## **Audiology Patient Choice Act**

Approximately 48 million Americans experience age-related hearing loss, including two-thirds of adults in their seventies, and according to the CDC, hearing loss is now the third most-commonly reported chronic health condition in the country. Despite the prevalence of hearing loss, a minority of Americans in their seventies have had a hearing test in the last four years and only about 14 percent of people with hearing loss use assistive hearing technologies.

A recent report by the National Academies of Science, Engineering, and Medicine noted that hearing health care is "often expensive and underutilized by many of the people who need it." Outdated Medicare rules contribute to this problem by creating unnecessary barriers to care for seniors with hearing loss.

Medicare already covers a range of hearing health services, including hearing and balance assessments, ear wax removal, and aural and vestibular rehabilitation services designed to help improve speech communication and mobility. Audiologists are trained and licensed in all 50 states, all U.S. territories, and the District of Columbia to perform these services. However, Medicare currently does not recognize audiologists as providers of most hearing health-related services and will only allow reimbursement for a narrow set of tests to diagnose a hearing or balance disorder – and only if patients first obtain an order from a physician or nurse practitioner. Medicare's rules are far more restrictive than private and federal insurance plans, including Medicare Advantage plans, the Federal Employees Health Benefit (FEHB) plan, and VA health coverage, all of which allow "direct access" to audiologists for these services.

## The Audiology Patient Choice Act

The *Audiology Patient Choice Act* ensures that seniors and people with disabilities on Medicare have access to a full range of hearing and balance health care services provided by licensed audiologists. The bill:

- Amends the definition of "audiology services" in the Medicare statute, which specifies the services that audiologists may provide, to include all services already covered by Medicare that are also within an audiologist's scope of practice. This change implements the National Academies' recommendation to allow audiologists to receive Medicare reimbursement for auditory rehabilitation services.<sup>5</sup>
- Amends the Medicare definition of physician to include audiologists, which improves beneficiary access to audiologic and vestibular care. This change is consistent with Medicare's classification of similar health care providers such as dentists, podiatrists, chiropractors, and optometrists.
- Makes technical changes to the classification of audiology services in the Medicare system as "other diagnostic tests" to remove the pre-treatment order requirement, which does not exist with any other federal or commercial payer.
- Makes no changes to the scope of hearing health benefits covered by Medicare or the scope of practice of audiologists.

The Audiology Patient Choice Act is endorsed by the Academy of Doctors of Audiology and the Hearing Loss Association of America.

<sup>&</sup>lt;sup>1</sup> Frank R. Lin, John K. Niparko, and Luigi Ferrucci. 2011. "Hearing Loss Prevalence in the United States," *Archives of Internal Medicine* 171: 1851-1853 (online at: <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3564588/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3564588/</a>).

<sup>&</sup>lt;sup>2</sup> Centers for Disease Control and Prevention, "New Vital Signs Study Finds Noise-Related Hearing Loss Not Limited to Work Exposure" Press Release (February 7, 2017) (online at: <a href="https://www.cdc.gov/media/releases/2017/p0207-hearing-loss.html">https://www.cdc.gov/media/releases/2017/p0207-hearing-loss.html</a>).

<sup>&</sup>lt;sup>3</sup> National Academies of Sciences, Engineering, and Medicine. 2016. *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. Washington, DC: The National Academies Press (online at: <a href="http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx">http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx</a>), p. 79, 183.

<sup>&</sup>lt;sup>4</sup> National Academies of Science, Engineering and Medicine. 2016. Hearing Health Care for Adults: Priorities for Improving Access and Affordability. Washington, DC: The National Academies Press (online at: <a href="http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx">http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx</a>), p.75.

<sup>&</sup>lt;sup>5</sup> National Academies of Science, Engineering and Medicine. 2016. Hearing Health Care for Adults: Priorities for Improving Access and Affordability. Washington, DC: The National Academies Press (online at: http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx), p.210, 228.