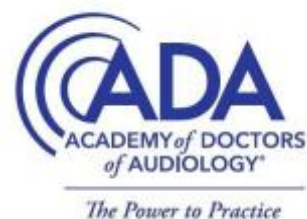


Congress Must Act to Improve Audiology Care under Medicare by Enacting the H.R. 2276 the Audiology Patient Choice Act



The Background:

- Hearing loss is the third most common chronic disorder for Americans over 65, behind only arthritis and high blood pressure.
- Nearly half of Americans over age 75 suffer from hearing loss. Of the Medicare patient population with hearing loss, 90 percent do not have a hearing loss that requires or would even benefit from medical intervention.
- Individuals with mild hearing loss are three times more likely to experience a fall. Falls are the leading cause of injury and death for Americans over 65, as well as the most common cause of injuries and hospital admissions for trauma.
- Untreated hearing and balance problems contribute to and are highly correlated with depression and social isolation. Treatment reduces societal and financial costs.
- Seniors with hearing loss run a much higher risk of cognitive problems and experience cognitive decline up to 40% faster than those with normal hearing.
- The Association of American Medical Colleges (AAMC) projects there will be a shortage of 90,000 medical doctors over the next decade.

The Issue:

Medicare has not kept pace with changes in health care delivery models for diagnosing and treating hearing and balance disorders. Thus, patient access to care and choice of provider is detrimentally limited, and the treatment process inefficient. Medicare's archaic referral requirements must be modernized to allow seniors direct access to efficient, effective care. Other federal programs, such as the Department of Veterans Affairs and the Federal Employees Health Benefits program, and many Medicare Advantage plans already allow direct access to audiologists, as do many private health insurance plans.

Medicare patients should have the right to choose from among all Medicare-recognized providers for all Medicare-covered services that those providers are licensed to provide. The Doctor of Audiology (Au.D.) is now the standard for professional education and the required degree for new licensees in most states. Audiologists diagnose and treat hearing and balance disorders that cannot be managed with surgical or pharmacological intervention. These types of disorders comprise the vast majority of cases of hearing loss.

The Solution:

Representatives Tom Rice (R-SC), Lynn Jenkins (R-KS), and Matt Cartwright (D-PA) re-introduced the Audiology Patient Choice Act of 2017 (H.R. 2276) on May 2, 2017, to modernize Medicare to improve access to Audiology Care and better deploy limited healthcare resources, without sacrificing quality or efficacy. The proposed legislation will improve the provision of hearing and balance care by:

- Providing Medicare patients with direct access to audiologists, without requiring an order from a medical doctor. As medical necessity would still be required for treatment, this would not increase cost—it would only avoid duplication and increase efficiency while preserving safe, effective care.
- Allowing seniors to have Medicare expanded access by provider for the full range of audiology health care services. These services are already covered under Medicare, in a piecemeal fashion, when delivered by other providers.
- Classifying audiologists as physicians under the Medicare program, which is the most appropriate taxonomy and is consistent with the classification for other non-medical doctor providers in the Medicare program, such as optometrists, podiatrists, dentists and chiropractors.

Important Note: The enactment of the Audiology Patient Choice Act will *not* change audiologists' current scope of practice, add services to Medicare, or provide Medicare coverage of hearing aids.

This legislation will bring Medicare in line with today's best practices for the delivery of hearing and balance healthcare services and is likely to provide a net cost savings to the Medicare system by reducing unnecessary services.

According to a 2012 study, *Determining Potential Medicare Savings by Streamlining Beneficiary Access to Audiology Services* (Dobson & DaVanzo, 2012), "...if Medicare beneficiaries were allowed direct access to audiologists, Medicare could have saved about \$20.9 million in 2009 strictly through eliminating the need for the referral process, which consisted of \$18.6 million in unnecessary E&M services and \$2.4 million in duplicative audiological services.." The Dobson-DaVanzo study results (projected over 10 years, 2013-2022), based on CBO projected Medicare spending by site of service, suggest that direct access to audiologists could produce \$240.4 million in Medicare savings from avoided duplicative and unnecessary services (\$173.3 million), and from decreased hospital and other utilization because treated vestibular patients do not fall with resulting injuries.

Subsequent to the addition of optometry to the list of Medicare-defined physicians in the late 1980s, there was a peer-reviewed study, *Demand and Substitution Effects of Expanding Medicare Coverage to Optometrists* (Barresi, 1992), which concluded that the addition of optometrists resulted in a substitution effect, whereby patients selected the most efficient provider for service but that the overall demand for primary eye exams and related services did not increase substantially.

The Audiology Patient Choice Act will streamline the provision of audiology services, and increase efficiency within the Medicare system without sacrificing quality or efficacy. Finally, it will reimburse audiologists in a consistent fashion with other non-M.D./D.O. doctoring practitioners to achieve desired outcomes across the continuum of care.

References:

- <http://www.cdc.gov/niosh/topics/oh/default.html>
- [*Hearing Loss and Cognitive Decline in Older Adults*](#), Frank R. Lin, Kristine Yaffe, Jin Xia, Qian-Li Xue, Tamara B. Harris, Elizabeth Purchase-Helzner, Suzanne Satterfield, Hilsa N. Ayonayon, Luigi Ferrucci, Eleanor M. Simonsick, *JAMA Internal Medicine* Jan 21, 2013; doi:10.1001/jamainternmed.2013.1868
- National Institute on Deafness and Other Communication Disorders: <http://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx>, Accessed May 31, 2013
- [*MarkeTrak VIII: 25-Year Trends in the Hearing Health Market*](#), Sergei Kochkin, Ph.D., 2008
- [*Trends in the otolaryngology workforce in the U.S.*](#) by Simon Neuwahl; Erin Fraher, MPP, PhD; Harold Pillsbury III, MD, FACS; Mark C. Weessler, MD, FACS; Thomas Ricketts, MPH, PhD; and Katie Gaul Volume 97, Number 3, Bulletin of the American College of Surgeons
- [*Hearing Loss and Falls Among Older Adults in the United States*](#), Frank R. Lin, MD, PhD; Luigi Ferrucci, MD, PhD, 2012
- Association of American Medical Colleges (AAMC) data: <https://www.aamc.org/download/150612/data/> Accessed May 30, 2013
- [*Safety of audiology direct access for Medicare patients complaining of impaired hearing*](#), Journal of the American Academy of Audiology, /Volume 21, Number 6, 2010 David Zapala et al
- [*Screening for vestibular disorders: A study of clinicians' compliance with recommended practices*](#), Sharon Polensek, Claire Sterk, Ronald Tusa, 2008
- *Determining Potential Medicare Savings by Streamlining Beneficiary Access to Audiology Services* (Dobson DaVanzo Associates, LCC for the American Academy of Audiology, 2012
- *Demand and Substitution Effects of Expanding Medicare Coverage to Optometrists*, Barry Barresi, Ph.D., New York University Press, 1992

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