

Audiology Advocate

AMERICAN
ACADEMY OF
AUDIOLOGY 

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Every year, legislative and regulatory developments at both the federal and state levels affect audiology and hearing-health care. This quarterly newsletter provides a concise overview of key updates and issues you need to know, along with upcoming events of interest.

Federal Updates

Congress Passes One Big Beautiful Bill Act With Medicaid Overhaul

On July 4, 2025, President Trump signed the sweeping One Big Beautiful Bill Act (OBBBA), marking a significant federal health care funding overhaul. The legislation extends key tax cuts while cutting nearly \$1 trillion from Medicaid and related safety-net programs over the next ten years.

Key Provisions of the Bill

- **Medicaid Cuts:** The Congressional Budget Office estimates \$930 billion to \$1 trillion in reduced federal Medicaid outlays, leading to the potential of 8–12 million Americans losing coverage by 2034.
- **New Medicaid Eligibility Rules:** The bill imposes an 80-hour monthly work requirement for able-bodied adults and mandates semi-annual re-verification, along with service co-payments reaching \$35.

- **Provider Tax Cap:** State Medicaid provider taxes will be reduced from six percent to 3.5 percent, eliminating a crucial revenue stream used to enhance reimbursements.
- **Rural Hospital Relief:** A new \$50 billion rural hospital fund was included, but analysts warn it covers only about 40–45 percent of anticipated rural shortfalls.

Though not always highlighted in broad healthcare discussions, audiologists and similar service providers face likely ripple effects:

- **Smaller Medicaid Rolls** mean fewer covered patients—forcing many to seek private pay options or go untreated.
- **Lower Reimbursements** as provider-tax cuts shrink state Medicaid budgets.
- **Greater Administrative Burden** from new eligibility hurdles and cost-sharing enforcement.
- **Referral Network Strain** as hospital service reductions or closures, especially in rural areas, disrupt patient pathways.
- **Rural Aid Insufficient:** The \$50 billion relief falls short of the estimated \$58+ billion rural hospital Medicaid shortfall over a decade.
- **State Policy Divergence:** Medicaid expansion and non-expansion states will experience differing impacts—expansion states face deeper cuts—but all reinsurers confront tighter budget constraints.
- **Coverage Loss Projections:** Non-Medicaid portions of the law—like Affordable Care Act (ACA) marketplace credit rollbacks—could add three million additional uninsured, pushing total uninsured increases to 16 million by 2034.

The legislation is aimed at trimming government waste and promoting sustainability, but analysts caution that it puts millions, particularly in underserved and rural communities, at risk of losing essential care.

Audiologists who serve Medicaid patients should prepare for reduced patient access, tighter budgets, and complex eligibility requirements, while policymakers balance fiscal aims with preserving community health infrastructure.

CDC Director Susan Monarez Fired Shortly After Confirmation Hearing

On July 29, 2025, the U.S. Senate approved the appointment of Susan Monarez, PhD, as the new director of the Centers for Disease Control and Prevention (CDC), in a closely watched 51–47 party-line vote.

Dr. Monarez was the first CDC Director to require Senate confirmation, following the enactment of the CDC Leadership Accountability Act of 2023. She was also the first leader of the agency without a medical degree since 1953, as she holds a PhD in microbiology and immunology.

On August 27, 2025, the CDC Director, Susan Monarez was abruptly fired after serving less than a month in her role. Her departure has ignited a cascade of resignations from key CDC officials and has created widespread alarm. The Academy will continue to monitor the situation and keep our members informed as the Administration selects its next CDC Director who will need to be confirmed by the U.S Senate.

AAA, ADA, and ASHA Respond to False Claims about Medicare Audiology Legislation

The American Academy of Audiology, Academy of Doctors of Audiology (ADA), and American Speech-Language-Hearing Association (ASHA) issued a formal response to the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) rebutting its recent letter to Congress opposing the **Medicare Audiology Access Improvement Act** (S.1996/H.R.2757) and asking for a meeting to discuss the bill.

