





October 21, 2019

The Honorable Richard Neal Chairman, House Committee on Ways and Means 1100 Longworth House Office Building Washington, DC 20515

Dear Chairman Neal:

On behalf of the American Speech-Language-Hearing Association (ASHA), the American Academy of Audiology (AAA), and the Academy of Doctors of Audiology (ADA), we write to share our support for the Amendment In the Nature of a Substitute (AINS) to H.R. 4618, the Medicare Hearing Act of 2019. Our organizations have advocated for language that will provide Medicare coverage of audiology treatment services, reclassify audiologists as practitioners under Medicare, and examine the implications of requiring a physician order under Medicare, which impedes beneficiaries' direct access to audiologic care, and is not mandated by other insurers, federal programs, or statute. The AINS to H.R. 4618 includes these long sought-after policy changes.

ASHA, AAA, and ADA support affordable access to high quality hearing aids and related services for Medicare beneficiaries who need them. We believe it is critically important for older Americans to have timely and meaningful access to diagnostic and treatment services—provided by audiologists—for their hearing health care needs to ensure the most efficient and effective implementation of the new hearing benefit established by H.R. 4618. Seniors with untreated hearing loss are more likely to experience falls than those without hearing impairment and develop cognitive problems and decline up to 40% faster than those without hearing loss. Unfortunately, Medicare precludes seniors from accessing the full range of services provided by audiologists in a timely manner by limiting reimbursement to diagnostic services only and by requiring a physician order for those services.

The AINS to H.R. 4618 addresses these barriers by streamlining Medicare coverage policies so that audiologists can provide the full range of Medicare covered diagnostic and treatment services that correspond to their scope of practice and by reclassifying audiologists as practitioners under Medicare. The AINS also importantly provides the U.S. Department of Health and Human Services Secretary the flexibility to allow direct access to audiologic care pending an examination of its implications. The language in the AINS is similar to language from H.R. 4056, the Medicare Audiologist Access and Services Act, legislation introduced by Representatives Tom Rice and Matt Cartwright and cosponsored by several members of the Committee on a bipartisan basis. ASHA, AAA, and ADA look forward to working with you to ensure passage of H.R. 4618, as amended by the AINS, through the Committee and by the House of Representatives.

Thank you again for your leadership on improving access to hearing health care for Medicare beneficiaries.

Sincerely,

Shari B. Robertson, PhD

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