June 2, 2015

The Honorable John A. Boehner
Speaker
U.S. House of Representatives
H-232 US Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Democrat Leader
U.S. House of Representatives
H-204 US Capitol
Washington, DC 20515

Dear Speaker Boehner and Leader Pelosi:

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 H.R. 2519. H.R. 2519 inappropriately grants audiologists unlimited direct access to Medicare patients without a physician referral and seeks to amend Title XVIII of the Social Security Act to include audiologists in the definition of “physician.”

As written, H.R. 2519 would both increase healthcare costs and create significant patient safety issues. The AAO-HNS is not alone in its opposition to this misguided proposal. In the 113th Congress, similar legislation garnered opposition by more than 110 national, state, and local organizations. We expect a similar response to H.R. 2519.

As a point of reference, the AAO-HNS is the national medical association of physicians (Doctors of Medicine/MDs and Doctors of Osteopathic Medicine/DOs) 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. 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, and in regards to H.R. 2519, the aspirations of some audiologists to independently diagnose and treat hearing disorders transcend their level of training and expertise. Hearing and balance disorders are medical conditions and require, by necessity, a full patient history and physical examination by an MD/DO physician.

This is not a “turf” issue – it is a patient safety issue, and the Centers for Medicare and Medicaid Services (CMS) agrees. In a report on the audiology direct access issue, 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.

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.

Despite our strong opposition to H.R. 2519, the AAO-HNS remains committed to working with others in the hearing healthcare community to improve patients’ access to care. In particular, the AAO-HNS continues to work closely with the American Speech-Language-Hearing Association (ASHA) regarding its “comprehensive audiology benefit” legislation, H.R. 1116. As a result of this collaboration, the AAO-HNS supports ASHA’s proposal to appropriately expand the services provided by audiologists under the Medicare program. H.R. 1116 represents a pragmatic approach to expanding audiology services without undermining a “team-based” care approach to hearing healthcare services or jeopardizing patient care.

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 include audiologists in Medicare’s definition of “physician.” For the health and well-being of America’s seniors, I urge you to refrain from co-sponsoring H.R. 2519 and oppose any efforts to advance the bill. If you or your staffs have any questions, please contact Megan Marcinko, Director of Congressional Affairs, at 703-535-3796 or mmarcinko@entnet.org.

Sincerely,

James C. Denneny III, MD
Executive Vice President and CEO

Cc: U.S. House of Representatives