

BOG Legislative Spotlight
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H.R 2519, the “Audiology Patient Choice Act of 2015”

As the SRF BOG Legislative Representative, this is the first legislative spotlight of the year covering a controversial topic that is important for AAO-HNS residents and fellows-in-training to understand. The majority of the controversy stems from differences regarding access and status of Audiologists in the hearing-health community. As such, the overview below attempts to convey an objective, concise, and thorough view of the varying positions associated with H.R. 2519, “Audiology Patient Choice Act of 2015.”

What is the “Audiology Patient Choice Act of 2015” (H.R. 2519)?

It is a bill set out to accomplish two things:

- Allow Medicare patients to directly seek an audiologist for audiologic services without the need for the patient to be under the care of a physician, obtain physician referral, or undergo physician supervised audiologic services¹. *In other words, audiologists would have “direct access” to Medicare patients without a physician referral.*
- Expand the ability of audiologists to treat as “limited license physicians” in the Medicare program.¹ *In other words, audiologists would be able to determine diagnosis, screening tests, and treatments needed for patients that went directly to them.*¹

Why is there controversy over this issue?

There is strong opposition from the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), along with numerous other national and state medical associations, against this bill. Strong supporters of the bill H.R. 2519 are Academy of Doctors of Audiology (ADA) and the American Academy of Audiology (AAA). The American Speech-Language-Hearing Association (ASHA) is currently neutral.

- The concept of achieving “direct access” by audiologists is not new. However, pairing “direct access” with an attempt to achieve “limited license physician” status is a newer initiative first introduced in 2014.
- Although the original 2014 bill did not garner much support, it was still reintroduced in 2015.

How does the bill affect my daily clinical routine as a Resident or Fellow?

- Hearing loss is the third most common chronic disorder that affects Americans over age 65.¹
- The most frequently occurring medical conditions among the senior population include: 1) hypertension (71%); 2) arthritis (49%); 3) heart disease (31%); 4) cancer (25%); and 5) diabetes (21%); three of which have a correlation with hearing loss.⁵
- Hearing loss can increase the risk of falls, which are the leading cause of injury and death in Americans over the age of 65.¹
- Hearing loss often affects quality of life

Why would it matter if Audiologists obtained “limited license physician” status?

- Audiologic services are defined as a diagnostic test.²
- Current Medicare regulations “require that diagnostic tests be ordered by a treating physician for the purpose of using the results of the test in the management of the beneficiaries’ specific medical problem.”⁶
- Audiologists gaining “limited license physician” status may lead to fragmentation of the hearing healthcare team for a patient population most in need of a physician-led, team-based approach to care.

Who does this bill really affect?

Medicare patients (i.e. patients over 65 years old who have hearing loss.)

What are the main arguments in support of H.R. 2519?

- There is a current shortage of physicians, and delayed time from physician referral to audiology evaluation. As such, direct access could lessen the delay of providing appropriate audiology services and improve the efficiency of physician resources.^{2,3}
- Audiologists argue they are appropriately trained to diagnose and treat hearing and balance disorders that cannot be managed with surgery or drugs.³

What are the main arguments in opposition to H.R. 2519?

- An MD/DO physician should lead the hearing healthcare team as hearing and balance disorders are medical conditions that require full patient history and physical examination by an MD or DO physician.⁴
- Audiologists are integral members in the hearing healthcare team, however, independent diagnosis and treatment would detract from the collaborative healthcare team designed to enhance quality of service.⁴
- Bypassing a physician evaluation and referral may potentially lead to misdiagnosis, inappropriate screening tests (i.e. additional costs), and unnecessary treatments to patients⁴, especially as it relates to the senior population.

- Audiologists are not trained to manage, diagnose, and/or treat hearing and balance disorders that are manifestations of underlying medical conditions.⁷

References:

1. H.R. 2519 - 114th Congress (2015-2016): Audiology Patient Choice Act of 2015 (H.R.2519).
2. Jacobs-Condit, Linda, Wayne Foster, and Tom Hallahan. "Medicare Direct Access to Audiologists-Defined!" American Speech-Language-Hearing Association, 2009. Web.
3. Academy of Doctors of Audiology: Issue Brief Know the facts about the audiology patient choice act. August 2014.
4. Denny III, MD, James C. "Opposition to Recently Introduced Legislation, H.R. 2519." American Academy of Otolaryngology, 2 June 2015, VA sec.: 1. Letter.
5. "A Profile of Older Americans: 2014." Administration on Aging Administration for Community Living U.S. Department of Health and Human Services, 2014. Web.
6. Code of Federal Regulations: Public Health, [Title] 42 : Containing a Codification of Documents of General Applicability and Future Effect. Washington, DC: Office of the Federal Register, 2012. 252. Print
7. "H-35.967 Treatment of Persons with Hearing Disorders." Policy Finder. American Medical Association, 2015. Web.