



June 14, 2024

The Honorable Ron Wyden
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Academy of Audiology (AAA), the Academy of Doctors of Audiology (ADA), and the American Speech-Language-Hearing Association (ASHA) appreciate the opportunity to provide feedback on ways to improve access to and quality of chronic care services through Medicare provider payment reform. As part of that effort, our organizations urge you to include S. 2377, the Medicare Audiology Access Improvement Act, in any legislative package advanced by the Finance Committee and considered in the Senate to increase access to audiological care and improve the overall health of America's seniors.

Collectively, AAA, ADA, and ASHA represent audiologists who specialize in preventing and assessing hearing and balance disorders as well as providing audiological treatment, including hearing aids. Audiologists provide treatment to all ages from infants to older adults.

Supporting Chronic Care Benefits in FFS

1. Which services provide the most value in reducing downstream health care costs and improving outcomes for the chronically ill?

In a recent report, the Government Accountability Office found that 29 million U.S. adults stand to benefit from treatment for hearing loss.ⁱ There are significant and costly medical sequelae linked to untreated hearing loss in seniors. The current Medicare statute creates unnecessary barriers for seniors to access audiological interventions for hearing loss that evidence suggests would save Medicare money while improving population health.ⁱⁱ Medicare beneficiaries do not have the same access to audiologists for their hearing and vestibular health care services when compared to individuals who are insured by other public and private payers. Specifically, Medicare: 1) limits coverage to diagnostic services; 2) requires a physician order before a beneficiary can see an audiologist; and 3) classifies audiologists as "suppliers," rather than "practitioners," which collectively limits their ability to provide the full range of services within their scope of practice and clinical licensure.

Audiologists are doctorally-educated healthcare professionals who provide evidence-based care in the prevention, identification, diagnosis, and treatment of hearing, balance, and other auditory disorders. These professionals treat a variety of conditions including hearing loss, tinnitus (ringing in the ears), and dizziness, and provide care to patients of all ages.

There is a substantiated clinical association between hearing and balance conditions and mental health and well-being. Untreated hearing loss is linked to increased rates of depression, cognitive decline, social isolation, and loneliness—particularly for older adults.ⁱⁱⁱ According to the

National Institute on Aging, roughly one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 have difficulty hearing.^{iv} Individuals with mild hearing loss are 3 times more likely to experience a fall, and falls are the leading cause of injury and death for Americans over 65.^{v,vi} Recent studies have shown that hearing loss is associated with a higher incidence of hospitalization in community-dwelling older adults, underscoring the potential for reducing aggregate costs in the Medicare program by investing in preventative hearing health care.^{vii} Furthermore, older adults with hearing loss experience more difficulties and delays in accessing health care. Chronic diseases such as cancer, kidney disease, diabetes, and heart disease are associated with increased prevalence of hearing and balance disorders.^{viii, ix,x, xi}

Results from a 2023 study, the Aging and Cognitive Health Evaluation in Elders (ACHIEVE) Trial, indicate that interventions for hearing loss in older adults with mild to moderate hearing loss and other comorbidities slowed cognitive decline by 48%.^{xii} Other studies have identified hearing loss as the single largest dementia risk factor that can be addressed or modified with existing interventions, like hearing aids, that remain underutilized.^{xiii} With a cost to Medicare and Medicaid of \$305 billion, evidence-based health interventions for dementia deliver a clear return on investment and economic impact.^{xiv}

2. What other benefit-related policies should the Committee consider to improve chronic care in Medicare FFS?

The Medicare Audiology Access Improvement Act (S. 2377) is bipartisan legislation, introduced by Senators Elizabeth Warren, Rand Paul, and Charles Grassley, that addresses these deficiencies, while increasing Medicare system efficiencies. At a Senate Finance Committee Markup in 2023, Senator Warren engaged in a colloquy during which you agreed to work with her on this legislation. The bill would provide beneficiaries direct access to the full range of Medicare-covered diagnostic and treatment services provided by audiologists so they have more timely and robust hearing and balance care, which would reduce depression, social isolation, and cognitive decline that negatively impact the mental health of older adults. An analysis that our organizations commissioned found that the bill would have a limited fiscal impact on the federal budget, while saving seniors \$36 million in out-of-pocket costs for unnecessary co-pays. It's time for Congress to heed calls from the National Academy of Medicine to "[enhance] access to auditory rehabilitation services for Medicare beneficiaries, including reimbursement to audiologists for these services."^{xv}

