

115TH CONGRESS
1ST SESSION

H. R. 2276

To amend title XVIII of the Social Security Act to provide for treatment of audiologists as physicians for purposes of furnishing audiology services under the Medicare program, to improve access to the audiology services available for coverage under the Medicare program and to enable beneficiaries to have their choice of a qualified audiologist to provide such services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2017

Mr. RICE of South Carolina (for himself, Mr. CARTWRIGHT, and Ms. JENKINS of Kansas) 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

A BILL

To amend title XVIII of the Social Security Act to provide for treatment of audiologists as physicians for purposes of furnishing audiology services under the Medicare program, to improve access to the audiology services available for coverage under the Medicare program and to enable beneficiaries to have their choice of a qualified audiologist to provide such services, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Audiology Patient
3 Choice Act of 2017”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Hearing loss is the third most common
7 chronic disorder for Americans over 65, behind only
8 arthritis and high blood pressure.

9 (2) Individuals with mild hearing loss are three
10 times more likely to experience a fall and falls are
11 the leading cause of injury and death for Americans
12 over 65.

13 (3) Untreated hearing and balance problems
14 contribute to and are highly correlated with depres-
15 sion and social isolation.

16 (4) Seniors with hearing loss run a much higher
17 risk of cognitive problems and experience cognitive
18 decline up to 40 percent faster than those with nor-
19 mal hearing.

20 (5) Medicare beneficiaries should have access to
21 the same level of audiologic care as is available in
22 the Veterans’ Administration, under the Federal
23 Employees Health Benefits Program, and under pri-
24 vate insurance.

25 (6) The Medicare program needs to be updated
26 in a comprehensive way so Medicare beneficiaries

1 are able to have access to all of the advancements
2 in the delivery of audiologic care.

3 **SEC. 3. IMPROVED MEDICARE COVERAGE OF AUDIOLOGY**
4 **SERVICES.**

5 (a) TREATMENT OF AUDIOLOGISTS AS PHYSICIANS
6 FOR PURPOSES OF FURNISHING AUDIOLOGY SERVICES.—

7 The first sentence of section 1861(r) of the Social Security
8 Act (42 U.S.C. 1395x(r)) is amended—

9 (1) by striking “or” before “(5)”; and

10 (2) by inserting before the period the following:

11 “, or (6) a qualified audiologist, but only with re-
12 spect to the furnishing of audiology services de-
13 scribed in subsection (l)(3) for which the qualified
14 audiologist is legally authorized to perform by the
15 State and who is acting within the scope of the audi-
16 ologist’s license (or other authorization under State
17 law)”.

18 (b) IMPROVED ACCESS TO AUDIOLOGY SERVICES
19 AVAILABLE FOR COVERAGE UNDER THE MEDICARE PRO-
20 GRAM AND ENABLING MEDICARE BENEFICIARIES TO
21 HAVE THEIR CHOICE OF QUALIFIED AUDIOLOGIST.—

22 Section 1861(l)(3) of the Social Security Act (42 U.S.C.
23 1395x(l)(3)) is amended—

24 (1) by striking “hearing and balance assess-
25 ment”;

1 (2) by striking “, as would otherwise be covered
2 if furnished by a physician”; and

3 (3) by inserting before the period at the end the
4 following: “, without regard to any requirement that
5 the individual receiving the audiology services be
6 under the care of (or referred by) a physician or
7 other health care practitioner or that such services
8 are provided under the supervision of a physician or
9 other health care practitioner”.

10 (c) EFFECTIVE DATE.—The amendments made by
11 this section shall apply to items and services furnished on
12 or after January 1 of the first year beginning more than
13 6 months after the date of the enactment of this Act.

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