Dear Mr. McKeown and Senator Scott,

I am a practicing audiologist and small business owner in (CITY) South Carolina. I treat (INSERT NUMBER OF PATIENTS) every year, and I am very fortunate to be able to make a difference in their lives by helping them hear and communicate better.

I am contacting you today because Medicare is making it more difficult for audiologists like me to treat our patients. Medicare has not kept pace with changes in health care delivery models for diagnosing and treating hearing and balance disorders, and my patients face tremendous barriers to care, despite the fact that hearing loss alone stands as the third most common chronic condition facing adults over 65 years of age.

A member of the South Carolina Congressional delegation, Representative Tom Rice, has introduced legislation, the Audiology Patient Choice Act (H.R. 2276), which will bring much needed changes to Medicare, to bring it in line with today’s best practices. It will allow seniors with a suspected hearing or balance disorder to seek treatment directly from audiologists, and it will authorize Medicare Part B to reimburse audiologists for the Medicare-covered services that they are licensed to provide, so that patients don’t have to be shuffled to multiple providers unnecessarily.

I have just learned that the Audiology Patient Choice Act companion bill will soon be introduced in the Senate. My colleague, Stephanie Czuhajewski (copied) will be in Washington D.C. next week, and will be happy to meet with you, or a member of your staff to discuss the bill in detail.

Senator Scott, I respectfully ask you to co-sponsor this important legislation, so that audiologists can participate in quality payment initiatives, which are commensurate with their responsibility for medical necessity.

As an audiologist, I am licensed to provide a wide range of diagnostic and rehabilitative services for patients from birth and throughout their lifetimes. Medicare Advantage plans, the VA and other federal programs encourage older patients to seek treatment directly from audiologists. Medicare Part B, by contrast, creates unnecessary work for my patients and their care givers, and provides no clinical benefit whatsoever. It is costly for the system, for the patient, and for my practice.

As an active South Carolina constituent and entrepreneur, I appreciate your attention to this matter, and I look forward to hearing from you soon. In the meantime, I have attached some background information that you may find useful in your assessment of the Audiology Patient Choice Act.

Please contact me or Stephanie (sczuhajewski@audiologist.org) anytime if you have any questions, or if we can be of assistance.

Sincerely,

XXXXXXX, Au.D