

114TH CONGRESS
1ST SESSION

S. 564

To amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 25, 2015

Mr. MORAN (for himself and Mr. TESTER) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, 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 “Veterans Hearing Aid
5 Access and Assistance Act”.

1 **SEC. 2. APPOINTMENT OF LICENSED HEARING AID SPE-**
2 **CIALISTS IN VETERANS HEALTH ADMINIS-**
3 **TRATION.**

4 (a) LICENSED HEARING AID SPECIALISTS.—

5 (1) APPOINTMENT.—Section 7401(3) of title
6 38, United States Code, is amended by inserting “li-
7 censed hearing aid specialists,” after “Audiol-
8 ogists,”.

9 (2) QUALIFICATIONS.—Section 7402(b)(14) of
10 such title is amended by inserting “licensed hearing
11 aid specialist,” after “licensed physical therapist,”.

12 (b) ANNUAL REPORT.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act, and not
15 less frequently than once each year thereafter, the
16 Secretary of Veterans Affairs shall submit to Con-
17 gress a report on the following:

18 (A) Timely access of veterans to hearing
19 health services through the Department of Vet-
20 erans Affairs.

21 (B) Contracting policies of the Department
22 with respect to providing hearing health serv-
23 ices to veterans in facilities that are not facili-
24 ties of the Department.

25 (2) TIMELY ACCESS TO SERVICES.—Each re-
26 port under paragraph (1) shall, with respect to the

1 matter specified in paragraph (1)(A) for the one-
2 year period preceding the submittal of such report,
3 include the following:

4 (A) The staffing levels of audiologists,
5 hearing aid specialists, and health technicians
6 in audiology in the Veterans Health Adminis-
7 tration.

8 (B) A description of the metrics used by
9 the Secretary in measuring performance with
10 respect to appointments and care relating to
11 hearing health.

12 (C) The average time that a veteran waits
13 to receive an appointment, beginning on the
14 date on which the veteran makes the request,
15 for the following:

16 (i) A disability rating evaluation for a
17 hearing-related disability.

18 (ii) A hearing aid evaluation.

19 (iii) Dispensing of hearing aids.

20 (iv) Any follow-up hearing health ap-
21 pointment.

22 (D) The percentage of veterans whose total
23 wait time for appointments described in sub-
24 paragraph (C), including an initial and follow-
25 up appointment, if applicable, is—

- 1 (i) less than 15 days;
- 2 (ii) between 15 days and 28 days;
- 3 (iii) between 29 days and 42 days;
- 4 (iv) between 43 days and 56 days; or
- 5 (v) more than 56 days.

6 (3) CONTRACTING POLICIES.—Each report
7 under paragraph (1) shall, with respect to the mat-
8 ter specified in paragraph (1)(B) for the one-year
9 period preceding the submittal of such report, in-
10 clude the following:

11 (A) The number of veterans that the Sec-
12 retary refers to non-Department audiologists
13 for hearing health care appointments.

14 (B) Of the veterans described in subpara-
15 graph (A), the number of veterans that the Sec-
16 retary refers to non-Department hearing aid
17 specialists for follow-up appointments for a
18 hearing aid evaluation, the dispensing of hear-
19 ing aids, or any other purpose relating to hear-
20 ing health.

21 (C) The policies of the Veterans Health
22 Administration regarding the referral of vet-
23 erans to non-Department hearing aid specialists
24 and a description of the manner in which such
25 policies will be applied under the Patient-Cen-

1 tered Community Care program of the Depart-
2 ment.

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