

FINAL WORD ↔ BY A. BARTON HINKLE

The Sound of Rent-Seeking

Not long ago, National Public Radio aired a story about Kristen Liu, a woman with severe hearing impairment who helped design a new kind of hearing aid. Her Hear Buds resemble wireless ear buds and work like them, too. You can use them to listen to music, or talk on the phone—or hear things you otherwise couldn't.

The Hear Buds “can be adjusted to individual hearing using a smartphone app to control volume, cut out background noise, or turn up the sound in a theater,” the story noted. Liu says the technology “is pretty much a hearing aid.” Just one problem, NPR notes: “The company isn't allowed to call it that.”

Of course not, because the Food and Drug Administration won't permit hearing aids to be sold over the counter. The agency will permit over-the-counter products to be marketed only as “personal sound amplification products” for the hearing-able. That means people with moderate hearing loss who could benefit from devices like Hear Buds can't be informed of that fact.

Washington being what it is, the issue has turned into a lobbying battle. The Hearing Loss Association of America is encouraging Congress to pass the Over-the-Counter Hearing Aid Act, which would create new standards for hearing aids that could be used by people with moderate impairment. But the American Speech-Language-Hearing Association is displeased. You will be shocked to learn that the association, which represents audiologists, believes “the absence of audiological involvement” would be “detrimental to patient outcomes.”

Or maybe it wouldn't, given the price difference between Hear One Hear Buds

(\$300) and conventional hearing aids, which can cost 20 times as much.

Regulations are supposed to safeguard the public weal, not private gain, at least in theory. In practice they often end up doing precisely the opposite. Hearing aids offer one example. Opioid addiction treatment offers another.

Ninety people or more die of an opioid overdose every day, according to the Pew Charitable Trusts. Pew recently reported—*mirabile dictu*—that the Drug Enforcement Administration and the Substance Abuse and Mental Health Services Administration have begun licensing nurse practitioners and physician assistants to prescribe buprenorphine. Better known by its brand name Suboxone, buprenorphine is a treatment for opioid addiction. Allowing nurse practitioners to prescribe it would increase the availability of a palliative for a nationwide scourge. But despite the federal government's (relative) open-mindedness, 28 states forbid nurse practitioners from prescribing buprenorphine without the supervision of a doctor who is federally licensed to prescribe it. And, Pew reports, “half of all counties in the U.S. do not have a single physician with a license to prescribe buprenorphine.”

The buprenorphine issue constitutes just a small piece of a larger prob-

lem regarding the scope of practice for advanced-practice nurse practitioners (APRNs). Roughly half the states forbid APRNs to work without supervision by a physician. But the states don't require physicians to agree to supervisory arrangements, which leaves the fate of an APRN up to a doctor's whim.

Freeing APRNs from such restrictions could increase the supply of medical care, lower costs, and alleviate shortages in rural communities. At various times, the Institute of Medicine, the National Health Policy Forum, the Federal Trade Commission, and others have examined the issue and determined that expanding the scope of practice for APRNs would not lower the quality of care—and, in certain areas, might even improve it. But doctors' guilds want scope-of-practice laws to remain in place for the obvious reason: limiting competition drives up what physicians can charge. State lawmakers could heed the facts instead of campaign donations from physician groups, of course. They also could wear body glitter and replace Kate Upton on the cover of the *Sports Illustrated* swimsuit issue. Neither seems likely.

Scope-of-practice laws themselves are merely a small part of the larger issue of occupational licensing, about which a great deal already has been said. Libertarians did most of the talking about that subject at first, but conservatives caught on and eventually so did such improbable allies as the Obama White House. When the president who gave the country Dodd-Frank and the Affordable Care Act joins the chorus, you know regulation has gotten out of hand.

That's what makes the NPR story so refreshing. The coverage suggests the government-funded radio network recognizes and wants to alert the public to the possibility that sometimes the world can be made a better place by relaxing rules instead of tightening them. Now if only it could get more government officials to listen. **R**

