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Dr. Woodard, Dr. Shah, and Mr. DeCabo:

The undersigned organizations oppose statements made by the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), contained in its June 3, 2025, letter (AAO-HNS letter) to members of Congress (enclosed). The AAO-HNS letter grossly mischaracterizes the Medicare Audiology Access Improvement Act (MAAIA), S.1996/H.R. 2757^{1,2}, and wholly misrepresents the role of audiologists in the evaluation, diagnosis, management, and treatment of auditory and vestibular conditions.

We are disappointed that AAO-HNS is circulating information that is false, misleading, inaccurate, and in direct opposition to its own evidence. We implore AAO-HNS to retract the inaccurate statements contained in the AAO-HNS letter and make a commitment to factual discourse going forward. The facts are as follows:

1. Audiologists are clinical doctoring professionals, licensed in every U.S. state, territory, and the District of Columbia to practice independently, without physician supervision. Millions of patients across the nation, from birth through end of life, enjoy direct access to safe and effective audiology services each year, without a physician evaluation or referral.
 - a. According to the United States Department of Health & Human Services National Practitioner Data Bank (NPDB), audiologists have among the fewest adverse activity reports and malpractice settlements of any clinical doctoring profession. According to the NPDB, of the 1,813,247 total cases recorded from September 1, 1990, to March 31, 2025, only 579 are related to audiology services.³ Of those, only 79 are malpractice settlements, and only a single case resulted in a patient fatality.⁴ The low risk of harm from audiology services is also reflected in the low rates for

¹ Congress.gov. The Medicare Audiology Access Improvement Act of 2025. H.R. 2757 bill text. Accessed on June 25, 2025, at the following location: <https://www.congress.gov/bills/119th-congress/house-bill/2757/text>.

² Congress.gov. The Medicare Audiology Access Improvement Act. S. 1996. Accessed on June 25, 2025, at the following location: <https://www.congress.gov/bills/119th-congress/senate-bill/1996/text/is?format=txt>.

³ U.S. Department of Health & Human Services National Practitioner Data Bank website. Accessed on June 23, 2025, at the following location: <https://www.npdb.hrsa.gov/resources/publicData.jsp>.

⁴ See 3

professional liability insurance rates for audiologists in relation to other clinical doctoring professions.

- b. Medicare Part B beneficiaries with non-acute hearing conditions are already authorized by the Centers for Medicare and Medicaid Services (CMS) to seek treatment directly from audiologists without a diagnostic order.
- c. In circumstances where a diagnostic order is required for audiology services under Medicare Part B, it need not come from a physician.⁵
- d. Medicare Part C (Medicare Advantage) beneficiaries do not face similar statutory or regulatory coverage restrictions and may seek treatment directly from an audiologist, unless their plan type requires a referral for all specialty services.^{6,7,8}
- e. Consumers who pay privately, those who have private insurance, or those who participate in other federal government programs such as Tri Care and programs administered directly by the U.S. Veterans Health Administration are encouraged to seek care directly from audiologists.
- f. Evidence demonstrates that audiologists appropriately refer to physicians and other specialists.⁹
- g. MAAIA will eliminate unnecessary office visits and associated costs to beneficiaries and the Medicare system. Actuaries for private insurers and other public programs have already determined that direct access increases efficiency without sacrificing outcomes.^{10,11}

2. Medicare already recognizes and reimburses audiologists as providers who practice independently.

- a. Since 1994, Medicare has defined the term audiology services as, “*such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), as would otherwise be covered if furnished by a physician.*”¹²
- b. Medicare reimburses audiologists at the same rate that it reimburses physicians for delivering the same services, reflecting audiologists’ extensive clinical training and qualifications.

⁵ Centers for Medicare & Medicaid Services website. Medicare Physician Fee Schedule (MPFS) for audiology services. Accessed on June 20, 2025, at the following location: <https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services>.

⁶ United Health Care website. Hearing benefit information. Accessed on June 20, 2025, at the following location: <https://www.uhc.com/member-resources/medicare-advantage-dsnp/dental-vision-hearing-benefits#hearing>

⁷ Freed, Meredith. Fuglesten Biniek, Jeannie. Damico, Anthony. Neuman, Tricia. Medicare Advantage 2025 Spotlight: A First Look at Plan Premiums and Benefits. Nov 15, 2024. KFF Foundation website. Accessed on June 26, 2025, at the following location: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2025-spotlight-a-first-look-at-plan-premiums-and-benefits/>.

⁸ Amplifon website. Hearing benefit information. Accessed on June 20, 2025, at the following location: <https://www.amplifonusa.com/amplifon-network/hearing-insurance-future-trends>

⁹ Zapala DA, Stamper GC, Shelfer JS, Walker DA, Karatayli-Ozgursoy S, Ozgursoy OB, Hawkins DB. Safety of audiology direct access for medicare patients complaining of impaired hearing. J Am Acad Audiol. 2010 Jun;21(6):365-79. doi: 10.3766/jaaa.21.6.2. PMID: 20701834.

