

## Medicare Coverage for Hearing Health Care

### *Position*

Recognizing that hearing health is essential, the Hearing Industries Association (HIA) supports broader patient access to hearing services and treatment, including hearing evaluations, hearing services provided by all hearing care professionals practicing within scope of license under State law, and hearing aids, while ensuring continued innovation and fair and reasonable reimbursement for devices, services, and treatment provided.

### *Issue*

Created in 1965 as the federal health insurance program for individuals aged 65 years or older and individuals with disabilities, traditional (Fee-For-Service) Medicare **statutorily excludes** dental, vision, and hearing benefits. While Medicare does cover certain hearing services, such as diagnostic hearing and balance exams and cochlear implantation for individuals who meet specific selection criteria, that coverage does not extend to hearing evaluations for the purpose of obtaining a hearing aid, nor does it cover hearing aids or services related to the fitting or servicing of hearing aids.

Research has demonstrated the associated risks and comorbidities of hearing loss, including depression, dementia, social isolation, higher risk of falls that require hospitalization, cardiovascular disease, diabetes, and more. In recognition of the importance of hearing health, additional coverage options for hearing, dental, and vision services are increasingly and variably offered through Medicare Advantage (or Part C), an optional supplemental insurance program for Medicare participants.

### *Legislation*

Over multiple sessions of Congress, legislation expanding traditional Medicare coverage to hearing, dental, and vision benefits has been introduced. In the previous 116<sup>th</sup> Congress, the House of Representatives passed H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act, by a bipartisan vote of 230-192, which included provisions expanding Medicare coverage to hearing services and treatment. Based on H.R. 3 (as passed in the 116<sup>th</sup> Congress), HIA supports and recommends the following:

- **Coverage:** H.R. 3 provided coverage for hearing aids once every 5 years with a diagnosis of severe to profound hearing loss, pursuant to a written order of a physician or qualified audiologist. Over-the-counter (OTC) hearing aids are not covered.
  - *HIA supports coverage of hearing aids for diagnosed severe to profound hearing loss.*
  - *HIA supports consumer choice and access to FDA-regulated, high quality hearing devices suitable to a person's hearing loss by allowing the Medicare participant to choose a higher-priced hearing aid (one hearing aid per hearing-impaired ear), where the Medicare participant pays the difference in price above the Medicare covered cost.*
  - *To ensure meaningful access to professional hearing health services, including hearing evaluations and hearing aids for an expanding Medicare population, HIA supports access to services provided by qualified hearing aid specialists within the scope of their license under State law, in addition to physicians and qualified audiologists already included under H.R. 3.*

- **Prosthetic Devices:** H.R. 3 classified hearing aids as prosthetic devices. This classification is a crucial distinction from durable medical equipment (DME), which would otherwise subject these high-technology and programmable precision instruments to the competitive bidding framework. Hearing aid manufacturers are continually investing in research and development to provide advanced hearing experiences and new technology features. DME does not consider upgrades or adjustments, which are vitally important for hearing aids as these devices are uniquely and professionally programmed for each user and must be electro-acoustically evaluated and reprogrammed as hearing health changes over time.
- **Competitive Acquisition:** H.R. 3 included a provision exempting hearing aids from competitive bidding “if furnished by a physician or practitioner (as defined by the Secretary)” to their own patients as part of their professional service.
  - *It is important to ensure that the professional services and hearing aids provided by qualified otolaryngologists, audiologists, and hearing aid specialists are exempt from competitive bidding. With the Medicare-eligible population increasing by 10,000 individuals each day, this is not the time to limit the number of providers. There is a growing body of evidence showing the increased risk of depression, dementia, isolation and falls associated with hearing loss. HIA supports classifying all hearing health care professionals – including qualified otolaryngologists, audiologists, and hearing aid specialists – appropriately to exempt the hearing services and hearing aids provided from competitive bidding.*
- **Reimbursement:** H.R. 3 was amended in committee to specifically include audiologists as practitioners to receive payment for services.
  - *HIA supports access to quality care through fair and reasonable reimbursement for services and hearing aids. This includes covered services provided by all hearing care professionals practicing within the scope of their license under State law – including qualified otolaryngologists, audiologists, and hearing aid specialists – and treatments that promote beneficiary access to high-quality hearing devices and services.*
- **Medicare Advantage:** Medicare Advantage (MA) currently allows participating insurance companies to offer hearing aid coverage without the restrictions of traditional Medicare.
  - *HIA encourages Medicare Advantage plans to continue to offer enhanced benefits for hearing services and products to all patients with hearing loss. By offering these types of benefits, Medicare Advantage plans will continue to reduce health care costs leading to lower premiums while providing choice and enhancing quality.*

### Summary

HIA supports broader patient access to hearing services and treatment while ensuring continued innovation and fair and reasonable reimbursement for devices, services, and treatment provided. In considering Medicare expansion, HIA supports access to hearing aids for diagnosed severe to profound hearing loss and hearing aid-related services provided by all qualified hearing care professionals practicing within scope of license under State law, including otolaryngologists, audiologists, and hearing aid specialists. HIA strongly supports the classification of hearing aids as prosthetic devices and exemption from competitive bidding. HIA encourages the expansion of Medicare Advantage to offer enhanced benefits for hearing services and products to all patients with hearing loss.

