions. This investment is expected to improve child development and school readiness, support seniors' cognitive health and safety, and enhance system sustainability and equity by reducing avoidable downstream costs in health and education.

Current State

Saskatchewan residents have limited access to publicly funded hearing care. Outside specific groups covered through Indigenous Services Canada, Workers' Compensation, Veterans Affairs Canada, or provincial Supplementary Health Benefits, there is no routine coverage for hearing health services (e.g., hearing tests and hearing aids). As a result, many children and seniors either forgo care or delay seeking help.

Barriers

Financial

- Out of pocket costs are a major obstacle for many families and seniors.
- Hearing tests typically cost \$74–\$175 per visit.
- Basic adult hearing aids cost \$4,400–\$7,200 per set.
- Pediatric hearing aids cost \$4,800–\$6,000 per set, with replacement needed every 4–6 years due to growth, technology updates, and basic wear and tear.
- These costs are prohibitive for low and middle income households.

Limited Access to Hearing Health Services

- The provincial Hearing Aid Plan was eliminated in 2017, reducing publicly funded options.
- Only two sites (Regina and Saskatoon) offer no charge pediatric hearing services.
- Wait times are long: approximately 6 months in Regina and approximately 9 months in Saskatoon.
- Rural and remote families face added burdens: travel time and expenses, time off work/school, and logistical challenges, further delaying care. Families in rural and remote locations without access to reliable transportation may find these challenges insurmountable.

Gaps in Early Hearing Detection and Intervention (EHDI) Services

- Saskatchewan has universal newborn hearing screening but lacks a complete and comprehensive EHDI system.
- The province received an “Insufficient” rating on the national EHDI report card.
- Gaps include inconsistent identification and follow-up for infants with hearing loss; limited support for hearing technology and language development; no systematic monitoring or evaluation of the program.
- Years-long public sector audiologist recruitment and retention challenges make the expansion and administration of the EDHI program more challenging.



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- Early screening without reliable follow-up leaves children at risk for preventable speech, language, literacy, and learning delays.

Consequences

The consequences of untreated hearing loss are substantial. For children, delayed identification and intervention are associated with delayed speech and language development, reduced cognitive and socio-emotional outcomes, and increased need for specialized educational supports. For older adults, untreated hearing loss is associated with social withdrawal, reduced safety, higher health-care utilization, and significantly increased risk of cognitive decline and dementia. These impacts extend to families, schools, workplaces, and communities, and they generate higher costs for the health and education systems over time.

Proposed solution

SAC proposes a targeted, province-wide funding model that provides annual hearing health coverage for hearing tests and periodic hearing aid coverage for children and income-eligible seniors, in coordination with existing federal and provincial programs to avoid duplication.

Recommended coverage for assessments

Population group (age, years)	Recommended coverage per assessment	Frequency	Eligibility and delivery
Pediatric, 0–18	150 dollars	Once annually	Saskatchewan residents; services provided by licensed audiologists; exclude those already fully covered by federal or other provincial programs.
Seniors, 65+	125 dollars	Once annually	Saskatchewan seniors with provincial health coverage; coordinated with existing benefit programs to prevent overlap.

Recommended hearing aid funding

Population group (age, years)	Recommended Coverage amount (per ear)	Replacement cycle	Eligibility and coordination
Pediatric, 0–18	Up to 2,500 dollars	Every 4 years	Children not covered by Supplemental Health Benefits or Indigenous Services Canada; coverage for basic, appropriately fitted devices.
Seniors, 65+	Up to 2,500 dollars	Every 5 years	Seniors with annual family income at or below 90,000 dollars, not covered by Supplemental Health Benefits, Indigenous Services Canada, Veterans Affairs Canada, or Workers' Compensation.

The Ministry may choose to implement this model in phases (e.g., first children, then seniors, or first specific risk groups), while committing to the full framework over time.

Expected impact

Children and youth

Timely access to hearing health services will support earlier identification and intervention for the estimated hundreds of Saskatchewan children with hearing loss who could benefit from amplification and related services. Earlier intervention will help protect speech, language, literacy, cognitive, and social-emotional development, improving school readiness and long-term educational outcomes. Over time, this is expected to reduce the need for intensive special education services and related educational supports.

Seniors and cognitive health

For older adults, regular hearing assessments and access to hearing aids will improve communication, social participation, and safety in daily life. Evidence suggests that treating hearing loss can mitigate risk factors associated with cognitive decline and dementia, particularly when interventions are introduced early for adults at increased risk. Enhanced hearing will help older adults remain engaged in their communities, reduce loneliness, and maintain independence longer.



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System sustainability and equity

Investing in hearing health at the front end has the potential to reduce more costly downstream health-care utilization and education expenditures associated with unmanaged hearing loss. In addition, improved access to hearing health services improves work force participation rates with long term positive economic impact. Improved access will also advance health equity by reducing financial and geographic barriers that currently disproportionately affect low-income, rural, Indigenous, and other underserved populations. Ensuring that Saskatchewan's coverage is comparable to other provinces will support recruitment and retention of audiology professionals and signal a commitment to modern, evidence-based hearing care.

