



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

## 2022 FEDERAL LEGISLATIVE PRIORITIES

### Reducing Prior Authorization Burdens

The AAO-HNS is advocating for Congress to pass legislation to regulate the use of prior authorization by Medicare Advantage (MA) plans. Such legislation should, among other things, increase transparency, streamline the prior authorization process, and minimize the application of prior authorization for services that are routinely approved.

**The AAO-HNS strongly supports H.R. 3173 / S. 3018, the “Improving Seniors’ Timely Access to Care Act of 2021,”** bipartisan legislation which would create sensible rules to relieve administrative burdens on practicing physicians by streamlining and standardizing prior authorization within the MA program. Under H.R. 3173 / S. 3018, insurers must provide information such as an annual disclosure of the medical treatments subject to PA, the average time PA approvals take, and the percentage of PA requests that are approved and denied.

### Championing Fair Medicare Reimbursement for Physicians

For more than twenty years, Medicare payments have been under pressure from the Centers for Medicare & Medicaid Services (CMS) anti-inflationary payment policies. While physician services represent a modest portion of the overall growth in federal healthcare spending, they are perennial targets for cuts. Medicare physician payments have remained constrained by a budget-neutral financing system, and updates to the conversion factor (CF) have failed to keep up with inflation. The result is that the CF today is only about 50% of what it would have been if it had simply been indexed to general inflation starting in 1998.

While Congress voted in December 2021 to mitigate the majority of the scheduled 9.75% cut to physician reimbursement scheduled for January 1, 2022, physicians are still subject to phased-in cuts over the course of this year and another larger cut at the end of the year. Unless Congress acts to provide a long-term solution to this problem, access to care for Medicare beneficiaries may be negatively impacted. **The AAO-HNS strongly encourages Congress to implement a stable and sustainable fix to Medicare’s broken physician reimbursement system.**

### Ensuring Patient Safety for Hearing Healthcare

The AAO-HNS recognizes that a physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients. Unfortunately, the audiology community continues to pursue legislation that would undermine the overall hearing healthcare team by removing existing physician referral requirements and granting audiologists “direct access” to Medicare beneficiaries. **The AAO-HNS strongly opposes any legislation that would allow audiologists to independently diagnose or treat the medical conditions associated with hearing loss or balance disorders.**

The “Medicare Audiologist Access and Services Act of 2021”, H.R. 1587/S. 1731, was introduced in the U.S. House of Representatives on March 3, 2021, and in the U.S. Senate on May 20, 2021. **This legislation would inappropriately grant audiologists unlimited direct access to Medicare patients without a physician referral.** This bill is opposed by 110 national, state, and local medical organizations, and the AAO-HNS has led coalition letters publicly expressing joint opposition to the leadership of the relevant committees in the U.S. House of Representatives and the U.S. Senate.



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### Reauthorizing the Early Hearing Detection and Intervention (EHDI)

The AAO-HNS strongly advocates for full funding of the EHDI program, which supports statewide plans that identify infants and children with hearing loss and provides the appropriate 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, early intervention programs, and family support. This early intervention enhances language, communication, cognitive and social skill development.

At the time of passage of the *Child Health Act of 2000*, which established the EHDI program, only 40 percent of newborns were being screened for hearing loss. Today approximately 98 percent of newborns receive audiologic screening – more than 3.5 million newborn children in the year 2019 alone. Bipartisan legislation reauthorizing the EHDI program, H.R. 5561, passed the House of Representatives by a vote of 410-7 on December 8, 2021. The AAO-HNS strongly urges the Senate to pass its companion legislation, S. 4052, as soon as possible.

*For more information on federal legislative issues or specific measures,  
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