June 19, 2009

Michael D. Maves, MD, MBA
AMA Executive Vice President
Chief Executive Officer
American Medical Association
515 N. State Street
Chicago, IL  60654

Dear Dr. Maves:

The American Academy of Audiology, representing nearly 11,000 audiologists, is the world's largest professional organization of audiologists, dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

As an association that represents health care professionals dedicated to providing the highest quality of care, we are pleased to offer comments of support on a number of the American Medical Association House of Delegates Resolutions. To assist the reader, the comments below reference the title of each Resolution under which they fall.

Resolution 206 Interpretive Services

It is imperative to our patients who require various types of hearing assistance, or use sign language, to have the appropriate services available to them. Often our profession is tasked with providing such services in addition to the foreign language interpreters that non-hearing health care practices routinely supply. Lack of such communication aids can result in decreased access to quality health care and create an unfair barrier to essential care. In addition, it adds to increased patient confusion and potential medical errors.

Title III of the Americans with Disabilities Act (ADA) requires that any place of public accommodation, such as a doctor’s office, ensure effective communication access for individuals with disabilities. In the case of hearing-impaired patients, the physician/health care provider is required to provide an interpreter when notified prior to the appointment. As you work with Congress and/or the relevant agencies, we ask that you work in tandem with the Academy so that the needs of our profession are clearly articulated and fairly represented.
Resolution 210 Geographic Devaluation of Medicare Payments for PQRI

It is the Academy’s recommendation that the American Medical Association support Resolution 210 reaffirming the concept of equal pay for equal work, equal pay for equal quality, and that geographic adjustments not be applied to the Physician Quality Reporting Initiative incentive payments (PQRI).

Resolution 401 Lead Levels in Children

The Academy commends the AMA’s directive that the Council on Science and Public Health update the 1994 report on children and lead and related policies and apply more stringent standards for blood testing children for lead exposures.

The impact of elevated lead levels are known to cause central nervous system disorders such as encephalopathy, convulsions, and impaired cognitive development. Other, lesser-known symptoms include dizziness and hearing loss. All of these potential symptoms undoubtedly put children’s normal cognitive development at risk, and subjects them to multiple cognitive and developmental challenges for their entire lives, the costs of which are preventable with increased standards for blood testing.

The American Academy of Audiology is pleased to support the American Medical Association Resolution 401 in order to prevent hearing loss and disequilibrium problems in children with elevated lead exposure levels.

Resolution 404 Head Protection in Soccer

The American Academy of Audiology is pleased to support the American Medical Association House of Delegates Resolution 404, Head Protection in Soccer. Often the cognitive and physical ramifications of these types of head traumas are unknown and are not discovered until a later time, post injury. This includes the onset of hearing loss as well as auditory processing problems, which are manifested in compromised understanding of conversation and following auditory tasks.

It is the Academy’s recommendation that the effects of concussions and traumatic brain injury (TBI) be recognized, and we encourage additional studies be pursued regarding the incidence of head injuries in soccer. This would include methodology to reduce these injuries.

Resolution 604 Electronic Medical Records

In an office of several practitioners, the estimated cost to convert to electronic medical records (EMR) has been reported to be between $30,000-$55,000. The financial hardship incurred, especially as reimbursement rates continue to decline, will be greater than many offices are able to endure. More affordable options, as well as government assistance for all provider groups should be available. This way, all practices, especially those with less
than three providers, can be in compliance as we transition to the HIPAA 5010, the ICD-10 and work to meet the 2014 deadline for EMRs.

The Academy supports Resolution 604 calling for the development of an updated electronic medical records program, offered at a fair and reasonable price to ensure compliance with federal mandates.

**Resolution 705 Office Payment**

The Academy supports Resolution 705, seeking methods of rapid, efficient payment for patient office visits, as well as establishing options for patients to be reimbursed by their third party payor in an efficient and timely manner.

**Resolution 714 Co-pays and Deductibles**

The Academy strongly supports Resolution 714, requiring that third party payors be responsible for securing the imposed co-pays or co-insurances and deductibles directly from the patient so as not to affect the patient-provider health care relationship. Under the current system, the onus is on the provider to collect the fees established by a third party. This impinges on patient rapport, and when addressing hearing loss and the psychological factors often present with hearing and balance disorders, this has an unintended, unfortunate, and unnecessary impact on the patient-provider team.

**Resolution 718 Hospital Restrictions on Access to Medical Records**

The Academy supports Resolution 718 allowing patients to view their own medical records, as well as allowing their physician access to medical records when directed by the patient via a written or verbal request. If the patient is a minor, it is within the guardian’s purview to request that the physician have access to the patient’s medical records.

The Academy also is in support of the Centers for Medicare and Medicaid Services (CMS) clarifying the rights of patients to examine their own medical records under the confines of the Health Insurance Portability and Accountability Act (HIPAA). This addresses the intent of HIPAA’s promulgation: transparency of health care records and access to personal health information.

**Resolution 724 Reimbursement for Services**

The Academy supports Resolution 724 advocating that health care providers receive third party payments in a timely fashion, ending unnecessary delays and financial burdens for the patients as well as their health care providers. Some of these delays have placed an economic hardship on health care facilities, and could ultimately impact patient care.

Thank you for the opportunity to comment on these initiatives. The American Academy of Audiology applauds the efforts of the AMA to improve the quality of health care and our patients’ access to it. We enthusiastically offer any assistance that the Academy may
provide in your endeavors. Please contact Debra Abel, Director of Reimbursement at (703) 226-1024, or by email, dabel@audiology.org, if you should need additional information or clarification regarding the Academy’s comments.

Sincerely,

M. Patrick Feeney

M. Patrick Feeney, Ph.D.
President