December 20, 2023

The Honorable Ron Wyden Chairman Committee on Finance United States Senate Washington, D.C. 20510 The Honorable Mike Crapo Ranking Member Committee on Finance United States Senate Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

On July 19, the Medicare Audiology Access Improvement Act (S. 2377) was introduced and referred to your Committee for consideration. This legislation would inappropriately expand the scope of practice of audiologists and reclassify them as providers under Medicare but will not increase patient access. In short, the bill would put patients at risk by undermining physician-led team care. The undersigned groups **strongly urge you to protect patients and oppose S. 2377**.

We appreciate the Committee's ongoing work to protect patient safety and provide quality healthcare for Medicare beneficiaries. Bypassing a physician evaluation of hearing loss 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.

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. Furthermore, studies show 95% of patients want a physician involved in their diagnosis and treatment. With eight years of formal education, a minimum five-year residency, and at least 15,000 hours of clinical training, otolaryngologisthead and neck surgeons are the most qualified providers to diagnose and treat ear, nose, and throat conditions—and are trained to lead a care team. A physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients.

Despite efforts to expand the scope of practice for nonphysicians to address workforce shortages, S. 2377 will not increase patient access, particularly in rural and underserved areas. It is clear that physicians and nonphysicians tend to practice in the same areas, and these findings are confirmed by <u>multiple studies</u>, including state workforce studies.

Another concern that S. 2377 creates is undermining the effective treatment of hearing loss among Medicare beneficiaries. It remains to be seen what effect over-the-counter (OTC) hearing aids have on improving the uptake of devices by affected individuals since the U.S. Food and Drug Administration finalized its regulations in October 2022. While OTC hearing aids have the potential to increase patient access and address financial barriers, many patients do not understand the spectrum of available hearing technology or that OTC hearing aids are not customizable

Medical Society of the District of Columbia Medical Society of Delaware Medical Society of the State of New York Medical Society of Virginia Michigan State Medical Society Minnesota Medical Association Mississippi State Medical Association Missouri State Medical Association Montana Medical Association Nebraska Medical Association Nevada State Medical Association New Mexico Medical Society 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** 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 Arkansas Society of Otolaryngology – Head and Neck Surgery California Otolaryngology Society Connecticut Ear, Nose, and Throat Society Delaware Academy of Otolaryngology East Tennessee Otolaryngology Society Florida Society of Facial Plastic and Reconstructive Surgery Florida Society of Otolaryngology – Head & Neck Surgery Georgia Society of Otolaryngology / Head & Neck Surgery Greater Miami ENT Society Houston Society of Otolaryngology - Head & Neck Surgery Indiana Society of Otorhinolaryngology Iowa Academy of Otolaryngology Kansas Society of Otolaryngology - Head and Neck Surgery Long Island Society of Otolaryngology – Head and Neck Surgery Louisiana Academy of Otolaryngology – Head and Neck Surgery Maine Society of Otolaryngology Maryland Society of Otolaryngology Massachusetts Society of Otolaryngology -

Minnesota Academy of Otolaryngology Mississippi Society of Otolaryngology –