The response from the presidents of the three audiology groups disputes AAO-HNS's mischaracterization of the legislation and the role of audiologists in providing hearing and balance care. The audiology organizations describe the AAO-HNS letter, which was sent to Congress on June 3, as "false, misleading, and inaccurate," and in direct contradiction to evidence-based clinical practice and federal data.

The letter from the audiology groups highlights the following:

- Audiologists are doctoral-level, licensed providers authorized in all states to practice independently. They provide direct, safe, and effective care to patients across the lifespan.
- The Medicare Audiology Access Improvement Act does not alter the scope of practice or designate audiologists as physicians. Instead, it removes unnecessary physician order requirements and restrictions on reimbursement that unfairly penalize seniors, aligning with existing practices in Medicare Advantage and other programs and payers.

- AAO-HNS's own clinical guidelines recognize the vital and independent role audiologists play in diagnosing and treating a range of hearing and balance conditions.
- Audiologists and the physicians that AAO-HNS represents work collaboratively and often in an integrated manner as part of a holistic care team.

The Academy launched a VoterVoice campaign urging audiologists to send a message to their members of Congress, asking them to cosponsor the MAAIA (S. 1996/H.R. 2757). Audiologist engagement is critical to advancing this legislation, which would remove outdated barriers to care and improve access to audiology services for Medicare beneficiaries.

AAA, ADA, and ASHA also requested a meeting with AAO-HNS to clarify misunderstandings and reinforce a shared commitment to evidence-based, patient-centered care for individuals of all ages who need care that audiologists are licensed to provide. Representatives of the audiology groups and AAO-HNS met virtually in August, and AAO-HNS reiterated its long-standing and continued opposition to the Medicare audiology bill.

Student Audiology Leaders Take to Capitol Hill to Champion MAAIA

In August, members of the Student Academy of Audiology (SAA) board stepped out of the classroom and onto Capitol Hill to advocate for the future of audiology. During their meetings, the students called on members of Congress to cosponsor the Medicare Audiology Access Improvement Act (H.R. 2757/S. 1996), legislation aimed at updating Medicare to improve access to hearing and balance care nationwide. The SAA representatives shared firsthand perspectives on the importance of timely, comprehensive audiology services.

MAAIA has earned bipartisan support in the House and Senate, but gaining additional cosponsors will support the bill's advancement. The SAA leaders underscored how outdated Medicare rules can delay care, limit patient choice, and prevent audiologists from practicing to the full extent of their education and training. By sharing personal stories, real-world examples, and data on the need for audiology services, these student advocates made a compelling case for why Congress must act now.



Academy Submits Comments on Proposed Revisions to MPFS CY 2026

In response to the Centers for Medicare and Medicaid Services (CMS) Notice of Proposed Rulemaking (NPRM) regarding revisions to Medicare payment policies under the Medicare Physician Fee Schedule (MPFS) for calendar year (CY) 2026, the Academy submitted public comments regarding policies that could have an impact on audiologists. The annual process includes the publication of the proposed rule in July, the deadline for public comment in September, CMS review of the comments and adjustments, if any, to the policies, and the publication by November of the final rule for implementation on January 1.

For CY 2026, the Academy noted some substantive policy changes for audiologists. Of ongoing concern are the Medicare Conversion Factor (CF), the proposed efficiency adjustment, and updates to the practice expense methodology. While the Academy supports the first proposed increase in the CF over the last five years, we urge CMS to establish long-term payment reform that includes meaningful increases to reflect a cost-of-living adjustment and address inflationary pressures on clinical care. The Academy also opposes the proposed, arbitrary efficiency adjustment that would reduce relative value units (RVUs) by 2.5 percent every three years and be applied to several audiology time-based codes. We urge CMS to engage stakeholders to look at this further, as well as to inform changes for the practice expense methodology, before implementing any changes.

