

## International Hearing Society Position Statement on Network Provider Inclusion

The International Hearing Society (IHS) represents the approximately 9,000 hearing aid specialists in the United States.<sup>1</sup> Hearing aid specialists are healthcare professionals licensed by the states specifically to provide hearing health services. Hearing aid specialists represent approximately one-third of hearing healthcare providers and dispense approximately one-half of the nation's hearing aids in the private marketplace. Licensed hearing aid specialists are qualified to provide comprehensive hearing evaluations; recommend, fit and dispense hearing aids; provide verification and validation tests; make adjustments and repairs; recommend assistive devices; and provide counseling. Hearing aid specialists may also perform tests to evaluate middle ear function, including tympanometry; provide tinnitus management; and perform limited cerumen management. See the IHS Position Statement on the Practice of Hearing Aid Dispensing for a full listing of duties performed by hearing aid specialists.<sup>2</sup>

The federal government recognizes the hearing aid specialist profession in the U.S. Department of Labor's Standard Occupational Classification Manual as a distinct detailed occupation under Healthcare Practitioners and Technical Occupations, with a unique identifier of 29-2092. Hearing aid specialists are specifically recognized under the taxonomy code 237700000X, "hearing instrument specialist."

Hearing aid specialists participate both in- and out-of-network in private insurance plans, and in federal and state plans and programs, including Medicaid, Vocational Rehabilitation, Workers' Compensation, Medicare Advantage, Veterans Health Administration, and the Federal Employee Health Benefits (FEHB) Program. In its March 2008 annual call letter for benefit and rate proposals from FEHB Program carriers, the U.S. Office of Personnel Management (OPM) strongly encouraged "proposals for enhanced hearing benefits for adults, including hearing aids." OPM provided specific guidance with respect to hearing healthcare providers in a subsequent April 11, 2008, letter that informed insurance carriers that "Licensed and qualified hearing healthcare providers (hearing aid specialists, audiologists and otolaryngologists) should be included in provider networks for hearing aids and related services." The FEHBP covers almost nine million government workers and their families and is often cited as a model for healthcare reform efforts.

Further, hearing aid specialists are recognized as one of three members of the hearing healthcare delivery team, comprised of hearing aid specialists, audiologists, and physicians, and are recognized by the federal government as essential and fully qualified entry points into the hearing healthcare delivery system. The preamble to the current U.S. Food and Drug Administration (FDA) regulations governing the conditions for sale of hearing aids states that "the [FDA] Commissioner regards the hearing aid

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<sup>1</sup> Also referred to as hearing instrument dispenser, hearing aid fitter, hearing aid dealer, hearing instrument specialist.

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[http://myhome.ihinfo.org/Images/Adv\\_PDF/Position%20Statements/IHS%20Position%20Statement%20on%20the%20Practice%20of%20Hearing%20Aid%20Dispensing.pdf](http://myhome.ihinfo.org/Images/Adv_PDF/Position%20Statements/IHS%20Position%20Statement%20on%20the%20Practice%20of%20Hearing%20Aid%20Dispensing.pdf)

dispenser as an important member of the hearing healthcare team, strategically positioned within the delivery system to provide the hearing aid user with essential services."

Hearing aids are effective devices that dramatically improve the quality of life and health of those who use them. According to the National Institute of Deafness and Other Communications Disorders, "Approximately one in three people between the ages of 65 and 74 has hearing loss and nearly half of those older than 75 have difficulty hearing." However, only 1 in 5 people who would benefit from a hearing aid actually uses one.<sup>3</sup>

