

July 9, 2025

The Honorable Mike Crapo
Chair
Committee on Finance
United States Senate
Washington, D.C. 20510

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

Dear Chairman Crapo and Ranking Member Wyden:

On June 9, the *Medicare Audiology Access Improvement Act* (S. 1996), which would decrease the quality of hearing healthcare for Medicare beneficiaries across the United States, was introduced and referred to your committees for consideration. This legislation would significantly compromise patient care by reclassifying audiologists as Medicare providers and expanding their scope of practice beyond their educational training and clinical competencies, resulting in increased healthcare costs, potential misdiagnosis of serious medical conditions, and undermining the physician-led, team-based approach that ensures comprehensive care for our nation's seniors. **The undersigned groups strongly urge you to oppose S. 1996.**

We appreciate the committee's ongoing dedication to patient safety and ensuring high-quality healthcare for Medicare beneficiaries. As medical specialty societies, these are our areas of focus as well. S. 1996 would undermine these critical goals by removing the necessary physician oversight required in the diagnosis and management of hearing loss among Medicare beneficiaries. Without a proper medical assessment, reversible causes of hearing loss may go undetected or misdiagnosed, potentially leading to permanent hearing damage. This legislation is not only detrimental to patient outcomes but would also increase the financial burden on both individual beneficiaries and the Medicare program through unnecessary treatments and avoidable complications that result from bypassing physician evaluation.

For example, audiologists are not trained to diagnose a patient with certain medical causes of hearing loss, such as a tumor pressing on the vestibular nerve of the ear. They are also not adequately trained to identify subtle signs of trauma or abnormalities, such as a perforated eardrum. Should patients receive care from an audiologist before being medically evaluated by a physician, these severe causes of hearing loss will go undiagnosed and untreated and will inadvertently cause further harm.

While audiologists are valued healthcare professionals who work for and with physicians, they do not possess the medical training necessary to perform the same duties as physicians, nor can they provide patients with the medical diagnosis and full spectrum of treatment options required. **Audiologists are not physicians and should not be treated as such under the Medicare program.**

Granting nonphysician providers the ability to treat patients without physician referral will also [drive up costs](#). Studies have shown that nonphysician providers [increase utilization of healthcare resources](#), require longer consultations and more follow-ups, increase clinical staff time, order more tests, and have [poorer quality of referrals](#) to specialists.

On the other hand, [studies show](#) that nonphysician providers deliver excellent quality care, *when done under the supervision of a physician*. These positive outcomes prove the value of the physician-led, healthcare team model.

Furthermore, [surveys 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, otolaryngologist-head and neck surgeons are the most qualified clinicians 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 claims that expanding the scope of practice for nonphysicians will address workforce shortages, S. 1996 will not increase patient access, even in rural and underserved areas. Physicians and nonphysicians tend to [practice in the same areas](#), and these findings are confirmed by [multiple studies](#), including state workforce studies. States that have allowed nonphysician providers to operate with greater autonomy have not seen an increase in access to care for their rural populations. Nonphysician providers do not live and work in rural and underserved areas at higher rates than physicians. Even if the patient safety and cost concerns were set aside, this legislation would still fail to deliver on its core promise of enhancing access to care.

For these reasons, **we strongly urge you to oppose any efforts to advance S. 1996**. The physician-led model of care remains essential for ensuring Medicare beneficiaries receive proper diagnosis, appropriate treatment, and the highest standard of hearing healthcare. Thank you for your consideration, and if you have any questions, please contact the American Academy of Otolaryngology–Head and Neck Surgery’s Director of Advocacy, Harry DeCabo, at hdecabo@entnet.org or (703) 535-3695.

Sincerely,

National Organizations

American Academy of Otolaryngology - Head and Neck Surgery
Administrator Support Community for ENT (ASCENT)
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Otolaryngic Allergy
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Surgeons
American Medical Association
American Neurotology Society
American Orthopaedic Foot & Ankle Society
American Osteopathic Colleges of Otolaryngology - Head and Neck Surgery
American Otological Society
American Rhinologic Society
American Society for Surgery of the Hand Professional Organization
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Pediatric Otolaryngology
American Society of Retina Specialists
Congress of Neurological Surgeons
National Association of Spine Specialists
Otolaryngology and Allergy Specialists – Integrated Solutions (OASIS)

State Medical Associations

Alaska State Medical Association
Arizona Medical Association

Arkansas Medical Society
Connecticut State Medical Society
Florida Medical Association
Hawaii Medical Association
Illinois State Medical Society
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Maine Medical Association
Massachusetts Medical Society
MedChi, The Maryland State Medical Society
Medical Society of DC
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
North Dakota Medical Association
Ohio State Medical Association
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society

State and Local Specialty Societies

Alabama Society of Otolaryngology – Head and Neck Surgery
California Otolaryngology Society
Connecticut Ear, Nose, and Throat Society
Delaware Academy of Otolaryngology - Head & Neck Surgery
ENT of Georgia
Florida Society of Otolaryngology – Head & Neck Surgery
Georgia Society of Otolaryngology - Head & Neck Surgery
Greater Miami ENT Society
Indiana Society of Otolaryngology
Kansas Society of Otolaryngology - Head and Neck Surgery
Louisiana Academy of Otolaryngology – Head and Neck Surgery
Maryland Society of Otolaryngology
Massachusetts Society of Otolaryngology – Head and Neck Surgery
Memphis Society of Otolaryngology – Head and Neck Surgery
Michigan Otolaryngological Society
Minnesota Academy of Otolaryngology
Mississippi Society of Otolaryngology – Head and Neck Surgery

Nebraska Academy of Otolaryngology – Head and Neck Surgery
New York Otologic Society
New York State Society of Otolaryngology – Head & Neck Surgery
North Carolina Society of Otolaryngology – Head and Neck Surgery
Orange County Society for Otolaryngology Head and Neck Surgery
Pennsylvania Academy of Otolaryngology – Head and Neck Surgery
Puerto Rico Society of Otolaryngology Head and Neck Surgeons
San Diego Academy of Otolaryngology
San Francisco Bay Area ENT Society
Santa Barbara Otolaryngology Society
South Carolina Society of Otolaryngology – Head and Neck Surgery
Texas Association of Otolaryngology
The Colorado Ear, Nose, and Throat Society
Tidewater Otolaryngology Society
Virginia Society of Otolaryngology – Head and Neck Surgery
Wisconsin Society of Otolaryngology