Dear ENT Advocacy Network Member: August 9, 2019

include:

- A physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients. Granting audiologists direct access to Medicare beneficiaries would remove existing physician referral requirements
- Hearing and balance disorders are medical conditions that require a full patient history and physical examination by an MD/DO.
- While audiologists are valued health professionals who work for and with physicians, they do not possess the medical training necessary to perform the same functions as physicians, nor are they able to provide patients with the medical diagnosis and treatment options they deserve.

Bipartisan Congressional Efforts to Address "surprise billing" for Services Continue to Gain Momentum

The AAO-HNS is very concerned about the impact of surprise or unanticipated medical bills on our patients. Surprise bills only add to patients' already unbearable out-of-pocket costs, threaten to impede a patient's decision to seek care, as well as disrupt the physician-patient relationship.

- The AAO-HNS supports legislation that protects patients by removing them from billing disputes, increases insurer and hospital accountability, maintains access to care, and ensures greater transparency. We also support an independent dispute resolution process that allows a neutral third party to choose between the physician charge or the plan's initial payment amount. This "baseball style" arbitration is efficient and encourages both parties to make reasonable offers at the outset.
- We believe that any legislative solution should require hospitals that advertise themselves as participating in insurance networks only bill patients in-network rates, irrespective of whether the provider has joined their network.

While we are pleased that all the legislative proposals introduced in this Congress seek to remove patients from post-care billing disputes and increase hospital and insurer accountability, we oppose those which tie physician reimbursement to a benchmark such as Medicare or an insurer's in-network contracted rate. Doing so would potentially lead to the unilateral devaluation of physician services by eliminating negotiating ability with private insurers.

An example of this is recent legislation enacted in California that limits reimbursement to 125 percent of the Medicare fee schedule. Network fee schedules affect all medical and surgical services, not just hospital and emergency care. A significant reduction can result in an inability to keep pace with technical advances and decrease overall access to services.

*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year

American Academy of Otolaryngology–Head and Neck Surgery
1650 Diagonal Road, Alexandria, VA 22314-2857
Phone: 1-703-836-8444 | Fax: 1-703-683-5100