



# Congress Must Act to Improve Audiology Care under Medicare by Enacting the Medicare Audiologist Access & Services Act (H.R. 1587)

## 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, behind only arthritis and high blood pressure.<sup>1,2</sup>
- Nearly half of Americans over age 75 suffer from hearing loss. Of the Medicare patient population with hearing loss, 90 percent do not have a hearing loss that requires or would even benefit from medical intervention.<sup>2,3</sup>
- Individuals with 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.<sup>4,5,6</sup>
- Untreated hearing and balance problems contribute to and are highly correlated with depression and social isolation. Treatment reduces societal and financial costs.<sup>7</sup>
- 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.<sup>8</sup>
- The Association of American Medical Colleges (AAMC) projects there will be a shortage of 90,000 medical doctors over the next decade.<sup>9</sup>

## The Issue

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. Medicare's archaic referral requirements must be modernized to allow seniors direct access to efficient, effective care. Other federal programs, such as the Department of Veterans Affairs and the Federal Employees Health Benefits

program, and many Medicare Advantage plans already allow direct access to audiologists, as do many private health insurance plans.

Medicare patients 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 Doctor of Audiology (Au.D.) is now the standard for professional education and the required degree for new licensees in most states. Audiologists diagnose and treat hearing and balance disorders that cannot be managed with surgical or pharmacological intervention. These types of disorders comprise the vast majority of cases of hearing loss, particularly for older adults.

## The Solution

The Medicare Audiologist Access and Services Act (H.R. 1587) 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. 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 scope of practice.

According to a 2012 study, *Determining Potential Medicare Savings by Streamlining Beneficiary Access to Audiology Services* (Dobson & DaVanzo, 2012), "... if Medicare beneficiaries were allowed direct access to audiologists, Medicare could have saved about \$20.9 million in 2009 strictly through eliminating the need for the referral process, which consisted of \$18.6 million in unnecessary E&M services and \$2.4 million in duplicative audiological services..." The Dobson-DaVanzo study results (projected over 10 years, 2013-2022), based on CBO projected Medicare spending by site of service, suggest that direct access to audiologists could produce \$240.4 million in Medicare savings from avoided duplicative and unnecessary services (\$173.3 million), and from decreased hospital and other utilization because treated vestibular patients do not fall with resulting injuries.<sup>10</sup>

The enactment of the Medicare Audiologist Access and Services Act will neither change audiologists' current scope of practice nor add any new services into the Medicare program. The legislation will bring Medicare in line with today's best practices for the delivery of hearing and balance healthcare and reduce unnecessary services.

The Medicare Audiologist Access and Services Act will streamline the provision of audiology services, and increase efficiency across the continuum of hearing and balance care.

## References

- 1 Centers for Disease Control (CDC) webpage, hearing prevalence. Accessed on March 26, 2018 at the following link: <http://www.cdc.gov/niosh/topics/ohl/default.html>.
- 2 Hearing Loss Association of America. Hearing loss statistics. <http://www.hearingloss.org/content/basic-facts-about-hearing-loss>. Accessed on March 25, 2018.
- 3 Zapala et al. Safety of audiology direct access for Medicare patients complaining of impaired hearing. *Journal of the American Academy of Audiology*, Volume 21, Number 6, 2010.
- 4 National Council on Aging. Fall Prevention Facts. Accessed on March 26, 2018 at the following link: <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/>
- 5 Lin FR, Ferrucci L. Hearing Loss and Falls Among Older Adults in the United States. *Archives of internal medicine*. 2012;172(4):369-371. doi:10.1001/archinternmed.2011.728.
- 6 Iwasaki S, Yamasoba T. Dizziness and Imbalance in the Elderly: Age-related Decline in the Vestibular System. *Aging and Disease*. 2015;6(1):38-47. doi:10.14336/AD.2014.0128.
- 7 Kochkin, Sergei. MarkeTrak VIII: 25 Year Trends in Hearing Health Market. Better Hearing Institute. 2008.
- 8 Lin FR, Yaffe K, Xia J, et al. Hearing Loss and Cognitive Decline Among Older Adults. *JAMA internal medicine*. 2013;173(4):10.1001/jamainternmed.2013.1868. doi:10.1001/jamainternmed.2013.1868
- 9 Association of American Medical Colleges(AAMC) data: [https://aamc-black.global.ssl.fastly.net/production/media/filer\\_public/73/32/7332e443-2302-4daa-a56e-6937a43646ea/2017\\_workforce\\_projections\\_key\\_findings.pdf](https://aamc-black.global.ssl.fastly.net/production/media/filer_public/73/32/7332e443-2302-4daa-a56e-6937a43646ea/2017_workforce_projections_key_findings.pdf). Accessed on March 25, 2018.
- 10 Dobson DaVanzo Associates, LLC. *Determining Potential Medicare Savings by Streamlining Beneficiary Access to Audiology Services*. 2012.

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