INSERT LOGO/LETTERHEAD

**Statement of Endorsement for H.R. 1587 / S.1731, the Medicare   
Audiologist Access and Services Act of 2021**

The INSERT NAME OF ORGANIZATION submits this statement of strong endorsement for H.R. 1587 / S.1731 The Medicare Audiologist Access and Services Act of 2021:

*“To amend title XVIII of the Social Security Act to provide for treatment of audiologists as practitioners for purposes of furnishing audiology services under the Medicare program, to improve access to the audiology services available for coverage under the Medicare program and to enable beneficiaries to have their choice of a qualified audiologist to provide such services, and for other purposes.”*

Insert Date:

The Medicare Audiologist Access and Services Act of 2021, H.R. 1587 / S.1731, will bring about a much-needed modernization in the way audiology services are made available to Medicare beneficiaries. It is a bi-partisan piece of legislation that we hope will have the enthusiastic support of every member of Congress.

Medicare has not kept pace with changes in health care delivery models for diagnosing and treating hearing and balance disorders. Thus, patient access to care and choice of provider is detrimentally limited, and the treatment process inefficient.

Members of INSERT NAME OF ORGANIZATION frequently treat older Americans and we have witnessed, first-hand, the negative social and economic effects that result from untreated hearing and balance disorders, including social isolation, depression, cognitive decline, physical injury and the loss of independence[[1]](#footnote-1).

The Medicare Audiologist Access and Services Act of 2021 will remedy current shortcomings and bring Medicare in line with best practices in audiology health care delivery models, and trends in patient care and participatory medicine. The Medicare Audiologist Access and Services Act of 2021, if enacted, will improve access to qualified, licensed Medicare providers, by allowing seniors with a suspected hearing or balance disorder to seek treatment directly from audiologists, eliminating archaic medical doctor referral requirements.

Other federal programs already allow direct access to audiologists, as do many private health insurance plans. Audiologists are highly trained health care professionals, specializing in the prevention, assessment and treatment of audiologic disorders. Audiologists are university‐educated and licensed to specifically identify, evaluate, diagnose, and treat hearing and balance disorders, and to identify medical‐related conditions that require a referral to a medical doctor. Today, a Doctor of Audiology (Au.D.) degree is the professional degree of entry to become a clinical audiologist. Audiologists are licensed in all 50 states.[[2]](#footnote-2)

The Medicare Audiologist Access and Services Act of 2021 will allow patients to choose among qualified providers for Medicare-covered audiology services, by authorizing Medicare to reimburse audiologists for the Medicare-covered services that they are licensed to provide. These services are already covered by Medicare when delivered by other providers.

In addition, this legislation will address the medical provider workforce shortage confronting our country[[3]](#footnote-3), while helping to meet the increasing demand for health care services by the growing Medicare population, through the inclusion of audiologists in the list of Medicare-recognized practitioners.

The introduction of The Medicare Audiologist Access and Services Act of 2021 provides a historic opportunity for Congress to improve access to safe, effective hearing and balance health care services for Medicare beneficiaries, while adding efficiencies that will streamline the continuum of care. This legislation will have lasting benefits for Medicare patients and American taxpayers alike. INSERT NAME AND DESCRIPTION OF ORGANIZATION is proud to endorse H.R. 1587 / S.1731, The Medicare Audiologist Access and Services Act.

Respectfully,

INSERT Names, titles and signatures of endorsing organization representatives.

1. [*Hearing Loss and Cognitive Decline in Older Adults*](http://archinte.jamanetwork.com/article.aspx?articleid=1558452#qundefined)  
   Frank R. Lin (Et al)*JAMA Internal Medicine* Jan 21, 2013; doi:10.1001/jamainternmed.2013.1868., National Institute on Deafness and Other Communication Disorders: <http://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx>, Accessed May 31, 2013, [*MarkeTrak VIII: 25-Year Trends in the Hearing Health Market*](http://www.betterhearing.org/pdfs/Kochkin_MarkeTrak8_OctHR09_hr.pdf)*,* Sergei Kochkin, Ph.D., 2008, [*Hearing Loss and Falls Among Older Adults in the United States*](http://archinte.jamanetwork.com/article.aspx?articleid=1108740)*,* Frank R. Lin, MD, PhD; Luigi Ferrucci, MD, PhD, 2012 [↑](#footnote-ref-1)
2. [*Safety of audiology direct access for Medicare patients complaining of impaired hearing*](http://www.audiology.org/advocacy/federal/congressionalissues/Documents/SafetyofAudiologyDirAcc.pdf)*,* Journal of the American Academy of Audiology, /Volume 21, Number 6, 2010, David Zapala et al, [*Screening for vestibular disorders: A study of clinicians’ compliance with recommended practices*](http://www.medscimonit.com/download/index/idArt/855748) Sharon Polensek, Claire Sterk, Ronald Tusa, 2008 [↑](#footnote-ref-2)
3. [*Trends in the otolaryngology workforce in the U.S.*](http://www.facs.org/fellows_info/bulletin/2012/hpri0312.pdf)*,* by Simon Neuwahl (et al), Volume 97, Number 3, Bulletin of the American College of Surgeons, Association of American Medical Colleges (AAMC) data: <https://www.aamc.org/download/150612/data/>, Accessed May 30, 2013 [↑](#footnote-ref-3)