Talking Points for 2019 ADA Lobby Day Meetings

General: Introduce yourself and thank the person with whom you are meeting for taking time to meet with you.

Describe briefly the location of your offices in the Member’s State or District, the number of patients you serve, and how long you have been in practice. If you are a practice/business owner, say so.

Ask if the person is familiar with audiology and briefly describe what you do as an audiologist (can be as simple as saying I diagnose and treat hearing and balance problems).

Provide a high-level description of the Problem and the Solution that the legislator can help address:

Problem: The Medicare program has not kept pace with the health care delivery models for diagnosing and treating hearing and balance disorders. As a result, seniors with Medicare Part B have significant barriers to care and limited access to providers that are unique today. This situation will only get worse as 10,000 Americans become Medicare-eligible each day, now, and predictably for the next 10 years.

Solution:

- If in a HOUSE meeting: Thankfully bipartisan legislation has been introduced by Rep. Tom Rice and Rep. Matt Cartwright that will make much-needed updates to the Medicare statute. H.R. 4056, the Medicare Audiologist Access and Services Act will preserve quality, streamline access to care, and better deploy audiologists to help serve seniors.
- If in a SENATE meeting: Thankfully bipartisan legislation has been introduced by Sen. Elizabeth Warren and Sen. Rand Paul that will make much-needed updates to the Medicare statute. S. 2446, the Medicare Audiologist Access and Services Act will preserve quality, streamlines access to care, and better deploy audiologists to serve seniors.

Provide a detailed description of what the Medicare Audiologist Access and Services Act will do (also refer to Issue Brief if needed)

The Medicare Audiologist Access and Services Act will improve access to qualified, licensed Medicare providers.

- It will allow Medicare beneficiaries with a suspected hearing or balance disorder to seek treatment directly from audiologists, eliminating the physician order requirement.
- It will reclassify audiologists from suppliers to practitioner within the Medicare system, which will allow them to be better deployed for diagnostic and treatment services.
It will authorize Medicare to reimburse audiologists for the Medicare-covered treatment services that they are licensed to provide. These services are already covered by Medicare when delivered by other providers.

Put the Legislative Solution into Perspective

- The Medicare Audiologist Access and Services Act provisions will help bring Medicare in line with today’s evidence-based practices. Medicare Part B is an outlier. No other payer, including private insurance and Medicare Advantage, mandates a physician order for audiologic treatment. Government programs, including the Veterans Health Administration and the Federal Employee Health Benefits Program encourage patients to seek evaluation and treatment directly from audiologists.
- H.R. 4056/S. 2446 will not add new services into the Medicare system. The legislation will streamline service delivery and reduce barriers to care.
- Healthcare delivery models of the future are being designed to ensure that every practitioner is working at their full scope of practice to achieve patient-centered care that is also cost efficient and outcome-oriented. As Medicare moves from fee-for-service to outcome-based payment models, these requested changes will be essential for measuring audiologic treatment services and associated patient outcomes. Right now, because audiologists are categorized in Medicare Part B as “diagnostic other” suppliers, patients are being unnecessarily shuffled back and forth along the continuum of care or being left behind altogether.
- We are simply asking Congress to ensure that Medicare aligns with contemporary policies on coverage and delivery of hearing and balance services. Medicare Part B beneficiaries should have access to the same choices as the rest of America and updating the Medicare statute will streamline services and create efficiencies.

Give an Example from Your Practice

- Share specific examples of the challenges that your Medicare Part B patients face that other patients don’t (additional office visits, having to reschedule if they don’t have physician order, having to be referred to another provider for a treatment that you could have provided on the spot to help them (cerumen removal, for example), etc.)
- Talk about how provisions of MAASA would help fix the problem
- Discuss the importance of your services to your patients. If appropriate, share a story about a patient whose life was improved by the care he/she received from you (use care not to disclose anything that would violate HIPAA).

