



ASHA
American
Speech-Language-Hearing
Association

March 27, 2026

The Honorable Kevin Mullin
U.S. House of Representatives
1404 Longworth House Office Building
Washington, DC 20515

RE: H.R. 7770

Dear Representative Mullin:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to share ASHA's support for H.R. 7770, the Hearing Aid Assistance Tax Credit Act.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. The ability to communicate effectively is foundational to quality of life, and ASHA members are on the front lines of ensuring individuals with hearing loss receive the diagnosis, treatment, devices, and rehabilitative care they need.

H.R. 7770 would provide a tax credit of up to \$1,000 for income-qualified individuals and households who purchase hearing aids, covering both prescription and over-the-counter (OTC) devices. Roughly 38 million Americans report some degree of hearing loss, yet only about one in four adults who could benefit from hearing aids has used them.¹

Cost is a significant and well-documented barrier. Existing tax deductions for medical expenses are available only to the fewer than 10% of taxpayers who itemize, and those taxpayers must have medical expenses exceeding 7.5% of their income to benefit. As a result, middle- and low-income individuals, who are most likely to forgo hearing aids due to cost, receive little to no assistance under current law. H.R. 7770 directly addresses this inequity by extending meaningful financial relief to those who need it most.

Untreated hearing loss can result in serious health consequences. Older adults with untreated hearing loss face significantly elevated risks of dementia, depression, social isolation, and falls. Improving access to hearing aids through targeted tax relief would improve population health and may reduce long-term costs associated with these hearing loss-related conditions.²

ASHA encourages Congress to ensure that as access to hearing aids expands, individuals also have access to the full continuum of audiologic care, including vestibular and aural rehabilitation services provided by qualified audiologists. Hearing aids are most impactful for patients when they are paired with appropriate clinical guidance from hearing health professionals. Maximizing the benefit of this legislation will depend on patients being able to access those services in conjunction with the devices themselves.

We especially appreciate your leadership as lead cosponsor of the Medicare Audiology Access Improvement Act (H.R. 2757), which would give seniors more timely and robust access to care

provided by audiologists, including aural rehabilitation. While H.R. 7770 expands access to hearing aids for income-qualified individuals, H.R. 2757 ensures that Medicare beneficiaries—who are disproportionately affected by hearing loss—can access the audiologic services necessary to properly evaluate, fit, and optimize those devices. Together, these policies help strengthen both access to hearing technology and access to care, which is essential to improving outcomes for older American.

Thank you for introducing this legislation and for your commitment to improving hearing health access for all Americans. If you or your staff have any questions, please contact Josh Krantz, ASHA's director of federal affairs for health care, at jkrantz@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

¹ National Institute on Deafness and Other Communication Disorders. (2023). *Adult Hearing Health Care*. <https://www.nidcd.nih.gov/health/adult-hearing-health-care>

² Lin, F. R., Pike, J. R., Albert, M. S., Arnold, M., Burgard, S., Chisolm, T., et al. Hearing intervention versus health education control to reduce cognitive decline in older adults with hearing loss in the USA (ACHIEVE): a multicentre, randomised controlled trial. *The Lancet*. [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)