

March 29, 2019

The Honorable Mike Thompson  
United States House of Representatives  
Washington, DC 20515

The Honorable Brian Schatz  
United States Senate  
Washington, DC 20510

Dear Representative Thompson and Senator Schatz:

On behalf of the American Academy of Audiology (“the Academy”) and our 12,000 members nationwide, I want to express my sincere gratitude for you and your colleagues’ efforts to expand access to health care services via telehealth in the 115<sup>th</sup> Congress. We look forward to continuing this important work in the 116<sup>th</sup> Congress as you look to reintroduce the Medicare Telehealth Parity Act and the Connect for Health Act.

Once again, the Academy endorses the legislative language in the Medicare Telehealth Parity Act and looks to see similar language introduced as part of any bicameral, bipartisan effort to expand patient access to providers via telehealth. This legislation would allow for audiologists, among other providers, to be reimbursed by Medicare for services offered via telehealth. Current law prohibits audiologists from being reimbursed by Medicare for the provision of services via telehealth and this simple legislative fix will allow for patients who live in rural and underserved areas to have easy access to their audiologist.

As you and your fellow members of Congress are developing legislation and examining existing data and peer-reviewed literature, you will note that telehealth is appropriate for all facets of clinical practice. Screening, diagnostics, counseling, specific tuning of hearing aids and cochlear implants, among other treatments and modalities, are capable of being offered to patients remotely via telehealth in addition to an in-person visit. The Academy believes that it is important for Congress not to put language in any legislation that requires the patient’s first visit to a practitioner to be in-person. Since the full scope of practice of an audiologist can be practiced via telehealth, adding unnecessary mandates like this will only further restrict patient access and make it less likely that the patient will seek a practitioner for their hearing loss or other inner-ear disorder.

There are a litany of peer-reviewed and published studies which show no statistically significant differences between audiological testing done in-person and the same audiological testing done via telehealth. Swanepoel, et. al<sup>1</sup> studied differences between conventional face-to-face pure tone audiometric testing and remote audiometry as a means for seeing if it would be possible to expand the reach of audiological services into underserved areas across the world. The study concluded that there were “no clinically significant differences between the results obtained by remote intercontinental audiometric testing and conventional face-to-face audiometry.”

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<sup>1</sup> Swanepoel, De Wet, et al. “International Hearing Assessment - a Study in Tele Audiology.” *Journal of Telemedicine and Telecare*, vol. 16, no. 5, 2010, pp. 248–52.

Similarly, Lancaster, et. al<sup>2</sup> found that there was no statistically significant difference between those pure-tone screening results that were obtained by telehealth or those that were obtained via traditional face-to-face audiological examinations. This research has widespread implications in showing that telehealth could be effectively used to treat children with hearing loss, in addition to adults. Children with untreated hearing loss are at risk of seeing curtailed language development and falling behind their peers in school. Expanding access to audiology services via telehealth promotes public health and can provide much needed access to audiological services that many patients do not currently have.

Audiologists play a critical role in evaluating and treating inner ear disorders and enjoy a broad scope of practice that includes diagnostic and therapeutic testing. Audiologists at the Department of Veterans Affairs are already able to diagnose and treat patients via telehealth and do so incredibly effectively. For this reason, the Academy wrote comments to the VA in 2017 endorsing their rulemaking that would authorize providers to be able to provide telehealth across state lines. Likewise, the Academy was supportive of the VETS Act in 2017. This bipartisan legislation provided the statutory authority for the VA to expand the ability of their practitioners, including audiologists, to treat patients via telehealth.

Federal guidance on telehealth could also be important to standardizing state practice. Currently, state statutes have taken a variety of approaches to telehealth, ranging from overly-restrictive to very permissive. The Federation of State Medical Boards has developed a “Model Policy for Appropriate Use of Telemedicine Technologies in the Practice of Medicine.”<sup>3</sup> This policy is intended for use by state medical boards in order to remove regulatory barriers to widespread appropriate adoption of telemedicine technologies for delivering care while ensuring the public health and safety.

State regulations related to teleaudiology are similarly inconsistent and there are no standardized protocols on telemedicine reimbursement. There are currently twenty states that mandate insurance coverage for care delivered through telemedicine. In some states, Medicaid does reimburse for some services through telemedicine for an audiologist when appropriate billing and justification is provided.<sup>4</sup> Despite more than adequate patient safety standards in place, outdated and needless government red tape stands in the way of providing these services to patients who would prefer to see their audiologist through telehealth, as opposed to an in-person visit.

Governmental entities have also begun to recognize the role that telehealth can play in hearing health care. In 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) issued a comprehensive report on the state of hearing health care and ways to better improve patient access to hearing health services.<sup>5</sup> The fifth recommendation issued by the NASEM report specifically indicated that the Health Resources and Services Administration (HRSA), state health departments, and advocacy associations should, “Collaborate and partner with health care providers to ensure hearing health care

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<sup>2</sup> Lancaster, Paul, et al. “Remote Hearing Screenings via Telehealth in a Rural Elementary School.” *American Journal of Audiology*, vol. 17, no. 2, 2008, pp. 114–22.

<sup>3</sup> [https://www.fsmb.org/siteassets/advocacy/policies/fsmb\\_telemedicine\\_policy.pdf](https://www.fsmb.org/siteassets/advocacy/policies/fsmb_telemedicine_policy.pdf)

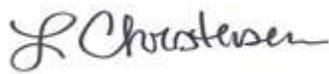
<sup>4</sup> Bush, et al. “The Role of Telemedicine in Auditory Rehabilitation: A Systematic Review. *Otology & Neurotology*, vol. 37, no.10, 2016, pp. 1466–74. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102772/#>

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine. 2016. *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. Washington, DC: The National Academies Press. <http://nationalacademies.org/hmd/reports/2016/Hearing-Health-Care-for-Adults.aspx>

accessibility throughout rural and underserved areas using mechanisms such as telehealth, outreach clinics (including federally qualified community health centers), and community health workers.” The Academy was encouraged by this recommendation in the NASEM report and believes that it is an area where a statutory change could positively benefit the lives of our patients with hearing loss or other inner-ear disorders.

Once again, the Academy thanks you and your colleagues for your tremendous efforts on telehealth expansion over the 115<sup>th</sup> Congress and we look forward to working with you as this legislation is reintroduced in the coming weeks. If you have any questions, please do not hesitate to contact the Academy’s Vice President of Public Affairs Kitty Werner at [kwerner@audiology.org](mailto:kwerner@audiology.org), or via phone at 703-226-1044.

Sincerely,

A handwritten signature in black ink that reads "L Christensen". The signature is written in a cursive, flowing style.

Lisa Christensen, AuD  
President  
American Academy of Audiology

cc: Congressman Peter Welch  
Congressman David Schweikert  
Congressman Bill Johnson  
Senator Roger Wicker  
Senator John Thune  
Senator Benjamin Cardin  
Senator Mark Warner  
Senator Cindy Hyde-Smith