



June 21, 2022

The Honorable Chuck Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Chairman, Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member, Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Leader Schumer, Leader McConnell, Chairman Wyden, and Ranking Member Crapo:

The American Academy of Audiology (AAA), the Academy of Doctors of Audiology (ADA), and the American Speech-Language-Hearing Association (ASHA) applaud Congressional efforts to improve access to mental health care services and interventions. As part of that effort, our organizations urge you to include S. 1731, the Medicare Audiologist Access and Services Act, in any legislative package advanced by the Finance Committee and considered in the Senate to increase access to audio-vestibular care and improve the mental health of America's seniors.

Audiologists are doctorally-educated healthcare professionals who provide evidence-based care in the prevention, identification, diagnosis, and treatment of hearing, balance, and other auditory disorders. These professionals treat a variety of conditions including hearing loss, tinnitus (ringing in the ears), and dizziness and provide care to patients of all ages.

There is a substantiated clinical association between *hearing and balance conditions* and *mental health and well-being*. Untreated hearing loss is linked to increased rates of depression, cognitive decline, social isolation, and loneliness—particularly for older adults.<sup>1</sup> According to the National Institute on Aging, roughly one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 has difficulty hearing.<sup>2</sup> Individuals with mild hearing loss are 3 times more likely to experience a fall, and falls are the leading cause of injury and death for Americans over 65.<sup>3,4</sup>

Unfortunately, Medicare creates unnecessary barriers for seniors to access audiology care. Medicare beneficiaries do not have the same access to audiologists for their hearing and vestibular health care services when compared to individuals who are insured by other public and private payers. Specifically, Medicare: 1) limits coverage to diagnostic services; 2) requires a physician order before a beneficiary can see an audiologist; and 3) classifies audiologists as “suppliers,” rather than “practitioners,” which collectively limits their ability to provide the full range of services within their scope of practice and clinical licensure.

The Medicare Audiologist Access and Services Act (S. 1731) is bipartisan legislation, introduced by Senators Elizabeth Warren, Rand Paul, and Charles Grassley, that addresses these deficiencies. The bill would provide beneficiaries direct access to the full range of Medicare-covered diagnostic and treatment services provided by audiologists so they have more timely and robust hearing and balance care, which would reduce depression, social isolation, and cognitive decline that negatively impact the mental health of older adults. An analysis that our organizations commissioned found that the bill would have a limited fiscal impact on the federal

budget, while saving seniors \$36 million in out-of-pocket costs for unnecessary co-pays. It's time for Congress to heed calls from the National Academy of Medicine to "[enhance] access to auditory rehabilitation services for Medicare beneficiaries, including reimbursement to audiologists for these services."<sup>5</sup>

AAA, ADA, and ASHA urge you to include S. 1731 in any mental health care legislation advanced by the Committee and considered by the Senate. This bill would reduce barriers for Medicare beneficiaries to access critical audiologic care and improve their mental health and well-being.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL

2022 ASHA President



Kristin Davis, Au.D.

2022 ADA President



Sarah Sydlowski, AuD, PhD, MBA

2022 AAA President

---

<sup>1</sup> Cosh, S., Helmer, C., Delcourt, C., Robins, T. G., & Tully, P. J. (2019). Depression in elderly patients with hearing loss: current perspectives. *Clinical interventions in aging*, 14, 1471.

<sup>2</sup> National Institute on Aging. (2018). *Hearing Loss: A Common Problem for Older Adults*. <https://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults>.

<sup>3</sup> Lin, F. R., & Ferrucci, L. (2012). Hearing loss and falls among older adults in the United States. *Archives of internal medicine*, 172(4), 369–371. <https://doi.org/10.1001/archinternmed.2011.728>

<sup>4</sup> Centers for Disease Control and Prevention. (2018). *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>.

<sup>5</sup> National Academy of Medicine. (2016). *Americans Need Easier Access, More Affordable Options for Hearing Health Care*. <https://www.nationalacademies.org/news/2016/06/americans-need-easier-access-more-affordable-options-for-hearing-health-care-new-report>.