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111TH CONGRESS
1ST SESSION

H. R. 3024

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 HOUSE OF REPRESENTATIVES

JUNE 24, 2009

Mr. ROSS (for himself, Mr. TOWNS, Mr. GORDON of Tennessee, Ms. DEGETTE, Mr. LATHAM, Mr. MCGOVERN, Mr. LYNCH, Mr. BARROW, Mr. SIMPSON, Mr. CHANDLER, Mrs. EMERSON, Ms. DELAURO, Mr. COURTNEY, and Mr. PAUL) 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

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Hearing Health Care Enhancement Act of 2009''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Approximately 30,000,000 Americans experience 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.

(8) Consistency in Federal policy with respect to hearing health care services should be encouraged to the greatest extent possible.

SEC. 3. ENABLING MEDICARE BENEFICIARIES TO HAVE THEIR CHOICE OF QUALIFIED HEARING HEALTH CARE PROVIDERS.

Section 1861(ll)(3) of the Social Security Act (42 U.S.C. 1395x(ll)(3)) is amended by inserting before the period at the end the following: ‘‘, without regard to any requirement that the individual receiving the audiology services be under the care of (or referred by) a physician or other health care practitioner or that such services are provided under the supervision of a physician or other health care practitioner’’.

SEC. 4. INCLUSION OF AUDIOLOGY SERVICES AS MEDICAL SERVICES UNDER MEDICARE PART B; PAYMENT FOR SUCH SERVICES.

(a) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (DD), by striking ‘‘and’’ at the end;

(2) in subparagraph (EE), by inserting ‘‘and’’ at the end; and

(3) by adding at the end the following new subparagraph:

"(FF) audiology services (as defined in subsection (ll)(3));".

(b) PAYMENT UNDER THE PHYSICIAN FEE SCHEDULE.—Section 1848(j)(3) of such Act (42 U.S.C. 1395w–4(j)(3)) is amended by inserting "(2)(FF)," after "(2)(EE),".

SEC. 5. CONSTRUCTION; EFFECTIVE DATE.

(a) CONSTRUCTION.—Nothing in the amendments made by this Act shall be construed to expand the scope of audiology services for which payment may be made under title XVIII of the Social Security Act on December 31, 2009.

(b) EFFECTIVE DATE.—The amendments made by this Act shall take effect with respect to services furnished on or after January 1, 2010.

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