HEAR MORE, LIVE MORE

Canada's First Adult Cochlear Implant Report Card (2026)
Assessing Wait Times, Access, and Financial Coverage Across Provinces

Canadian Hard of Hearing Association
Association des malentendants canadiens

EXECUTIVE SUMMARY

Hear More, Live More: Canada's First Adult Cochlear Implant Report Card (2026)

Assessing Wait Times, Access, and Financial Coverage Across Provinces

Hearing is fundamental to communication, employment, social participation, and overall quality of life. For adults with severe to profound hearing loss, cochlear implants are a proven, medically necessary intervention that restores hearing when traditional hearing aids no longer provide benefit.

Yet the window of opportunity for optimal outcomes is limited—delays in accessing cochlear implants lead to irreversible auditory deprivation, accelerated cognitive decline, increased social isolation, and heightened risk of depression and dementia. When hearing aids fail, **timely access to cochlear implantation isn't just important—it's urgent.**

In Canada, cochlear implant (CI) surgery is publicly insured and delivered through 12 adult surgical centres. Yet access remains **highly inconsistent.** Long wait times, geographic barriers, and uneven financial support for essential sound processor replacements mean that many Canadians who could benefit from cochlear implants are not receiving timely or equitable care.

WHY PROVINCIAL SUPPORT FOR ADULT COCHLEAR IMPLANTS MATTERS

Cochlear implantation requires coordinated provincial investment across surgery, audiology, rehabilitation, and long-term follow-up. When support is inadequate, adults experience poorer health outcomes, and the health system absorbs higher long-term costs. Evidence is clear: every **$1 invested in cochlear implants yields $2.59 in economic return** in high-income settings. Untreated severe hearing loss increases the risk of dementia fivefold, raises rates of depression and social isolation, contributes to higher fall related injuries, and reduces workforce participation and earnings—costing Canada an estimated **$25 billion annually** in lost productivity and health related impacts.

Improving access to cochlear implants is therefore not only a matter of health equity—it is a smart, cost saving investment in public health, aging, and labour force sustainability.

Why This Report Card Matters

During the period of 2024 to 2025, **191,736 adults** in Canada may be eligible for cochlear implants, but only about 13,000 currently have one—leaving **more than 178,000 Canadians underserved.** Cochlear implants reliably improve speech understanding, participation in daily life, and overall quality of life. Yet inconsistent provincial policies mean that where a person lives continues to determine whether they receive timely assessment, surgery, follow-up care, and device replacement funding.

This report card provides the first Canada wide comparison of provincial performance across three critical metrics:

1. **Wait times from referral to surgery**
2. **Geographical accessibility and availability of remote programming**
3. **Financial assistance and frequency for sound processor replacement**

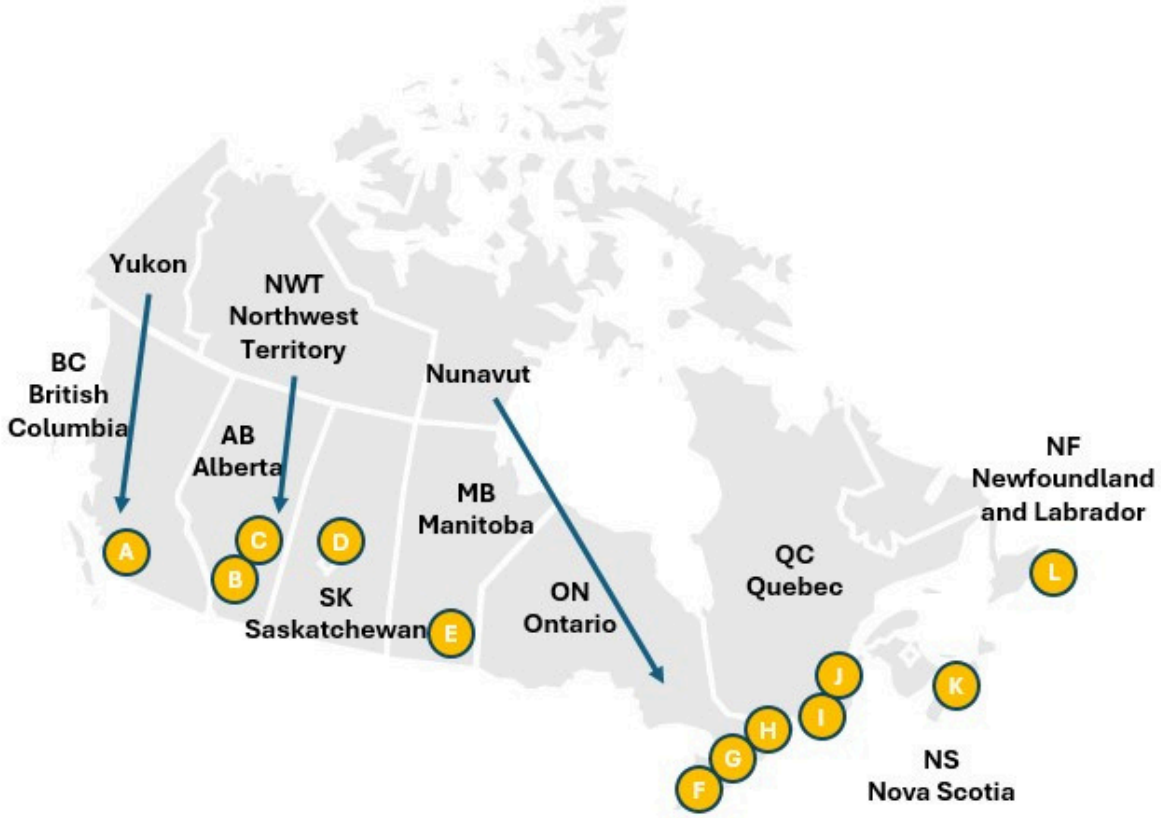
These findings highlight where systems are working well and where urgent improvements are needed to ensure equitable, medically appropriate access for adults nationwide.

Why Access Varies Across

Adult cochlear implant programs are funded entirely by provincial health systems, each with distinct budgets, eligibility criteria, and device replacement policies. This results in significant provincial variation in wait times, availability of local or remote programming follow-up care, and out-of-pocket costs for patients. Canada's 12 adult surgical cochlear implant centres serve regional populations with differing travel distances and capacity constraints, leading to unequal access based on geography. These disparities are particularly evident when comparing centres like Sunnybrook Health Sciences Centre in Ontario, where wait times average approximately 6 months with a provincial funding cap of 263 procedures, to St. Paul's Hospital in British Columbia, where the entire province's funding cap is limited to only 70 procedures, resulting in wait times of 4 years—creating substantially longer wait times and access barriers for BC residents.

CANADA'S 12 ADULT COCHLEAR IMPLANT SURGICAL CENTRES

A more coordinated approach—anchored in consistent funding, timely service delivery, and equitable processor replacement support—would reduce avoidable disability, improve quality of life, and generate measurable cost savings for governments.



