

**Subject: Eliminating the FDA Requirement for Audiologists to Obtain Medical Waiver Prior to Dispensing Hearing Instruments to Adult Patients**

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1 Whereas, an audiologist, by virtue of academic degree, clinical training and license to practice is  
2 uniquely qualified to provide a comprehensive array of professional services related to the  
3 prevention, audiologic identification, assessment, diagnosis and treatment of persons with  
4 impairment of auditory and vestibular function, and  
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6 Whereas, audiologists are regulated by state licensure in all fifty states and the District of  
7 Columbia, and  
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9 Whereas, the Medicare and Medicaid statute recognizes state licensure as the appropriate standard  
10 for determining who is a qualified audiologist, and  
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12 Whereas, audiologists are charged with determining the medical necessity of the audiometric  
13 diagnostic tests performed when beneficiaries are provided direct access to their services, and  
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15 Whereas, audiologists are educated to recognize conditions requiring medical attention and would  
16 appropriately refer those patients to a physician for medical treatment, and  
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18 Whereas, research has established that audiologic treatment plans are comparable to physician  
19 plans for non-medical hearing disorders, and  
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21 Whereas, research has also demonstrated that audiologists refer to otolaryngologists when  
22 medically necessary, and  
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24 Whereas, unnecessary physician exam prior to hearing aid fitting by an audiologist is costly to  
25 patients and 3<sup>rd</sup> party payers, and  
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27 Whereas, established research indicates that eliminating the mandatory medical clearance prior to  
28 fitting adult patients with hearing aids does not pose a safety risk to these patients.  
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30 Resolved, that the American Academy of Audiology supports the elimination of the FDA  
31 mandatory medical waiver for adult patients with non-medically treatable hearing loss prior to the  
32 fitting of hearing aids by a licensed audiologist.  
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34 References:  
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36 Zapala, D., et. al., Safety of Audiology Direct Access for Medicare Patients Complaining of  
37 Impaired Hearing. Journal of The American Academy of Audiology, 2010:21(6), 365-379  
38

39 Federal Employees Health Benefit (FEHB) Report. (2010)  
40 [http://www.audiology.org/advocacy/federal/regulatoryissues/Documents/FEHBP\\_finalreport](http://www.audiology.org/advocacy/federal/regulatoryissues/Documents/FEHBP_finalreport).  
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42 World Health Organization (WHO). (2010) Deafness and Hearing Impairment Factsheet.  
43 <http://www.who.int/mediacentre/factsheets/fs300/en/index.html>  
44  
45 American Academy of Audiology (AAA). (2010) Scope of Practice.  
46 <http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx>  
47  
48 National Institute on Deafness and Other Communicative Disorders (NIDCD). (2010) Quick  
49 statistics. [www.nidcd.nih.gov/health/statistics/quick.htm](http://www.nidcd.nih.gov/health/statistics/quick.htm)  
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