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March 18, 2024

The Honorable Michael Burgess,
MD
U.S. House of Representatives
2161 Rayburn House Office
Building
Washington, D.C. 20515

The Honorable Diana DeGette
U.S. House of Representatives
2111 Rayburn House Office
Building
Washington, D.C. 20515

Dear Representatives Burgess and DeGette,

On behalf of the members of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), I am writing to offer our strong endorsement for H.R. 766, the “*Preventive Health Savings Act*.”

The AAO-HNS is the largest national medical association of physicians dedicated to the care of patients with disorders of the ear, nose, and throat, as well as related structures of the head and neck. The Academy has approximately 13,000 members who provide clinical, surgical, and hospital care in rural, urban, and suburban communities.

As you know, the Congressional Budget Office's (CBO) method of scoring health care bills falls short in accurately assessing the true long-term fiscal benefits of preventive health measures. These initiatives, while incurring a high initial cost, have the potential to yield substantial savings by averting more serious and costly ailments in the future. However, the CBO is constrained by its framework, which limits its assessment to a ten-year window post-enactment of a bill. This constraint fails to capture the comprehensive financial impact of preventive measures, as their benefits often extend well beyond this narrow timeframe.

Preventive health measures, such as early screening and intervention, and lifestyle modification programs are invaluable in reducing the burden of chronic diseases and curbing healthcare expenditure in the long term. By identifying health issues at their nascent stages and providing timely interventions, these measures can significantly mitigate the progression of diseases, ultimately leading to reduced healthcare costs. Unfortunately, the CBO's scoring system is ill-equipped to account for these delayed savings, focusing primarily on immediate budgetary implications. This narrow lens

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limits the agency's ability to accurately project the broader fiscal advantages of preventive care.

For these reasons, the AAO-HNS strongly endorses H.R. 766 the “*Preventive Health Savings Act*”. This bill requires the CBO, upon receiving a request from Congress, to determine if proposed legislation would reduce spending outside of the 10-year budget window through the use of preventive health and preventive health services. If CBO determines that the legislation would result in substantial spending reductions from the use of preventive health and preventive health services, a description and estimate of the spending reductions must be included in CBO projections.

The AAO-HNS thanks you for your leadership on this critical issue impacting our members and the patients they serve. We look forward to working with you to ensure passage of this vital legislation.

Sincerely,



James C. Denny III, MD'
Executive Vice President and CEO