



Overview of Medicare Coverage for Hearing Treatment: Inadequate and Ready for Improvement

Key Points:

- Hearing loss has a broad cost: it is associated with poor health and wellbeing outcomes including dementia, falls, social isolation, and higher health care utilization and costs.
- The Medicare program has limited coverage options for the treatment of hearing loss, a highly prevalent condition among Medicare beneficiaries.
- Only one in four beneficiaries (24%) has coverage for hearing aids and hearing care services through Medicare Advantage or state Medicaid plans, and out-of-pocket costs remain high.
- For many, hearing treatment is unaffordable, with the average pair of hearing aids costing approximately \$4,700.

Hearing loss is highly prevalent among Medicare beneficiaries. Two-thirds of Americans aged 70 and older have clinically relevant hearing loss. Hearing loss is most prevalent among white males with low education¹. By 2060, 49.6 million adults aged 70 and older are expected to have hearing loss². Hearing loss is associated with poor health and wellbeing outcomes including dementia³, falls⁴, social isolation⁵, and higher health care utilization and costs⁶.

Medicare covers hearing testing prescribed by a physician but coverage for treatment is very limited.

Access to necessary hearing care treatment is low. Only 11% of Medicare beneficiaries report using hearing aids despite the high level of hearing loss among beneficiaries⁷. There are many reasons why people do not seek treatment for their hearing loss. These include a lack of awareness for their hearing loss, social stigma, dissatisfaction with the treatment options, and cost.

The cost of hearing aids is prohibitive for many Medicare beneficiaries. On average, the cost of a pair of hearing aids is one-fifth of the median income of Medicare beneficiaries. The cost of a hearing aid (on average \$4,700 per pair) is often bundled with the services of an audiologist to help fit and customize the hearing aid and provide ongoing support. This cost, however, is out of reach for many, particularly those with low incomes⁸.

Insurance options to cover the costs of hearing aids and services are limited for Medicare beneficiaries. Here are the current coverage conditions in Medicare⁹:

- **Traditional Medicare:** Audiological diagnostic services (e.g., hearing exams) with a physician's referral are covered under Medicare. Medicare does cover treatment for implantable hearing devices such as cochlear implants and osseointegrated hearing implants, but these are only indicated for those with severe hearing losses and other less common forms of hearing loss.
- **Medicare Advantage:** Medicare Advantage currently enrolls one-third of Medicare beneficiaries. Medicare Advantage plans offer supplemental hearing benefits (e.g., hearing aids) that are statutorily precluded from coverage under traditional Medicare. In 2017, 67% of Medicare Advantage plans covered hearing exams, and 55% covered hearing aids⁹. As these are supplemental benefits, there are no requirements for the level of coverage and plans will vary

on the percent of cost-sharing and devices available. Analysis from 2016 showed Medicare beneficiaries with hearing treatment coverage still paid three-quarters of the costs out-of-pocket¹⁰.

- **Medicaid:** Medicare beneficiaries that are dually eligible for Medicaid may have access to hearing care services and devices through Medicaid. These hearing benefits through Medicaid are decided and administered at the state-level with substantial state-to-state variation in access. An analysis of state Medicaid programs in 2016 showed 28 states offered some coverage of hearing services and/or devices, and 22 states not providing any coverage¹¹.

References:

1. Goman AM, Lin FR. Prevalence of Hearing Loss by Severity in the United States. *Am J Public Health*. 2016;106(10):1820-1822. doi:10.2105/AJPH.2016.303299
2. Goman AM, Reed NS, Lin FR. Addressing Estimated Hearing Loss in Adults in 2060. *JAMA Otolaryngol Head Neck Surg*. 2017;143(7):733-734. doi:10.1001/jamaoto.2016.4642
3. Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet*. 2020 Aug 8;396(10248):413-446. doi: 10.1016/S0140-6736(20)30367-6. Epub 2020 Jul 30. PMID: 32738937; PMCID: PMC7392084.
4. Lin FR, Ferrucci L. Hearing loss and falls among older adults in the United States. *Arch Intern Med*. 2012 Feb 27;172(4):369-71. doi: 10.1001/archinternmed.2011.728. PMID: 22371929; PMCID: PMC3518403.
5. Shukla A, Harper M, Pedersen E, Goman A, Suen JJ, Price C, Applebaum J, Hoyer M, Lin FR, Reed NS. Hearing Loss, Loneliness, and Social Isolation: A Systematic Review. *Otolaryngol Head Neck Surg*. 2020 May;162(5):622-633. doi: 10.1177/0194599820910377. Epub 2020 Mar 10. PMID: 32151193.
6. Reed NS, Altan A, Deal JA, Yeh C, Kravetz AD, Wallhagen M, Lin FR. Trends in Health Care Costs and Utilization Associated With Untreated Hearing Loss Over 10 Years. *JAMA Otolaryngol Head Neck Surg*. 2019 Jan 1;145(1):27-34. doi: 10.1001/jamaoto.2018.2875. PMID: 30419131; PMCID: PMC6439810.
7. Willink A, Reed NS, Lin FR. Access To Hearing Care Services Among Older Medicare Beneficiaries Using Hearing Aids. *Health Aff (Millwood)*. 2019 Jan;38(1):124-131. doi: 10.1377/hlthaff.2018.05217. PMID: 30615534.
8. Willink A, Schoen C, Davis K. How Medicare Could Provide Dental, Vision, and Hearing Care for Beneficiaries. *The Commonwealth Fund*. 2018.
9. Sung, Jane, and Claire Noel-Miller. Supplemental Benefits in Medicare Advantage: Recent Public Policy Changes and What They Mean for Consumers. Washington, DC: AARP Public Policy Institute, July 2019. <https://doi.org/10.26419/ppi.00075.000>
10. Willink, A., Reed, N. S., Swenor, B., Leinbach, L., DuGoff, E. H., & Davis, K. (2020, Feb). Dental, Vision, And Hearing Services: Access, Spending, And Coverage For Medicare Beneficiaries. *Health Aff (Millwood)*, 39(2), 297-304. <https://doi.org/10.1377/hlthaff.2019.00451>

11. Arnold, M. L., Hyer, K., & Chisolm, T. (2017). Medicaid Hearing Aid Coverage For Older Adult Beneficiaries: A State-By-State Comparison. *Health Affairs*, 36(8), 1476-1484. doi: 10.1377/hlthaff.2016.1610. PMID: 28784741.

About Us

At the Johns Hopkins Cochlear Center for Hearing and Public Health, we are training a generation of clinicians and researchers to study the impact that hearing loss in older adults has on public health, and to develop and implement public health strategies and solutions for hearing loss in the US and globally.

We approach our work with the foundational understanding that strategies and solutions that allow older adults with hearing loss to communicate and effectively engage with their environment are fundamental to optimizing human health and aging.

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