A	St. Paul's Hospital	Vancouver, BC
B	Richmond Road Diagnostic & Treatment Centre	Calgary, AB
C	Glenrose Rehabilitation Hospital	Edmonton, AB
D	Royal University Hospital	Saskatoon, SK
E	Winnipeg Health Sciences Centre	Winnipeg, MB
F	London Health Sciences Centre	London, ON
G	Sunnybrook Health Sciences Centre	Toronto, ON
H	Ottawa Hospital Civic Campus	Ottawa, ON
I	McGill University Health Centre	Montreal, QC
J	CHU de Québec d'hôtel Dieu de Québec	Quebec City, QC
K	Nova Scotia Hearing & Speech Centre	Halifax, NS
L	NL Health Services	St. John's, NL

Note: The map above identifies all 12-adult cochlear implant surgical centres across Canada. Adults living in the three territories access cochlear implant services through referral to a provincial program, and their wait times and care pathways follow those of the provinces providing the service.

HEAR MORE, LIVE MORE

Canada's First Adult Cochlear Implant Report Card

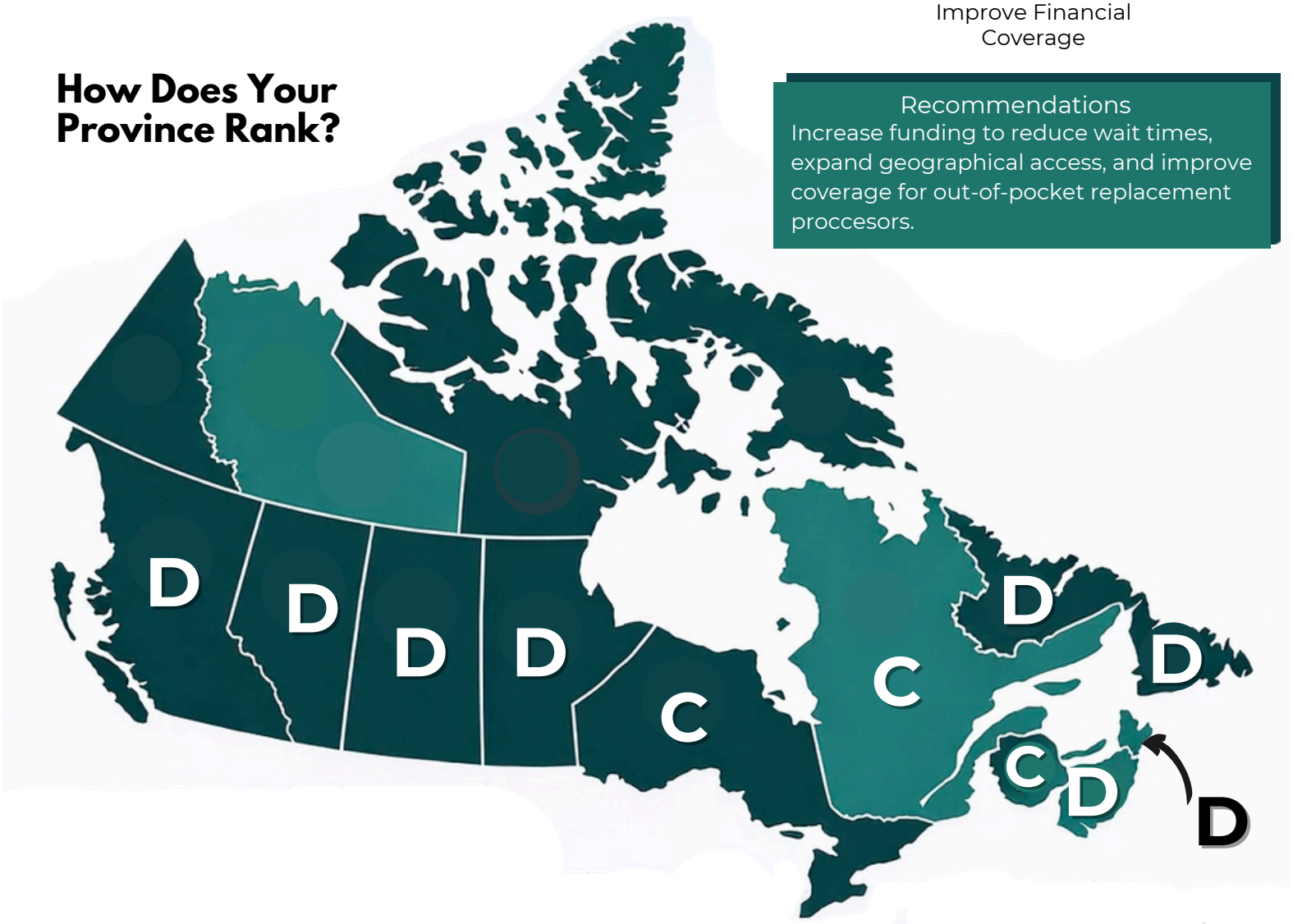
Why This Matters

- Untreated or undertreated hearing loss impacts overall health
- Communication
- Social and mental well-being
- Brain Health

Goals For Improvement

- Reduce Wait Times
- Expand Access
- Improve Financial Coverage

How Does Your Province Rank?



Recommendations

Increase funding to reduce wait times, expand geographical access, and improve coverage for out-of-pocket replacement proccesors.

Canadian Hard of Hearing Association
Association des malentendants canadiens

Cochlear™

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CHHA AMEC
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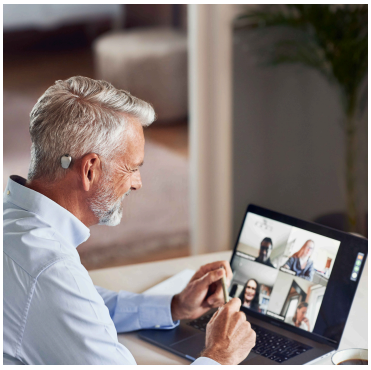
WHO WE ARE






The **Canadian Hard of Hearing Association (CHHA)**, founded in 1982, is the national voice for Canadians with hearing loss. CHHA supports Canadians coast-to-coast with a national office and several local networks, so every individual has the support needed to hear and be heard.

In 2024, a group of patient organizations (including CHHA), physicians & other healthcare professionals, researchers, educators, manufacturers, and individuals with lived experiences formed a coalition named “Spend to Save” to advocate for improved access to cochlear implants. This coalition believes that Canadians who need implantable hearing devices deserve a public health system that provides them with the same educational, career, and quality-of-life opportunities as others.

GOALS FOR THIS REPORT CARD

This report card represents the first evaluation of every provincial government's cochlear implant program, comparing their support of adults in need of cochlear implants. We intend to publish updated report cards every year, given the fast-changing dynamics of our health system. This inaugural report card grades provincial governments on wait times for implantations, geographical and remote programming access, and financial assistance for device replacement. These three grades are then factored into a consolidated provincial grade.

