

July 16, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

Dear Committee Leaders,

On May 20, 2021, legislation (S. 1731) was introduced in the U.S. Senate that would inappropriately provide audiologists with unlimited direct access to Medicare patients without a physician referral and

Medicare program. The undersigned groups **strongly urge you to oppose S. 1731.**

Through your leadership in the United States Senate, we know you work tirelessly to protect patient safety and provide the highest quality healthcare for Medicare beneficiaries. Bypassing a physician evaluation and referral can lead to delayed or incorrect diagnoses resulting in failure to treat reversible causes of hearing loss or inappropriate treatment that could cause lasting harm and increased costs to patients. The Centers for Medicare and Medicaid Services (CMS) has maintained a position that
ans by which the Medicare program assures that beneficiaries are receiving medically necessary services, and avoids potential payment for asymptomatic screening tests that are not

While audiologists are valued health professionals who work for and with physicians, they do not possess the medical training necessary to perform the same duties as physicians, nor are they able to provide patients with the medical diagnosis and full spectrum of treatment options they require. Audiologists are not physicians and should not be treated as such under the Medicare program. A physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients.

delayed release of regulations regarding the sale of over-the-counter hearing aids for mild to moderate hearing loss, this legislation has the potential to generate further confusion at a time when the established care continuum for hearing health is poised to change seniors. The direct access created by S. 1731 will create dangerous patient safety concerns and overall ambiguity regarding the qualifications and training of various healthcare providers.

For the above-stated reasons, **we respectfully urge you to oppose any efforts to advance S. 1731.**

Thank you for your consideration, and please contact the American Academy of Otolaryngology- Head

American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology Head and Neck Surgery
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American College of Osteopathic Surgeons
American College of Rheumatology
American College of Surgeons
American Medical Association
American Neurotology Society
American Osteopathic Association
American Osteopathic College of Otolaryngology
American Otological Society
American Psychiatric Association
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North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Pennsylvania Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Washington State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

State and Local Specialty Societies

Alabama Society of Otolaryngology Head and Neck Surgery

Arizona Society of Otolary0 g0 G{)JTJET wco3 612 792 reW*nBT11(ci)5(0 1 (y o)11(f)-3(O)5(t)6

Santa Barbara Otolaryngology Society
South Carolina Society of Otolaryngology Head and Neck Surgery
Texas Association of Otolaryngology
Tidewater Otolaryngology Society
Utah Society of Otolaryngology
Vermont Otolaryngology Society
Virginia Society of Otolaryngology Head and Neck Surgery
Wisconsin Society of Otolaryngology