April 27, 2011

Paul Rao, Ph.D.
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850

Dear Dr. Rao:

On behalf of the membership of the Academy of Doctors of Audiology (ADA) and the American Academy of Audiology (AAA), we are writing to you in response to two articles recently published in the ASHA 2011 Audiology Connections magazine. It is the opinion of our organizations that these articles, authored by ASHA staff member Vic Gladstone, Ph.D., and ASHA board member, Allan Diefendorf, Ph.D., include not only misleading, but false claims about discussions over the past 15 months among professional organizations representing audiology, in reference to the ASHA legislative initiative for a comprehensive Medicare benefit. Our comments below are presented to dispute their claims.

1. In reference to the 2011 Audiology Connections article - Why Can’t Audiology Organizations Work Together? They Can!:
   a. Dr. Gladstone states: “ASHA audiology leaders have taken the initiative to engage audiology organizations on issues critical to the profession,” and cites, specifically, the response to the American Medical Association (AMA) Scope of Practice (SOP) Data Series on audiology, released in the summer of 2009. Gladstone adds that, “ASHA felt it imperative to engage all audiology organizations in a forceful and factual response (to the AMA)” (Gladstone 4).
      i. This statement is deceptive. In July of 2009, AAA convened a taskforce, charged with reviewing the SOP document and providing a response, and invited all audiology organizations to participate. While ASHA declined the opportunity to take part, the Academy and other audiology organization members produced a taskforce report for use by state associations and members for the purpose of refuting the erroneous claims made in the AMA document. This report was published in October of 2009. Later that month, ASHA began soliciting comments for their response to the SOP document and submitted that response in December 2009, more than two months after the response provided by AAA, ADA and the Military Academy of Audiology to the AMA.
   b. The second concern that we raise with Dr. Gladstone’s article is in reference to his statement regarding ASHA’s comprehensive audiology Medicare benefit: “Feedback from most (audiology organizations) indicates an appreciation of the recognition that a comprehensive audiology benefit would provide for the full scope of practice provided by audiologists. There also appears to be a growing
awareness that the current direct access legislation, if approved, would continue to place the profession of audiology in the diagnostic category of service provider, thus solidifying the view by physicians that audiologists are technicians who provide tests, not professionals who are valued for the knowledge that they possess” (Gladstone 4-5).

i. Given that the first half of this statement is ambiguous, and the latter half implies audiology organizations are shifting support away from direct access, we wish to clearly and definitively state our position, which is consistent with the written statements we provided to ASHA in the preliminary discussions in which we were involved:

- AAA and ADA have posed a number of questions regarding the proposed ‘comprehensive Medicare audiology benefit’ related to the potential unintended consequences of this initiative and these questions remain unanswered by ASHA staff and consultants. For this reason, AAA and ADA do not support the current ASHA-proposed ‘comprehensive audiology Medicare benefit.’

- With regard to direct access, AAA and ADA agree that it is an essential component in the overall strategy to attain greater professional autonomy for audiologists and we remain committed to this cause. The direct access legislation does not change the benefit category in Medicare under which audiologists fall, nor does it preclude the category from being altered at another time through another act.

2. In reference to the 2011 Audiology Connections article - Comprehensive Audiology Medicare Benefit1:

a. Dr. Diefendorf states: “Comprehensive coverage would enhance the profession of audiology from a diagnostic-only benefit to one that provides access to, and reimbursement for, an entire scope of audiologic services including rehabilitative services” (Diefendorf 9).

i. It appears from this statement that service provisions related to hearing aids would be included in the benefit. Since ASHA has not shared updated legislative language, we reference H.R. 3464, the Medicare Audiologic Rehabilitation Act of 2003, an ASHA initiative that exempted “hearing aids or examinations therefore,” but never excluded services related to the dispensing of the hearing aid. Assuming this new initiative seeks the same, this would result in a huge increase in costs to the Medicare program, a claim that ASHA has repeatedly dismissed.

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1 Our responses to these claims are based on the draft legislation provided to AAA and ADA on 10/10/10. To date, ASHA has not provided our groups with updated language re: the ‘comprehensive benefit’ legislation.
b. Dr. Diefendorf states: “The restricted definition of audiology as diagnostic-only strictly inhibits the future of the profession and limits patients’ access to comprehensive services” (Diefendorf 9).
   i. Audiologists can provide these services currently; they simply cannot be reimbursed for these services through Medicare. We would appreciate ASHA providing data that suggests individuals needing audioligic rehabilitation are not receiving these services. ASHA has argued this legislation would not increase costs because it would be shifting the current providers of these services to audiologists with no increase in services provided. Shifting of current providers without changing the narrow scope of coverage for audioligic rehabilitation defined by Medicare will not increase access and an expansion of services will increase costs to the Medicare program.

c. Dr. Diefendorf states: “Over the past several years, the audiology profession’s legislative agenda has debated “direct access” versus “comprehensive Medicare audiology benefit.” Indeed, a patient’s direct access to an audiologist’s care is an important component of a legislative effort” (Diefendorf 9).
   i. We agree with ASHA that a patients’ direct access to an audiologist is an important component of a legislative effort. However, AAA and ADA are unaware of the debate referenced by Dr. Diefendorf. Both of our organizations have carefully re-examined our legislative goals and strategy and contend that direct access remains the best first step in attaining greater professional autonomy.

We hope that our comments above serve to clarify statements made in the 2011 Audiology Connections magazine. Both the Academy of Doctors of Audiology and the American Academy of Audiology are fully committed to advancing a legislative agenda that seeks to accomplish what is best for the profession of audiology. For that reason, as stated above, we have reviewed: the goals set forth by our members, our current legislative strategy, and the ‘comprehensive audiology Medicare benefit’ as proposed by ASHA. We unequivocally concluded that our support remains with direct access and that our groups cannot support the initiative as described by ASHA in our preliminary discussions that took place last year.

We recognize that ASHA, just like ADA and AAA, wants that which is in the best interest of our respective memberships and the patients we serve. We hope that you and your leadership team will consider our comments fully and we look forward to re-engaging in collegial discussions that will keep us moving in the right direction.

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2 Direct access language, identical to the H.R. 3024 from the 111th Congress, was included in the first draft of the ASHA ‘comprehensive audiology Medicare benefit’ bill that was provided to our groups on February 20, 2010. This followed the February 16, 2010, ASHA Leader (Lusis) article outlining the “significant barriers” to which direct access faces in Congress. Direct access was not included in the aforementioned draft provided on 10/10/10.
Sincerely,

Bruce Vircks, Au.D.  
President  
Academy of Doctors of Audiology

Patricia B. Kricos, Ph.D.  
President  
American Academy of Audiology

CC: Dr. Allan Diefendorf  
Dr. Vic Gladstone