GOALS FOR THIS REPORT CARD ARE TO:

1. **Provide** provincial governments performance data for supporting patients who need cochlear implants or existing cochlear implant recipients, to identify opportunities for improvement, and

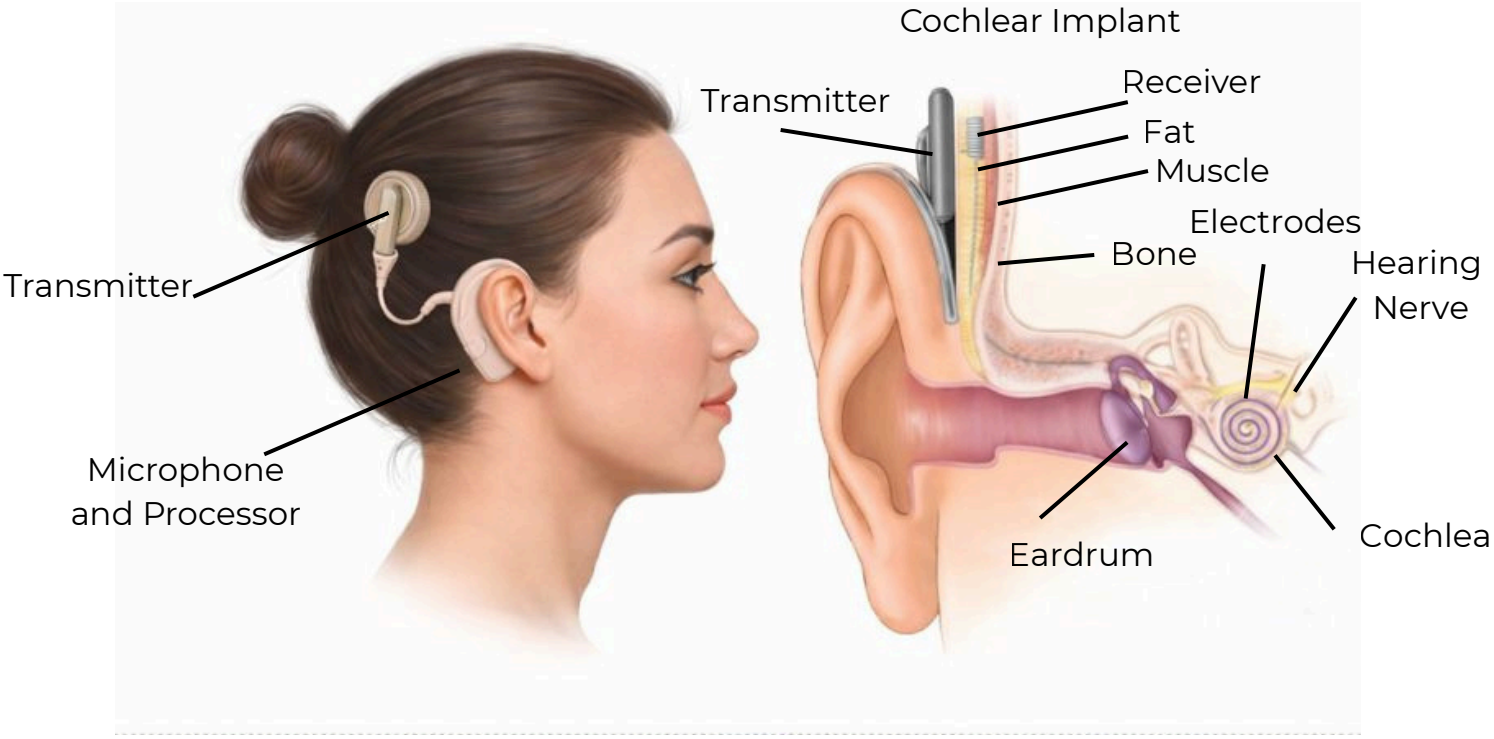
2. **Empower** patients, their families, healthcare professionals and policymakers with balanced information to support their advocacy for better adult cochlear implant care.

WHAT ARE COCHLEAR IMPLANTS

Cochlear implants (CI) are different from hearing aids. Hearing aids simply amplify sound, relying on the inner ear's sensory hair cells to send those sounds to the brain. For many adults with moderate to severe or profound hearing loss, these hair cells are too damaged or too few for amplification to be effective. As a result, sound amplification cannot remedy their hearing loss.[1]

A cochlear implant works differently. It is a small electronic device that bypasses the damaged parts of the inner ear. Instead of amplifying sound, it converts sound into electrical signals and sends them directly to the auditory (hearing) nerve, allowing the brain to interpret those signals as sound. This direct stimulation provides improved clarity and speech understanding compared with hearing aids when hair cell damage is significant and hearing aids provide little to no benefit.

HOW COCHLEAR IMPLANTS WORK



A cochlear implant consists of external and internal (surgically implanted) components:

The **external components** include:

- A microphone that picks up sounds from the environment;
- A speech processor (a computer) that analyzes and digitizes sound signals and sends them to a transmitter;
- A transmitter worn on the head that sends the signal to the surgically implanted internal receiver/stimulator.

The **internal components** include:

- A receiver/stimulator just under the skin which receives signals from the processor and converts them into electric impulses;
- An electrode array that receives the signal from the transmitter and stimulates the auditory nerve. The transmitted information is then sent to the brain, which “learns” to interpret the signal as meaningful information.

Cochlear implants are one of Canada's best kept secrets! These small, complex electronic medical devices have positively changed our lives! CI's have the unique ability to improve speech understanding and enhance the ability to have conversations in quiet and noisy environments.

We confidently explored travel outside North America.
Our hope is that provincial & territorial governments in Canada will expand & establish equitable funding for this highly empowering medical procedure!

Jeff and Debbie Gifford

WHY PROVINCIAL GOVERNMENT SUPPORT FOR COCHLEAR IMPLANTS MATTERS

As with many surgical implantations (such as those for hips or knees), cochlear implants involve significant health system support. Patients require surgery under general anesthesia, specialist physician care, device activation, listening rehabilitation, speech therapy, and long-term follow-up. Not surprisingly, cochlear implants are provided as a publicly insured medical service by provincial governments, consistent with the Canada Health Act's requirements.

How well provincial governments support cochlear implant recipients matters greatly to recipients and to our health system. Better support for cochlear implants means better health outcomes, better quality of life for adults, which in turn reduces strain on our health system. Investing in hearing care saves money. The WHO World Report on Hearing concludes that: "With unilateral cochlear implants, estimations based on actual costs in a high-income setting showed a return of 2.59 International dollars for every 1 dollar invested . . . " (WHO 2022). Outlined below, research shows how the devastating impact of untreated hearing loss extends well beyond a patient's hearing, with obvious implications for our strained health system.

Why Provincial Government Support for Cochlear Implants Matters

1. Cognitive decline and dementia
2. Mental health, depression, and social isolation
3. Diminished employment and educational prospects
4. Increased fall risk
5. Economic consequences

Cognitive Decline and Dementia

Untreated severe hearing impairment is associated with increased rates of social isolation, depression, anxiety, cognitive decline, and other chronic conditions.

Dr. Justin Lui MD, FRCSC
Otologist/Neurotologist
Clinical Assistant Professor
University of Calgary

Association between hearing loss with cognitive decline and dementia

- **The risk of dementia is 5x greater in adults with untreated severe to profound hearing loss.**[2] Each 10 decibel increase in hearing loss is associated with a 16% increase in dementia risk.[3]
- The Lancet Commission on Dementia Prevention, Intervention and Care concluded that **untreated midlife hearing loss is the single largest modifiable risk factor for dementia,** and one of its most promising[4] interventions.
- **Adults with severe to profound hearing loss who receive a cochlear implant have significantly less dementia risk** than those with a hearing aid or no treatment.[5]

Association between hearing loss with mental health issues, depression and social isolation

- A systematic review and meta-analysis in found that **individuals with hearing loss had a 35% higher risk of depression.**[6]
- **Cochlear implantation**[7] **reduces the incidence of depression.** A study following patients aged 65 to 85 years found the number of them reporting to have no depression increased 29%[8] at 12 months after implantation.
- **Hearing loss is associated with social isolation and loneliness,** with the association being stronger amongst women compared to men.

