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## Can you hear me now?

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Almost 30 million Americans over 60 years old have difficulty hearing, but less than a third can afford hearing aids, according to a [report](#) to President Barack Obama by his [Council of Advisors on Science and Technology](#) two weeks ago. Even though hearing loss is often part of the natural aging process, the council did not recommend that Medicare—the federal health insurance program covering 55 million older adults—pay for hearing aids, which can cost an average of \$5000 to \$6000 for a pair.

When Congress created [Medicare](#) 50 years ago, hearing aids were among the services specifically excluded from coverage. “So it is going to take an act of Congress to change that rule,” said Dr Christine Cassel, president of the [National Quality Forum](#) and co-author of the report, “Aging America & Hearing Loss: Imperative of Improved Hearing Technologies.” But the cost of such legislation would likely “break the bank,” she said.

Instead, the council focused on solutions for people with mild-to-moderate age-related hearing loss and recommended how the federal government can “open up the hearing technology market to lower cost and increased innovation.”

For example, the US Food and Drug Administration should allow the sale without a prescription of “personal sound amplification products,” or what the report calls “basic” non-surgical, air-conduction hearing aids, a cheaper alternative to prescription hearing aids that would be similar to over-the-counter reading glasses. The Federal Trade Commission should permit consumers to get free copies

of their diagnostic hearing tests and hearing aid fittings in order to buy hearing aids from any company in person as well as through the mail, phone, or the internet.

While such steps may increase older adults’ access to some hearing care, they are no substitute for Medicare coverage of prescription hearing aids, said Joe Baker, president of the [Medicare Rights Center](#), a consumer advocacy group. “Fulfilling the promise of the Medicare program requires its eventual expansion to cover all needed services, like hearing aids and other care,” he said.

Dr Peter DeGolia, a geriatrician at University Hospitals Case Medical Center in Cleveland, Ohio argues that treating hearing loss is an essential part of beneficiaries’ medical care. He is also medical director for the [McGregor Program of All-Inclusive Care of the Elderly](#), which serves older adults who receive both Medicare and Medicaid—and covers prescription hearing aids. “Hearing loss can absolutely cause increased social isolation and can contribute to the appearance of memory loss and dementia,” he said. Hearing aids can improve patients’ understanding, cognition, and interaction with other people. “Fix the hearing and they do a lot better, they’re not demented.”

Last March, Rep. Debbie Dingell, a Michigan Democrat, introduced [legislation](#) to add hearing aid coverage to Medicare, after an ENT physician told Dingell that half her patients who needed a hearing aid couldn’t afford one. But in yet another reminder that Congress is hardly in a mood to raise Medicare spending, the legislation has won support so far from only six members.

