



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY**

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May 9, 2017

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
H-232 US Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
H-204 US Capitol
Washington, DC, 20515

Dear Speaker Ryan and Leader Pelosi:

On behalf of the approximately 12,000 members of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), I am writing to express our **strong opposition to H.R. 2276, the “Audiology Patient Choice Act.”** If enacted, this legislation would inappropriately add audiologists to Medicare’s definition of “physician,” as well as provide audiologists with unlimited direct access to Medicare patients without a physician referral.

As outlined below, H.R. 2276 raises significant patient safety concerns and increases healthcare costs, forcing the AAO-HNS to continue with its strong opposition to this long-standing issue. The AAO-HNS is not alone in its opposition to this misguided proposal. In the 114th Congress, similar legislation garnered **opposition by more than 120 national, state, and local organizations.** We expect a similar response to H.R. 2276.

As a point of reference, the AAO-HNS is the national medical association of MD/DO physicians dedicated to the care of patients with disorders of the ears, nose, throat (ENT), and related structures of the head and neck. We are commonly referred to as ENT physicians, and we provide hearing-impaired patients with a full medical evaluation, diagnosis, and treatment plan for their hearing disorders. **In the context of the hearing healthcare “debate,” otolaryngologist-head and neck surgeons are the only healthcare providers with the breadth of training and expertise to treat all aspects of hearing loss.**

This point is particularly critical for patients who potentially suffer from one of the many medically *treatable* causes of hearing loss (e.g. cerumen (wax) impaction; infection; perforation of the ear drum; Meniere’s disease; tumors of the ear; otosclerosis; and sudden sensorineural hearing loss). In addition, the potential *medical* issues related to hearing loss and frequently associated balance disorders should not be made light of, especially given that a large percentage of Medicare beneficiaries suffer from multiple and complex medical conditions. For example, per a 2014 U.S. Department of Health and Human Services report, in 2012-2014, the most frequent occurring conditions among the senior population included: hypertension (71%), diagnosed arthritis (49%), heart disease (30%), cancer (24%), and diabetes (21%). Of the five aforementioned medical conditions, three have correlations to hearing loss. In addition, ototoxic and vestibulotoxic drugs can have a direct correlation with hearing loss; a factor exacerbated by advanced age (over 65).

This is not a “turf” issue – it is a patient safety issue, and the Centers for Medicare and Medicaid Services (CMS) agrees. For years, CMS has maintained a position regarding the direct access issue that physician referral is a “key means by which the Medicare program assures that beneficiaries are receiving medically necessary services, and avoids potential payment for asymptomatic screening tests that are not covered by Medicare . . .” And, in a June 2016 report by the National Academies of Medicine on older Americans and hearing health, the authors noted their recommendation “excludes direct access to audiologic testing for assessment of vestibular and balance disorders and dizziness, which require physician referral.”

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In recognition of the medical complexities associated with hearing loss, **the AAO-HNS is pleased that despite recent and proposed changes to various hearing-health services, the physician referral requirements currently in place for Medicare beneficiaries remain intact. Unfortunately, H.R. 2276 seeks to eliminate this critical protection.** A preoccupation with increased access to care must not overshadow the equally important need to ensure the quality and safety of hearing healthcare services. Bypassing a physician evaluation and referral can lead to misdiagnosis and inappropriate treatment that could cause lasting, and expensive, damage to patients. An accurate medical diagnosis by a physician at the start of a treatment plan is the safest and most cost-effective approach to care.

In addition, despite projections related to physician (MD/DO) shortages, including audiologists in Medicare's definition of "physician" is not the answer. The American Medical Association's "Health Workforce Mapper" demonstrates that most audiologists practice in the same areas as MD/DO physicians. As a result, claims that H.R. 2276 will have a profound impact on seniors' access to care are misleading and unsubstantiated. Further, amending Medicare's definition of "physician" encroaches upon a training distinction that helps patients decipher between various hearing healthcare providers. This distinction is particularly important given the increased number of non-physician providers with doctoral degrees identifying themselves as "doctors."

Despite our strong opposition to H.R. 2276, the AAO-HNS remains committed to improving patients' access to care. In particular, the AAO-HNS continues to actively engage lawmakers regarding additional hearing health legislative efforts—including the development of a new class of over-the-counter hearing aids for adults with mild-to-moderate hearing loss (H.R. 1652). In addition, in the 114th Congress, the AAO-HNS collaborated with the American Speech-Language-Hearing Association (ASHA) to craft legislation (H.R. 2330) to appropriately expand the services provided by audiologists under the Medicare program, while retaining the physician referral requirement.

In conclusion, the AAO-HNS strongly believes an MD/DO physician-led hearing healthcare team with coordination of services is the best approach for providing the highest quality care to patients. However, hearing and balance disorders are medical conditions and require a full patient history and physical examination by an MD/DO physician to ensure an accurate medical diagnosis. The aspirations of some audiologists to independently make a medical diagnosis to treat hearing and balance disorders transcends their level of training and expertise. As a result, I urge you to **refrain from co-sponsoring H.R. 2276 and oppose any efforts to advance the bill.** If you or your staffs have any questions, please contact Megan Marcinko, Director of Congressional Affairs, at 703-535-3796 or mmarcinko@entnet.org.

Sincerely,

James C. Denny III, MD
Executive Vice President and CEO

Cc: U.S. House of Representatives