



## 2025 FEDERAL LEGISLATIVE PRIORITIES

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

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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 has endorsed the bipartisan “Reducing Medically Unnecessary Delays in Care Act of 2025” (H.R. 2433), which seeks to reform prior authorization requirements in Medicare, Medicare Advantage, and Part D prescription drug plans by ensuring only specialty board-certified physicians review treatment decisions.** The bill would also require these plans to comply with requirements that restrictions must be based on medical necessity and written clinical criteria, as well as creating other transparency obligations.

**The Academy has also endorsed the “Seniors’ Timely Access to Care Act” (H.R. 3514/S. 1816).** For the Medicare Advantage program, these bills would establish an e-prior authorization process, increase transparency, expedite approval of routine items and services, and expand beneficiary protections.

### Championing Fair Medicare Reimbursement for Physicians

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For more than 20 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 2025, Medicare physician payment has effectively been cut by 33%, when adjusted for inflation.

Additionally, a 2.83% Medicare payment cut went into effect for physicians on January 1, 2025, due to a rule previously finalized by the Centers for Medicare & Medicaid Services (CMS) and congressional inaction to avert the cut. This specific cut combined with the continuing gap between medical costs and inflation creates financial instability for physician practices that are unsustainable.

Recognizing the need to act on this issue, U.S. Representatives Greg Murphy, MD (R-NC), Jimmy Panetta (D-CA), et al. introduced the **“Medicare Patient Access and Practice Stabilization Act of 2025” (H.R. 879)**. This bill would prospectively cancel the 2.83% payment cut and replace it with a 2% payment update. Senator Roger Marshall, MD (R-KS) introduced a companion bill (**S. 1640**) in May that would replace the cut with an 8% payment update from June through December.

**AAO-HNS and more than 100 national and state medical societies and healthcare organizations signed a letter to House and Senate leadership in February urging passage of H.R. 879. Furthermore, the Academy is calling on lawmakers to pursue long-term Medicare physician payment reforms that seek simplicity, relevance, alignment, and predictability for physician practices and CMS.**

### Ensuring Patient Safety for Hearing Healthcare

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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. **The Academy opposes any legislation that would allow audiologists to independently diagnose or treat the medical conditions associated with hearing loss or balance disorders.**

Unfortunately, the audiology community continues to pursue legislation, such as the “Medicare Audiology



Access Improvement Act,” which would undermine patient safety by granting audiologists “direct access” to Medicare beneficiaries.

## Preventing Permanent Hearing Loss in Infants

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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.

AAO-HNS is working in partnership with lawmakers to reintroduce the “Stop CMV Act” in the 119th Congress, which would authorize federal funding for cCMV screening programs that improve early detection and intervention.

## Easing Student Loan Burden on Medical Residents

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The Academy remains concerned about the amount of debt medical students and residents accrue during their training and how these students’ career decisions may be influenced by the total accumulation of debt

rather than their interests. **That is why AAO-HNS endorsed the bipartisan, bicameral “Resident Education Deferred Interest (REDI) Act” (S. 942/H.R. 2028), sponsored by Senators Jacky Rosen (D-NV) and John Boozman, OD (R-AR) and Representatives Brian Babin, DDS (R-TX) and Chrissy Houlahan (D-PA).** The REDI Act would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. This student loan reform will help remove a major financial barrier for future physicians.

## Addressing Physician Shortages

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Access to care begins with access to physicians. According to the Association of American Medical Colleges (AAMC), the U.S. could face a shortfall of up to 86,000 physicians by 2036 due to an aging population, growing demand for care, and a retiring physician workforce. **To address this predicament, AAO-HNS has endorsed the bipartisan “Resident Physician Shortage Reduction Act of 2025” (H.R. 3890), introduced by Representatives Terri Sewell (D-AL) and Brian Fitzpatrick (R-PA).** H.R. 3890 would add 14,000 new Medicare-supported Graduate Medical Education (GME) slots over seven years.

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