Dear ENT Advocacy Network Member:

March 2, 2022

Legislative and political activity directly affects our practices and our patients. As a leading advocate for otolaryngology-head and neck surgery, we hope you enjoy reading this edition of *The ENT Advocate*, your premier source of advocacy information for the specialty!

**Lead Story**

**Register Today for 2022 Virtual Hill Day: April 11**

Registration for the 2022 Virtual Hill Day is now open. Held in conjunction with the AAO-HNS/F 2022 Leadership Forum & BOG Spring Meeting, Virtual Hill Day is an opportunity for Academy members to advocate for the legislative issues that matter most to otolaryngologist-head and neck surgeons. Members of Congress need to hear from you about how pending legislation impacts you as a physician, your practice, and your patients. The program for this fully virtual event, which is free of charge for Academy members, includes training on Sunday, April 10, on how to conduct advocacy meetings as well as informational sessions on the legislative priorities that will be the focus of Virtual Hill Day this year. On Monday, April 11, AAO-HNS Advocacy staff will schedule meetings for participants with congressional offices. Join your colleagues on April 10 and 11 to raise your voice by advocating for the specialty and your patients.

**Federal Court Rules Against Portions of No Surprises Act Rule**

On February 23, a federal judge in the District Court for the Eastern District of Texas ruled that federal regulations requiring mediators to look at the qualifying payment amount (QPA) violated the No Surprises Act. The ruling states that none of the factors used to determine payments should be weighted more heavily than any others. The AAO-HNS is pleased with this decision, which is viewed as a win for providers. In January, the Academy joined in filing an amicus brief opposing the use of the QPA as the primary factor. The AAO-HNS strongly supports protecting patients from unanticipated medical bills, and neither the amicus brief nor the court ruling challenges the patient protection elements of the rule.

**AAO-HNS Joins Letter to Congress on Medicare’s Physician Payment Reform**

On February 25, the Academy joined 95 other provider organizations in a letter to congressional leadership requesting that Congress take steps to immediately and proactively address Medicare physician payment issues. Congress has intervened multiple times over the last several years to delay or mitigate scheduled cuts to physician reimbursement, leading to an annual cycle of uncertainty for providers. The letter requests that the relevant congressional committees hold roundtables, hearings, and markups, and work with provider groups like the AAO-HNS, to ensure that Medicare patients continue to have access to the highest quality care.

**New State-mENT Available**

Wading into our third year of the pandemic, states are still trying to grapple with the best methods to safely operate their state legislatures and how to meet the changing public health needs of their constituents/communities. Currently, and even in the face of ever-shifting priorities, state legislators are attempting to address major healthcare issues such as provider shortages, telehealth, scope of practice,
medical liability, CON, substance abuse, and mental health, to name only a few. To review some of the Academy’s state legislative priorities for this year, visit the State Advocacy website. To read the State-mENT, click here!

**Regulatory Reports**

**New Position Statement: Vaccination Status and Obligation to Provide Care**

On January 15, the AAO-HNS Board of Directors approved a new Position Statement, “Vaccination Status and Obligation to Provide Care,” submitted by the Ethics Committee. It concludes: “Otolaryngologists have a professional obligation to provide medically indicated care to all patients. They should not use vaccination status as a prerequisite to offer services except in exceptional circumstances. We all have a collective obligation to educate and encourage appropriate best public health practices and evidence-based infection control mitigation strategies including vaccination.”

**AAO-HNS Advocacy Leads to ETBD Coding Updates**

On January 1, the National Correct Coding Initiative (NCCI) revised or deleted a number of edits related to eustachian tube balloon dilation (ETBD). NCCI was created by the Centers for Medicare & Medicaid Services (CMS) to control improper coding that would lead to inappropriate Medicare payments. Previously, NCCI had stated that these were bundled procedures, but following targeted Academy advocacy efforts NCCI updated their guidance to allow CPT codes 69705 and 69706 to use modifier 59 and bill CPT codes 30801, 30802, 31233-31298, 31510-31546, and 31560-31570 as separate procedures because they are different disease processes. NCCI did not remove all the instances where modifiers may not be used, and examples of procedures that cannot be billed with ETBD include, 31231, 92511, 92502, and 69990.

**Dr. Robert Califf Confirmed as FDA Commissioner**

The U.S. Senate approved the confirmation of Robert Califf, MD, as commissioner of the Food and Drug Administration (FDA) in a narrow 50-46 vote, on February 15. The agency has been without a permanent head for 13 months. Dr. Califf previously held this position in 2016 and 2017 under President Obama. Prior to the FDA, Dr. Califf spent much of his career at Duke University, where he was a professor of cardiology and founding director of the Duke Clinical Research Institute.

**2022 Health Policy Scholarship Open**

The AAO-HNS and the American College of Surgeons (ACS) are offering an annual scholarship to subsidize attendance and participation in the Health Leadership Program in Health Policy and Management at Brandeis University. The course takes place June 5-11 in Wellesley, Massachusetts. The award is open to surgeons who are members in good standing of both the AAO-HNS and the ACS. The deadline to apply is March 25.

**New Volunteers Needed to Strengthen PROJECT 535**

Successful legislative advocacy starts with a solid grassroots foundation. Given congressional focus on legislation addressing health policy and physician reimbursement in the 117th Congress, it’s now more important than ever for the Academy to strengthen its key contacts network via PROJECT 535. In addition to the Academy’s overall advocacy efforts, PROJECT 535 volunteers help reinforce our message by establishing personal relationships with federal elected officials. Federal lawmakers want to hear from YOU—their physician constituents! The commitment is minimal, but the impact is immense. To help further strengthen our collective advocacy efforts contact govtaffairs@entnet.org for more information.

Sincerely,

Yolanda L. Troublefield, MD, JD
BOG Legislative Affairs Committee Chair
and the AAO-HNS Advocacy Team
If you no longer wish to receive important legislative and political updates via The ENT Advocate, please reply to this email with CANCEL ADVOCATE in the subject line.

For more information, contact govtaffairs@entnet.org. Don’t forget to bookmark The ENT Advocate!

*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year.

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