Diminished employment and educational prospects

- The Canadian Survey on Disability found the working-age **employment rate for those with hearing loss to be 47.9%, compared to 73.6%** for adults without that limitation.[9]
- Canadian working age **adults without any disability earned a median income 28.9% higher than those with a hearing disability.** [9]
- Working-age **Canadians with a hearing disability are much less likely to complete high school** (23.0% vs 13.1%). Persons without a disability are 20% more likely to have a postsecondary qualification.[9]

Increased fall risk

- **Persons with hearing loss are at a much higher risk of falling, such risk increasing as hearing loss worsens.** A study of 40- to 69-year-olds in the United States found even mild hearing loss to be associated with three-fold increased odds of falling.[10]
- The Public Health Agency of Canada lists **falls as the leading cause of injury-related hospitalizations and injury deaths for seniors.** In 2018, annual direct costs of injurious falls among older Canadians were estimated at $5.6 billion.[11]

Economic consequences

- **Disabling hearing loss in Canada costs $25 billion per year.** 7% of all adults live with a disabling hearing loss, with more than two out of every three being untreated.[12]
- These costs stem from lost productivity, retiring early, less workforce participation, more absenteeism, and less remuneration for those with hearing impairment.
- **Investing in cochlear implants is cost-effective.** The World Health Organization found in 2021 that every dollar invested into cochlear implants in a high-income setting produced a return of 2.59 dollars.[13]

OPPORTUNITIES LOST

Cochlear implants transform lives. CHHA estimates that 191,736 Canadians have sensorineural hearing loss greater than 70 decibels and thus could benefit from cochlear implants. Yet **cochlear implants remain highly underutilized in Canada**, with only about 13,146 Canadians having one.[14]

This underutilization means 191,736 Canadians with severe to profound hearing loss could be suitable for cochlear implants. Yet they continue to suffer needlessly, as do impacted families, dependents, loved ones, caregivers, and friends.

Cochlear implants have high success rates, with studies showing that **80–90% of adult recipients experience major improvements in speech perception and quality of life** following implantation. Additionally, evidence shows that **average word recognition scores rise from 8.2% before implantation to 53.9% afterward, and 82% of adults with postlingual hearing loss demonstrate clinically meaningful improvements.**[15,16,17]

WHY THIS REPORT CARD?

Untreated hearing loss profoundly impacts individuals and society. Although cochlear implants offer a transformative solution, **access remains inconsistent across Canada**, with eligibility criteria, funding, and wait times varying widely.

To raise awareness, CHHA and the Spend to Save coalition developed this inaugural **Adult Cochlear Implant Report Card**, modeled after the Canadian Infant Hearing Task Force's Early Hearing Detection and Intervention Report Card in 2024.[18] Though inspired by that 2024 report, this report card focuses on equitable access for adults, by assessing provincial performance according to three critical metrics:

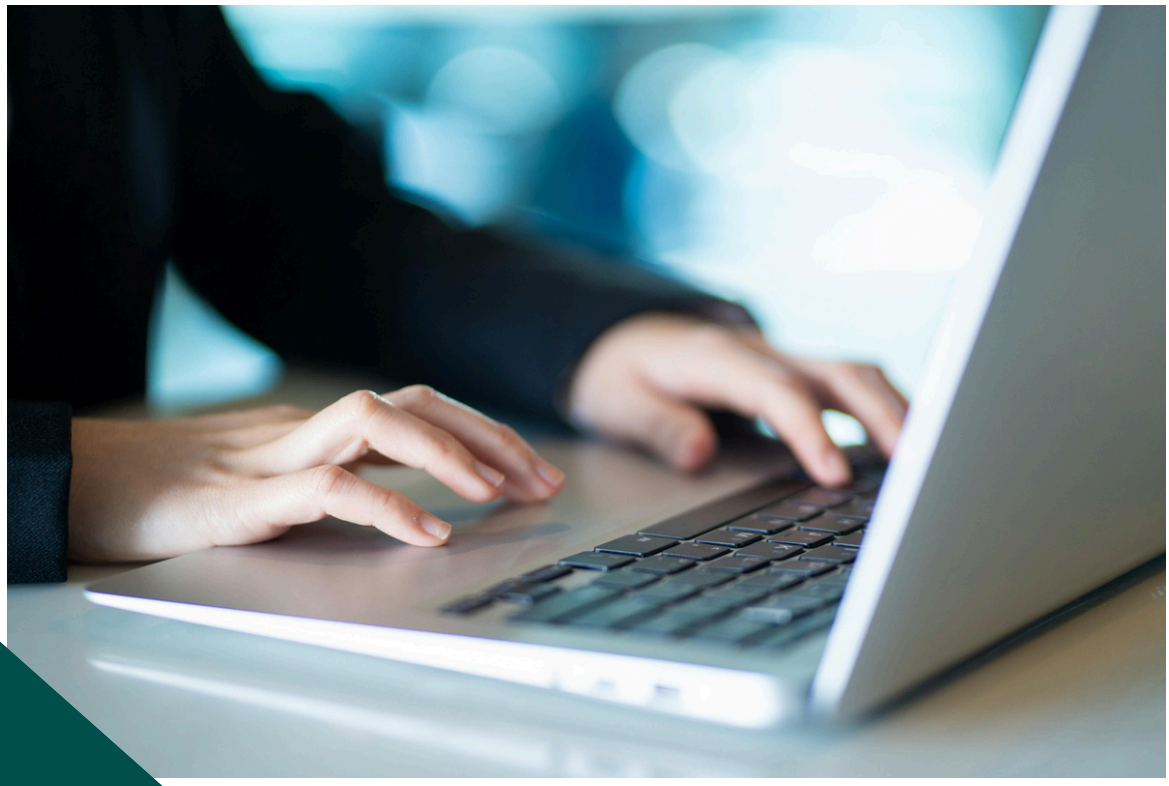
1. **Wait times** from referral to surgical implantation
2. **Geographical accessibility** for surgery and **remote programming** follow-up care
3. **Financial assistance and frequency** for device replacement coverage

METHODOLOGY

CHHA and the Spend to Save coalition used a mixed-methods approach combining clinical program data, patient-reported experiences, and provincial policy review. Data collection took place between August and November 2025 and included the following components:

1. Professional Survey (Clinical Program Data)
The Canada Cochlear Implant Group, representing all 12 adult surgical CI centres, completed their cross-country survey update which included referral and surgical volumes, remote-care availability, and device-replacement coverage.

2. Patient and Candidate Survey
Over 320 adults across Canada participated, including CI candidates and current users, reporting on access, wait times, travel burden, financial impacts, and service satisfaction.



METHODOLOGY

3. Provincial Policy and Funding Review

A structured review of provincial CI-related health policies and device-replacement programs was conducted to validate and supplement survey results.

