can be purchased out of pocket). Likewise, initial steps to cover hearing rehabilitative services by audiologists, without coverage of hearing aids, would limit added expenditure and may spur competition in industry to develop affordable hearing technologies that could be provided by audiologists.

The US health care system faces numerous challenges to control costs and improve quality, and bold solutions are needed. However, there is an equally pressing need to consider incremental policy decisions that represent simple, relatively inexpensive changes that entail low risk and potentially high population benefit. Human health and functioning depend on the ability of a person to interact with the environment, communicate, and independently meet basic needs, and these are the activities threatened by vision and hearing loss. In 1965, when sensory loss was considered to be an inconvenient but benign consequence of age and available equipment was simple, the decision to preclude coverage was justifiable. Today, effective solutions to rehabilitate disabling sensory impairments have evolved, as has the awareness that sensory loss is more than a “nuisance” condition. Finding ways to encourage older adults to have access to rational care for sensory loss needs to be a CMS priority.

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