



2026 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 putting their health at risk.

The Academy has endorsed the bipartisan, bicameral **“Improving 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

Over the past two decades, medical practice costs have increased nearly 59% after inflation, while Medicare physician payment has declined by more than 33%. This growing disparity between Medicare reimbursement and the cost of delivering care threatens the long-term sustainability of physician practices and jeopardizes beneficiary access to care. The Academy is particularly concerned about the cumulative impact of payment erosion on practices’ ability to recruit and retain qualified staff, invest in health information technology, adopt emerging clinical innovations, and maintain essential infrastructure.

Congress’ continued reliance on short-term legislative “patches” further compounds these challenges by creating persistent uncertainty in the Medicare Physician Fee Schedule (MPFS). This instability undermines strategic planning and discourages long-term investments necessary to support high-quality patient care.

The Academy supports policies that provide physicians with annual inflationary payment updates under the MPFS, consistent with other providers in the Medicare program. AAO-HNS urges Congress to enact the bipartisan **“Strengthening Medicare for Patients and Providers Act” (H.R. 6160)**, introduced by Representatives Raul Ruiz, MD (D-CA) and Gus Bilirakis (R-FL). This legislation would reform Medicare physician payment by transitioning to a single conversion factor and establishing annual inflationary updates tied to the Medicare Economic Index (MEI).

The Academy also supports addressing the flawed “efficiency adjustment” included in the 2026 MPFS. We support delaying the 2.5% reduction to work Relative Value Units (RVUs) for all non-time-based codes until at least 2030. The bipartisan **“Efficiency Adjustment Delay Act” (H.R. 7520)**, introduced by Representatives Ron Estes (R-KS) and Tom Suozzi (D-NY), would accomplish this objective. In addition to postponing the cut, the bill would require CMS to provide empirical evidence and data justifying any across-the-board adjustment before it could be reinstated. The legislation also establishes guardrails for any future application after 2030, limiting the adjustment to a single implementation and prohibiting its application to services that have been revalued or reviewed within the preceding 10 years.

Ensuring Patient Safety for Hearing Healthcare

The AAO-HNS believes that a physician-led hearing healthcare team, with coordination of services, is the optimal 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 without physician referral.

Preventing Permanent Hearing Loss in Infants

Congenital cytomegalovirus (CMV) is the leading non-genetic cause of birth defects. CMV is a virus that is harmless in adults, but can cause deafness, seizures, and developmental delays in babies. The Centers for Disease Control and Prevention (CDC) estimates 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 has endorsed the **“Stop CMV Act” (H.R. 5435/S. 2842)**, introduced by Reps. Mike Lawler (R-NY) and Greg Landsman (D-OH) and Sens. Richard Blumenthal (D-CT), Roger Marshall, M.D. (R-KS), and Mark Kelly (D-AZ). This legislation would authorize federal funding for CMV screening programs that improve early detection and intervention.

Easing Student Loan Burden on Medical Residents

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. 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

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. AAO-HNS has endorsed the bipartisan **“Resident Physician Shortage Reduction Act of 2025” (H.R. 4731/S. 2439)**, introduced by Representatives Terri Sewell (D-AL) and Brian Fitzpatrick (R-PA) and Senators John Boozman, OD (R-AR) and Raphael Warnock (D-GA). H.R. 4731/S. 2439 would add 14,000 new Medicare-supported Graduate Medical Education (GME) slots over seven years.

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