4. Provincial Scoring and Grading

Each was evaluated using three distinct performance metrics: wait times from referral to surgery, geographical accessibility and availability of remote programming services, and financial support provided for sound processor replacement. Each metric received its own grade, which were then combined to produce an overall average provincial grade. In cases where a single metric encompassed multiple sub-categories that each received separate grades, those sub-grades were averaged together before being incorporated into the final provincial score.

Report Card Results - Provincial Grades Summary Table

Below is a summary of how each provincial government currently provides access to adult cochlear implant care based on our research.

Provinces are scored based on the following criteria:

Wait Times, Geographical Accessibility, Remote programming, and Financial Coverage for device replacement. The grading highlights which provincial healthcare systems are performing better in meeting the needs of patients, and where improvements can be made. Grading scales and criteria are further explained on the next page.

	Wait Times (referral to surgery)	Accessibility (geographic & remote programming)	Financial (coverage & frequency)	**Consolidated Grade**
British Columbia	F	B	C	**D**
Alberta	C	F	C	**D**
Saskatchewan	D	F	C	**D**
Manitoba	D	C	D	**D**
Ontario	B	C	C	**C**
Quebec	D	A	C	**C**
New Brunswick	C	A	F	**C**
Prince Edward Island	C	F	C	**D**
Nova Scotia	C	B	F	**D**
Newfoundland & Labrador	B	F	C	**D**

METRIC 1: WAIT TIMES FROM REFERRAL TO SURGERY

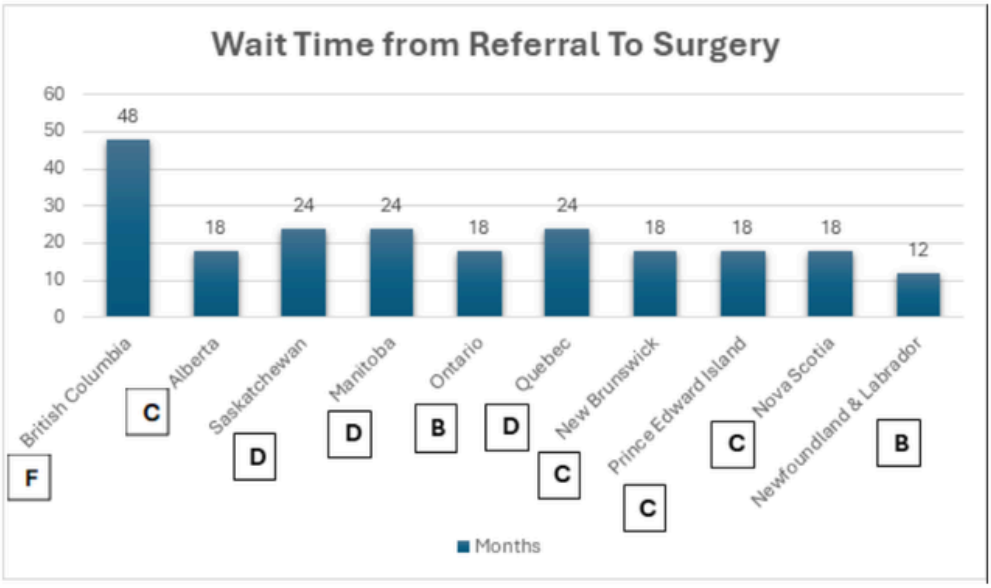
Why Wait Times Matter

Wait times severely impact patient outcomes. Research shows that **longer delays before cochlear implantation lead to poorer outcomes,** with studies demonstrating that **duration of deafness is significantly associated with reduced speech understanding performance after implantation.**[19] Expert consensus and clinical reviews emphasize that **duration of hearing loss is one of the strongest negative predictors of CI success**, reinforcing the need for timely access.[20]

Not only do excessive waits prolong the disability of hearing loss itself (which can further deteriorate while waiting), but as noted earlier, the wait also increases their risk of dementia, depression and injurious falls, while also impacting their prospects in education, employment and earning power. In fact, early intervention with cochlear implants is one of the few constant predictors of improvements in speech.[21-24]

Given the above, our first metric examines how long adult patients in different provinces wait for cochlear implants, based on the number of months from when a patient is first referred to a cochlear implant centre for an evaluation to when the implantation surgery is performed.

METRIC 1: WAIT TIMES FROM REFERRAL TO SURGERY



Grading Scale

- **A:** ≤ 6 months
- **B:** 7–12 months
- **C:** 13–18 months
- **D:** 19–24 months
- **F:** > 24 months
-

Based on recommendations from hearing health care professionals, adults who are eligible for cochlear implants should receive the implant as soon as possible to maximize post-implantation speech recognition. [25]

Thus, for any province who can accomplish this within the timeframe of six months, they receive an A.

“Given the profound impact of untreated hearing loss, access to cochlear implantation within six months of referral is essential."

Dr. Vincent Lin, MD, FRCSC
Professor, Otologist/Neurotologist
University of Toronto

METRIC 1: WAIT TIMES FROM REFERRAL TO SURGERY

“I want my patients to understand that waiting years to receive a cochlear implant after they have been deemed a candidate is not normal. The only reason they are forced to wait so long is that they live in BC and not in another jurisdiction.”

Dr. Paul Mick, MD, MPH, FRCSC
Division of Otolaryngology
Neurotologist & Cochlear Implant Surgeon
University of British Columbia

Note: New Brunswick and Prince Edward Island do not have an adult surgical cochlear implant centre. Patients from these receive surgery in Nova Scotia, and therefore wait times reflect those reported by Nova Scotia.

I have been deaf since December 2023. It took 1 entire year for me to even be referred to a CI for evaluation due to wait times getting referred to an ENT and getting an MRI. My hearing loss is severe enough that I cannot use hearing aids. I have still been working, struggling to work while waiting for this assessment. I have been waiting a year now for the assessment, not even the surgery, which I have heard is another 1-2 years wait. It has been severely impactful on my mental health.

Rebekah S., Kamloops, BC

My hearing loss is of unknown cause and rapidly progressive. It has very much affected my ability to maintain independent living and have meaningful communication with family members. Communication has been exceedingly difficult with banking, medical, dental, home maintenance, shopping, scheduling appointments, attending concerts, public events. I have withdrawn from friendships, social engagements, hobbies, and activities because of my hearing inability.

Anonymous, Saskatoon, SK

As a retired nurse, I respect BC's health system. But I could not wait almost 3 years for cochlear implant surgery given my rapid deterioration in hearing. I had no choice but to pay for surgery in the US, which was very onerous financially. Our government needs to fix this, as most patients can neither wait that long nor afford surgery in the US.

