



AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

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 services in the United States. To achieve this goal, the Academy’s Legislative Advocacy team, in collaboration with our physician volunteers, actively engage lawmakers on a variety of issues. The AAO-HNS federal legislative priorities for 2017 include:

Over-the-Counter (OTC) Sale of Hearing Aids

Hearing loss is one of the most common issues faced by individuals as they age, and unfortunately, many adults fail to seek appropriate intervention when symptoms of hearing loss first appear. There are many reasons why those with significant hearing loss are not participants in the current system, including, but not limited to: failure to realize the problem, denial of the problem, perceptions regarding a potentially complex system, and cost. While the AAO-HNS applauds efforts to overcome these barriers by easing entry and reducing costs, new policies must retain necessary patient protections. **The AAO-HNS supports establishing a category of “basic” hearing aids available OTC for adults/seniors with bilateral, gradual onset, mild-to-moderate age-related hearing loss. However, prior to a consumer’s purchase of an OTC hearing aid, the AAO-HNS strongly recommends 1) a medical evaluation by a physician to rule out medically-treatable causes of hearing loss, and 2) a standardized hearing test (via a hearing health professional or appropriate online/technological source) to confirm mild-to-moderate hearing loss. In addition, current FDA hearing aid packaging requirements and consumer protections must be retained, if not enhanced.**

- Active OTC hearing aid legislation:
 - **The AAO-HNS continues to monitor H.R. 1652/S. 670**, the “Over-the-Counter Hearing Aid Act of 2017.”
 - The legislative language included in H.R. 1652/S. 670 has been added to the Food & Drug Administration User Fee Reauthorization bills in both the U.S. House of Representatives and U.S. Senate.
 - The AAO-HNS successfully negotiated amendment language to strengthen the bill’s package/labeling requirements and also instruct the Department of Health and Human Services (HHS) to initiate and submit a study regarding adverse events (re: OTC hearing aids).
 - **Final passage of the Food & Drug Administration Reauthorization Act (FDARA), including the OTC hearing aid provisions, is expected in July.**

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. However, some in the audiology community continue to pursue legislation that would undermine the overall hearing healthcare team by removing existing physician referral requirements within the Medicare program and granting audiologists with “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 are valued health professionals who work for and with physicians, they do not possess the medical training necessary to perform the same duties as physicians, nor are they able to provide patients with the medical diagnosis and treatment options they require. **The AAO-HNS opposes any legislation that would allow audiologists to independently diagnose or treat the medical conditions associated with hearing loss.**

- Active audiology-related legislation:
 - **The AAO-HNS opposes H.R. 2276**, the “Audiology Patient Choice Act of 2017,” which would provide audiologists with unlimited “direct access” to Medicare patients without a physician referral, and/or inappropriately include audiologists in Medicare’s definition of “physician.”

Repeal of the Independent Payment Advisory Board (IPAB)

Created by the Affordable Care Act, the IPAB is a largely unaccountable body of individuals appointed by the President and charged with creating or modifying Medicare payment policy, thereby usurping the rightful authority of our elected Congressional officials to shape Medicare policy. By limiting Congressional oversight, the IPAB essentially eliminates the transparency of hearings, debate, and the meaningful opportunity for stakeholder input. **With the IPAB expected to be “triggered” for the first time in 2017, the AAO-HNS urges Members of Congress to support repeal and cosponsor H.R. 849/S. 260, the “Protecting Seniors’ Access to Care Act.”**



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Reauthorization of the Early Hearing Detection and Intervention (EHDI) Program

The 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 AAO-HNS supports swift passage of H.R. 1539/S. 652 to reauthorize the EHDI program for an additional five years.**

Healthcare Reform

Congress and the Administration have identified additional healthcare delivery reforms and/or repeal of the Affordable Care Act (ACA) as a top priority for 2017. The AAO-HNS supports additional health-related reforms designed to ease regulatory burdens on physicians and instead promote efficient, patient-centric approaches to healthcare delivery.

Following the U.S. House of Representative’s passage of H.R. 1628, the “American Health Care Act” the AAO-HNS looks forward to working with members of the U.S. Senate to craft revisions to the AHCA that will ensure the sustainability of an efficient and affordable healthcare delivery system in the United States.

Truth in Advertising

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. Last Congress, U.S. Representative Larry Bucshon, MD, introduced the “Truth in Healthcare Marketing Act.” **The AAO-HNS supports the reintroduction, and advancement, of this critical legislation in the 115th Congress.**

Food & Drug Administration (FDA) Oversight of Tobacco Products

In 2009, Congress gave the FDA authority over the manufacture, sale, and marketing of all tobacco products via passage of the Family Smoking Prevention and Tobacco Control Act (TCA). As part of the TCA, Congress appropriately gave FDA the flexibility to determine the type of oversight that is appropriate for different tobacco products based on the protection of public health. While the TCA immediately applied all the FDA’s new authorities to cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco, it established a process for the Secretary of Health and Human Services to assert jurisdiction over other tobacco products, including cigars, and determine which requirements are appropriate for the protection of public health. Despite the FDA’s clear authority to regulate ALL tobacco products, the tobacco industry continues to seek exemptions for various products—particularly cigars. No tobacco product should be exempt from oversight – and certainly not inexpensive and flavored cigars that are attractive to the youth culture. **The AAO-HNS opposes any legislation and/or appropriations policy riders that would exempt some cigars, including flavored cigars, from regulation under the TCA.**

- Active tobacco-related legislation:
 - **The AAO-HNS opposes H.R. 564**, the “Traditional Cigar Manufacturing and Small Business Jobs Preservation Act of 2017.”

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. 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.

- Active medical liability reform-related legislation:
 - **The AAO-HNS supports H.R. 1215**, the “Protecting Access to Care Act of 2017.”

For more information, contact the Legislative Advocacy team at legfederal@entnet.org.