

November 29, 2019

Chairman Richard E. Neal
House Committee on Ways & Means
1102 Longworth House Office Building
Washington, DC 20515

Ranking Member Kevin Brady
House Committee on Ways & Means
1139 Longworth House Office Building
Washington, DC 20515

RE: House Committee on Ways & Means RFI on Priority Topics for Consideration and Discussion in Future Sessions of the Rural and Underserved Communities Health Task Force

The International Hearing Society appreciates the opportunity to provide comments to House Committee on Ways & Means Chairman Neal, Ranking Member Brady and distinguished members of the Rural and Underserved Communities Health Task Force on the above-referenced RFI and its work in the development of bipartisan legislation to improve health care outcomes in rural and underserved communities.

The International Hearing Society (IHS) is a professional membership organization that represents thousands of hearing aid dispensing professionals worldwide, including the approximately 9,000 hearing aid specialists practicing in the United States. Founded in 1951, IHS continues to recognize the need for promoting and maintaining the highest possible standards for its members that are in the best interests of the hearing-impaired populations they serve. IHS members reach and care for hundreds of thousands, if not millions, of rural and underserved patients throughout the country.

Our comments to the RFI focus on the need for increased access to hearing healthcare services and professionals particularly for patients in rural and underserved communities and how the expansion of services via hearing aid specialist designations as providers within Medicare would assist in increasing access and improving health outcomes for patients in these communities.

The Growing Need for Hearing Healthcare Services and Professionals

Hearing loss is an increasing concern in the United States and among the most commonly diagnosed health conditions in the world. It has been tied to dementia, depression, isolation, falls, and other medical and psychological conditions that affect an individual's overall health status. Hearing loss prevalence increases sharply with age, rising from 3 percent among adults 20 to 29 years of age to 45.6 percent among the 70 to 74 year age group and 80.6 percent in the 85 years and older age group.¹ While such trends underscore a critical need for hearing healthcare services, the availability of hearing healthcare professionals and services in the U.S. are in limited supply and are disparate in access, particularly among rural and underserved communities.

¹ "Hearing Loss Prevalence and Risk Factors Among Older Adults in the United States." Lin et al., 2011

Disparities in the Availability and Accessibility of Audiologists

Audiologists are state-licensed healthcare professionals who provide hearing and balance services, and participate in Medicare, Medicaid, and other managed care programs. They may operate through private practice, or work in an academic center, medical facility, or for a physician. Of the 16,000 licensed audiologists across the US, 2013 estimates found there were approximately 11,200 full-time equivalent audiologists providing direct clinical care and about 9,000 that are engaged in hearing aid dispensing.² Until 2007, audiologists could pursue education and training via a traditional master's degree program or a newer Doctor of Audiology program, the latter of which has become the minimum degree requirement for licensure. Unfortunately, this change, coupled with attrition and drop-out rates, has led to a significant projected shortage in the audiology field that will not meet demand. Audiology leaders Ian Windmill, PhD and Barry Freeman, PhD stated, "If the 40% attrition rate is maintained, the model predicts a negative growth rate for audiology. That is, the number of audiologists will actually decline from about 16,000 to slightly under 15,000 over the next 30 yr."³

According to a recently published study analyzing the disparities in geographical availability and accessibility of audiologists in the country, "Approximately 56.6% of U.S. counties do not have audiologists, and counties with lower household incomes and older populations are at a disadvantage, which suggests stark inequities in audiologist service accessibility that may worsen, given the trends of attrition among practicing audiologists and falling enrollment in clinical audiology programs." The study also found a shortage of audiologists in counties with higher concentrations of older adults reporting hearing difficulty, noting, "...an inverse-care association given the high need for audiology services among older adults." In addition, the study found that patients in rural communities face disproportionately higher barriers in access to hearing healthcare services and experience additional adverse economic consequences compared to patients in urban communities. Rural patients take longer trips to access hearing healthcare and wait longer periods prior to adopting hearing aids or cochlear implants, also citing a strong association between hearing loss and loss of employment among patients in rural versus urban communities.⁴

The Role of Hearing Aid Specialists in Mitigating Disparities in Hearing Healthcare Services

