

113TH CONGRESS  
2D SESSION

# H. R. 4035

To amend title XVIII of the Social Security Act to provide Medicare beneficiaries coordinated care and greater choice with regard to accessing hearing health services and benefits.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2014

Mr. McDERMOTT (for himself and Mr. LATHAM) 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 amend title XVIII of the Social Security Act to provide Medicare beneficiaries coordinated care and greater choice with regard to accessing hearing health services and benefits.

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 “Access to Hearing  
5 Healthcare Act of 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Approximately 36,000,000 Americans expe-  
2           rience some degree of hearing loss and by 2030 that  
3           number is expected to increase to 78,000,000 Ameri-  
4           cans.

5           (2) Hearing impairment is one of the most  
6           common conditions affecting older adults, with ap-  
7           proximately 33 percent of Americans aged 60 years  
8           and over and 40 to 50 percent of those aged 75  
9           years and older experiencing hearing loss.

10          (3) The National Institute on Deafness and  
11          Other Communication Disorders estimates that ap-  
12          proximately 15 percent (26 million) of Americans  
13          between the ages of 20 and 69 have high frequency  
14          hearing loss due to exposure to loud sounds or noise  
15          at work or in leisure activities.

16          (4) Hearing loss is a major barrier to partici-  
17          pating in society, both economically and socially.

18          (5) Hearing loss among senior citizens, if left  
19          untreated, can result in isolation and depression.

20          (6) The Department of Veterans Affairs allows  
21          veterans to directly access audiologists and has re-  
22          ported that this policy, adopted in 1992, provides  
23          high-quality, efficient, and cost-effective hearing  
24          care.

1           (7) The Office of Personnel Management allows  
2           Federal employees and Members of Congress to di-  
3           rectly access audiologists through the Federal Em-  
4           ployees Health Benefits Program.

5           (8) Audiologists are licensed in each State and  
6           the District of Columbia and the scope of services  
7           furnished by audiologists is determined by each ju-  
8           risdiction involved.

9           (9) Consistency in Federal policy with respect  
10          to hearing health services should be encouraged to  
11          the greatest extent possible.

12          (10) Audiologists hold master's or doctoral de-  
13          grees in audiology, completing university training  
14          programs which provide for rigorous theoretical and  
15          clinical education on evaluation, diagnosis, and  
16          treatment.

17          (11) As of January 1, 2010, audiologists are  
18          categorized under a unique broad occupation cat-  
19          egory within the Standard Occupational Classifica-  
20          tion (SOC) system to better reflect the diagnostic  
21          and treatment nature of the services they provide.

1 **SEC. 3. ENABLING MEDICARE BENEFICIARIES TO HAVE**  
2 **THEIR CHOICE OF QUALIFIED HEARING**  
3 **HEALTH CARE PROVIDERS.**

4 Section 1861(l)(3) of the Social Security Act (42  
5 U.S.C. 1395x(l)(3)) is amended by inserting before the  
6 period at the end the following: “, without regard to any  
7 requirement that the individual receiving the audiology  
8 services be under the care of (or referred by) a physician  
9 or other health care practitioner or that such services are  
10 provided under the supervision of a physician or other  
11 health care practitioner”.

12 **SEC. 4. INCLUSION OF AUDIOLOGY SERVICES AS MEDICAL**  
13 **SERVICES UNDER MEDICARE PART B; PAY-**  
14 **MENT FOR SUCH SERVICES.**

15 (a) IN GENERAL.—Section 1861(s)(2) of the Social  
16 Security Act (42 U.S.C. 1395x(s)(2)) is amended—

17 (1) in subparagraph (EE), by striking “and” at  
18 the end;

19 (2) in subparagraph (FF), by inserting “and”  
20 at the end; and

21 (3) by adding at the end the following new sub-  
22 paragraph:

23 “(GG) audiology services (as defined in  
24 subsection (l)(3));”.

25 (b) PAYMENT UNDER THE PHYSICIAN FEE SCHED-  
26 ULE.—Section 1848(j)(3) of the Social Security Act (42

1 U.S.C. 1395w-4(j)(3)) is amended by inserting  
2 “(2)(GG),” before “(3)”.

3 **SEC. 5. CONSTRUCTION; EFFECTIVE DATE.**

4 (a) CONSTRUCTION.—Nothing in the amendments  
5 made by this Act shall be construed to expand the scope  
6 of audiology services for which payment may be made  
7 under title XVIII of the Social Security Act on December  
8 31, 2013.

9 (b) EFFECTIVE DATE.—The amendments made by  
10 this Act shall take effect with respect to services furnished  
11 on or after January 1, 2015.

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