Preliminary cost considerations

Precise fiscal modelling requires further collaboration with the Ministry, but several guiding points can demonstrate fiscal awareness:

- The number of children diagnosed with hearing loss in Saskatchewan is currently in the low hundreds, with an estimated larger group who would benefit from assessment and, in some cases, hearing aids. Even with expanded identification, the total eligible pediatric population remains relatively small compared to the overall child population.
- The cost of annual assessments, at \$125–150 dollars per visit, is modest relative to the costs of late-identified hearing loss, which can include intensive speech-language therapy, specialized educational placement, additional classroom supports, addressing mental health and cognitive decline, and lost future productivity.
- Hearing aid coverage can be budgeted on a multi-year cycle (four years for children, five years for eligible seniors) rather than annually, allowing expenditures to be forecasted and capped. Uptake is likely to ramp up over several years as awareness increases, allowing the Ministry to phase in funding.
- International evidence, including global estimates of the productivity and health-care costs of untreated hearing loss and studies linking untreated adult hearing loss to significantly higher health-care utilization and expenditures, suggests that early treatment can help offset some of the program's costs over the medium to long term.

SAC is prepared to work with Ministry staff to refine assumptions (eligible population, expected uptake, device price points, and interaction with existing benefit programs) to support more detailed costing.

Jurisdictional comparison – summary

A high-level scan indicates that Saskatchewan lags peer jurisdictions in public support for hearing aids, particularly for children and seniors. Most provinces provide some combination of full or partial coverage for children's hearing aids and targeted support for adults and seniors, often through special support programs.

Province / Territory	Pediatric Coverage	Adult / Senior Coverage
Alberta	Two hearing aids every 5 years for children, through Alberta Aids to Daily Living.	Two hearing aids every 5 years for adults 65+; support for 18–24 in full-time post-secondary education.
British Columbia	Hearing aids for children 0–5 via BC Early Hearing Program; additional programs for 0–18 based on income/disability criteria.	Limited or program-specific adult coverage (varies by program).
Manitoba	Two hearing aids every 4 years for children via the Children's Hearing Aid Program.	Up to 2,000 dollars toward hearing aids every 5 years for adults 65+ with household income under a set threshold.
Ontario	Partial funding (e.g., 500 dollars per aid every 5 years) for children through the Assistive Devices Program.	75% of cost up to a funding maximum for adults every 5 years via ADP.
Prince Edward Island	Two hearing aids every 5 years for children up to age 21 through the Disability Support Program.	Up to a multi-thousand-dollar maximum per individual every 5 years for adults 65+, using an income-based sliding scale.
Quebec	Broad coverage of children's hearing aids with replacement approximately every 7 years or sooner if clinically indicated.	Coverage for adults who meet defined hearing loss criteria, with similar replacement rules.
Yukon	Two hearing aids every 4 years for children through a chronic disease and disability program.	One hearing aid or replacement every 4 years for adults via extended health benefits.

Introducing the proposed Saskatchewan program would move the province toward alignment with national norms for publicly supported hearing health care for children and seniors.

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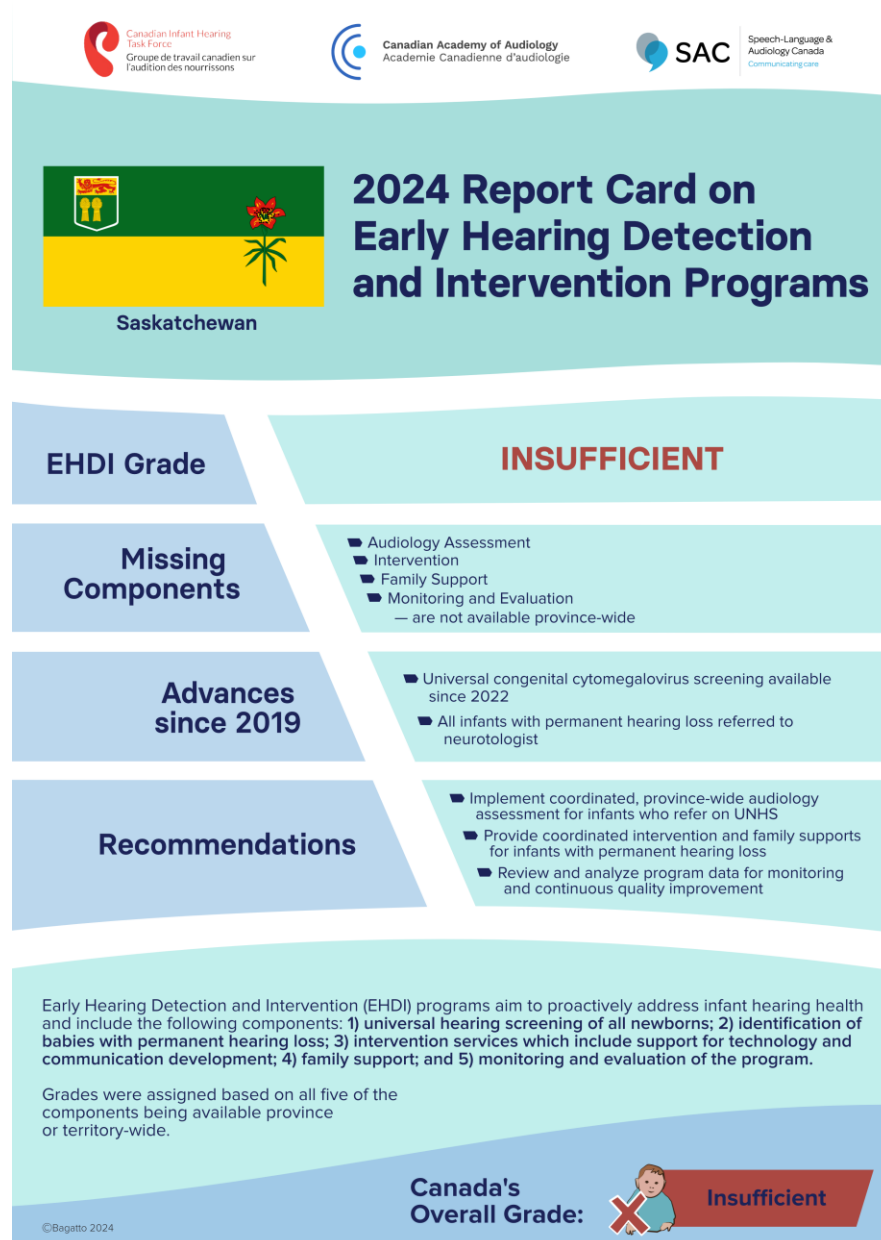
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APPENDIX

