



## 2024 FEDERAL LEGISLATIVE PRIORITIES

### Reforming Prior Authorization to Improve Patient Access to Care

Prior authorization is a process created by health insurance companies that requires physicians to obtain approval before providing care to patients for covered services. This burdensome process increases the time required for a physician to diagnose and treat a patient — delaying the patient’s access to care and potentially putting their health at risk.

The AAO-HNS and over 500 other organizations have endorsed the bipartisan *Improving Seniors’ Timely Access to Care Act* (H.R. 8702 / S. 4532), which provides critical reforms to the prior authorization process under the Medicare Advantage program. Specifically, the bill would:

- Require more transparency on the list of treatments that are subject to prior authorization requirements
- Set deadlines for prior authorization request responses
- Require reporting on the extent to which these approvals are accepted and denied

In the 117<sup>th</sup> Congress, the bill passed on a voice vote in the U.S. House of Representatives and garnered the support of 52 cosponsors in the U.S. Senate. **This year, the AAO-HNS is advocating that both chambers of Congress pass this much-needed legislation to protect patients’ access to care and help relieve physicians’ administrative burden.**

### Championing Fair Medicare Reimbursement for Physicians

For more than twenty years, the Medicare payment system has failed to keep up with inflation and physician services have been perennial targets for cuts. **In fact, from 2001 to 2024, Medicare physician payment has effectively been cut by 29 percent, when adjusted for inflation.** A continuing statutory freeze in annual Medicare physician payments is scheduled to last until 2026, when updates resume at a rate of 0.25% per year indefinitely, well below inflation rates. These cuts endanger Medicare beneficiaries’ access to care and create financial instability for physician practices.

Recognizing the need to act on this issue, Reps. Raul Ruiz, MD (D-CA), Larry Bucshon, MD (R-IN), Ami Bera, MD (D-CA) and Mariannette Miller-Meeks, MD (R-IA) introduced the *Strengthening Medicare for Patients and Providers Act* (H.R. 2474). This bill would tie Medicare payments to the Medicare Economic Index, a common measure of inflation, and provide much-needed financial stability for physician practices.

We also strongly support the *Provider Reimbursement Stability Act of 2023* (H.R. 6371), introduced by Rep. Greg Murphy, MD (R-NC) and Robin Kelly (D-IL). This bill includes provisions to reform antiquated budget neutrality laws. This includes increasing the budget neutrality threshold, correcting utilization misestimates, preventing dramatic changes to the MPFS conversion factor year over year, and more.



In the Senate, Sen. John Boozman (R-AR) and Sen. Peter Welch (D-VT) introduced the *Physician Fee Stabilization Act* (S. 4935). This bill mirrors one of the key provisions in H.R. 6371. It would increase the budget neutrality threshold, which determines when physician payments will be cut, from \$20 million to \$53 million. When spending in the Medicare Physician Fee Schedule goes up by more than \$20 million, physician payment must be cut across the board to maintain “budget neutrality.” Increasing this threshold will help mitigate this perennial problem.

**The AAO-HNS strongly urges Members of Congress to cosponsor H.R. 2474, H.R. 6371, and S. 4935 to help fix Medicare’s broken physician payment system.**

### **Ensuring Patient Safety for Hearing Healthcare**

The AAO-HNS believes 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, such as the *Medicare Audiologist Access Improvement Act* (S. 2377/H.R. 6445), that would undermine the overall hearing healthcare team by granting audiologists “direct access” to Medicare beneficiaries.

**We firmly oppose any legislation that would allow audiologists to independently diagnose or treat the medical conditions associated with hearing loss or balance disorders.**

### **Preventing Permanent Hearing Loss in Infants**

Congenital cytomegalovirus (cCMV) is a little known, yet common, virus that is harmless in adults, but can cause birth defects like deafness, seizures and developmental delays in babies. It is the leading non-genetic cause of birth defects. The Centers for Disease Control and Prevention (CDC) estimate that one in 200 babies are born with CMV and 1 in 5 babies born with CMV will develop long-term health problems.

**We urge Congress to pass the Stop CMV Act (H.R. 7542 / S. 3864), which would authorize federal funding for cCMV screening programs that improve early detection and intervention.**

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*For more information on federal legislative issues or specific legislation, please contact:*

**Maura Farrell**

Senior Director, Advocacy

Email: [mfarrell@entnet.org](mailto:mfarrell@entnet.org)

Phone: 703-535-3729

**Harry DeCabo**

Director, Advocacy

Email: [hdecabo@entnet.org](mailto:hdecabo@entnet.org)

Phone: 703-535-3695