



June 14, 2013



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Dear ENT Advocacy Network Member:

By now, you may have seen the recent press statement from the American Speech-Language Pathology Association (ASHA) regarding a comprehensive audiology benefit bill (H.R. 2330) introduced in the U.S. House of Representatives. The introduction of H.R. 2330, and the Academy's accompanying "support" position, is the result of many months of discussion between representatives from ASHA and the AAO-HNS. As our position has caused some concern among AAO-HNS members, we wanted to communicate directly with you, our Advocacy Network, to provide some appropriate clarification regarding the bill, its purpose, and the Academy's position.

The overall concept of the legislation was first shared with the AAO-HNS in 2011, and at that time, we advised ASHA we could not support the proposed legislative language as drafted. This year, however, ASHA again requested an AAO-HNS review of their proposal with the understanding they were willing to modify their bill language to address our concerns. There began several months of active discussions/negotiations between the AAO-HNS Government Affairs and Health Policy teams with representatives from ASHA. Based on those negotiations, several modifications to the bill's language were made, and after careful review and consideration by our AAO-HNS Executive Committee, Physician Payment Policy Workgroup (3P), outside health policy consultants, and staff, the decision was made to support H.R. 2330.

However, the decision to support this legislation was not made lightly, and represents recognition of the continually changing atmosphere within the healthcare delivery system. Since passage of the Affordable Care Act (ACA) in 2010, we have seen a ratcheting up of efforts by the allied health community to expand federal scope provisions as a means to provide greater "access" across the healthcare system. As a result, AAO-HNS leaders believed it prudent to engage in conversations with the audiology community as a means to mitigate any truly egregious attempts at scope expansion.

In years past, the audiology community, lead by the American Academy of Audiology (AAA), has pursued "direct access" to Medicare patients without a physician referral as their key legislative initiative. Last year, however, we learned the audiology community was no longer coalesced around the direct access issue, and the three groups representing audiologists would instead pursue separate legislative initiatives. They are:

- **American Academy of Audiology (AAA)** - expected to continue pursuit of "direct access" to Medicare patients without a physician referral.
- **Academy of Doctors of Audiology (ADA)** - expected to move forward with their new "18 x 18" campaign – an effort to pass legislation by 2018 that would amend Title XVIII (18) of the Social Security Act to include audiologists in the definition of physician. This initiative would also provide direct access and the comprehensive benefits outlined in the ASHA proposal.
- **American Speech-Language Hearing Association (ASHA)** – designed to align Medicare coverage of comprehensive audiology services with current billing and reimbursement standards of other non-physician therapeutic services covered by Medicare (PT, OT, SLP). **They specifically retain the requirement for a physician referral, as well as physician oversight of plans of care.**

The AAO-HNS strongly opposes the concepts put forth by AAA and ADA and will actively lobby against their efforts. However, ASHA has been very forthcoming about their legislative proposal, and their desire to accommodate our concerns resulted in our ability to "support" their legislation. There are several key points associated with our position regarding H.R. 2330. First, the bill puts into statute the physician referral and physician oversight of care plans that the AAO-HNS believes are core tenets of team-based hearing healthcare services. **Second, H.R. 2330 DOES NOT provide direct access to Medicare patients.** Third, H.R. 2330 permits this broader billing of services by all audiologists, including those employed by otolaryngologists.

As I am sure you are aware, key committees in the U.S. House of Representatives and U.S. Senate have been focused over the last several months on developing a Medicare payment system to replace the flawed SGR formula. While legislation has yet to be introduced, lawmakers are very much looking toward improving efficiency, rewarding quality, and ensure timely access to healthcare for patients within the Medicare program. We view this collaboration with ASHA as a means to move toward accomplishing that goal, and on our own terms. **Finally, H.R. 2330 is by far the most pragmatic approach to expanding services for audiologists and our ability to successfully collaborate with ASHA may well help in our ability to mitigate support for the proposals put forth by AAA and ADA.**

As one final note, ASHA and the bill's sponsor have both been informed that the AAO-HNS' support of H.R. 2330 is contingent upon no changes/amendments being made to the legislation. **Any effort to amend the legislation would require another comprehensive review by our leaders, staff, and health policy consultants.**

While I know you may have been surprised to learn of the AAO-HNS' support of H.R. 2330, I hope this email helps to explain the process and rationale associated with our position. If you have any questions regarding H.R. 2330 and/or would like additional information about AAO-HNS federal legislative priorities, please contact legfederal@entnet.org.

Sincerely,

David R. Nielsen, MD
AAO-HNS Executive Vice President and CEO