



AUDIOLOGY PATIENT CHOICE ACT

Advancing Patient Care Under Medicare

By Eric Hagberg, Au.D. and Stephanie Czuhajewski, CAE

The **Audiology Patient Choice Act (HR 2519)** was introduced by U.S. Representatives Lynn Jenkins (R-KS) and Matt Cartwright (D-PA) on May 21, 2015, in order to deploy audiologists more effectively within the Medicare system, so that patients will have better access to audiology care and the audiology services that Medicare already covers can be delivered efficiently across the continuum.

This bi-partisan, common-sense legislation, if enacted, will bring Medicare in line with best practices in audiology health care delivery models, and trends in patient care and participatory medicine. H.R. 2519 will specifically:

- Improve access to qualified, licensed Medicare providers, by allowing seniors with a suspected hearing or balance disorder to seek evaluation and rehabilitation directly from audiologists, eliminating archaic medical doctor order requirements.
- Allow patients to choose among qualified providers for Medicare-covered audiology services by authorizing Medicare to reimburse audiologists for the medically reasonable and necessary Medicare-covered services that they are licensed to provide within their current state defined scopes of practice. These services are already covered by Medicare when delivered by other providers, including non-physician practitioners.
- Address the medical doctor workforce shortage confronting our country, while helping to meet the increasing demand for health care services by the growing Medicare population, through the inclusion of audiologists in the list of Medicare-recognized limited license physicians (i.e. chiropractors, dentists, doctors of osteopathy, medical doctors, optometrists, and podiatrists).

“We thank Representatives Jenkins and Cartwright for their commitment to ensure that older Americans have the same freedom of choice and access to safe, efficient audiology care as the rest of us do,” said ADA 2014 President Brian Urban, Au.D. “This legislation will foster exceptional patient outcomes, and it will do so in a manner that is fiscally responsible and functionally sustainable.”

The Rationale for Patient Choice

The Audiology Patient Choice Act addresses the need to modernize Medicare audiology service reimbursement protocols

to align with outcome-based, patient-centered care. Most private insurers, including many Medicare Advantage plans, already allow for patients to have “direct access” to audiologists for the provision of covered services. Other federal programs, including, but not limited to, the Veteran’s Administration, the Federal Health Benefit Plan and some Medicaid programs also allow for patients to seek treatment directly from audiologists, without a physician order.

The Audiology Patient Choice Act was constructed to foster high-quality, cost-effective audiology care for Medicare patients, using a delivery model that has been widely embraced by leading institutions and payers.

Audiologists are licensed in all 50 states and the District of Columbia to provide non-medical audiologic evaluation and rehabilitation services to patients of all ages, including senior citizens¹. Audiologic and vestibular care can be provided by an audiologist directly to Medicare beneficiaries now. The issue is that, without the physician/practitioner order, the patient is responsible for the cost of the services provided.

The Audiology Patient Choice Act will **not**:

- Expand or add new services to the Medicare program.
- Expand or modify an audiologist’s scope of practice.
- Impact state licensure requirements for the practice of audiology.
- Increase patient risk or compromise quality of care.
- Place audiology services under a therapy cap.

Audiologists are trained extensively to identify potential medical conditions and to refer those patients to an M.D./D.O. physician as needed for diagnosis and treatment. Studies indicate that audiologists consistently and uniformly refer appropriately.^{2,3} Most state audiology and hearing aid dispensing laws, as well as the Food and Drug Administration, legally require an audiologist to refer a patient to a medical doctor if the patient presents or is diagnosed with a condition that is medically or surgically treatable. The Audiology Patient Choice Act would not negate those regulations.

There is no action in any state, in which ADA is aware, whereby any profession or entity has attempted to restrict audiologists from independently evaluating and providing rehabilitative

services to any patient population, including adults over 65 years of age, due to patient safety concerns. This fact alone is noteworthy because it serves to nullify any opposition to the Audiology Patient Choice Act as it relates to patient safety.

The movement to models of care that allow patients to choose among all qualified providers has shown improvements in clinical outcomes and satisfaction rates, with a decrease in the utilization of diagnostic testing and referral. This thinking is reflected by Congress, which recently amended the Public Health Service Act (PHS) Act as part of the Patient Protection and Affordable Care Act to specifically prohibit discrimination by group health plans and health insurance issuers against healthcare providers acting within the scope of their professional license and applicable state laws. H.R. 2519 is asking Congress to ensure that Medicare aligns with contemporary policies on these issues.

The Reality about the Taxonomy

Adding audiologists to the list of non-M.D./D.O. Medicare-defined physicians will implement a long-overdue update to Medicare to recognize audiologists in a consistent manner with other doctoring professionals for the purposes of reimbursement of Medicare-covered audiology services as consistent with audiologists' scope of practice, clinical expertise and licensure.

Medicare has already successfully and purposefully broadened the term physician, to include several other non M.D./D.O. providers including podiatrists, dentists, optometrists and chiropractors, to improve patient access and streamline the provision of quality care.⁴ Medicare's taxonomy, as incorporated into Title 18 of the Social Security Act, has absolutely no bearing on, or cross-over toward recognition as a physician under state law.

The scope of audiology services as dictated by state licensure is extremely consistent across the 50 states, the District of Columbia and U.S. territories, for each patient population. There is no provision in H.R. 2519 that will in any way increase or modify an audiologist's scope of practice, which is defined at the state level.

