

FLAA

August 2017

# Legislative Update

# Federal Legislation (2017-18)

HR 2276	Audiology Patient Choice Act	Tom Rice, R-SC	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.
HR 1539	Early Hearing Detection & Intervention (EHDI)	Guthrie R-KY	reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.
S 652	EHDI	Portman R-OH	reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.
HR 2042	Access to Frontline Health Care Act	Loeb sack D-IA	to direct the Secretary of Health and Human Services to establish a Frontline Providers Loan Repayment Program
HR 2291	HEART Act	Duffy R Wis	expand the coverage of telehealth services under the Medicare program...

# Federal Legislation (2017-18)

HR 2550	Medicare Telehealth Parity Act	Thompson D-CA	to provide for an incremental expansion of telehealth coverage under the Medicare program
HR 1120	Alice Cogswell and Anne Sullivan Macy Act	Cartwright D-PA	To promote and ensure delivery of high quality special education and related services to students with visual disabilities or who are deaf or hard of hearing or deaf-blind through instructional methodologies meeting their unique learning needs; to enhance accountability for the provision of such services, and for other purposes.
HR 1369	Indian Healthcare Improvement Act	Cole R-OK	amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

# Federal Legislation (2017-18)

S 48	Hearing Aid Assistance Tax Credit	Heller R-NV	amends the Internal Revenue Code to allow a tax credit of up to \$500 once every five years for the purchase of a hearing aid that is authorized under the Federal Food, Drug, and Cosmetic Act for commercial distribution and is intended for use by the taxpayer or a dependent of the taxpayer.
S 670	OTC Hearing Aid Act	Warren D-MA	To provide for the regulation of over-the-counter hearing aids. PASSED
HR 1652	OTC Hearing Aid Act	Kennedy D-MA	To provide for the regulation of over-the-counter hearing aids. PASSED
HR 367	Hearing Protection Act	Crapo R-ID	A bill to provide that silencers be treated the same as long guns
HR 3111	To provide coverage for dental, vision, hearing under Medicare	Levin D-MI	to provide for coverage of dental, vision, and hearing care under the Medicare program.
S 373	Require Sec of Defense to submit report on HL, tinnitus, and noise pollution due to small arms fire	Hatch R-UT	submit to Congress a report on hearing loss, tinnitus, and noise pollution due to small arms fire.
HR 508	Senior have eyes, ears, and teeth Act	Roiybal-Allard D-CA	To expand Medicare coverage to include eyeglasses, hearing aids, and dental care.
HR 2430	FDA Reauthorization Act PASSED	Walden R-OR	To amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.
S 934	FDA Reauthorization Act PASSED	Alexander R-TN	To amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.

# Insurance Mandates

- 23 States have passed mandated insurance coverage for hearing aids.
- Primarily pediatrics.
- Primarily payments towards product sales.
  - Bundled model
  - \$xx toward cost of product and professional services every YY years with balanced billing permitted.

- [Colorado](#), [Connecticut](#), [Delaware](#), [Kentucky](#), [Louisiana](#), [Maine](#), [Maryland](#), [Massachusetts](#), [Minnesota](#), [Missouri](#), [New Jersey](#), [New Mexico](#), [North Carolina](#), [Oklahoma](#), [Oregon](#), and [Tennessee](#) require that health benefits plans in their state pay for hearing aids for children.
- [Arkansas](#), [New Hampshire](#) and [Rhode Island](#) require coverage for both children and adults.
- [Wisconsin](#) requires coverage for both hearing aids and cochlear implants for children.
- Georgia effective January 2018 for children.

# Coverage Examples

- Colorado: Requires insurance providers to cover hearing aids for children under 18 years verified by physician and licensed audiologist. A new hearing aid every five years, a new hearing aid when alterations to the existing hearing aid cannot meet the needs of the child.
- Georgia: \$3,000 per ear, 0-18 years, every 4 years.
- Delaware: \$1,000/ear every 3 years, 0-24 years.

# Examples

- Missouri. Requires health insurance for infant hearing screenings), audiological assessment and follow-up, and initial amplification, including hearing aids.
- New Jersey. Limit – Coverage for \$1,000 per aid, once every 2 years
- Minnesota. Limit – 1 hearing aid per ear, under 18 years, every 36 months.
- Oregon: \$4,000 every 4 years. Ages 0-18 and 19-25 if enrolled in school. Prescribed, fit, dispensed by licensed audiologist as long as medically necessary.



# Comments on Effectiveness

- Families value the benefit (white hat issue)
- Families like the continuity of care since they can be fit at same location as their Dx evaluation.
- Sometimes payment delays from insurance companies.
- Be sure children are seen by an audiologist.

# Comments (cont)

- Very positive outcomes. Has led to increased coverage even for some adults as insurance companies expanded coverage in addition to children.
- Keeps patients with us and we have seen increase in children getting amplification.
- Great for audiologists that participate with insurance companies.

# ASHA Model Bill: Insurance Coverage of Hearing Aids for Children

- ...coverage for hearing aids for a child under the age of eighteen ...if the hearing aids are fitted and dispensed by a licensed audiologist ... following medical clearance by a physician ...and an audiological evaluation medically appropriate to the age of the child
- An entity subject to this section may limit the benefit payable under Paragraph (1) of this subsection to one thousand and five hundred dollars per hearing aid for each hearing-impaired ear every thirty-six months.
- An insured or enrolled individual may choose a hearing aid that is priced higher than the benefit payable under this Subsection and may pay the difference between the price of the hearing aid and the benefit payable under this Subsection without financial or contractual penalty to the provider of the hearing aid.

# Challenges

- Must be sure there is recognition of professional services in language.
- Need to focus on children—White Hat Issue.
- Only commercial insurance plans (avoid Medicaid and managed care in Florida).

# What would that look like?

- What ages should we seek to cover?
  - Pediatrics 0-21? Possibly add 22-26 if on parents insurance.
- What services/products should we try to cover?
  - Diagnostic, management, treatment?
  - Hearing aids in traditional bundled model?

# Hearing Care for Children Act

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# Proposed Language: Hearing Care for Children Act

- "hearing aid" shall mean a medical device as defined and regulated by the U.S. Food and Drug Administration that is of a design and circuitry to optimize audition and listening skills.
- Include:
  - Insurers and nonprofit health service plans, including the office of group benefits, that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in this state.
- provide coverage for hearing aids for individuals ages 0 through age 21 years who are covered under a policy or contract of insurance if the hearing aids are prescribed, fitted and dispensed by a licensed audiologist.

# Proposed Language (cont):

- the benefit ...three thousand dollars (\$3,000) per hearing impaired ear and the professional services associated with the selection and fitting of a hearing aid for each hearing-impaired ear every twenty-four (24) months or sooner when alterations to the existing hearing aid cannot meet the needs of the child.



# Proposed Language (cont):

- An insured or enrolled individual may choose a hearing aid that is priced higher than the benefit ...or may elect to purchase additional professional services or benefits associated with the device or management and treatment and may pay the difference between the price of the hearing aid and the benefit payable under this Subsection without financial or contractual penalty to the provider of the hearing services.

# What's next?

- Finalize language along with legislative 'partners'.
- Sponsors and co-sponsors.
- Finalize agreement with lobbyist, Theresa Bulger.
- Solicit funds for donations to legislators.
  - Need to raise \$4,000 immediately