



**Statement for the Record re: H.R. 3508
To the U.S. House of Representatives Committee on Veterans' Affairs
Health Subcommittee Hearing Regarding H.R. 3508 and Other Bills
Thursday, March 27, 2014**

The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) thanks the Subcommittee for the opportunity to submit a statement for the record regarding H.R. 3508, a bill to amend title 38, United States Code, to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

The AAO-HNS, with approximately 12,000 members nationwide, is the medical specialty society for physicians dedicated to the care of patients with disorders of the ears, nose, throat (ENT), and related structures of the head and neck. Our members are specifically trained to provide hearing-impaired patients with a full medical evaluation, diagnosis, and treatment for their hearing disorders. Given the specialization of our members, the AAO-HNS closely monitors various pieces of legislation pertaining to the delivery of hearing healthcare services, including H.R. 3508.

The AAO-HNS strongly supports the development and utilization of VA programs designed to broaden veterans' access to quality hearing healthcare services, and recognizes that in some areas, current VA programs are failing to meet the needs of the veteran population. **However, while the AAO-HNS does not officially oppose H.R. 3508 at this point in the legislative process, we believe current Congressional action to advance the bill is premature and may represent an unnecessary legislative approach to address process failures within the VA.**

It is our understanding that the purpose of H.R. 3508 is to mitigate an ongoing issue within the VA regarding long wait times for hearing aids and hearing healthcare services for veterans in general. While this is a laudable goal, we are concerned that the bill, spearheaded by the national association representing hearing aid dispensers, would have unintended consequences. We find it necessary to register our concerns for the record so the members of this Subcommittee are fully advised of its potential impact.

Timing of Legislation

Hearing-related issues, including hearing loss and tinnitus, are among the most common injuries within our nation's population of active and retired service men and women. The proliferation of these types of injuries among veterans presents a serious challenge for the VA. In fact, the AAO-HNS believes that the VA should explore all *appropriate* means necessary to ensure the delivery of high-quality hearing healthcare services.

However, efforts to expand access to care must be balanced and include assurances that veterans are being cared for by the most qualified and appropriate hearing healthcare

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professionals. Hearing loss and tinnitus, particularly within the veteran population, are complex health issues, and therefore require a more comprehensive approach in regards to treatment.

While the AAO-HNS contends that the underlying intent of H.R. 3508 to ensure robust hearing-health related services are available to veterans is commendable, we are concerned that the course of action outlined in the bill attempts to legislatively correct what should, at least initially, be viewed as a “process” issue within the VA.

Following a February 2014 audit of the VA’s hearing health services, the VA Office of Inspector General (OIG) released a report outlining existing problem areas within the VA system. Specifically, the report recognized that inadequate staffing, coupled with inefficient operations/processes, at a major VA hearing aid center in Denver, CO (where a large percentage of hearing aids are repaired), accounted for much of the issue relating to long wait times. Based on the report’s findings, the OIG recommended that the VA focus its immediate efforts on developing a plan for implementing more consistent/cohesive standards for audiology and hearing care centers in general.

Given the OIG report and its recommendations for improving existing processes within the VA, the AAO-HNS contends that it is premature to pursue a legislative remedy for issues that may potentially be resolved via internal process changes.

Inclusion of Hearing Aid Specialists in OIG Report

As stated, the AAO-HNS believes the VA should have the opportunity to conduct and implement a plan related to the productivity standards and staffing for audiology clinics, as recommended by the recent OIG audit, prior to passage of any legislation related to the provision of hearing healthcare services by the VA. We maintain that one of the main tenets of H.R. 3508—to allow hearing aid specialists the ability to directly contract with the VA—is duplicative to the current statutory authority of the VA. In fact, 38 USC 7401 allows the Secretary to appoint “such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department.” Given that hearing aid specialists in some locations are already being contracted with by the VA to provide limited hearing health services, the Secretary should take hearing aid specialists in consideration when developing care plans and remedies as it implements the recommendations set forth in the OIG report.

Additional Considerations/Concerns Relating to H.R. 3508

If after the implementation of the OIG’s recommendations, legislation is still deemed necessary, the AAO-HNS looks forward to working with the bill’s sponsors and this Subcommittee to address the below concerns with the current draft of H.R. 3508.

- Inclusion of hearing aid specialists in 38 USC 7402(b) as a new paragraph (14) rather than inclusion in the existing “catch-all” paragraph (14) with other healthcare professionals with comparable training [see Section (1)(a)(2)].



- Inclusion in Section (1)(c)(3)(B) of the bill the provisions of certain services by hearing aid specialists as described in Section (1)(c)(2)(C). Most notably, disability rating evaluations, primary hearing aid evaluations, and ordering of hearing aids are beyond the existing state laws governing the appropriate scope of practice of hearing aid dispensers.
- Inclusion of Section (1)(d) requiring the Secretary to “update and re-issue” the handbook entitled “VHA Audiology and Speech Language Pathology” based upon the findings of the bill’s required report. The AAO-HNS is concerned with this particular provision, especially without a requirement for stakeholder and Congressional input, given the VA’s unilateral revisions set forth in a recently updated version of its nursing handbook.

In conclusion, the AAO-HNS appreciates the opportunity to comment on this critical issue and to work with all interested (and impacted) parties to ensure our nation’s veterans have timely access to and receive the highest quality hearing healthcare services. However, for the reasons set forth above, we respectfully urge the Subcommittee to not advance H.R. 3508 at this time and await the implementation of the OIG’s recommendations.

Thank you for your consideration. To receive additional information, please contact Megan Marcinko, AAO-HNS Senior Manager for Congressional & Political Affairs, at mmarcinko@entnet.org or 703-535-3796.