Allocating Scarce Resources to Serve an Expanding Population

According to the Association of American Medical Colleges (AAMC), there will be a shortage of nearly 130,000 physicians by 2025 (evenly split between primary and specialty care) as a result of a rapidly expanding Medicare population and limits on support for physician training.⁵

Timeline

1988: ADA hosts the Conference on Professional Education and collective vision for the future includes LLP status.

1994: The first class of Au.D. students begins at Baylor University.

2007: The Au.D. becomes the first professional degree for audiology, master's education ceases.

September 2012: ADA leaders reflect on vision for the profession and identify opportunity to draft legislation that will seek LLP status, direct access and reimbursement for Medicare-covered services within audiology's scope.

September 2012: Draft legislative language is drafted and presented to the ADA Board of Directors, along with a recommendation to seek such legislation in the 113th Congress.

October 2012: ADA Board of Directors approves asking the ADA Membership for feedback, input and approval at the 2012 ADA Convention. The moniker 18x18 is established, to "Amend Title 18 of the Social Security Act by 2018."

October 2012: 18x18 concept further developed for presentation to ADA members.

November 2012: The 18x18 concept is presented to the ADA membership. ADA members overwhelmingly approve moving forward with advocacy efforts to advance 18x18 legislation in the 113th Congress. ADA members pledge more than \$150,000 toward achieving 18x18.

January – March 2013: ADA leaders identify, vet and interview potential federal lobbying firms and get additional feedback from experts on the 18x18 legislation. 18x18 receives endorsements from the Illinois Academy of Audiology, the Georgia Academy of Audiology, the Kentucky Academy of Audiology, the Audiological Resource Association and the South Carolina Academy of Audiology.

March 2013: ADA hires Prime Policy Group to provide federal lobbying services.

March-June 2013: Research is conducted and background materials are developed. 18x18 is endorsed by the New York State Speech-Language Hearing Association.

June 2013: ADA holds its first "D.C. Fly in" to inform members of Congress about the merits of 18x18.

July 2013 – July 2014: ADA staff, lobbyists, members, volunteer leaders and others in the audiology community meet with legislators on a regular basis to provide them with information and resources affirming the need for the Audiology Patient Choice Act to be introduced and enacted. ADA introduces the Congressional Connect online outreach tool. 18x18 is endorsed by the Maryland Academy of Audiology and the Texas Academy of Audiology. ADA members donate an additional \$100,000+ toward advancing 18x18.

July 31, 2014: Representatives Lynn Jenkins and Matt Cartwright introduce the Audiology Patient Choice Act.

May 21, 2015: Representatives Lynn Jenkins and Matt Cartwright introduce the Audiology Patient Choice Act. To date, 25+ organizations have endorsed the initiative.

Evidence shows that when Medicare recipients have direct access to all qualified providers, they choose the most efficient provider, streamlining service and saving money. A specific study on outcomes from the inclusion of optometrists as Medicare-recognized limited license physicians demonstrated that when Medicare recipients are able to choose among qualified providers, they consistently choose the most efficient provider from whom to receive care.⁶

Healthcare delivery models of the future are being designed to ensure that every practitioner is working at their full scope of practice to achieve patient-centered care that is also cost efficient and outcome-oriented. This legislation offers the forward-thinking approach that has been well-received by Congress.

“The Audiology Patient Choice Act incorporates necessary improvements to audiology services under Medicare,” stated Rich Meade, former Managing Director, Prime Policy Group. “Congress is becoming increasingly mindful that the efficacy and viability of Medicare as a healthcare delivery channel is wholly dependent on expanded collaboration among providers and the ability to utilize every practitioner demographic to its highest potential and full scope of practice.”

The Audiology Patient Choice Act is likely to deliver a net cost savings to the Medicare system by reducing the cost of evaluation and management services, reducing duplicative services and by improving access to audiology care so that more seniors can receive evaluation and habilitation to prevent falls, depression and other costly conditions associated with audiological and vestibular disorders.⁷

Patience and Patient Choice

The Audiology Patient Choice Act was borne from audiology’s 18x18 Initiative and its call to action for Congress to update Title 18 of the Social Security Act by 2018 with the changes included in this bill. H.R. 2519 came to be introduced through the efforts of the audiology community to actively engage members of Congress on the importance of improving access to audiology services for Medicare recipients and the importance of allowing audiologists to use their advanced skills and training most usefully within the Medicare system.

ADA’s federal policy strategists have helped to vet this legislation through bicameral Congressional channels and have received positive feedback. The comprehensive approach to legislative construction, contained in the Audiology Patient Choice Act, has been deemed intelligent and strategically sound by Congressional staffers and members of Congress.

Proponents of the Audiology Patient Choice Act recognize that moving legislation through Congress is a slow and complex process and have been thoughtful in establishing 2018 as a realistic timeline for advancement of the legislation.

“The re-introduction of HR 2519 in the 114th Congress is a testament to both the tenets and the tenacity of ADA members and the audiology community,” said ADA Advocacy Chair, Eric Hagberg, Au.D. “We will continue to advocate on behalf of our patients, our profession and the public to ensure that the Audiology Patient Choice Act is passed and signed into law!”

You Can Help Pass this Historic Legislation

ADA is asking everyone in the audiology community to contact their Congressional Representatives and ask them to support the Audiology Patient Choice Act. Please visit www.18x18.org to find tools, templates and resources to help audiologists and their patients advocate for the passage of this landmark legislation. For more information, please contact Stephanie Czuhajewski at sczuhajewski@audiologist.org. ■

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