Rosamund W. from Salt Spring Island, British Columbia

METRIC 2: GEOGRAPHICAL ACCESSIBILITY TO COCHLEAR IMPLANT CENTRES AND REMOTE PROGRAMMING ACCESS

Why It Matters

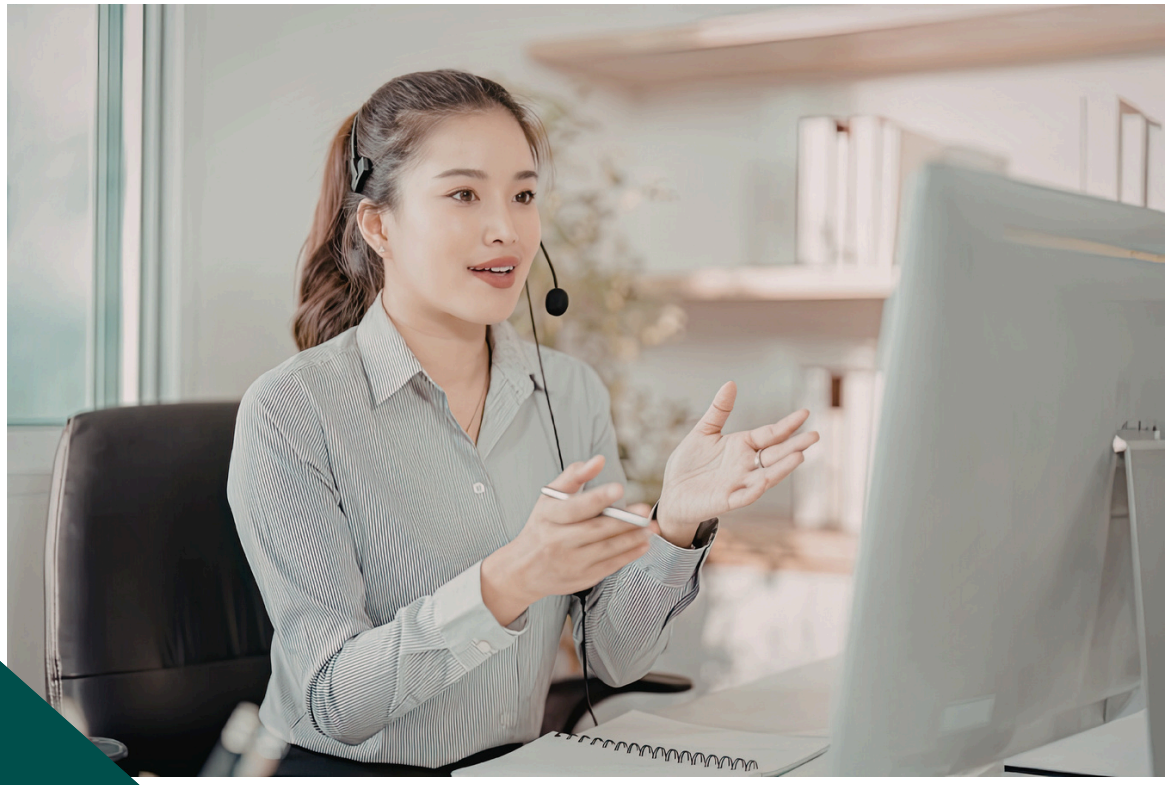
Optimal long-term hearing and speech outcomes for cochlear implant recipients require ongoing treatment and care sessions, including physician consultations, device activation, listening rehabilitation, speech therapy, and regular follow-up appointments. Many of these sessions require in-person attendance at a cochlear implant centre, creating significant barriers for those living in rural or remote areas. Traveling to these centres means:

- taking time off work with potential income loss,
- arranging and paying for childcare,
- covering transportation and accommodation costs,
- and for less ambulatory seniors or those with disabilities, enduring considerable physical hardship.

Consequently, patients not living near an implant centre face substantially greater disruptions and costs than their urban counterparts. Governments should actively work to reduce this geographical disparity. Ideally, provincial funding should cover travel-related costs for residents outside urban areas who need to attend their cochlear implant surgeries and appointments. Following surgery, patients should have access to remote care options such as remote programming to minimize ongoing travel requirements.

METRIC 2: GEOGRAPHICAL ACCESSIBILITY TO COCHLEAR IMPLANT CENTRES AND REMOTE PROGRAMMING ACCESS

Remote programming technology enables audiologists to adjust and fine-tune a patient's cochlear implant sound processor settings through secure internet connections without requiring clinic visits. For newly implanted adult patients living more than two hours from their CI centre, remote programming access is critically important because it eliminates significant geographic and logistical barriers to optimal device performance. This technology ensures geographically distant patients receive the same quality and frequency of care as those living near their CI centre, directly impacting auditory outcomes, speech perception development, and overall satisfaction with their implant. Given Canada's vast geographic distances and rural populations, remote programming represents not merely a convenience but an essential tool for ensuring equitable outcomes across all patient populations regardless of location.[26]



The table below shows the estimated proportion of each province's residents living outside urban areas, which typically host cochlear implant centres.[27] Higher percentages indicate greater service disparity for those outside of urban areas. To put this into consideration, the grading scale is determined by the level of funding support available for travel costs and access to remote programming service technologies.

	Total Population	Outside Urban Cities*	Approx. Share
British Columbia	~5.7M	~3.0M	~53% (outside Vancouver region)
Alberta	~4.9M	~1.5M	~30%
Saskatchewan	~1.22M	~600k	~49%
Manitoba	~1.47M	~650k	~44%
Ontario	~15.6M	~3.1M	~20%
Quebec	~9.1M	~2.1M	~23%
New Brunswick	~840k	~400k	~48%
Prince Edward Island	~180k	~100k	~55%
Nova Scotia	~1.07M	~420k	~39%
Newfoundland & Labrador	~540k	~230k	~42%

CURRENT PROVINCIAL PERFORMANCE

Province & Location of Adult CI Centre	Travel Funding Available	Grade	Remote Care Access	Grade	Consolidated Grade
British Columbia • St. Paul's Hospital (Vancouver)	Partial (only covers ferry cost for those residing in Vancouver Island)	**C**	Yes	**A**	**B**
Alberta • Richmond Road Diagnostic & Treatment Centre (Calgary) • Glenrose Rehabilitation Hospital (Edmonton)	No	**F**	No	**F**	**F**
Saskatchewan • Royal University Hospital (Saskatoon)	No	**F**	No	**F**	**F**
Manitoba • Health Sciences Centre (Winnipeg)	No	**F**	Yes	**A**	**C**
Ontario • Health Sciences Centre at University Hospital (London) • Sunnybrook Health Sciences Centre (Toronto) • The Ottawa Hospital Civic Campus (Ottawa)	Yes No No	**C**	No Yes No	**C**	**C**
Quebec • CHU de Québec d'hôtel Dieu de Québec (Quebec City) • McGill University Health Centre (Montreal)	Yes	**A**	Yes	**A**	**A**