¹⁰ U.S. Department of Veterans Affairs, Veterans Health Administration website. Department of Rehabilitation and Prosthetics Services; Audiology Services. Accessed on June 26, 2025, at the following location: <https://www.rehab.va.gov/audiology/>.

¹¹ U.S. Department of Veterans Affairs. Memorandum. Audiology and Optometry Direct Scheduling Update. April 19, 2016. Accessed on June 26, 2025, at the following location: <https://www.navao.org/wp-content/uploads/2016/02/Audiology-and-Optometry-Direct-Scheduling-Implementation-Update.pdf>.

¹² Public Law 103-432. OCT. 31, 1994. Social Security Amendments of 1994. Accessed on June 20, 2025, at the following location: <https://www.congress.gov/103/statute/STATUTE-108/STATUTE-108-Pg4398.pdf>.

- c. Audiologists are prohibited from submitting Medicare billing claims “incident to” a physician or another provider and are also responsible for determining medical necessity for the Medicare services they deliver, underscoring CMS’ intent for them to practice independently.¹³
3. Audiologists are extensively trained and qualified to diagnose and treat patients of all ages, including older adults. The AAO-HNS Foundation, through its clinical practice guidelines, readily acknowledges that audiologists identify conditions such as perforated eardrums, trauma, and other subtle abnormalities and appropriately refer patients to physicians and other specialists as required for diagnoses and treatments that fall outside of audiologists’ area of clinical expertise. Clinical practice guidelines, developed by the AAO-HNS Foundation, include audiologists both as clinical expert authors, and as clinicians recognized to diagnose and treat hearing and balance conditions as allowed by their state licensure.
 - a. The [AAO-HNS Clinical Practice Guideline on Age Related Hearing Loss](#), recognizes the important role of the audiologist in the diagnosis and treatment of hearing loss and directs other clinicians to refer patients who fail hearing screenings to audiologists for diagnostic testing.¹⁴
 - b. The [AAO-HNS Clinical Practice Guideline on Sudden Hearing Loss](#) prioritizes delineating between conductive and sensorineural hearing loss in patient presenting with sudden hearing loss and obtaining audiometry as soon as possible to confirm findings. Audiologists, in this case are well positioned to triage patients presenting with sudden hearing loss.¹⁵
 - c. The [AAO-HNS Clinical Practice Guideline Update: Cerumen Impaction](#) similarly recognizes the important role of the audiologist as a clinician type involved in independent patient evaluation, removal of impacted cerumen, and associated follow up assessment and treatment.¹⁶
 - d. The [AAO-HNS Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo \(Update\)](#) acknowledges the important role of audiologists in diagnosing and treating Benign Paroxysmal Positional Vertigo (BPPV). The guideline cites studies indicating that up to 90% of patients seen by a physician do not receive appropriate positioning maneuvers to treat BPPV and that a large number of patients undergo

¹³ U.S. Department of Health & Human Services. CMS Manual System. Pub 100-02 Medicare Benefit Policy. Transmittal 84: Update to Audiology Services. February 29, 2008. Accessed on June 26, 2025 at the following location: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R84BP.pdf>

¹⁴ Tsai Do, B.S., Bush, M.L., Weinreich, H.M., Schwartz, S.R., Anne, S., Adunka, O.F., Bender, K., Bold, K.M., Brenner, M.J., Hashmi, A.Z., Keenan, T.A., Kim, A.H., Moore, D.J., Nieman, C.L., Palmer, C.V., Ross, E.J., Steenerson, K.K., Zhan, K.Y., Reyes, J. and Dhepyasuwan, N. (2024), Clinical Practice Guideline: Age-Related Hearing Loss. *Otolaryngol Head Neck Surg*, 170: S1-S54. <https://doi.org/10.1002/ohn.750>

¹⁵ Chandrasekhar, S.S., Tsai Do, B.S., Schwartz, S.R., Bontempo, L.J., Faucett, E.A., Finestone, S.A., Hollingsworth, D.B., Kelley, D.M., Kmucha, S.T., Moonis, G., Poling, G.L., Roberts, J.K., Stachler, R.J., Zeitler, D.M., Corrigan, M.D., Nnacheta, L.C. and Satterfield, L. (2019), Clinical Practice Guideline: Sudden Hearing Loss (Update). *Otolaryngology–Head and Neck Surgery*, 161: S1-S45. <https://doi.org/10.1177/0194599819859885>

¹⁶ Schwartz, S.R., Magit, A.E., Rosenfeld, R.M., Ballachanda, B.B., Hackell, J.M., Krouse, H.J., Lawlor, C.M., Lin, K., Parham, K., Stutz, D.R., Walsh, S., Woodson, E.A., Yanagisawa, K. and Cunningham, E.R., Jr (2017), Clinical Practice Guideline (Update): Earwax (Cerumen Impaction). *Otolaryngology–Head and Neck Surgery*, 156: S1-S29. <https://doi.org/10.1177/0194599816671491>

unnecessary diagnostic testing and treatments prior to being referred to a specialist (such as an audiologist) who is specifically trained to diagnose and treat BPPV.¹⁷

