



AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

Overview: 2015 Federal Legislative Priorities

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is committed to the enactment of legislation that will strengthen the delivery of, and access to, quality healthcare. To that end, the AAO-HNS urges Congress to take the following actions in 2015:

Protect Patient Safety within the Medicare Program

The AAO-HNS strongly believes a physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients. In past years, some in the audiology community have pursued unlimited direct access to Medicare patients without a physician referral, and the AAO-HNS has repeatedly opposed such legislative efforts due to significant patient safety concerns. In addition, some members of the audiology community now seek to amend Title XVIII of the Social Security Act to achieve “limited license physician” status within the Medicare program. Hearing and balance disorders are medical conditions that require a full patient history and physical examination by a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). While audiologists play a critical role in providing quality hearing healthcare, their desire to independently diagnose hearing disorders transcends their level of training and expertise. **To ensure patient safety is preserved, Members of Congress are urged to take the following actions regarding audiology-related legislation:**

- **OPPOSE H.R. 2519**, a bill that would provide audiologists with unlimited “direct access” to Medicare patients without a physician referral, and inappropriately include audiologists in Medicare’s definition of “physician.”
- **SUPPORT/COSPONSOR H.R. 1116**, a bill that *appropriately* strengthens the structure for hearing healthcare services in the United States by better aligning Medicare coverage of comprehensive audiology services with current billing and reimbursement standards of other non-physician therapeutic services covered by Medicare (PT, OT, SLP).

Repeal the Independent Payment Advisory Board (IPAB)

The IPAB, an unaccountable body of individuals appointed by the President and charged with creating Medicare payment policy, usurps the rightful authority of our elected Congressional officials to create and shape Medicare policy. By limiting Congressional authority, the IPAB essentially eliminates the transparency of hearings, debate, and the meaningful opportunity of stakeholder input. In fact, fewer than half of the IPAB appointees can be healthcare providers, and none are permitted to be practicing physicians or be otherwise employed. The U.S. House of Representatives passed H.R. 1190 on June 23, 2015, but the U.S. Senate has not yet taken action. **U.S. Senators are encouraged to support passage of H.R. 1190 and/or cosponsor S. 141, the Protecting Seniors Access to Medicare Act of 2015.**

Reauthorize Funding for Early Hearing Detection and Intervention (EHDI) Program

The Early Hearing Detection and Intervention (EHDI) program helps to establish statewide plans that identify children with hearing loss, directing them to early intervention services. This vital program includes initial screening of infants for hearing loss, audiological diagnostic evaluations to confirm hearing loss, and early intervention. At the first signs of hearing loss, it is imperative that children receive medical services, access to early intervention programs, and family support. This early intervention enhances language, communication, cognitive and social skill development. The U.S. House of Representatives passed H.R. 1344, a bill to reauthorize the EHDI program for an additional five years, on September 8, 2015. **The AAO-HNS urges the U.S. Senate to quickly consider, and pass, H.R. 1344 before the end of the year.**

Support Clarity and Transparency in Healthcare Advertisements

Currently, there is little “transparency” associated with the most fundamental and important component of healthcare delivery – the many health professionals who interact with patients every day. Recent studies

confirm America's patients prefer a physician-led approach to healthcare and are often confused about the level of training and education of their healthcare providers. Because of this uncertainty, patient autonomy and decision-making have been compromised. America's patients deserve to be fully informed and able to easily identify in healthcare advertisements and interactions their providers' credentials, licenses, and training when seeking treatment. **Members of Congress are urged to support H.R. 1741, the "Truth in Healthcare Marketing Act of 2015."**

Support Flexibility and/or a Delay in Implementation of the Stage 3 Meaningful Use Program

The Meaningful Use Incentive Program was designed to promote greater efficiency in healthcare, decrease the cost of providing medical care, and improve clarity and legibility of medical information as shared between providers; goals the AAO-HNS applauds. Unfortunately, most of the program requirements are having the opposite effect, and a majority of physicians have been unable to successfully participate, particularly as the program progresses. Recent data demonstrates that less than one quarter of providers participating in Stage 2 have successfully met the requirements due to unaccommodating measure thresholds, stringent reporting timelines, lack of interoperability, and lack of flexibility. Greater flexibility in the program is needed to ensure higher participation and continued adoption of electronic health records, along with a delay, or "pause" in implementation of Stage 3. **Members of Congress are urged to support H.R. 3309, the "Flex IT 2 Act" to help ensure the intended goals of the program are achieved without unfairly burdening providers.**

Enact Comprehensive Medical Liability Reforms

The nation's current medical liability system places patients in jeopardy of losing their access to vital healthcare services. With affordable and adequate medical liability insurance becoming difficult to find, physicians are retiring early, limiting their practices, or moving to states with less costly premiums. This disturbing trend is leaving entire communities without access to critical healthcare services. As a specialty, in an effort to reduce and learn from instances of medical error, the AAO-HNS has committed substantial resources to and engaged our members in proactive quality improvement initiatives. However, further statutory changes are necessary to address flaws in our current tort system and enact proven reforms to reduce frivolous lawsuits. **Members of Congress are urged to explore innovative solutions to alleviate the burdens associated with the current medical liability system.**

Protect Funding for Graduate Medical Education (GME)

While the AAO-HNS recognizes the stark fiscal reality now present in the United States, it is critical that support and funding for the nation's graduate medical education (GME) programs not be jeopardized as a means to achieve savings within the healthcare system. Reductions in GME funding will only cripple the nation's already dwindling physician pipeline and leave Americans with an inadequate supply of physicians, including specialists. Tackling the deficit is important, but cutting physician training at a time when our nation faces a critical shortage of physicians would threaten the health of all Americans. **The AAO-HNS urges Members of Congress to refrain from reducing and/or redistributing critical GME program funding and support legislation designed to strengthen the overall structure for GME in the United States.**

Join the Congressional Hearing Health Caucus

Hearing health is a growing concern in the United States, especially as the population of "Baby Boomers" continues to age and our nation's servicemen and women return home from active tours of duty. As a result, it is critically important that robust programs and research are available to mitigate the challenges associated with prolonged and acute hearing loss. The Congressional Hearing Health Caucus (CHHC) is a bipartisan caucus of members from the House and Senate committed to supporting the needs of those who are deaf or hard of hearing. The CHHC strives to increase public and Congressional awareness of the issues of critical importance to those with hearing loss through periodic briefing and correspondence. **Members of Congress are urged to help promote effective hearing healthcare in this nation by joining the Congressional Hearing Health Caucus. Contact the offices of Reps. David McKinley (R-WV) and Mike Thompson (D-CA) to join.**

The AAO-HNS, with approximately 12,000 members nationwide, is the medical association of 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.

For more information on AAO-HNS federal legislative priorities, contact the Legislative Advocacy team at legfederal@entnet.org.