CURRENT PROVINCIAL PERFORMANCE

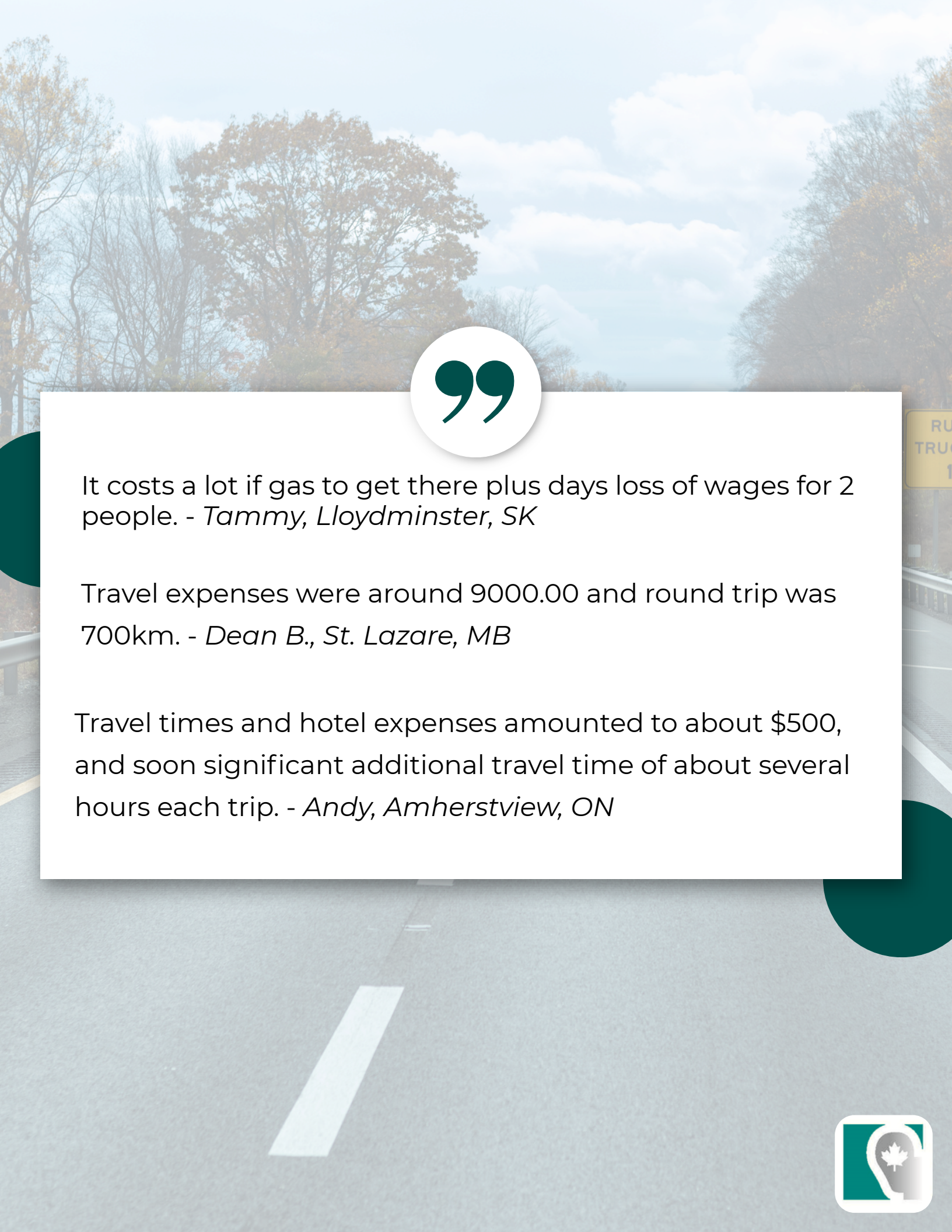
Province & Location of Adult CI Centre	Travel Funding Available	Grade	Remote Care Access	Grade	Consolidated Grade
New Brunswick • Chaleur Regional Hospital – not a surgical site (Bathurst)	Yes – patients must travel to NS	**A**	Yes	**A**	**A**
Nova Scotia • Nova Scotia Hearing & Speech Centre (Halifax)	No	**F**	No	**F**	**F**
Prince Edward Island • No surgical or programming site	No centre (refer to NS)	**N/A**	No centre (refer to NS)	**N/A**	**N/A**
Newfoundland & Labrador • NL Health Services (St. John's)	No	**F**	No	**F**	**F**

Grading Scale for Travel Funding

A: Full Coverage	**C:** Partial Coverage	**F:** No Coverage

Grading Scale for Remote Programming Access

A: Yes, full access	**C:** Yes, partial access depending on CI sites	**F:** No Remote Programming



It costs a lot if gas to get there plus days loss of wages for 2 people. - *Tammy, Lloydminster, SK*

Travel expenses were around 9000.00 and round trip was 700km. - *Dean B., St. Lazare, MB*

Travel times and hotel expenses amounted to about $500, and soon significant additional travel time of about several hours each trip. - *Andy, Amherstview, ON*

METRIC 3: FINANCIAL ASSISTANCE FOR DEVICE REPLACEMENT AND FREQUENCY

Why It Matters

Like cell phones and most electronics, the external processor transmitting to the cochlear implant eventually needs to be replaced, usually after five years or more (fortunately, the implant itself does not need replacement). Timely replacement of the sound processor is essential to ensure the cochlear implant continues to function properly, with additional benefits such as:

- **Improved hearing outcomes**: Data show that patients have improvements in speech perception, as well as in their daily listening experience (i.e. clearer phone conversations and easier audio streaming) following sound processor replacements.[28-32]

- **Enhanced healthcare system efficiency and cost savings:** Sound processor replacements offer new features to reduce the need for as many in-clinic appointments, by streamlining clinical workflows and reducing clinical workload. They also increase clinic capacity for service delivery and can lead to cost savings.[33-37]

Unfortunately, provinces differ greatly in their support of patients with the cost of sound processor replacements. In some, cochlear implant recipients bear only a minimal cost thanks to adequate provincial support. In others, inadequate government support results in unaffordable out-of-pocket expenses for patients.

METRIC 3: FINANCIAL ASSISTANCE FOR DEVICE REPLACEMENT AND FREQUENCY

Replacing a cochlear implant sound processor can cost adults **$10,000 to $12,000 CAD out of pocket** when no public funding is available. Because processors typically require replacement every five years, an adult receiving their first implant at age 18 would face approximately **13 replacements** over a normal lifespan—amounting to a **lifetime personal cost of roughly $140,000 to $150,000 CAD for one ear.** This illustrates the profound financial burden faced by adults in provinces that provide limited or no processor replacement support.

Shown below are the burdens placed by some provinces on patients to fund their processor replacement. We have adopted a grading scale that annualizes the out-of-pocket cost (net of government support), by spreading the cost out over five years as well as the frequency of replacement funding availability.

Grading (Frequency of Replacement)

- **A:** 0 to 3 years
- **B:** 3 to 6 years
- **C:** 6 to 9 years
- **F:** > 9 years

Grading (Cost to Patient)

