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Effective Legislative Proposals for Medicare Hearing Care Coverage: Hearing Care Services Are Essential, Hearing Aids Are Optional

Key Points:

- The Medicare program's historically limited coverage options for treating hearing loss fail to provide meaningful support for a condition that is both highly prevalent among Medicare beneficiaries and that impacts critical health outcomes.
- To meet the needs of Medicare beneficiaries and account for current technological and market trends in hearing aids, efforts to expand Medicare coverage for hearing care must distinguish between the role of hearing care services versus hearing aids.
- Coverage of hearing care rehabilitative services provided by audiologists is essential so that beneficiaries with hearing loss can learn how to hear and communicate optimally
- Coverage levels for hearing aids can vary according to hearing loss severity to optimize cost containment and to encourage beneficiaries to cost-share hearing loss treatment by purchasing their own hearing aids. The Over-the-Counter Hearing Aid Act of 2017 created a whole new market that allows for more affordable hearing aids to be directly available to consumers.
- Legislative proposals introduced in Congress to expand coverage of hearing care under Medicare vary by who would be eligible and how hearing care services and hearing aids would be covered.

Hearing loss is highly prevalent among Medicare beneficiaries and impacts key health outcomes. Two-thirds of Americans aged 70 and older have clinically relevant hearing loss. Hearing loss is most prevalent among white males with low education[1]. By 2060, 49.6 million adults aged 70 and older are expected to have hearing loss[2]. Hearing loss is associated with poor health and wellbeing outcomes including dementia[3], falls[4], social isolation[5], and higher health care utilization and costs[6].

Hearing care services and hearing aids are distinct and important components in the treatment of hearing loss. Hearing care services (aural rehabilitation) provided by audiologists allow individuals to hear and communicate optimally through learning communication strategies and incorporating the use of hearing technologies based on the specific needs of the individual. Hearing aids are generally indicated for individuals with mild to severe hearing losses, but not every individual with hearing loss needs a hearing aid.

The hearing aid market in the U.S. is undergoing significant change with the Over-the-Counter Hearing Aid Act of 2017. The bipartisan Over-The-Counter Hearing Aid Act required the FDA to create a regulatory classification for hearing aids that are available over the counter to adults. Historically, FDA-regulated hearing aids were only available through a licensed hearing care provider, and the market has long been dominated by five hearing aid companies. OTC hearing aids will increase the accessibility and affordability of hearing aids and allow consumers to directly purchase their own hearing aids.

Legislative proposals must distinguish between coverage of hearing care services versus hearing aids to meet the specific needs of Medicare beneficiaries. Some individuals with hearing loss may only require the hearing care support services of an audiologist without the need for a hearing aid while others will require both a hearing aid and further support services. Proposals distinguishing between coverage for hearing care services versus hearing aids will best meet the specific needs of

Medicare beneficiaries by not restricting audiologists to always having to provide a hearing aid to all patients as is commonly done. In particular, Medicare beneficiaries with hearing loss may wish to purchase their own OTC hearing aid on the retail market but these individuals will still require access to the critical hearing care support services of an audiologist.

Six legislative proposals to expand hearing care in Medicare were introduced most recently to the 116th Congress[7](convened January 2019 – January 2021). Legislative proposals vary substantially in how hearing care services and hearing aids would be covered under Medicare. Table 1 illustrates the variation in coverage of hearing care services and hearing aids across the proposals. Points of differentiation include:

