



Statement for the Record from the American Academy of Audiology, the Academy of Doctors of Audiology, and the American Speech-Language-Hearing Association for the

House Ways and Means Committee: Health Subcommittee Hearing on

“Charting the Path Forward for Telehealth”

May 11, 2021

Chairman Doggett and Ranking Member Nunes:

The American Academy of Audiology (AAA), the Academy of Doctors of Audiology (ADA), and the American Speech-Language-Hearing Association (ASHA) are pleased to provide comments to the Ways and Means Committee’s Health Subcommittee as it considers the future of Medicare telehealth services.

Prevalence of Hearing and Balance Disorders Among Older Adults and Associated Risks

Hearing loss is the third most common chronic disorder for Americans over 65 years of age, behind only arthritis and high blood pressure. By the age of 75, nearly half of Americans will suffer from hearing loss.^{1,2} And, more than one-third of Americans 40 years of age and older experience vestibular or balance dysfunction.^{3,4}

Unfortunately, delayed treatment and nontreatment of audiologic and vestibular conditions elevates the risk for falls and fall related injuries, depression, and cognitive decline, all of which carry tremendous societal and financial costs. 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.^{5,6} Seniors with untreated hearing loss may develop cognitive decline up to 40% faster than those without hearing loss.⁷ Research also indicates that older adults with hearing loss are more likely to experience depression and social isolation than those with normal hearing.^{8,9}

The Role of the Audiologist in the Diagnosis and Treatment of Hearing and Balance Disorders and the Role of Tele-Audiology as a Tool

Audiologists are the primary health care professionals who evaluate, diagnose, treat, and manage hearing loss and balance disorders in patients of all ages.¹⁰ The entry-level degree to become an audiologist is a clinical doctorate degree (AuD), and audiologists work in a variety of settings such as hospitals, clinics, private practices, the U.S. military, and the Veterans Health Administration.

Audiologists diagnose and treat hearing loss, auditory processing disorders, tinnitus, and other auditory disorders. They dispense, program, and custom fit hearing aids and other forms of hearing technology, such as cochlear implants, osseointegrated implants, and other hearing assistance technologies—as part of a comprehensive hearing treatment plan—and are critical members of the multidisciplinary care team heavily involved in the design and implementation of hearing conservation strategies. Audiologists also diagnose and manage patients suffering from dizziness and other balance disorders.

The provision of audiology services via telehealth (also referred to as tele-audiology) is not a new concept. The Department of Veterans Affairs has recognized that providing audiology services

via telehealth is an effective way to reach veterans. “Expanded use of innovative technology is increasing access points to hearing care in remote areas, enabling telehealth providers to expand their reach to patients and their families in satisfying and effective ways,” said Chad Gladden, audiology telehealth coordinator for the Audiology and Speech Pathology National Program Office. In addition, innovations in diagnostic and treatment technologies improved broadband access and changing consumer and clinician attitudes have contributed to greater adoption and implementation of tele-audiology services in clinical practice. Tele-audiology services can be conducted synchronously or asynchronously, using remote data monitoring or “store and forward” mechanisms.¹¹

Impediments to Medicare Beneficiary Access to Audiology/Tele-Audiology Services

Medicare recognizes audiologists as autonomous providers, who are responsible for determining medical necessity and are required to document services delivered to Medicare beneficiaries using their own National Provider Identification number. Audiologists are prohibited from billing “incident to” physicians or other providers.

However, outdated Medicare laws classify audiologists as “suppliers” rather than “practitioners”, excluding them from the list of health professionals authorized by statute to be reimbursed for services provided through telehealth. Audiology services are also misclassified as “other diagnostic tests”. This misclassification requires Medicare beneficiaries to first obtain a physician order for coverage of audiology diagnostic services. It also unfairly prohibits Medicare patients from using their Medicare benefits for covered hearing and balance treatment services when those services are delivered by a Medicare qualified audiologist—even though audiologists are specifically trained and licensed in all U.S. jurisdictions to perform Medicare covered hearing and balance treatment services.