Medicare is an outlier when it comes to these barriers to accessing care from an audiologist. Many third-party payers including private health plans and Medicare Advantage Plans, Federal Employees Health Benefits Program plans, and the Department of Veterans Affairs, provide patients direct access to audiology services. The Food and Drug Administration has issued guidance in concurrence with a National Academies of Sciences, Engineering and Medicine report that the health risk of missed diagnosis of treatable causes of hearing loss is low, and that regulations requiring a physician visit before purchasing certain types of hearing aids "provides no clinically meaningful benefit."^{xvi}

The American Academy of Audiology, Academy of Doctors of Audiology, and the American Speech-Language-Hearing Association urge you to include S. 2377 in any legislation advanced by the Committee to improve chronic care through payment reform. This bill would reduce barriers for Medicare beneficiaries to access critical audiologic care and improve their mental health and well-being.

American Academy of Audiology
Academy of Doctors of Audiology
American Speech-Language-Hearing Association

ⁱ <https://www.gao.gov/products/gao-24-106854>

ⁱⁱ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01406-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01406-X/abstract)

ⁱⁱⁱ Cosh, S., Helmer, C., Delcourt, C., Robins, T. G., & Tully, P. J. (2019). Depression in elderly patients with hearing loss: current perspectives. *Clinical interventions in aging*, 14, 1471.

^{iv} National Institute on Aging. (2018). *Hearing Loss: A Common Problem for Older Adults*. <https://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults>.

^v Lin, F. R., & Ferrucci, L. (2012). Hearing loss and falls among older adults in the United States. *Archives of internal medicine*, 172(4), 369–371. <https://doi.org/10.1001/archinternmed.2011.728e>

^{vi} Centers for Disease Control and Prevention. (2018). *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>.

^{vii} <https://pubmed.ncbi.nlm.nih.gov/28522889/>

^{viii} [https://www.cancerresearchuk.org/about-cancer/nasopharyngeal-cancer/living-with/hearing#:~:text=Nasopharyngeal%20cancer%20and%20its%20treatment,ringing%20in%20your%20ears%20\(tinnitus\)](https://www.cancerresearchuk.org/about-cancer/nasopharyngeal-cancer/living-with/hearing#:~:text=Nasopharyngeal%20cancer%20and%20its%20treatment,ringing%20in%20your%20ears%20(tinnitus))

^{ix} <https://www.nature.com/articles/s41581-024-00808-2>

^x Wattamwar K, Qian ZJ, Otter J, Leskowitz MJ, Caruana FF, Siedlecki B, Spitzer JB, Lalwani AK. Association of Cardiovascular Comorbidities With Hearing Loss in the Older Old. *JAMA Otolaryngol Head Neck Surg*. 2018 Jul 1;144(7):623-629. doi: 10.1001/jamaoto.2018.0643. PMID: 29902313; PMCID: PMC6145783.

^{xi} <https://www.sciencedirect.com/science/article/abs/pii/S014067362301406X?dgcid=author>

^{xiii} <https://www.nature.com/articles/s41514-021-00069-4>

^{xiv} <https://www.ajmc.com/view/economic-burden-of-alzheimer-disease-and-managed-care-considerations>

^{xv} National Academy of Medicine. (2016). *Americans Need Easier Access, More Affordable Options for Hearing Health Care*. <https://www.nationalacademies.org/news/2016/06/americans-need-easier-access-more-affordable-options-for-hearing-health-care-new-report>.

^{xvi} Food and Drug Administration (2016) “Immediately in Effect Guidance Document: Conditions for Sale for Air Conduction Hearing Aids.” Retrieved from <https://www.fda.gov/media/101685/download>.