

Congress Must Act to Improve Audiology Care Under Medicare by Enacting the Medicare Audiologist Access & Services Act (H.R. 1587 / S.1731)

The Background

- Hearing loss affects nearly 20% of the U.S. population, 48 million Americans, and is the third most common chronic disorder for Americans over 65 years of age, behind only arthritis and high blood pressure.^{1,2}
- Nearly half of Americans over age 75 suffer from hearing loss. Untreated hearing loss is associated with higher health care costs and higher rates of hospital readmission.^{2,3}
- Individuals with even mild hearing loss are three times more likely to experience a fall. Falls are the leading cause of injury and death for Americans over 65, as well as the most common cause of injuries and hospital admissions for trauma.^{4,5,6}
- Untreated hearing and balance problems contribute to and are highly correlated with depression and social isolation. Treatment reduces societal and financial costs.⁷
- Seniors with hearing loss run a much higher risk of cognitive problems and experience cognitive decline up to 40% faster than those with normal hearing.⁸
- The Association of American Medical Colleges (AAMC) projects there will be a shortage of 90,000 medical doctors over the next decade.⁹
- Audiologists are clinical doctoring professionals who are licensed to independently diagnose and treat hearing and balance disorders. The Doctor of Audiology (AuD) degree is the entry degree required to practice audiology in the United States.

The Issue

Medicare statutes have not kept pace with changes in health care delivery models for diagnosing and treating hearing and balance disorders. Outdated diagnostic order requirements and classifications for audiology services detrimentally limit beneficiary access to care and choice of provider. These coverage iniquities result in delayed treatment, unwarranted costs, and frustration for beneficiaries. Because the continuum of care is so disjointed, some beneficiaries give up on assessment and treatment altogether. In other cases, outcomes are not measured consistently for hearing and balance services within the Medicare system.

Other federal programs, such as the Department of Veterans Affairs, the Federal Employees Health Benefits program, and most Medicare Advantage plans already allow beneficiaries direct access to audiologists, as do most commercial health insurance plans. Medicare beneficiaries should have the right to choose from among all Medicare-recognized providers for all Medicare-covered services that those providers are licensed to provide.

The Solution

The Medicare Audiologist Access and Services Act (H.R. 1587 / S.1731) will modernize Medicare to improve access to Audiology Care and better deploy limited healthcare resources, without sacrificing quality or efficacy. The proposed legislation will improve the provision of hearing and balance care by:

- Allowing Medicare patients direct access to audiologists, without requiring an order from a medical doctor for coverage. As medical necessity would still be required for treatment, this would not increase cost—it would only avoid duplication of services and increase efficiency, while preserving safe, effective care.
- Classifying audiologists as practitioners under the Medicare program to improve beneficiary access and choice of provider for Medicare-covered services. This classification is consistent with other doctoral-trained Medicare providers including clinical psychologists.
- Amending the Medicare definition of audiology services to include all Medicare-covered services that audiologists are licensed to provide as dictated by their state-defined scope of practice.

According to a 2020 analysis, conducted by the Moran Company, the Medicare Audiologist Access and Services Act would save the Medicare program \$108 million over 10 years in duplicative services and save beneficiaries \$36 million over 10 years in unnecessary co-pays. 10

The enactment of the Medicare Audiologist Access and Services Act will not change audiologists' current scope of practice nor will it add any new services into the Medicare program. The legislation will simply bring Medicare coverage policies in line with today's best practices for the delivery of hearing and balance healthcare and reduce unnecessary services.

References

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