

116TH CONGRESS  
1ST SESSION

# H. R. 4056

To provide certain coverage of audiologist services under the Medicare program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2019

Mr. RICE of South Carolina (for himself, Mr. CARTWRIGHT, Mr. MEADOWS, Mr. NORMAN, Mr. KELLY of Pennsylvania, Ms. SCHAKOWSKY, Mr. SCHNEIDER, Ms. KUSTER of New Hampshire, Mr. BILIRAKIS, and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide certain coverage of audiologist services under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Audiologist  
5 Access and Services Act of 2019”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Individuals with mild hearing loss are 3  
2 times more likely to experience a fall, and falls are  
3 the leading cause of fatal injury for Americans over  
4 65.

5           (2) Seniors with hearing loss are more likely to  
6 develop cognitive problems and experience cognitive  
7 decline up to 40 percent faster than those without  
8 hearing loss.

9           (3) Untreated hearing loss can lead to depres-  
10 sion, anxiety, and social isolation.

11           (4) Timely access to diagnosis and treatment  
12 for hearing and vestibular conditions can improve  
13 outcomes for beneficiaries and reduce overall cost of  
14 care.

15           (5) Licensed audiologists in all 50 States and  
16 the District of Columbia are health care profes-  
17 sionals that are trained in the diagnosis, treatment  
18 and rehabilitation of individuals with hearing, bal-  
19 ance, and related disorders.

20           (6) The Medicare program covers a range of  
21 hearing health services, including diagnostic and  
22 therapeutic services. However, Medicare will only re-  
23 imburse audiologists for a narrow set of diagnostic  
24 services—even when Medicare-covered treatment  
25 services are in the scope of practice of audiologists.

1 Medicare also requires patients to receive a physi-  
2 cian order before even receiving diagnostic services  
3 from audiologists in order for those services to be  
4 covered by the Medicare program.

5 (7) The Department of Defense Medical Health  
6 System, the Veterans Health Administration, the Of-  
7 fice of Personnel Management (through many of its  
8 Federal Employees Benefit plans), and many Med-  
9 icaid and private health plans provide patients “di-  
10 rect access” to audiologists and do not condition re-  
11 imbursement on referral by a physician.

12 (8) The National Academy of Sciences, Engi-  
13 neering, and Medicine issued a report, entitled  
14 “Hearing Health Care for Adults: Priorities for Im-  
15 proving Access and Affordability,” which rec-  
16 ommended that the Centers for Medicare and Med-  
17 icaid Services “examine pathways for enhancing ac-  
18 cess to assessment for and delivery of auditory reha-  
19 bilitation services” through Medicare, “including re-  
20 imbursement to audiologists for these services”.

21 (9) Administrative requirements for referral,  
22 plan of care, consultation with the attending physi-  
23 cian or other health care practitioner, and oversight  
24 unnecessarily delay care and may increase costs.

1           (10) Medicare beneficiaries should have access  
2           to the same level of audiologic care as is available  
3           in the Veterans Administration, under the Federal  
4           Employees Health Benefits Program, and under pri-  
5           vate insurance.

6 **SEC. 3. MEDICARE COVERAGE OF AUDIOLOGIST SERVICES.**

7           (a) IN GENERAL.—Section 1861(s) of the Social Se-  
8           curity Act (42 U.S.C. 1395x(s)) is amended—

9           (1) in paragraph (2)—

10           (A) in subparagraph (A), by inserting “but  
11           excluding services furnished by a qualified audi-  
12           ologist” before the semicolon;

13           (B) in subparagraph (GG), by striking  
14           “and” at the end;

15           (C) in subparagraph (2)(HH), by striking  
16           the period at the end and inserting “; and”;  
17           and

18           (D) by adding at the end the following new  
19           subparagraph:

20           “(II) audiologist services (as defined in  
21           subsection (ll)(3)).”; and

22           (2) in paragraph (3), by inserting “(including  
23           services supervised by a qualified audiologist but ex-  
24           cluding services supervised by a qualified audiologist

1 under the supervision of a physician or other health  
2 care practitioner)” before the semicolon.

3 (b) IMPROVED ACCESS TO AUDIOLOGIST SERV-  
4 ICES.—Paragraph (3) of section 1861(ll) of the Social Se-  
5 curity Act (42 U.S.C. 1395x(ll)) is amended to read as  
6 follows:

7 “(3) The term ‘audiologist services’ means such  
8 diagnostic or treatment services furnished by a  
9 qualified audiologist which the qualified audiologist  
10 is legally authorized to perform under State law (or  
11 the regulatory mechanism provided by State law), as  
12 would otherwise be covered if furnished by a physi-  
13 cian or as an incident to a physician’s service, with-  
14 out regard to any requirement that the individual re-  
15 ceiving such audiologist services is under the care of  
16 (or referred by) a physician or other health care  
17 practitioner or that such services are furnished  
18 under the supervision of a physician or other health  
19 care practitioner.”.

20 (c) PAYMENT UNDER THE PHYSICIAN FEE SCHED-  
21 ULE.—

22 (1) PROVISION FOR PAYMENT UNDER PART  
23 B.—Section 1832(a)(2)(B)(iii) of the Social Security  
24 Act (42 U.S.C. 1395k(a)(2)(B)(iii)) is amended by

1 inserting “audiologist services,” after “qualified psy-  
2 chologist services,”.

3 (2) PAYMENT AMOUNT AND COINSURANCE.—  
4 Section 1833(a)(1) of such Act (42 U.S.C.  
5 1395l(a)(1)) is amended—

6 (A) by striking “and” before (CC); and

7 (B) by inserting before the semicolon at  
8 the end the following: “; and (DD) with respect  
9 to audiologist services furnished under section  
10 1861(s)(2)(II), the amounts paid shall be 80  
11 percent of the lesser of the actual charge for  
12 the services or the fee schedule amount pro-  
13 vided under section 1848”.

14 (3) PAYMENT ON ASSIGNMENT-RELATED  
15 BASIS.—Section 1842(b)(18)(C) of such Act (42  
16 U.S.C. 1395u(b)(18)(C)) is amended by adding at  
17 the end the following new clause:

18 “(vii) An audiologist.”.

19 (4) PAYMENT UNDER PHYSICIAN FEE SCHED-  
20 ULE.—Section 1848(j)(3) of such Act (42 U.S.C.  
21 1395w-4(j)(3)) is amended by inserting “(2)(II),”  
22 before “(3),”.

23 **SEC. 4. RULE OF CONSTRUCTION.**

24 Nothing in the amendments made by this Act shall  
25 be construed to expand the scope of audiologist services

1 or the services for which payment may be made to other  
2 providers who may receive payment under title XVIII of  
3 the Social Security Act (42 U.S.C. 1395 et seq.) beyond  
4 those services for which such payment may be made as  
5 of December 31, 2019.

6 **SEC. 5. EFFECTIVE DATE.**

7       The amendments made by this Act shall apply to  
8 items and services furnished on or after January 1, 2020.

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