[Date]

The Honorable [Representative’s Full Name]

U.S. House of Representatives

[Office Address]

Washington, D.C. 20515

Dear Representative [Last Name],

As your constituent, I respectfully urge you to [cosponsor H.R. 2757, the Medicare Audiology Access Improvement Act (MAAIA)](https://www.congress.gov/bill/119th-congress/house-bill/2757/text). This bipartisan legislation is essential to expanding access to hearing and balance care for millions of older Americans. Currently, Medicare’s outdated policies create unnecessary barriers for beneficiaries who need timely and direct access to hearing and balance healthcare. MAAIA addresses these issues by:

* Allowing beneficiaries to see audiologists without a physician referral;
* Classifies audiologists as Medicare “practitioners,” and allowing them to provide services via telehealth;
* Expanding Medicare to cover both diagnostic and treatment services by licensed audiologists.

These reforms will streamline access to care, reduce patient healthcare costs, and enhance the quality of life for millions of Americans. Audiologists are highly trained healthcare professionals who play an essential role in treating hearing and balance conditions, especially among our aging population. Medicare should reflect this essential role by allowing direct access to audiology services, just as it does for other qualified providers.

[Personalize your story here — e.g., "As an audiologist practicing in [State]..." Add why this matters to you personally or your community — e.g., "I've seen firsthand how these delays harm patients..." or "This will help me better serve rural/underserved populations."]

I respectfully urge you to become a cosponsor of MAAIA and support efforts to modernize Medicare standards to meet patient needs. Thank you for your attention to this important issue. I would appreciate the opportunity to discuss this further and am happy to provide any additional information you may need.

Sincerely,

[Your Full Name]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]