## Key Points

1. Approximately 38 million<sup>1</sup> to 48 million<sup>2</sup> people in the United States have some form of hearing loss.
2. Hearing loss affects approximately one in three people between the ages of 65 and 74, and nearly half of individuals over the age of 75.<sup>3</sup>
3. Approximately 10,000 Americans turn 65 every day and Medicare enrollment is expected to grow to 80 million by 2030 – a nearly 30% increase from today's over 62 million enrollees.<sup>4</sup>
4. Hearing loss has been linked with significant associated comorbidities, including dementia, memory and cognitive impairment, social isolation, risk of falls that require hospitalization, depression, cardiovascular disease, high blood pressure, and diabetes.<sup>5,6,7,8</sup>
5. Individuals with untreated hearing loss incur \$22,434 of additional medical costs over a 10-year period.<sup>9</sup> According to the CDC, age-related hearing loss is estimated to result in a lifetime economic cost of \$297,000 per affected person.<sup>10</sup>
6. Hearing care professionals – including licensed otolaryngologists, audiologists, and hearing aid specialists – play a crucial role in increasing access to hearing health and meeting the growing demand for hearing services. In a recent study, hearing aid owners noted a high rate of satisfaction with their hearing care professional in addressing their expectations, personal considerations, and concerns. Of note, this study also found that among hearing aid owners, 65% would definitely purchase a hearing aid through a hearing care professional even if an over-the-counter (OTC) option were available.<sup>11</sup>
7. In 2021, Medicare Advantage accounts for approximately 42% of Medicare enrollees, a number that is expected to continue to grow to over 50% of the Medicare population by 2030.<sup>12</sup> A majority of MA plans – 90% – offer a benefit for hearing, dental, vision, or wellness and 72% of enrollees are in plans that provide hearing benefits.<sup>13</sup> Increased education and awareness of available benefits through MA is an important pathway to improve uptake for individuals with hearing loss.
8. Approximately 80% of professionally dispensed hearing aid owners report that hearing aids have improved their quality of life, including through more effective communication, increased engagement in conversations, improvements in work performance, and better relationships.<sup>14</sup>

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<sup>1</sup> "How Many People Have Hearing Loss in the United States", Johns Hopkins Cochlear Center for Hearing and Public Health, <https://www.jhucochlearcenter.org/how-many-people-have-hearing-loss-united-states.html>

<sup>2</sup> "Public Health and Scientific Information," CDC. [https://www.cdc.gov/nceh/hearing\\_loss/public\\_health\\_scientific\\_info.html](https://www.cdc.gov/nceh/hearing_loss/public_health_scientific_info.html)

<sup>3</sup> "Hearing Loss: A Common Problem for Older Adults," NIA. <https://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults#:~:text=Approximately%20one%20in%20three%20people,admit%20they%20have%20trouble%20hearing.>

<sup>4</sup> MedPAC 2015. <http://www.medpac.gov/docs/default-source/reports/chapter-2-the-next-generation-of-medicare-beneficiaries-june-2015-report-.pdf>

<sup>5</sup> "Dementia prevention, intervention, and care: 2020 report of the Lancet Commission" [https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

<sup>6</sup> "NIDCD researchers find strong link between hearing loss and depression in adults", National Institute on Deafness and Other Communication Disorders (NIDCD), March 2014, <https://www.nidcd.nih.gov/news/2014/nidcd-researchers-find-strong-link-between-hearing-loss-and-depression-adults>

<sup>7</sup> "Hearing Loss Linked to Three-Fold Risk of Falling," Johns Hopkins Medicine, February 2012. [https://www.hopkinsmedicine.org/news/media/releases/hearing\\_loss\\_linked\\_to\\_three\\_fold\\_risk\\_of\\_falling](https://www.hopkinsmedicine.org/news/media/releases/hearing_loss_linked_to_three_fold_risk_of_falling)

<sup>8</sup> "Hearing Loss and Dementia Linked in Study", Johns Hopkins Medicine, February 2011, [https://www.hopkinsmedicine.org/news/media/releases/hearing\\_loss\\_and\\_dementia\\_linked\\_in\\_study](https://www.hopkinsmedicine.org/news/media/releases/hearing_loss_and_dementia_linked_in_study)

<sup>9</sup> "Trends in Health Care Costs and Utilization Associated with Untreated Hearing Loss Over 10 Years." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6439810/>

<sup>10</sup> "The societal costs of severe to profound hearing loss in the United States." <https://pubmed.ncbi.nlm.nih.gov/11155832/>

<sup>11</sup> Picou, E. (2020) MarkeTrak 10 (MT10) Survey Results Demonstrate High Satisfaction with and Benefits from Hearing Aids. *Seminars in Hearing*, 41(1). <https://doi.org/10.1055/s-0040-1701242>.

<sup>12</sup> <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2021-enrollment-update-and-key-trends/>

<sup>13</sup> "State of Medicare Advantage Report," May 2021. <https://bettermedicarealliance.org/wp-content/uploads/2021/05/BMA-State-of-MA-Report-2021.pdf>

<sup>14</sup> Picou, E. (2020) MarkeTrak 10 (MT10) Survey Results Demonstrate High Satisfaction with and Benefits from Hearing Aids. *Seminars in Hearing*, 41(1). <https://doi.org/10.1055/s-0040-1701242>.