



The Political Action Committee of the American Academy of Otolaryngology—Head and Neck Surgery, Inc.

# 2014 ENT PAC CANDIDATE SURVEY

Please complete and return to:  
ENT PAC

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**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY— HEAD  
AND NECK SURGERY  
(AAO-HNS)**

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## BACKGROUND INFORMATION:

Name: \_\_\_\_\_

State: \_\_\_\_\_

Candidacy for Office:  
(*Check all that apply*)

- U.S. Senate
- U.S. House of Representatives  
Congressional District \_\_\_\_\_

- Republican
- Democrat
- Independent

Campaign  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEC ID: \_\_\_\_\_

DC Fundraiser (if applicable): \_\_\_\_\_

Previous elective office(s) held: \_\_\_\_\_

The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS or Academy) is the national specialty organization representing approximately 12,000 otolaryngologist–head and neck physicians educated in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck. They are commonly referred to as ENT surgeons. Their special skills include diagnosing and managing diseases of the sinuses, larynx (voice box), oral cavity, and upper pharynx (mouth and throat), hearing and balance disorders, as well as structures of the neck and face. Otolaryngologists diagnose, treat, and manage specialty-specific disorders, as well as many primary care problems in both children and adults.

**LEGISLATIVE BACKGROUND:**

Have you ever voted on issues affecting otolaryngology–head and neck surgery, medicine, or healthcare delivery in the past? If so, please detail.

On what committees do or did you serve on or play a leadership role?

**OTOLARYNGOLOGIST CONTACTS:**

Please indicate the name(s) of any otolaryngologist–head and neck surgeons who are involved in or support your campaign.

## **QUESTIONS:**

Please provide answers to the following questions. If you are uncertain or need further information, please contact Megan Marcinko, AAO-HNS Senior Manager for Congressional and Political Affairs, at (703) 535-3796/[mmarcinko@entnet.org](mailto:mmarcinko@entnet.org) and/or note your request for additional information on the survey.

### **1. VIEWS ON NON-PHYSICIAN SCOPE OF PRACTICE**

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, the audiology community jointly pursued a legislative initiative that would provide audiologists with unlimited direct access to Medicare patients without a physician referral. The AAO-HNS has repeatedly opposed such legislative efforts due to significant patient safety concerns. Since passage of the Affordable Care Act (ACA) in 2010, we have seen increased efforts by the allied health community to expand federal scope provisions as a means to provide greater “access” across the healthcare system. As a result, the AAO-HNS expects three separate audiology-related bills to be introduced before the conclusion of the 113<sup>th</sup> Congress. 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. **The AAO-HNS is opposed to any legislative proposal that would grant audiologists unlimited direct access to Medicare patients without a physician referral and/or amend Title XVIII of the Social Security Act to include audiologists in the definition of “physician.”**

Do you think it is appropriate for non-physician healthcare providers to treat patients without an initial medical evaluation and diagnosis by a physician (MD/DO)? Why or why not?

Would you support legislation (H.R. 4035/S. 2046 in current Congress) granting audiologists with direct access to Medicare patients without a physician referral? Why or why not?

## 2. VIEWS ON MEDICARE PHYSICIAN PAYMENT

The volatility and instability of the Medicare payment system is threatening Medicare beneficiaries' access to healthcare. Continued payment cuts, rising practice costs, and a lack of certainty going forward, make it difficult, if not impossible, for already financially-challenged physician practices to continue to treat Medicare patients. Over the past decade, the AAO-HNS and others in the physician community have repeatedly advocated for permanently repeal of the flawed Sustainable Growth Rate (SGR) formula and concurrent development of a new payment model that will provide stability for both patients and physicians within the Medicare program. This Congress, lawmakers from the Committees of jurisdiction over Medicare worked to craft a bipartisan and bicameral bill (H.R. 4015/S. 2000) to permanently repeal the SGR. However, and despite a favorable "score" from the Congressional Budget Office (CBO), leaders opted to pass yet another short-term SGR patch. The failure of Congress to enact permanent reform has created an instability and uncertainty that undermines the ability of physicians to plan for the future, to provide for their employees, and to make investments to help improve the quality and efficiency of the care they provide. In addition, permanently addressing the SGR issue is the fiscally prudent course of action as the cumulative cost of annual SGR "patches" now exceeds the estimated cost of repeal. **The AAO-HNS supports permanent repeal of the Sustainable Growth Rate (SGR) formula and the development of a new Medicare physician payment system.**

Would you cosponsor legislation to permanently repeal the flawed SGR formula and replace it with a payment model designed to better incentivize the delivery of high-quality, and efficient healthcare? Why or why not?

Would you support cuts in payments to specialty physicians as a means to stabilize the Medicare program and/or provide higher payments to primary care providers? Why or why not?

### **3. VIEWS ON THE INDEPENDENT PAYMENT ADVISORY BOARD (IPAB)**

The IPAB, an unaccountable body of individuals appointed solely by the President and charged with creating Medicare payment policy, usurps the rightful authority of our elected 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 members can be healthcare providers, and none are permitted to be practicing physicians or be otherwise employed. **The AAO-HNS supports efforts to repeal IPAB, including H.R. 351, the Protecting Seniors' Access to Medicare Act.**

Would you support legislation similar to H.R. 351 to repeal the IPAB? Why or why not?

#### 4. VIEWS ON MEDICAL LIABILITY REFORM

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, we have 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, including reasonable caps on non-economic damages, safe-harbors, and reasonable expansion of the existing federal tort claims protection. **The AAO-HNS supports both a comprehensive and targeted approach for addressing the growing medical liability issue.**

Would you support medical liability reform in Congress, including a cap on non-economic damages? Why or why not?

## 5. VIEWS ON TRUTH & TRANSPARENCY IN HEALTHCARE DELIVERY

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 - including physicians, technicians, nurses, physician assistants, and other allied 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 their providers’ credentials, licenses, and training when seeking treatment. **The AAO-HNS supports H.R. 1427, the Truth in Healthcare Marketing Act.**

Would you support legislation similar to H.R. 1427 to ensure increased truth and transparency in healthcare marketing and interactions? Why or why not?

## **6. VIEWS ON IMPORTANCE OF HEALTHCARE ISSUES IN CONGRESS**

On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, how important are healthcare issues to you?

**Please use the space below to include any additional information you would like to share with the AAO-HNS.**