Submitted via hbcr.health@mail.house.gov

October 15, 2023

The Honorable Jodey Arrington
Chair, House Committee on the Budget
204 Cannon House Office Building
Washington D.C. 20515

The Honorable Michael C. Burgess, M.D.
Chair, Health Care Task Force
House Committee on the Budget
204 Cannon House Office Building
Washington D.C. 20515

Dear Chairman Arrington and Dr. Burgess:

We write to provide comments in response to the House Budget Committee's Health Care Task Force Request for Information on improving outcomes and reducing federal health care spending.

The American Academy of Audiology (AAA), Academy of Doctors of Audiology (ADA), and American Speech-Language-Hearing Association (ASHA) are the three professional organizations representing the profession of audiology. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids and implantable hearing devices.

Our members are dedicated to ensuring that patients receive evidence-based, effective, and efficient audiology services.

Regulatory and Statutory Barriers to Reducing Health Care Spending

Medicare rules pertaining to the audiology benefit fail to recognize the clinical expertise and scope of practice of audiologists and these outdated policies increase costs and limit beneficiary access to care. Medicare does not reimburse audiologists for hearing and balance related treatment services and will only reimburse for a narrow set of tests to diagnose a hearing or balance disorder—after first requiring a patient to obtain an order from a physician. Audiologists are licensed by states to provide hearing related treatment services that Medicare already covers, and many non-Medicare beneficiaries can access treatment through other private and public payers. Medicare coverage of audiology services is significantly limited compared to other federal health care programs including Medicare Advantage, Medicaid, VA health coverage, and the Federal Employees Health Benefit Plan.

In the United States, untreated hearing loss is estimated to cost between $1.8 billion and $194 billion in lost productivity and between $3.3 and $12.8 billion in direct medical costs.[i] Untreated hearing loss has profound implications to overall health and can impose significant financial burdens to the health care system. Individuals with even mild hearing loss are three times more likely to experience a fall, and falls are the leading cause of fatal injury for Americans over age 65. In addition, research is emerging indicating that seniors with hearing loss are more likely to develop cognitive decline up to 40% faster than those without hearing loss.[ii]

A recent study that investigated the connection between hearing loss and comorbidities in adults 50 years or older found that patients with untreated hearing loss experienced about 50% more hospital stays, had about a 44% higher risk for hospital readmission within 30 days, were 17% more likely to have an emergency department visit, and had about 52 more outpatient visits compared with those without hearing loss. The greatest relative increase in risk was estimated for dementia and depression, with hearing loss being associated with an approximately 50% increase in both conditions over 5 years.[iii]

These conditions, linked to untreated hearing loss, can be life altering for patients, both in terms of quality of life and the out-of-pocket costs associated with necessary care. In addition, they are some of the most expensive to the Medicare program—in particular, Medicare expenditures to care for beneficiaries with dementia are significant. One study found the five-year incremental cost to the traditional Medicare program for each dementia patient is approximately $15,700.[iv] Results from a recent landmark study solidified these linkages and underscored the critical importance of accessible hearing health care—older adults with certain co-morbidities and mild to moderate hearing loss yielded a 48% reduction in rate of cognitive decline with hearing loss intervention.[v]

Three significant statutory barriers in the Medicare program impede access to audiologic care and audiologists' ability to provide cost effective, quality care:

1. **Medicare Part B requires beneficiaries to receive a physician order before seeing a qualified audiologist in most circumstances.** This barrier is unique to Medicare, no such requirement exists for patients covered by other payers including the Veterans Administration, the Federal Employee Health Benefits Program, Medicaid, and most commercial insurers, including Medicare Advantage plans.
2. **Medicare only covers diagnostic tests performed by audiologists**, excluding treatment services audiologists are expertly qualified to provide. Audiologists' scope of practice, as determined under state laws, includes auditory and vestibular treatment and neurological monitoring.
3. **Medicare defines audiologists as suppliers, rather than practitioners**. This reclassification would recognize audiologists appropriately, based on their doctoral-level education, including four years of clinical education. Recognizing and reclassifying audiologists as practitioners would have important follow-on effects, including enabling audiologists to provide services via telehealth.

These unnecessary barriers limit access to timely hearing health care and increase health care costs. To alleviate these barriers, increase access, and lower health care costs, AAA, ADA and ASHA support the Medicare Audiology Access Improvement Act (S. 2377), which would remove these restrictions and modernize Medicare by enhancing access to hearing health care for Medicare beneficiaries. This bipartisan bill would provide Medicare coverage of both diagnostic and treatment services provided by audiologists and allow for streamlined access to audiology services by removing outdated language requiring a physician order. In addition, this legislation would specifically ensure audiologists, including those practicing in Rural Health Clinics and Federally Qualified Health Centers, are appropriately defined as practitioners under Medicare, which is consistent with the way Medicare recognizes other non-physician providers, such as

clinical psychologists, clinical social workers, and advanced practice registered nurses, ensuring patient access to a full range of hearing and balance health care provided by qualified audiologists. Last Congress, the House version of this bill had 54 bipartisan cosponsors, including Budget Committee members Ralph Norman, Jan Schakowsky, and Lloyd Smucker. This bill will be introduced in the House in the current Congress soon.

We believe changes required by the bill will help lower health care spending in the long-term by ensuring seniors with hearing and balance disorders receive more timely care and avoid associated problems such as depression, social isolation, dementia, and other serious and costly health conditions that impact millions of seniors. An outside analysis of the fiscal impact of a similar version of this bill that found removing the physician order requirement would reduce federal spending by $108 million over ten years and save seniors $36 million in out-of-pocket costs during that period.

AAA, ADA, and ASHA urge Congress to pass the Medicare Audiology Access Improvement Act to give seniors more timely and robust access to the full range of services audiologists are expertly educated and uniquely qualified to provide, and to generate savings to both patients and the Medicare program by reducing the incidence of long-term sequelae resulting from untreated hearing loss.

Thank you again for the opportunity to provide comments on ways to improve outcomes and reduce federal health care spending. Please contact Susan Pilch with AAA and spilch@audiology.org, Stephanie Czuhajewski with ADA at sczuhajewski@audiologist.org, or Josh Krantz with ASHA at jkrantz@asha.org if you or your staff has any questions or want additional information.

Sincerely,

Bopanna Ballachanda, PhD.
President, American Academy of Audiology

Dawn Heiman, AuD
President, Academy of Doctors of Audiology

Robert M. Augustine, PhD, CCC-SLP
President, American Speech-Language-Hearing Association

[i] https://pubmed.ncbi.nlm.nih.gov/28796850/
[ii] https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452
[iii] https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2714050
[iv] https://pubmed.ncbi.nlm.nih.gov/30868557/
[v] https://academic.oup.com/ageing/article/41/5/618/47025