



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Direct Access to Audiologists

ACTION REQUESTED

Please co-sponsor the Medicare Hearing Health Care Enhancement Act of 2009, H.R. 3024, as introduced by Representative Mike Ross (D-AR). This legislation would allow Medicare beneficiaries the option of going directly to a qualified audiologist for hearing and balance diagnostic tests and other audiological services.

BACKGROUND

The Department of Veterans Affairs, Federal Blue Cross and Blue Shield, and others already permit direct access to audiologists. The bill would extend this option to Medicare beneficiaries who deserve the same coverage and access to hearing health care as members of Congress and federal employees.

Experience suggests that direct access to audiologists avoids unnecessary costs, increased waiting time, and inefficient use of physician resources. Having both physicians and audiologists as entry points to the hearing health care system greatly improves access to hearing care, especially for patients in underserved areas and low-income beneficiaries who may be deterred by the cost of a physician visit.

An estimated 30% of people over the age of 60 suffer hearing loss. Seniors deserve the option of going directly to an audiologist to have their hearing evaluated, to get fitted for hearing aid(s), and to learn how to fully utilize their hearing devices or better treat other hearing problems.

Medicare already permits access to other non-physician providers including clinical social workers, clinical psychologists, nurse practitioners, and physician assistants without a physician referral. It's time to allow direct access to audiologists.

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Facts on Hearing Loss

- 1) Approximately 30 million Americans experience some degree of hearing loss and by 2030 that number is expected to increase to 78 million Americans.¹ This demographic shift will place greater demands on all age-related health care issues, particularly hearing health care.²
- 2) Seniors have a major concern in terms of hearing health disparity. Presbycusis (prez-buh-KYOO-sis) – the loss of hearing associated with aging – is one of the most common conditions affecting 1 in 3 Americans aged 60–75 years, and 40-50% of those aged 75 years and older.^{3 4 5}
- 3) Hearing loss is the third most prevalent, but treatable disabling condition, behind arthritis and hypertension.⁶
- 4) Only 5% -10% of adults with hearing loss are medically or surgically treatable.⁷
- 5) Various studies have demonstrated that hearing aid use can significantly reduce the physical and psychosocial dysfunction that accompanies hearing loss, including isolation, depression, hypertension, and stress.^{8 9}
- 6) Approximately 30 million workers are exposed to hazardous noise on the job (particularly in the industries of agriculture, mining, construction, utilities, military, manufacturing, and transportation) making hearing loss one of the most common occupational disorders and the second most self-reported occupational illness or injury. For example, 49% of male miners will have a hearing loss by age 50 (vs. 9% of the general population) rising to 70% by age 60.¹⁰

Greater Access to Hearing Health Care

- 7) This legislation would provide Medicare beneficiaries the option to obtain services from a qualified audiologist for hearing and balance diagnostic tests, where and when they choose, and without having to first obtain a referral from a physician.
- 8) Less than 20% of physicians include any kind of hearing screening in regular physician examinations, exacerbating the challenge of identification and treatment.¹¹ Frequent barriers to physician direct care cited by lower-income patients include transportation difficulties, cultural and language insensitivity, long waits, and lack of clarity in clinical outcomes.^{12 13 14}
- 9) Medicare currently allows direct access to limited-licensed physicians such as dentists, optometrists, podiatrists and chiropractors. In addition, several non-physician providers including clinical social workers, clinical psychologists, nurse midwives, nurse practitioners, and physician assistants may also provide services without a physician referral.
- 10) Since 1992, the Department of Veteran Affairs (VA) has allowed beneficiaries of their health care programs cost-effective, direct access to audiologists.¹⁵ The VA recently reported that: *“This policy has provided and continues to provide high quality, cost-effective and successful hearing health care to veterans.”*¹⁶
- 11) The Federal Blue Cross and Blue Shield Plan (BC/BS) reimburses audiologists for direct care services and covers over 70% of all federal workers. Medicare beneficiaries deserve the same coverage and access to hearing health care as members of Congress and federal employees covered under BC/BS plans.¹⁷

Cost-Effective Hearing Health Care

- 12) This legislation would save Medicare money and eliminate the burden, in both dollars and time, of unnecessary physician visits, while helping to more early identify medical conditions for referral to a physician.

- 13) The results of a Virginia State Senate report that outlined the cost-effectiveness of direct audiologic care proved to be a persuasive document in the effort to receive recognition from Blue Cross and Blue Shield. This report compared Blue Cross/Blue Shield costs both before and after the addition of direct care audiologic services and found that there was no measurable increase in benefits paid to providers.¹⁸
- 14) The Virginia study indicated an average cost per visit of \$45.61 for audiologists that claim expenses attributable to the services of audiologists had remained at a relatively steady rate since the mandate to cover these services was enacted.¹⁹
- 15) Direct access to audiologists would make appropriate hearing health care more accessible for underserved areas and low-income beneficiaries and eliminate delays of services ultimately provided by audiologists—delays that result in higher costs, decreased functional outcomes, and patient frustration.
- 16) This legislation would ensure high-quality hearing care. Audiologists are highly trained, nationally certified, and state licensed health care professionals who must hold at least a master's degree from an accredited audiology program, undertake a clinical fellowship, and pass a national exam. Beginning in 2012, all audiologists will be required to graduate with a doctoral degree in order to obtain the Certificate of Clinical Competence in Audiology (CCC-A) as granted by ASHA.²⁰

References

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