JAMA. Author manuscript, available in rivic 2014 December 07.

Published in final edited form as:

JAMA. 2014 November 5; 312(17): 1739–1740. doi:10.1001/jama.2014.13535.

Hearing and Vision Care for Older Adults:

Sensing a Need to Update Medicare Policy

Heather E. Whitson, MD, MHS and

Departments of Medicine (Geriatrics) & Ophthalmology, Duke University School of Medicine, Durham, North Carolina

Duke Center for the Study of Aging and Human Development, Durham, North Carolina

Durham VA Geriatrics Research Education and Clinical Center (GRECC), Durham, North Carolina

Frank R. Lin, MD, PhD

Departments of Otolaryngology—Head & Neck Surgery & Medicine (Geriatrics), Johns Hopkins School of Medicine, Baltimore, Maryland

Departments of Mental Health and Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Johns Hopkins Center on Health and Aging, Baltimore, Maryland

When Medicare became law in 1965, Congress made a justifiable decision to exclude items that were "routinely needed and low in cost," reasoning that the cost of such items could be borne by the consumer. On that basis, hearing aids and lens-containing visual aids were excluded from coverage, with narrow exceptions, such as intraocular lenses for cataract surgery. Advocacy groups for people living with sensory impairment have long called for broader coverage of sensory aids. During the past year, the issue has gained new traction from legislative and scientific communities. In December 2013, Representatives Carolyn Maloney (D-NY) and Gus Bilirakis (R-FL) introduced a bill (HR 3749) to initiate a 5-year demonstration project to provide "usable and medically necessary" low-vision devices to Medicare beneficiaries. Earlier this year, the Institute of Medicine and National Research Council convened a workshop on the effect of hearing loss in healthy aging. The summary emphasized the public health implications of age-related hearing loss and pointed to Medicare's noncoverage policy as a significant reason that hearing aids are used by fewer than 1 in 5 older adults who could benefit.²

Copyright 2014 American Medical Association. All rights reserved.

Corresponding Author: Heather E. Whitson, MD, MHS, Duke University Medical Center, PO Box 3003, Durham, NC 27710 (heather.whitson@duke.edu).

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Whitson reported receiving a travel/meeting stipend from Med El. Dr Lin reported serving on scientific advisory boards for Pfizer and Autifony Therapeutics; serving as a consultant for Cochlear Ltd; serving as a speaker for Amplifon; and receiving travel/meeting expenses from Med EL.