Insert Relevant Facts

If there is opportunity during your discussion, share relevant data about the importance and urgency to address this issue.

- Hearing loss is the third most common chronic disorder for Americans over the age of 65 behind only arthritis and high blood pressure.
A Johns Hopkins University study documented that individuals with mild hearing loss are three times as likely to experience a fall. Falls are the leading cause of injury death for Americans over 65, as well as the most common cause of injuries and hospital admissions for trauma.

- Hearing and balance problems also contribute to and are highly correlated with depression and cognitive decline.
- When hearing and balance issues are successfully treated, financial and societal costs decrease.

Make the Ask for Support as a Co-sponsor

Before leaving the meeting, ask the legislator (or staffer) to support the legislation as a co-sponsor.

- We believe that the Medicare Audiologist Access and Services Act will improve audiology patient care, streamline Medicare service delivery, and better deploy audiologists to meet current and future demand. We would appreciate it if you (your boss) would consider becoming a co-sponsor of this important bill. It will help patients in (WHERE YOU LIVE) and across the country, without increasing costs.

If You Don’t Know Say So/Offer to Send Additional Information

You may be asked questions for which you don’t know the answer. That’s normal!! Be honest and tell the person you are meeting with that you will follow up with more information or an answer (make sure to do it). It is actually a great opportunity to check in after the meeting by email and ask for support or reiterate key points.

Offer to Host the Legislator at Your Practice

At the end of the meeting, offer to host the legislator or staff at your practice when he/she is back in state/district. This is a great opportunity for you to showcase the work that you do, and a great opportunity for them for photo ops and community outreach.

FAQs

Q: What will the Medicare Audiologist Access and Services Act Cost?

A: The bill has not yet been scored by the Congressional Budget Office but we would certainly welcome that! We believe that the legislation will create efficiencies that result in potential cost savings. Removing the mandatory physician order for coverage will reduce duplicative services and unnecessary office visits. The bill does not add any new services into the Medicare system—it merely offers patients more choice about where they obtain the services and enhances services delivery by better utilizing audiologists, who are already recognized as Medicare providers and who are already responsible for determining medical necessity. There is evidence that shows that when similar provisions were enacted for optometry and other services, that Medicare beneficiaries selected the most efficient pathway to care and there was not an increase in service utilization overall. Finally, as private insurers, including Medicare Advantage, using their own actuaries have chosen to provide coverage the way that we are
advocating, we believe that it is the most efficient and cost-effective way to maintain high quality care. We will be glad to send you more information that supports this.

Q: Does any group oppose the legislation?

A: The legislation is supported by the Hearing Loss Association of America, which is leading national organization representing consumers with hearing loss. It is also supported by the Academy of Doctors of Audiology, the American Academy of Audiology, and the American Speech-Language Hearing Association.

The bill has been opposed by the American Academy of Otolaryngology-Head Neck Surgery. We believe that their stated concerns about direct access and patient safety are unfounded. Every state law and licensure statute allows “direct access” to audiologists without a physician order or referral. There is no state where ENT physician groups have raised concerns about audiology’s scope of practice, which is consistent across the 50 states and US territories. The Medicare Audiologist Access and Services Act simply addresses a Medicare coverage issue that is limiting patient access and choice and adding unnecessary burdens to the system. In our view AAO-HNS may be more concerned with incomes than patient outcomes in this case.

In 2016, the FDA issued a statement that it would no longer enforce the requirement that adult patients visit a physician or sign a waiver prior to purchasing hearing aids, because this requirement offered no meaningful clinical benefit. Over the counter hearing aids will soon be available to adults around the country as part of Congressional action taken in 2017. There is no legitimate patient safety concern in allowing Medicare beneficiaries to have the same access and to apply coverage in the same way that other beneficiaries can. It is disappointing that AAO-HNS is opposing H.R. 4056 and S. 2446, but we can only assume that it is a desperate attempt to limit competition.