

MOHEG Student Essay Award

Can You Repeat That?

Missouri State University Master of Health Administration Program May 2017

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09/23/2016

“I’m sorry, what did you say?” asks the elderly gentleman as he cups a hand to his ear and leans in closer, eyebrows furrowed as he tries desperately to hear the words being spoken to him. This happens every day with an alarming majority of seniors. Imagine not being able to have a conversation with a loved one, hear the announcement of your favorite football team scoring a touchdown, or your name being called at the doctor’s office. Millions of senior citizens around the world are unable to contribute to society and have productive lives because they have lost the ability to hear. The tragic portion of this reality is not that individuals face hearing loss as they age but that the technology to solve this problem is readily available and yet Medicare and private insurance view hearing aids as an elective product. According to The Medicare Benefit Policy Manual, “Section 1862(a)(7) of the Social Security Act states that no payment may be made under part A or part B for any expenses incurred for items or services “where such expenses are for . . . hearing aids or examinations therefore. . . .” This policy is further reiterated at 42 CFR 411.15(d) which specifically states that “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids” are excluded from coverage (Chapter 16 - General Exclusions From Coverage, 2005).”

Even though insurance doesn’t find hearing a necessity, nearly half of the elderly community is in desperate need hearing aids (Hearing Aids, 2013). For those individuals that would benefit from the technology, an astounding 80% of the elderly population will need two hearing aids, one for each ear (Packer, 2015). “Prices for a single hearing aid can range from \$1,200 for a low-end device to \$3,500 or more for a higher-end one... (Gandel, 2016)” again that price is per device. It is also suggested that hearing aids be replaced every three to five years (Packer, 2015) to ensure optimal quality. With controlled budgets, many senior citizens are unable to afford the “luxury” of hearing. According to Pension Rights Center, in 2014, adults ages 65 and older have an average income ranging from \$17,800 to \$36,800 per year (Income of Today’s Older Adults, 2015) depending on whether the individuals are fully retired and or the category of their demographic unit such as individual or household. Many elderly citizens are simply unable to risk approximately 40% of their annual income for the ability to hear.

Since Medicare and private insurers are unwilling to notice the need for hearing many seniors are at risk of irrevocable consequences. Individuals without hearing face social isolation, irritability, lack of motivation and depression. The Better Hearing Institute also adds effects such as, “reduced alertness and increased risk to personal safety, reduced job performance, fatigue, anger and diminished overall health (Consequences of Hearing Loss, 2016).” Ciorba, Bianchini,

Pelucchi, and Pastore also include mental effects of non-hearing such as, embarrassment, guilt, confusion, distracting thoughts, decreased self-esteem and blaming (Ciorba, Bianchini, Pelucchi, & Pasore, 2012). Not a single person wants to imagine their golden years filled with these thoughts every single day but that is the case for millions of seniors. Every person on this Earth, who lives to be 65 years of age and older face the chance of hearing loss and yet this problem is not something that takes precedence.

Many of these psychological consequences of hearing loss could be prevented for a majority of elderly individuals. Even with medically needy programs a gap still exists for numerous seniors. Veterans are able to qualify for assistance if they are retired, yet this also does not cover all the elderly struggling to maintain an active lifestyle. The Hearing Loss Association of America, offers a website page dedicated to financial assistance programs (Financial Assistance: Programs and Foundations, 2016). These programs and foundations are helpful, however, countless elderly individuals today do not have a computer or understand how to access these resources. Something has to be done to ensure that quality of life is not just for those who can afford not to be covered. Lisa Packer, staff writer for Healthy Hearing, explains why insurance is unwilling to budge and offer coverage. “Too many claims in addition to the high cost of hearing aids along with the fact that they need to be replaced every three to five years, and insurance companies would actually lose money, or at least not make a profit (Packer, 2015).” It is depressing and irritating to say that our federal government and private insurers are more concerned with the bottom dollar than making sure the people who have contributed and shaped this country have a quality of life.

With the baby boomers quickly approaching the age where hearing loss will become a reality, resources and insurance will have to be set up to provide appropriate care for these individuals. Medical professionals must care more about the quality of life than the means it takes to achieve this. Insurance companies should delve into providing coordination of care since they are unwilling to provide financial coverage for hearing aids. For instance, the elderly individuals that file for hearing assistance should be connected with a patient advocate, paid by insurance, that can assist them in contacting foundations and qualifying for program requirements to make hearing aids more affordable to our seniors. Medicare needs to implement assistance for our elderly population, because quite frankly, hearing is not a “luxury” or a “right” it is a human necessity. Hopefully, the next time an elderly person says, “Can you repeat that?” they will be adjusting the volume on their insured or affordable hearing aids.

References

Chapter 16 - General Exclusions From Coverage. (2005, November 5). *Medicare Benefit Policy Manual*, 27-28. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>

Ciorba, A., Bianchini, C., Pelucchi, S., & Pasore, A. (2012). The impact of hearing loss on the quality of life of elderly adults. *Clinical Interventions in Aging*.

Consequences of Hearing Loss. (2016). Retrieved from Better Hearing Institute: <http://www.betterhearing.org/>

Financial Assistance: Programs and Foundations. (2016, July). Retrieved from Hearing Loss Association of America: <http://www.hearingloss.org/>

Gandel, C. (2016, April). *Paying for Your Hearing Aid*. Retrieved from AARP: <http://www.aarp.org/>

Hearing Aids. (2013, March 29). Retrieved from National Institute of Health: <https://report.nih.gov>

Income of Today's Older Adults. (2015). Retrieved from Pension Rights Center: <http://www.pensionrights.org/>

Packer, L. (2015, July 7). *Why aren't hearing aids covered by insurance?* Retrieved from Healthy Hearing: <http://www.healthyhearing.com/>