Studies demonstrate a strong association between hearing loss and social isolation, loneliness, depression, falls, cardiovascular disease, diabetes, cognitive impairment, and dementia.<sup>4</sup> Untreated hearing loss can also result in a loss of income of up to \$12,000 per year depending on the degree of hearing loss.<sup>5</sup> A 2015 study found that hearing-impaired older adults experience a greater incidence and annual rate of hospitalization than those with normal hearing.<sup>6</sup> Most recently, a 2019 study found that "Utilization of hearing care services among older adults with hearing aids is associated with reduced Medicare spending. Increasing access to hearing care services among Medicare beneficiaries with hearing aids may provide value to the healthcare system and net savings to the Medicare program."<sup>7</sup> The health benefits and overall cost savings of addressing hearing loss through the use of hearing aids is clear. Therefore, more must be done to expand the benefits of amplification to an increasing number of Americans.

in order to preserve patient choice and ensure quality hearing healthcare for the greatest number of Americans, licensed hearing aid specialists must be among the providers included in any provider network that provides care to patients with coverage for hearing aids and related services. IHS urges health plans and other managed care providers include hearing aid specialists in provider networks serving patients with insurance coverage for hearing aids and related services. Further, as state policymakers expand mandated coverage for hearing aids, hearing aid specialists must be recognized among the authorized providers who document hearing loss, perform hearing tests, fit and dispense hearing aids, and provide related services for adults and children. In accordance with the FDA hearing aid rule, children under the age of 18 must be medically evaluated and cleared by a physician. Adults, aged 18 and over, should be medically cleared by a physician if any of the FDA "red flags" exist, but, as of 2016, per the FDA, medical clearance by a physician is not uniformly required for the purchase of hearing aids. However, medical clearance may still be required by state law, and IHS recommends physician referral when a red flag is present.<sup>8, 9</sup>

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<sup>3</sup> [https://www.hearingloss.org/wp-content/uploads/HLAA\\_HearingLoss\\_Facts\\_Statistics.pdf?pdf=FactStats](https://www.hearingloss.org/wp-content/uploads/HLAA_HearingLoss_Facts_Statistics.pdf?pdf=FactStats)

<sup>4</sup> <http://www.hearingreview.com/2017/11/hearing-loss-associated-comorbidities-know/>

<sup>5</sup> [https://www.hearing.org/hearingorg/document-server/?cfdp=hearingorg/assets/File/public/marketrak/MarkeTrak\\_VII\\_The\\_Impact\\_of\\_Untreated\\_Hearing\\_Loss\\_on\\_Household\\_Income.pdf](https://www.hearing.org/hearingorg/document-server/?cfdp=hearingorg/assets/File/public/marketrak/MarkeTrak_VII_The_Impact_of_Untreated_Hearing_Loss_on_Household_Income.pdf)

<sup>6</sup> "Association of Hearing Impairment with Risk of Hospitalization in Older Adults." Genter, D., et al. Journal of the American Geriatric Society, 2015.

<sup>7</sup> "Cost-Benefit Analysis of Hearing Care Services: What Is It Worth to Medicare?" Willink, A. Journal of the American Geriatric Society, 2019.

<sup>8</sup> <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=801.421>

<sup>9</sup> <https://www.fda.gov/media/101685/download>

In 2015, IHS joined with other national organizations in the hearing health sector - including those representing audiologists and consumers - to recommend a national hearing healthcare reimbursement policy that embraces four key principles: patients should be allowed to select their licensed hearing healthcare provider; patients should be allowed to choose to upgrade the device, if clinically appropriate, at patients' expense; products and services should be of the highest quality; and all treatment should be medically-effective.<sup>10</sup> Federal recognition of provider choice was affirmed in Public Health Service Act Section 2706(a), added as part of the 2010 Affordable Care Act, which states that a "group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law."

Therefore, in order to preserve patient choice and ensure quality hearing healthcare for the greatest number of Americans, and promote and support good health outcomes, IHS recommends to payors and state and federal policymakers that hearing aids and related services be covered, and that licensed hearing aid specialists be among the providers included in any provider network that provides care to patients with coverage for hearing aids and related services.

*Approved by the Board of Governors on April 21, 2012. Revised October 3, 2019.*

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<sup>10</sup> <https://myhome.ihsinfo.org/Images/Reimbursement%20White%20Paper%202015.pdf>