December 20, 2023

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

On July 19, the Medicare Audiology Access Improvement Act (S. 2377) was introduced and referred to your Committee for consideration. This legislation would inappropriately expand the scope of practice of audiologists and reclassify them as providers under Medicare but will not increase patient access. In short, the bill would put patients at risk by undermining physician-led team care. The undersigned groups strongly urge you to protect patients and oppose S. 2377.

We appreciate the Committee’s ongoing work to protect patient safety and provide quality healthcare for Medicare beneficiaries. Bypassing a physician evaluation of hearing loss can lead to delayed or incorrect diagnoses resulting in failure to treat reversible causes of hearing loss or inappropriate treatment that could cause lasting harm and increased costs to patients.

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 full spectrum of treatment options they require. Audiologists are not physicians and should not be treated as such under the Medicare program. Furthermore, studies show 95% of patients want a physician involved in their diagnosis and treatment. With eight years of formal education, a minimum five-year residency, and at least 15,000 hours of clinical training, otolaryngologist-head and neck surgeons are the most qualified providers to diagnose and treat ear, nose, and throat conditions—and are trained to lead a care team. A physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients.

Despite efforts to expand the scope of practice for nonphysicians to address workforce shortages, S. 2377 will not increase patient access, particularly in rural and underserved areas. It is clear that physicians and nonphysicians tend to practice in the same areas, and these findings are confirmed by multiple studies, including state workforce studies.

Another concern that S. 2377 creates is undermining the effective treatment of hearing loss among Medicare beneficiaries. It remains to be seen what effect over-the-counter (OTC) hearing aids have on improving the uptake of devices by affected individuals since the U.S. Food and Drug Administration finalized its regulations in October 2022. While OTC hearing aids have the potential to increase patient access and address financial barriers, many patients do not understand the spectrum of available hearing technology or that OTC hearing aids are not customizable to their individual hearing loss. Consequently, physicians will need to continue educating patients about the different types of hearing loss and available treatments, and S. 2377 only creates patient safety concerns by undermining the physician-led team care model.

For the above-stated reasons, we respectfully urge you to oppose any efforts to advance S. 2377. Thank you for your consideration, and if you have any questions please contact the American Academy of Otolaryngology–Head and Neck Surgery at governmentaffairs@entnet.org.

Sincerely,
National Organizations
Administrator Support Community for ENT
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology - Head and Neck Surgery
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American College of Surgeons
American Medical Association
American Neurotology Society
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Osteopathic College of Otolaryngology - Head and Neck Surgery
American Otological Society
American Psychiatric Association
American Rhinologic Society
American Society of Anesthesiologists
American Society of Pediatric Otolaryngology
American Society of Retina Specialists
Association of Academic Departments of Otolaryngology-Head & Neck Surgery
Congress of Neurological Surgeons
Harry Barnes Medical Society
National Association of Spine Specialists
Otolaryngology and Allergy Specialists – Integrated Solutions
Society of University Otolaryngologists

State and Local Medical Associations
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Connecticut State Medical Society
Florida Medical Association
Hawaii Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Maine Medical Association
Maryland State Medical Society
Massachusetts Medical Society
Medical Association of Alabama
Medical Association of Georgia
Medical Society of the District of Columbia
Medical Society of Delaware
Medical Society of the State of New York
Medical Society of Virginia
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Mexico Medical Society
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Pennsylvania Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Vermont Medical Society
Washington State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

State and Local Specialty Societies
Alabama Society of Otolaryngology, Head and Neck Surgery
Arkansas Society of Otolaryngology – Head and Neck Surgery
California Otolaryngology Society
Connecticut Ear, Nose, and Throat Society
Delaware Academy of Otolaryngology
East Tennessee Otolaryngology Society
Florida Society of Facial Plastic and Reconstructive Surgery
Florida Society of Otolaryngology – Head & Neck Surgery
Georgia Society of Otolaryngology / Head & Neck Surgery
Greater Miami ENT Society
Houston Society of Otolaryngology – Head & Neck Surgery
Indiana Society of Otorhinolaryngology
Iowa Academy of Otolaryngology
Kansas Society of Otolaryngology – Head and Neck Surgery
Long Island Society of Otolaryngology – Head and Neck Surgery
Louisiana Academy of Otolaryngology – Head and Neck Surgery
Maine Society of Otolaryngology
Maryland Society of Otolaryngology
Massachusetts Society of Otolaryngology – Head & Neck Surgery
Memphis Society of Otolaryngology – Head and Neck Surgery
Metro Atlanta Educational Society for Otolaryngology – Head & Neck Surgery
Michigan Otolaryngological Society
Minnesota Academy of Otolaryngology
Mississippi Society of Otolaryngology – Head and Neck Surgery
Montana Society of Otolaryngologists - Head and Neck Surgery
Nebraska Academy of Otolaryngology – Head and Neck Surgery
New York Otologic Society
New York State Society of Otolaryngology – Head & Neck Surgery
North Carolina Society of Otolaryngology – Head and Neck Surgery
Northwest Academy of Otolaryngology
Orange County Society of Head and Neck Surgery
Pennsylvania Academy of Otolaryngology – Head and Neck Surgery
Puerto Rico Society of Otolaryngology Head and Neck Surgeons
San Diego Academy of Otolaryngology
San Francisco Bay Area ENT Society
Santa Barbara Otolaryngology Society
South Carolina Society of Otolaryngology – Head and Neck Surgery
Texas Association of Otolaryngology
The Colorado Ear, Nose, and Throat Society
Tidewater Otolaryngology Society
Utah Society of Otolaryngology
Vermont Otolaryngology Society
Virginia Society of Otolaryngology
Wisconsin Society of Otolaryngology – Head & Neck Surgery