2024 Canadian Infant Hearing Task Force Report Card on Provincial and Territorial EDHI Programs



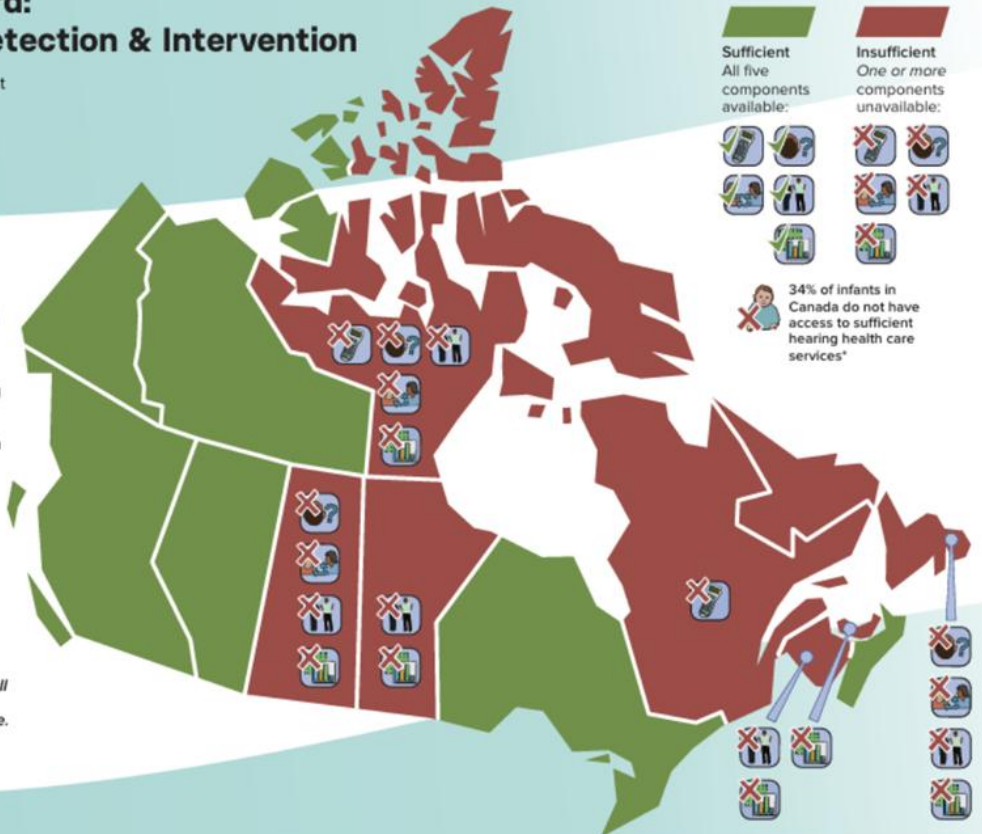
2024 Report Card: Early Hearing Detection & Intervention

Developed by the Canadian Infant Hearing Task Force (CIHTF)
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Early Hearing Detection and Intervention (EHDI) programs aim to proactively address infant hearing health and include:

-  universal hearing screening of all newborns
-  identification of babies with permanent hearing loss
-  support services for technology & language development
-  family support
-  monitoring and evaluation of the program

Grades were assigned based on all five of the components being available province or territory-wide.



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Canada's
Overall Grade:



Insufficient