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VIA EMAIL TO: Rural_Urban@mail.house.gov

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RE: House Ways and Means Committee Rural and Underserved Communities Task Force Request for Information (RFI): Priority Topics that Affect Health Status and Outcomes

The American Academy of Audiology is pleased to provide our recommendations to the House Ways and Means Committee Rural and Underserved Communities Task Force as it seeks to identify priority topics for consideration that will address the health inequities that exist 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] 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.

[1] https://www.audiology.org/sites/default/files/publications/resources/WhatIsAnAuD.pdf

Response to Question #1: Healthcare-Related Factors that Influence Patient Outcomes in Rural and/or Urban Underserved Areas

The Prevalence of Untreated Hearing Loss in Rural 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] Untreated hearing loss can lead to depression, anxiety and social isolation and tends to be more prevalent in rural areas[3]. In addition, hearing impairment prevalence is often associated with poverty, reduced educational attainment, and manual labor occupations[4]--characteristics that are more prominent in rural communities.[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] In addition, research is now emerging indicating that Seniors with untreated hearing loss are more likely to develop cognitive decline up to 40% faster than those without hearing loss.[7]

Direct Access to Audiologist Services in Medicare Would Remove A Current Barrier to Rural Patient Hearing Screening and Treatment

Current policy requires Medicare beneficiaries to receive a physician referral (usually provided by a primary care physician) before seeing an audiologist for hearing and balance diagnostic tests. The Academy strongly supports removing this barrier and favors giving beneficiaries the

[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
[3] Brennan-Jones CG, et al. Self-reported hearing loss and manual audiometry: A rural versus urban comparison. Aust J Rural Health. 2015
[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.
[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.
[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;
[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

option to see either a physician or an audiologist first for hearing and balance-related health care. The Federal Employees Health Benefits Program (FEHBP), the Veterans Administration (VA) as well as many private health plans allow their enrollees direct access to audiologists without physician referral. The VA has had this policy in place since 1992. In a letter from the VA Acting Deputy Under Secretary for Health, Michael Kussman, MD to Senator Grassley in 2004, he states that the VA direct access policy "provides high-quality, efficient and cost-effective hearing care." Dr. Kussman goes on to state that requiring all veterans with hearing loss complaints to see ENT physicians would result in unnecessary medical care, inefficient use of VA resources, and longer waits for veterans who need the specialized care of ENT physicians. "The [direct access] policy is cost-effective because an unnecessary clinic visit is avoided." In addition, Dr. Kussman states that "the VA has not experienced patient complaints or problems as a result of the direct access policy."[8]

Evidence shows that in addition to being duplicative, reliance on primary care physicians to refer patients for hearing-related concerns and /or treatment results in under-detection and undertreatment for these conditions.[9] Primary care physicians might find it challenging to add hearing screening to office visits due to time constraints, lack of reimbursement, or lack of a structured reminder.[10] In addition, primary care providers may not be up-to-date on the latest hearing healthcare resources and guidelines.

Rural Medicare beneficiaries in particular would benefit from being able to directly access the care of an audiologist. Given significant travel distances 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.

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[8] https://www.audiology.org/sites/default/files/advocacy_files/DeptofVeteranAffairs.pdf

[9] Cohen SM, Labadie RF, Haynes DS. Primary care approach to hearing loss: The hidden disability. Ear Nose Throat Journal. 2005;84(1):26, 29-31–44.

[10] Johnson CE, Danhauer JL, Koch LL, Celani KE, Lopez IP, Williams VA. Hearing and balance screening and referrals for Medicare patients: A national survey of primary care physicians. Journal of the American Academy of Audiology. 2008;19(2):171–190.

Response to Question #2: What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities?

The Department of Veterans Affairs Successfully Uses Tele-Audiology to Reach Rural Patients; Medicare Should Follow Suit

Audiologists are currently classified as "suppliers" in Medicare and as such are not among the list of providers authorized to provide services via telehealth. However, if audiologists were to be reclassified as "practitioners"—similar to the classification of clinical psychologists, nurse practitioners, and clinical social workers - they would be authorized within Medicare to provide and be reimbursed for audiology services provided via telehealth.

As a model, the Department of Veteran Affairs has recognized that providing audiology services via telehealth is an effective way to reach rural veterans.[11] "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.[12]

The Department of Veteran Affairs (VA) currently uses Clinical Video Telehealth to provide audiology services to 210 community-based outpatient clinics (CBOCs) by connecting patients with providers at over 70 medical centers. Services provided include hearing evaluations, hearing aid fittings and follow-ups, auditory rehabilitation and tinnitus management. The VA is currently exploring ways to provide services directly into the Veteran's home through computer technologies and mobile device applications.[13]

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[11] https://www.blogs.va.gov/VAntage/62446/audiology-telehealth-helping-rural-veterans-access-hearing-evaluations/
[12] https://www.blogs.va.gov/VAntage/62446/audiology-telehealth-helping-rural-veterans-access-hearing-evaluations/
[13] https://www.va.gov/COMMUNITYCARE/docs/news/VA_Telehealth_Services.pdf

Conclusion

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 care. Legislation has been introduced in both the House and Senate that would eliminate many of the current barriers preventing rural elderly patients from efficiently accessing hearing and balance healthcare: The Medicare Audiology Access and Services Act of 2019 (, H.R. 4056/S. 2446). This legislation would reclassify audiologists under Medicare as "practitioners," allow for direct access by Medicare patients to audiologists and allow audiologists to provide currently covered services beyond diagnostics.

The Academy appreciates this opportunity to provide comments to the Rural and Underserved Communities Task Force as they seek to identify actionable items to remove current barriers to healthcare that exist for residents in these vulnerable areas of the country. If there are any questions about any of the information included in this letter, please contact Susan Pilch, J.D., Senior Director of Government Relations at spilch@audiology.org or via phone at (703) 226-1036.

Sincerely,

Catherine V. Palmer, PhD
President, American Academy of Audiology