## S. 2352

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

## IN THE SENATE OF THE UNITED STATES

NOVEMBER 14, 2007

Mr. Johnson (for himself, Mr. Coleman, Mr. Harkin, and Mr. Menendez) introduced the following bill; which was read twice and referred to the Committee on Finance

## A BILL

- To amend title XVIII of the Social Security Act to provide Medicare beneficiaries 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 "Medicare Hearing
- 5 Health Care Enhancement Act of 2007".
- 6 SEC. 2. FINDINGS.
- 7 Congress finds the following:
- 8 (1) Approximately 30,000,000 Americans expe-
- 9 rience some degree of hearing loss and by 2030 that

- number is expected to increase to 78,000,000 Americans.
  - (2) Hearing impairment is one of the most common conditions affecting older adults, with approximately 33 percent of Americans aged 60 years and over, and 40 to 50 percent of those aged 75 years and older, experiencing hearing loss.
    - (3) Hearing loss is a major barrier to participating in society, both economically and socially.
    - (4) Hearing loss among senior citizens, if left untreated, can result in isolation and depression.
    - (5) The Department of Veterans Affairs allows veterans to directly access audiologists and has reported that this policy, adopted in 1992, provides high-quality, efficient, and cost-effective hearing care.
    - (6) The Office of Personnel Management allows Federal employees and Members of Congress to directly access audiologists through the Federal Employees Health Benefits Program.
    - (7) Audiologists are licensed in each State and the District of Columbia and the scope of services furnished by audiologists is determined by each such jurisdiction involved.

1	(8) Consistency in Federal policy with respect
2	to hearing health care services should be encouraged
3	to the greatest extent possible.
4	SEC. 3. ENABLING MEDICARE BENEFICIARIES TO HAVE
5	THEIR CHOICE OF QUALIFIED HEARING
6	HEALTH CARE PROVIDERS.
7	Section 1861(ll)(2) of the Social Security Act (42
8	U.S.C. 1395x(ll)(2)) is amended by inserting before the
9	period at the end the following: ", without regard to any
10	requirement that the individual receiving the audiology
11	services be under the care of (or referred by) a physician
12	or other health care practitioner or that such services are
13	provided under the supervision of a physician or other
14	health care practitioner".
15	SEC. 4. INCLUSION OF AUDIOLOGY SERVICES AS MEDICAL
16	SERVICES UNDER MEDICARE PART B; PAY-
17	MENT FOR SUCH SERVICES.
18	(a) In General.—Section 1861(s)(2) of the Social
19	Security Act (42 U.S.C. 1395x(s)(2)) is amended—
20	(1) in subparagraph (Z), by striking "and" at
21	the end;
22	(2) in subparagraph (AA), by inserting "and"
23	at the end; and
24	(3) by adding at the end the following new sub-
25	paragraph:

- 1 "(BB) audiology services (as defined in sub-
- 2 section (ll)(2);".
- 3 (b) Payment Under the Physician Fee Sched-
- 4 ULE.—Section 1848(j)(3) of such Act (42 U.S.C. 1395w-
- 5 4(j)(3)) is amended by inserting "(2)(BB)," after
- 6 "(2)(AA),".

## 7 SEC. 5. CONSTRUCTION; EFFECTIVE DATE.

- 8 (a) Construction.—Nothing in the amendments
- 9 made by this Act shall be construed to expand the scope
- 10 of audiology services for which payment may be made
- 11 under title XVIII of the Social Security Act on December
- 12 31, 2007.
- 13 (b) Effective Date.—The amendments made by
- 14 this Act shall take effect with respect to services furnished
- 15 on or after January 1, 2008.

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