October 4, 2023

**VIA EMAIL TO:** [**WMAccessRFI@mail.house.gov**](mailto:WMAccessRFI@mail.house.gov)

**RFI: Improving Access to Healthcare in Rural and Underserved Areas**

The American Academy of Audiology is pleased to provide our recommendations to the House Ways and Means Committee in response to its request for information as it seeks to identify existing barriers to the deployment of the healthcare workforce that are impacting access to care in rural and underserved areas.

The American Academy of Audiology (the “Academy”) is the world's largest professional organization of, by and for audiologists. Representing the interests of approximately 14,000 audiologists nationwide, the Academy is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders. Audiologists are licensed in all fifty states and the District of Columbia and are the primary healthcare professionals who evaluate, diagnose, treat and manage hearing loss and balance disorders in patients of all ages.[[1]](#footnote-1) Audiologists dispense and fit hearing aids and other forms of hearing technology such as cochlear implants, osseointegrated implants and hearing assistance technologies. In addition, audiologists are often heavily involved in the design and implementation of hearing conservation and newborn hearing screening programs.

**Existing Barriers in Medicare Impacting Access to Care in Rural and Underserved Areas**

Approximately 20% of the U.S. population reside in rural areas, and adults within these areas represent a vulnerable population with barriers to accessing hearing healthcare.[[2]](#footnote-2) Untreated hearing loss can lead to depression, anxiety and social isolation and tends to be more prevalent in rural areas[[3]](#footnote-3). In addition, hearing impairment prevalence is often associated with poverty, reduced educational attainment, and manual labor occupations[[4]](#footnote-4)--characteristics that are more prominent in rural communities.[[5]](#footnote-5) Untreated hearing loss also has profound implications to overall health and can impose significant financial burdens to the healthcare system. Individuals with even mild hearing loss are three times more likely to experience a fall, and falls are the leading case of fatal injury for Americans over age 65.[[6]](#footnote-6) In addition, research is now emerging indicating that Seniors with hearing loss are more likely to develop cognitive decline up to 40% faster than those without hearing loss.[[7]](#footnote-7)

**Current Medicare Policy Limits Beneficiary Access to Hearing Healthcare in Rural Areas**

Current policy requires Medicare beneficiaries to receive a physician referral (usually provided by a primary care physician) before seeing an audiologist. Current Medicare regulations also continue to classify audiologists as “suppliers, an erroneous and outdated classification that limits them to providing only diagnostic testing services. Medicare is an outlier in its treatment of audiologists and audiology services and needs to be updated in order to eliminate current redundancies that impose significant burdens and barriers to older Americans—particularly in rural and underserved areas—and their access to hearing and balance care.

**The Medicare Audiology Access Improvement Act of 2023**

Legislation has been reintroduced in the 118th Congress to remedy the current structural issues within Medicare that are preventing audiologists from providing optimal patient care. S.2377 was recently introduced by Senators Elizabeth Warren, Chuck Grassley and Rand Paul and companion legislation is slated to be introduced imminently by Representatives Gus Bilirakis and Matt Cartwright. The current requirement of a physician order prior to accessing the care of an audiologist does not occur in virtually any other public or private payer, and the physician gatekeeper model is unnecessary and out-of-date. Rural Medicare beneficiaries in particular would benefit from being able to directly access the care of an audiologist. Given significant travel distances for patients that exist in rural communities, removing an unnecessary physician visit would streamline access to care, provide needed interventions in a timely manner and result in cost savings to both the patient and the Medicare program.

Audiologists are still considered “suppliers” in Medicare, a classification that is sorely out-of-date and has not been updated since the inception of Medicare in 1965. This now-erroneous classification continues to restrict audiologists to providing a limited set of diagnostic services in spite of the fact that they are licensed in all fifty states to provide a wide array of diagnostic and treatment services. Allowing audiologists to provide both diagnostic and treatment services would benefit rural beneficiaries as it would alleviate the beneficiary from having to schedule and arrange transportation for two appointments. Audiologists could deliver care to Medicare beneficiaries in the way they do to all other patients and provide both diagnostic and treatment services in one visit. Finally, reclassifying audiologists as “practitioners” would place them in the appropriate Medicare category in which they would be eligible to provide services via telehealth.

**Expanded Care to FQHCs and RHCs**

The Medicare Audiology Access Improvement Act would also add audiologists as “practitioners” to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). FQHCs are designed to serve medically underserved areas and populations and can be located in both urban and rural areas. RHCs are designed to provide services in rural areas with a demonstrated shortage of health care professionals. In recognition of the significant impact this legislation would have in extending hearing and balance care in rural America, the Medicare Audiology Access Improvement Act has been formally endorsed by the National Association of Rural Health Clinics (NARHC).

In conclusion, the Academy appreciates this opportunity to provide our recommendations in support of efforts to modernize existing regulations that are impeding access to critical hearing and balance healthcare services by older Americans who reside in rural areas. Untreated hearing loss takes an immense toll on an individual’s overall health and ability to live independently. Given the high prevalence of untreated hearing loss in rural communities, a priority for the national dialogue on optimizing health outcomes of rural Americans needs to be how to address existing barriers to accessing quality hearing and balance health. The Medicare Audiologist Access Improvement Act would allow beneficiaries the same access to hearing and balance care that other insured (public and private payers) enjoy and allow audiologists to provide and be reimbursed for both the diagnostic and treatment services that they are licensed to provide to all other patients.

If there are any questions about any of the information included herein, please contact Susan Pilch, J.D., Senior Director of Government Relations at [spilch@audiology.org](mailto:spilch@audiology.org) or via phone at (703) 226-1036. Thank you for your consideration.

1. <https://www.audiology.org/sites/default/files/publications/resources/WhatIsAnAuD.pdf> [↑](#footnote-ref-1)
2. Chan S., Hixon B., Adkins M., Shinn J. B., & Bush M. L. (2017). Rurality and determinants of hearing healthcare in adult hearing aid recipients. The Laryngoscope, 127(10), 2362–2367 [↑](#footnote-ref-2)
3. Brennan-Jones CG, et al. Self-reported hearing loss and manual audiometry: A rural versus urban comparison. Aust J Rural Health. 2015 [↑](#footnote-ref-3)
4. Chou C, et al. Association of socioeconomic position with sensory impairment among US working-aged adults. American Journal of Public Health. 2015;105(6):1262–1268.  [↑](#footnote-ref-4)
5. Chan S., Hixon B., Adkins M., Shinn J. B., & Bush M. L. (2017). Rurality and determinants of hearing healthcare in adult hearing aid recipients. The Laryngoscope, 127(10), 2362–2367. [↑](#footnote-ref-5)
6. Centers for Disease Control and Prevention. (May 2018) *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016.* <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>; [↑](#footnote-ref-6)
7. Lin, Frank and Yaffe, Kristine. Journal of the American Medical Association: *Hearing Loss and Cognitive Decline in Older Adults*. (February 2013) <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452> [↑](#footnote-ref-7)