The Academy also responded favorably to several announcements in the proposed rule. We support the CMS's proposal to streamline the process for revisions to the Medicare telehealth services list, as well as the removal of the provisional and permanent designations. We also thanked CMS for the addition of the auditory osseointegrated sound processor services (CPT codes 92622 and 92623) to the Medicare telehealth services list. CMS is looking at how to include artificial intelligence (AI) tools into the rate-setting process for the MPFS, and the Academy supports efforts to establish a clear reimbursement pathway that promotes innovation in AI-enabled technology. Finally, CMS announced in the MPFS the set of 12 new hearing device services codes, and the Academy commented on the importance of having these codes to describe more accurately the range and intensity of services provided by audiologists.

State Updates

ASLP-IC Readies for Rollout

The Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) continues to move toward full implementation, expanding opportunities for audiologists and speech-language pathologists to practice across state lines without requiring additional licensing. On June 30, the ASLP-IC commission convened to share key updates and vote on measures that shape the next phase of the compact's rollout.

CompactConnect: Next Steps for Member States

The CompactConnect data system is projected to launch in the fall of 2025, with an estimated go-live date of September 30. The CompactConnect platform will serve as the central system for managing the interstate privilege to practice under the compact. However, this timeline remains tentative, and not all member states will be ready to onboard or recognize privileges immediately. As with other licensure compacts, a phased rollout is expected. The commission is currently working with a group of interested "pilot states" that have indicated readiness to begin integration with the system. These pilot states will help test and refine CompactConnect's implementation before broader rollouts to additional member states.

Background Checks: A Continuing Barrier

One of the key hurdles remaining is the implementation of required FBI background checks, and progress has been slow. Some states still need to pass legislation

implementing background checks, while others are still finalizing agreements with the FBI to begin conducting checks. These procedural delays mean that, even in states where the compact has passed, practitioners may not participate until these systems are fully in place.

Administrative Fees for Compact Privileges

Staff shared additional details on the fee structure for those applying for the practice privilege. The anticipated fee for obtaining a privilege to practice will be \$50 per state. The administrative fees will support the operation of CompactConnect and the processing of privilege applications across jurisdictions. This fee will apply each time a practitioner requests a privilege to practice in a new state and will also be required at each renewal period. In addition, states may charge a separate state fee. Importantly, each state's compact legislation determines the renewal cycle. Some states may require annual renewals, while others operate on a different renewal timeline. In the coming months, the commission will release additional guidance on payment systems, timelines, and state-specific renewal procedures.

For FAQs and questions, visit the [website](#) or email info@aslpcompact.com.

Other News

Medicaid in Focus: What Audiologists Need to Know Now

With the recent changes to Medicaid, the Academy is preparing audiologists with the new one-pager, **"Medicaid in Audiology"**, an exclusive member resource designed to educate on the potential policy shifts and how audiologists can take meaningful action. The Academy created this new resource in preparation for the upcoming State Policy Advocate Network (SPAN) meeting, where leaders from state audiology organizations attend to discuss issues affecting audiology in their states. This month's meeting focuses on Medicaid, a foundational program that provides health care coverage for millions. The "Big Beautiful Bill", which recently passed out of Congress, includes changes to the structure for Medicaid's funding and eligibility requirements. These shifts could have significant ripple effects across state programs, as Medicaid funding constitutes a substantial portion of their annual budgets. The Academy created this briefing to ensure audiologists are prepared with the tools they need to advocate for their patients and practices. The one-pager walks you through:

- how Medicaid is funded,
- what proposed federal changes could mean at the state level, and
- steps you can take to stay engaged in local advocacy.

The Academy remains committed to supporting audiologists with up-to-date, actionable resources. Whether you're attending SPAN or simply want to stay ahead of policy trends, this one-pager is a must-read.

Access the One-Pager

Have questions? *Contact a member of the government relations team:*

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