Hearing aid specialists are state-licensed health professionals that deliver high-quality hearing health services throughout the U.S. and are regulated in all 50 states to perform hearing evaluations, make physicians referrals, recommend and fit hearing aids and other assistive devices, provide aural rehabilitation (counseling) and adjustments, perform hearing aid repairs, and provide other hearing healthcare related services. They are a primary point of entry into the hearing healthcare system and dispense approximately half of all hearing aids distributed in

² "Demand for Audiology Services: 30-Yr Projections and Impact on Academic Programs." Windmill, Ian M, and Freeman, Barry A, 2013

³ "Demand for Audiology Services: 30-Yr Projections and Impact on Academic Programs." Windmill, Ian M, and Freeman, Barry A, 2013

⁴ "Audiologist availability and supply in the United States: A multi-scale spatial and political economic analysis." Planey, Arrianna A., 2019

the non-Veterans Health Administration market, operate in rural areas, and perform in-home and nursing home visits. Hearing aid specialists are also recognized as providers of hearing healthcare services by the Department of Labor (SOC 29-2092.00; Bulletin 2018-41, RAPIDS Code: 2071CB); Office of Policy and Management (FEHB Program Carrier Letter No. 2008-07(c)); Department of Veterans Affairs (PL 114-256 and VHA Handbook 1170.02(1), 2011); state Medicaid, workers' compensation, and vocational rehabilitation programs; and private health plans.

IHS Input on Priority Topics for Consideration and Discussion

Hearing Aid Specialists as Medicare Providers

IHS urges members of the House Committee on Ways & Means Rural and Underserved Communities Health Task Force to support the inclusion of licensed hearing aid specialists as Medicare eligible providers to deliver hearing examinations, treatment, and aural rehabilitation services consistent with their state scopes of practice. Hearing aid specialists are currently providing these services to the Medicare population without limitation through self-pay models or as Medicare Advantage providers. The inclusion of hearing aid specialists would simply mean that Medicare beneficiaries would no longer have to pay for these services out of pocket.

Importance of Provider Choice

A 2015 "White Paper Addressing Societal Costs of Hearing Loss and Third-Party Reimbursement Issues," endorsed by audiology, consumer, manufacturer organizations, and IHS, identified key principles for developing a national hearing healthcare reimbursement policy, including "provider choice." The White Paper states that, "The ingredients of successful adaptation to hearing aids are not only appropriate technology, but also provider service. Closed provider networks limit access to the full range of technology and professional services. In the case of hearing aids and implants, evaluation, recommendation and selection by a licensed provider, quality of care and follow-up treatment plays a critical role in outcome. Patients should be allowed to select their hearing healthcare providers and those providers should be qualified through state licensure."

Amend H.R. 4618; Medicare Hearing Act of 2019

Since the inception of Medicare in 1965, "hearing aids and examinations there for" have been excluded from Medicare Part B coverage. H.R. 4618 would eliminate the exclusion and add coverage for adults diagnosed with severe to profound hearing loss. While IHS favors policy that would expand Medicare beneficiaries' access to hearing healthcare services, IHS is concerned that H.R. 4618 fails to add hearing aid specialists as qualified providers to deliver hearing examinations, hearing aids, and related services, including aural rehabilitation. Limiting coverage to audiologist-provided services would only reduce existing points of access for Medicare beneficiaries by 50% - counter to the intent of the legislation. The historic exclusion of hearing aid specialists stems from the fact that the primary services they provide have been excluded from Medicare coverage. If Medicare is to cover these services, now is the time to add hearing aid specialists as eligible providers under Title 42.

IHS fully supports the goals of the House Committee on Ways & Means Rural and Underserved Communities Health Task Force in identifying the causes of health disparities in rural and underserved communities and in developing strategies to close existing gaps in care to achieve optimal health outcomes there. IHS remains committed to assist rural and underserved communities in obtaining the high-quality hearing healthcare services they deserve through the expansion of services via hearing aid specialist designations as providers within Medicare.

Thank you for the opportunity to comment and to explain how IHS can be of assistance. If any questions arise concerning this submission, please contact Alissa Parady at aparady@ihsinfo.org or 734-522-7200.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathleen Mennillo', with a long horizontal flourish extending to the right.

Kathleen Mennillo, MBA
Executive Director
International Hearing Society