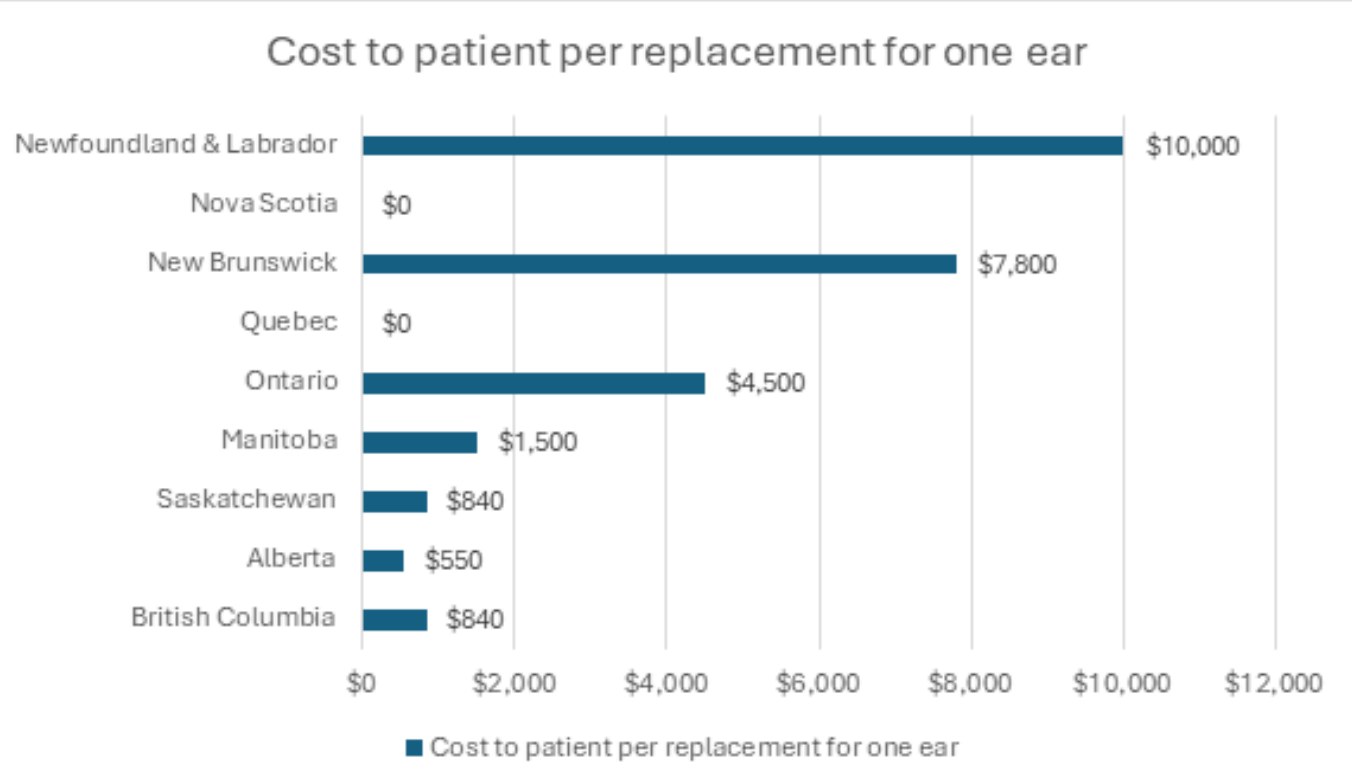
- **A:** Full coverage
- **B:** < $750
- **C:** < $1000
- **F:** > $1000

CURRENT PROVINCIAL PERFORMANCE

Province	Frequency	Grade	Cost to patient per replacement for one ear	Grade	Consolidated Grade
British Columbia	6-7 years	**C**	Co-pay $840*	**C**	**C**
Alberta	7 years	**C**	Co-pay $550*	**B**	**C**
Saskatchewan	6-7 years	**C**	Co-pay $840*	**C**	**C**
Manitoba	5 years	**B**	Co-pay $1500 to $2200*	**F**	**D**
Ontario	3 years	**A**	Co-pay approx. $4500-$5500*	**F**	**C**
Quebec	9-10 years *processor must be obsolete	**F**	Full coverage	**A**	**C**
New Brunswick	9-10 years *processor must be obsolete	**F**	Co-pay up to $7800* (based on household income)	**F**	**F**
Prince Edward Island & Nova Scotia	9-10 years *processor must be obsolete	**F**	Full coverage	**A**	**C**
Newfoundland & Labrador	N/A since there is no funding	**F**	$10-$12,000*	**F**	**F**

Note: Each initial cochlear implant sound processor system comes with a five-year manufacturer warranty. Aligning provincial replacement funding with this five-year cycle would ensure that adults are not left without a functioning processor once the warranty expires, while also promoting greater consistency and fairness across provinces.

*Prices are based on the current market and may change in the future.



The inadequate coverage for replacements in some provinces creates health inequity amongst Canadians, particularly for those in Ontario and Newfoundland & Labrador, where many are forced to watch their cochlear implant lose functionality as they are unable to afford the replacement of an obsolete sound processor.

Once I get my second implant the costs involved will be double. It is affordable now but maybe not when I am retired.

Susan S., St Germain South, MB

ADP in Ontario covers half. Now that I am retired - with minimal post-retirement benefits- I budget $7500 per sound processor on upgrades.

Anonymous, Grimsby, ON

I have had to purchase parts and batteries out of pocket. They have not been covered through my work benefits. I strongly feel these should be covered by government programs because it is not fair that I must spend thousands of dollars out of pocket to be able to function day to day when people with no hearing loss do not have to.

Anonymous, Sudbury, ON

Sadly no external upgrades available for older internal models. also, it is frustrating to have to wear the same product and not be able to upgrade to newer features such as Bluetooth etc. also any upgrades financial responsibility would be on me

Anonymous, St. John’s, NL

CALL TO ACTION

Cochlear Implants transform quality of life, but access and support vary across Canada. To promote equitable care, provincial governments need to provide better support, as it is their responsibility to fund and oversee both surgical programs and post-operative services.

As CHHA advocates for better cochlear implant support, we encourage everyone to advocate alongside us. Since health remains a provincial responsibility, public advocacy should be directed toward provincial Ministers of Health and locally elected provincial politicians. Below are three recommendations that CHHA will propose to provincial governments. To strengthen our advocacy, we urge all who need or rely on cochlear implants, along with their families and healthcare providers to join our efforts by doing the following:

- Share their story and struggles with their Minister of Health and their provincially elected politician
- Connect with cochlear implant patient groups and volunteer
- Join advocacy campaigns for better cochlear implant support
- Spread awareness in your community about the importance of timely access and continuing care for cochlear implants

OUR RECOMMENDATIONS TO GOVERNMENT

OUR RECOMMENDATIONS TO GOVERNMENT

Metric 1: Wait Times from referral to surgery

Goal: Governments should commit to work towards reducing wait times for cochlear implantation to no more than **6 months**.

Action Steps:

- Increase funding to expand surgical and clinical capacity.
- Allocate dedicated operating room time for cochlear implant procedures.

Metric 2: Geographical Accessibility and remote care programming

Goal: For those cochlear implant recipients living more than two hours' drive from cochlear implant centres, Government should provide **adequate travel funding** and implement usage of remote **access programming technologies.**

Action Steps:

- Establish satellite programming and follow-up clinics in underserved rural and remote areas.
- Expand telehealth and remote programming options for post-surgical care.
- Provide travel assistance programs for patients who must travel long distances exceeding a two-hour drive.

Metric 3: Financial Assistance and Replacement Frequency

Goal: Ensure that adults with cochlear implants face minimal **annualized out-of-pocket costs** for essential sound processor replacements.

Action Steps:

- **Increase provincial funding** to cover sound processor replacements so adults are not required to pay significant out-of-pocket costs.
- **Ensure processors are replaced before they become obsolete** or deteriorate in performance, preventing disruptions in hearing and communication.
- **Standardize replacement funding every five years** to align with the manufacturer warranty period and ensure consistent support across all provinces and territories.

Questions about this report card?

Contact: spend2save@chha.ca

Interested in local advocacy? Visit the Spend to Save website

Canadian Hard of Hearing Association
Association des malentendants canadiens

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