



Congress Must Act to Improve Audiology Care Under Medicare by Enacting the Medicare Audiology Access Improvement Act (S. 2377 / H.R. 6445)

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 65 years of age, behind only arthritis and high blood pressure. Nearly half of Americans over age 75 suffer from hearing loss.^{1,2}
- 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 years of age, 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
- 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 Outdated diagnostic order requirements and classifications for audiology services detrimentally limit beneficiary access to care and choice of provider.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 inequities 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 commercial health insurance plans, including Medicare

Advantage plans already allow beneficiaries direct access to audiologists. Medicare Part B beneficiaries should have the same opportunity to choose from among all Medicare-recognized providers for those Medicare-covered services that they are licensed to provide.

The Solution

The Medicare Audiology Access Improvement Act (S. 2377 / H.R. 6445) 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:

- Amends the definition of “audiology services” in the Medicare statute to include all services already covered by Medicare that are also within an audiologist's scope of practice;
- Amends the Medicare definition of practitioner to include audiologists, which improves beneficiary access to audiologic and vestibular care, a change that is consistent with Medicare's classification of similar health care providers such as clinical social workers and clinical psychologists;
- Makes technical changes to remove the pre-treatment order requirement, which does not exist with any other federal or commercial payer;
- Ensures seniors and people with disabilities can receive the full scope of audiology services covered by Medicare at Rural Health Centers and Federally Qualified Health Centers; and
- Makes no changes to the scope of hearing health benefits covered by Medicare or the scope of practice of audiologists.

According to a 2020 analysis, conducted by the Moran Company, provisions contained in the Medicare Audiology Access Improvement 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.⁹

The Medicare Audiology Access Improvement Act will bring Medicare coverage policies in line with evidence-based practices in the delivery of hearing and balance healthcare, while reducing unnecessary barriers to access for beneficiaries and unnecessary costs to the Medicare system.

References

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