



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

June 2, 2015

The Honorable Lynn Jenkins
U.S. House of Representatives
1526 Longworth House Office Building
Washington, DC 20515

The Honorable Matt Cartwright
U.S. House of Representatives
1419 Longworth House Office Building
Washington, DC 20515

Dear Representatives Jenkins and Cartwright:

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 your recently-introduced legislation, H.R. 2519, the “Audiology Patient Choice Act.” H.R. 2519 would inappropriately add audiologists to Medicare’s definition of “physician,” as well as provide unlimited direct access to Medicare patients without a physician referral. As outlined below, such a proposal raises significant patient safety concerns, forcing the AAO-HNS to continue with its strong public opposition to the bill.

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.

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. And, as a medical specialty organization whose members continue to work closely with audiologists in a physician-led, team-based approach, we recognize and support audiology’s critical role in providing quality hearing healthcare. However, hearing and balance disorders are medical conditions and require, by necessity, a full patient history and physical examination by an MD/DO physician. The aspirations of some audiologists to independently diagnose and treat hearing disorders transcend their level of training and expertise. It is also inconsistent with recent reforms emphasizing collaborative team healthcare designed to improve quality.

In a report specifically addressing the audiology direct access issue, the Centers for Medicare and Medicaid Services (CMS) declared that referrals from MD/DO physicians are the “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” Bypassing a physician evaluation and referral can lead to misdiagnosis and inappropriate treatment that could cause lasting, and expensive, damage to patients.

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Further, H.R. 2519's attempt to add audiologists to 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."

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. 2519 will have a profound impact on seniors' access to care are often misleading and unsubstantiated.**

While the AAO-HNS is strongly opposed to H.R. 2519 as introduced, we remain committed to working with others in the hearing healthcare community to improve patients' access to care. In particular, the AAO-HNS continues to collaborate with the American Speech-Language-Hearing Association (ASHA) regarding its "comprehensive audiology benefit" legislation, H.R. 1116. As a result of this partnership, our organization continues to support ASHA's proposal to appropriately expand the services provided by audiologists under the Medicare program.

The AAO-HNS is dedicated to ensuring patients have access to the highest quality hearing healthcare. However, H.R. 2519 fails to include necessary patient safeguards and unnecessarily seeks to broaden the definition of "physician" in the Medicare program. **For the health and well-being of America's seniors, we respectfully urge you to reconsider your position regarding audiology direct access to Medicare patients without a physician referral and physician status for non-MD/DO healthcare providers.**

If you or your staffs have any questions, or if you would like to schedule a meeting to discuss our concerns further, 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: The Honorable Paul Ryan, Chairman, Ways & Means Committee
The Honorable Kevin Brady, Chairman, Ways & Means Health Subcommittee
The Honorable Fred Upton, Chairman, Energy & Commerce Committee
The Honorable Joe Pitts, Chairman, Energy & Commerce Health Subcommittee