- **Coverage of hearing care services and/or hearing aids.** Three of the six bills introduced into the 116th Congress include coverage of both hearing care services and hearing aids. Two would only cover hearing aids (H.R.1518 and H.R. 576) such that audiologists would only be covered for diagnostic services but not to provide services to support hearing aid fitting and treatment. One focuses on covering hearing care services only, adding treatment services to the existing coverage of diagnostic services (H.R. 4056), but services pertaining to hearing aids would not be covered.
- **Eligible population for hearing aid coverage.** Of the bills proposing hearing aid coverage, one, H.R. 4618, would restrict hearing aid coverage to only to those beneficiaries with severe hearing loss. The intention is to complement the Over-The-Counter Hearing Aid Act of 2017 which creates regulations for over-the-counter hearing aids for those with mild-to-moderate hearing loss. Bills with broader population eligibility, such as H.R. 1393 and H.R. 6147, would also ensure coverage of hearing aids for those with mild-to-moderate hearing loss.
- **Classification of devices.** Three bills (H.R. 4618, H.R. 1393, and H.R. 1518) specify how hearing aids would be classified under Medicare as either prosthetic devices or durable medical equipment; the remaining three bills do not specify the classification of devices. These distinctions in Medicare have implications on the choice and cost of the devices, with durable medical equipment usually limited to a few options chosen through a competitive bidding process intended to reduce the overall costs. This is the process the Veterans Administration uses to purchase and provide hearing aids. Devices classified as prosthetics do not go through this process which provides greater choice for beneficiaries but not the cost containment benefit of competitive bidding.
- **Classification of providers.** Two bills, H.R. 4618 and H.R. 4056, seek to change the classification of audiologists from suppliers to practitioners. A change to practitioner status would join audiologists with other professions such as nurse practitioners, physician assistants, and clinical psychiatrists, and make them eligible for legislative and regulatory changes that happen to this category of professionals (versus those to suppliers). A recent example of this is the CARES Act of 2020 which extended access to telehealth services provided by practitioners and physicians. As suppliers, audiologists were not included among those providers allowed to reimburse for telehealth services during the pandemic.
- **Removal of prior authorization requirement.** One bill, H.R. 4056 removes the requirement for Medicare beneficiaries to have a referral from a physician to receive covered diagnostic services from audiologists. H.R. 4618 opens the possibility of having this requirement removed, although it is conditional upon an evaluation of the possible impact and will be left to the discretion of the Secretary of Health and Human Services.

TABLE 1: COMPARISON OF BILLS INTRODUCED IN THE 116TH CONGRESS RELATED TO HEARING AID AND/OR SERVICES COVERAGE

Bill No	**H.R. 4618**	**H.R. 1393**	**H.R. 6147**	**H.R. 1518**	**H.R. 576**	**H.R. 4056**
Title	Medicare Hearing Act of 2019	Medicare Dental Vision and Hearing Benefit Act of 2019	Help Extend Auditory Relief (HEAR) Act of 2020	Medicare Hearing Aid Coverage Act of 2019	Seniors Have Eyes, Ears, Teeth Act	Medicare Audiology Access and Services Act of 2019
Sponsor	McBath (D-GA)	Doggett (D-TX)	Cartwright (D-PA)	Dingell (D-MI)	Roybal-Allard (D-CA)	Rice (R-SC)
Related Bills	H.R. 3 (Elijah E. Cummings Lower Drug Costs Now Act)	S. 1423 (Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2019)				S. 2446 (Medicare Audiology Access and Services Act of 2019)
Coverage of Hearing Aids	Yes	Yes	Yes	Yes	Yes	No
-Eligible Population	Severe or Greater Hearing Loss Only	Mild to Profound Hearing Loss	Mild to Profound Hearing Loss	Not specified	Not specified	Not Applicable
-CMS classification of devices	Prosthetics	Durable Medical Equipment	Durable Medical Equipment	Not specified	Not specified	Not Applicable
-Frequency of Coverage	Every 5 years	Every 4 years	Every 3 years	Not Specified	Not Specified	Not Applicable
Coverage of Hearing Care Services	Yes	Yes	Yes	No	No	Yes
-Eligible Population	All Medicare beneficiaries	All Medicare beneficiaries	All Medicare beneficiaries	Not Applicable	Not Applicable	All Medicare beneficiaries
-CMS classification of Audiologists	Practitioner	Supplier (no change)	Supplier (no change)	Supplier (no change)	Supplier (no change)	Practitioner
-Eligible Services	Assessment services, and aural rehabilitation and treatment services	As defined by Secretary	Assessment services, and aural rehabilitation and treatment services	Diagnostic Only (no change)	Diagnostic Only (no change)	Diagnostic and treatment services; No coverage for hearing aid-related services
-Prior Authorization Requirement	Conditional on outcome of report 3 years after enactment	Yes (no change)	Yes (no change)	Yes (no change)	Yes (no change)	No

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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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