- e. The [AAO-HNS Clinical Practice Guideline: Tinnitus](#) recommendations include performing a comprehensive patient history and evaluation, obtaining a comprehensive audiologic examination for tinnitus that is persistent, unilateral, or associated with hearing difficulties, educating patients about management strategies, conducting a hearing aid evaluation for patients with persistent, bothersome tinnitus with hearing loss, and the performance of cognitive behavioral therapy for patients with persistent, bothersome tinnitus.¹⁸ Each of these recommendations, which would be performed independently by an audiologist, recognize the important role that audiologists play in the diagnosis and treatment of tinnitus.
4. MAAIA does not in any way affect audiologists' scope of practice, which is determined by state law. Section (f) of the bill specifically states, "*Rule of Construction.--Nothing in the amendments made by this section shall be construed to expand the scope of audiologist services or services for which payment may be made to other providers under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) beyond those services for which such payment may be made as of December 31, 2026.*"¹⁹
5. MAAIA will not treat audiologists as "physicians" under the Medicare statute. MAAIA text plainly states, "*(d) PAYMENT ON ASSIGNMENT-RELATED BASIS.—Section 1842(b)(18)(C) of the Social Security Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clause: (ix) A qualified audiologist (as defined in section 1861(l)(4)(B)).*"²⁰ MAAIA, if enacted, will classify audiologists as practitioners under Medicare, a classification for which they are more than qualified by virtue of their education and training. Other Medicare practitioners, as defined in 42 U.S. C. 1395u(b)(18)(C) include psychologists, nurse practitioners, clinical nurse specialists, physician assistants, dietitians, and nurse anesthetists.
6. The provisions contained in S. 1996 and H.R. 2757 are widely supported by consumers.²¹ There is nothing contained in the legislation that will prevent Medicare beneficiaries from seeking care directly from a physician if they so choose. It will merely allow Medicare Part B beneficiaries to have the same choice of provider as beneficiaries participating with any other payer or program.

¹⁷ Bhattacharyya N, Gubbels SP, Schwartz SR, et al. Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update). Otolaryngology–Head and Neck Surgery. 2017;156(3_suppl):S1-S47. doi:10.1177/0194599816689667

¹⁸ Tunkel, D.E., Bauer, C.A., Sun, G.H., Rosenfeld, R.M., Chandrasekhar, S.S., Cunningham, E.R., Jr, Archer, S.M., Blakley, B.W., Carter, J.M., Granieri, E.C., Henry, J.A., Hollingsworth, D., Khan, F.A., Mitchell, S., Monfared, A., Newman, C.W., Omole, F.S., Phillips, C.D., Robinson, S.K., Taw, M.B., Tyler, R.S., Waguespack, R. and Whamond, E.J. (2014), Clinical Practice Guideline: Tinnitus. Otolaryngology–Head and Neck Surgery, 151: S1-S40. <https://doi.org/10.1177/0194599814545325>

¹⁹ United States Code. Chapter 7. Social Security. Subchapter XVII. Health Insurance for Aged and Disabled. Part B-Supplementary Medical Insurance Benefits for Aged and Disabled. Accessed on June 25, 2025 at the following location: [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1395u%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1395u%20edition:prelim))

²⁰ See 1 and 2.

²¹ Warren, Elizabeth. Press Release announcing the Medicare Audiology Access Improvement Act. June 13, 2025. Accessed on June 20, 2025, at the following location: <https://www.warren.senate.gov/newsroom/press-releases/warren-paul-grassley-renew-bipartisan-fight-to-expand-access-to-hearing-services-through-medicare>.

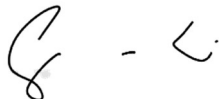
AAO-HNS represents otolaryngologists throughout the United States who work collaboratively with audiologists in hospitals, independent practices, academic centers and other settings as part of interdisciplinary care teams. Further, AAO-HNS employs and engages policy and practical experts in the areas of ENT clinic management, insurance and government reimbursement and payment policies, and evidence-based clinical practices that include audiologists and audiology services. The Congressional letter from AAO-HNS about the audiology legislation belies these relationships and instead presents a disappointing, paternalistic view of audiology as a profession.

Additionally, it is troubling that AAO-HNS enlisted additional signatories to the letter from outside organizations that represent medical specialties and subspecialties unrelated to the treatment of hearing and balance conditions. These specialties do not have the clinical expertise to formulate an opinion about the optimal delivery of hearing and balance services.

The mischaracterization of this legislation to your members, other clinicians, and Congress wrongly makes it appear that the health care professionals we collectively represent do not work collaboratively to provide the best hearing and balance care for the patients our members serve. That misperception impedes our primary goal of ensuring patients have timely and robust access to the care they need from health care professionals who are best positioned to provide it.

We therefore would appreciate the opportunity to discuss our concerns further with AAO-HNS representatives with the goal of identifying a common factual understanding of the policies proposed by this legislation. We look forward to your timely response.

Respectfully,



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