Mandated procedures implemented during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE), including hospital and nursing home lockdowns, stay-at-home orders, and mask mandates exacerbated communication and mobility challenges for seniors with hearing and balance conditions; and deepened disparities resulting from barriers to access to audiology services imposed by obsolete Medicare rules. Medicare has not kept pace with private insurers and other government programs such as Medicare Advantage, the Veterans Health Administration (VHA), and the Federal Employees Health Benefit Plan (FEHBP) that are designed to streamline access to care, foster continuity of care, and measure and optimize outcomes.

CARES Act Waivers: A Temporary Stop-Gap Measure that Delivers Only Limited Relief from Statutory Constraints for Beneficiaries with Hearing and Balance Conditions

In March 2020, Congress provided the Secretary of the Department of Health and Human Services (HHS) temporary authority under Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) to waive the requirements within Section 1834(m) of the Social Security Act, which restricts coverage of telehealth services to only those services provided by physicians and practitioners. This authority expires at the end of the COVID-19 PHE.

The Centers for Medicare & Medicaid Services (CMS) subsequently added audiologists to the list of providers temporarily authorized to bill for telehealth services. However, for the vast majority of Medicare beneficiaries, audiology services remained out of reach because coverage for tele-audiology services was initially limited to cochlear implant programming services.

In March 2021, CMS broadened coverage of tele-audiology services by adding 15 additional Current Procedural Terminology (CPT) codes to the list of temporarily authorized Medicare

telehealth services for use during the COVID-19 PHE. Our organizations applaud CMS's decision to broaden the list of audiology services available for telehealth coverage as an interim measure, and for the agency's recognition that these services can be provided safely and effectively through telehealth. Services furnished in this manner should be available permanently once the COVID-19 PHE ends.

However, CMS does not have the authority to extend coverage permanently or to make other much-needed updates to the Medicare statute to help ensure that beneficiaries have equitable access to high-quality hearing and balance diagnostic and treatment services. Congress must enact legislation to remove barriers to care and enhance care coordination across the continuum.

The Medicare Audiologist Access and Services Act Offers a Permanent Bipartisan Solution with Support from Ways and Means Members

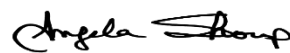
Representatives Tom Rice (R-SC) and Matt Cartwright (D-PA) have introduced H.R. 1587, the Medicare Audiologist Access and Services Act, to modernize the Medicare statute and provide beneficiaries with direct access to both diagnostic and therapeutic services provided by audiologists. The legislation would also reclassify audiologists from "suppliers" to "practitioners", enabling seniors to access hearing and balance services through telehealth, when clinically appropriate. This legislation, which already has 31 bipartisan cosponsors (including 3 members of the Committee), would not add any new services to Medicare, would eliminate beneficiary co-pays for unnecessary and duplicative services, and would have only a nominal impact on federal spending. Most importantly, it would ensure older Americans have timely access to hearing health care during the pandemic and beyond.

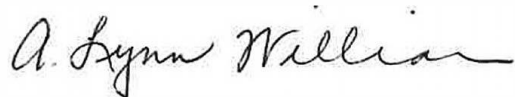
Conclusion

The important relationship between audiovestibular health and overall health and quality of life was brought to the forefront over the past 15 months as older Americans were disproportionately harmed by COVID-19 and the requirements implemented to mitigate its spread. The World Health Organization (WHO) recently reported that social isolation resulting from COVID-19 PHE lockdowns has heightened the importance of ear and hearing care, emphasizing that rehabilitation can help ensure that those affected, and society at large, avoid the adverse consequences.¹²

The Federal Trade Commission (FTC) Office of Policy Planning, Bureau of Economics, Bureau of Competition, and Office of the General Counsel submitted comments to CMS in May 2020 supporting the permanent addition of audiologists and other providers to the list of practitioners eligible for Medicare reimbursement of telehealth services to increase access, choice, competition, and quality in the delivery of health care services to Medicare beneficiaries.¹³

AAA, ADA, and ASHA encourage the Ways and Means Committee to advance H.R. 1587, the Medicare Audiologist Access and Services Act, as part of any legislation to expand access to care through telehealth and ensure vulnerable seniors have timely and robust access to critical hearing and balance health care services, regardless of whether they are provided in-person or via telehealth.


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