

The Medicare Audiologist Access and Services Act of 2019

H.R. 4056

Representatives Tom Rice (R-SC), Matt Cartwright (D-PA), Mark Meadows (R-NC), Ralph Norman (R-SC), Mike Kelly (R-PA), Jan Shakowsky (D-IL), Brad Schneider (D-IL), Ann Kuster (D-NH), Gus Bilirakis (R-FL), and Lisa Blunt-Rochester (D-DE) introduced HR. 4056 on July 25, 2019. This legislation has been endorsed by the American Academy of Audiology, the American Speech-Language-Hearing Association, the Academy of Doctors of Audiology and the Hearing Loss Association of America. Senators Elizabeth Warren (D-MA) and Rand Paul (R-TN) plan to introduce imminently a Senate companion bill.

Medicare already covers a range of hearing health services, and audiologists are trained and licensed in all fifty states and the District of Columbia to perform these services. However, Medicare currently does not recognize audiologists as providers of most hearing-related services and will only allow reimbursement for a narrow set of tests to diagnose a hearing or balance disorder—and only if patients first obtain an order from a physician. Medicare’s rules are far more restrictive than many private and federal insurance plans. The Medicare Audiologist Access and Services Act ensures that Medicare beneficiaries have access to a full range of hearing and balance health care services provided by licensed audiologists. The bill:

- Amends the definition of “audiology services” in the Medicare statute, which specifies the services that audiologists may provide, to include all services already covered by Medicare that are also within an audiologist’s scope of practice.
- Amends the Medicare definition of “practitioner” to include audiologists, which improves beneficiary access to audiologic and vestibular care, a change that is consistent with Medicare’s classification of similar health care providers such as clinical social workers and clinical psychologists.
- Makes technical changes to the classification of audiology services in the Medicare system as “other diagnostic tests” to remove the pre-treatment order requirement, which does not exist with any other federal or commercial payer; and
- Makes no change to the scope of hearing health benefits covered by Medicare or the scope of practice of audiologists.