

STATE-MENT

MONTHLY STATE TRACKER UPDATE

JULY 2020

The Show Must Go On

Scope of practice, medical liability, telehealth, insurance coverage, work force shortages, budget and economic threats—debate continues in the state legislatures on major issues impacting the specialty this year. In the shadow of the COVID-19 pandemic, we have been faced with healthcare and public policy challenges unlike any other. Since our last newsletter in April, little has returned to “normal.” Despite ongoing changes in legislative processes, democracy cannot rest and the business of making laws must continue.

- **ASLP-IC: Setting the Record Straight.** For two years, the AAO-HNS attempted to work with the Council of State Governments (CSG) to shape the draft compact developed on behalf of ASHA and the National Council of State Boards of Examiners (NCSB). Our stated concerns and comments filed on the draft compact were ignored. The AAO-HNS in concert with the American Medical Association (AMA) crafted amendatory language to rein in the powerful commission created within the compact as well as address other major issues of concern (see March State-MENT). Working with state otolaryngology societies and state medical societies where possible, we have been advocating to add the necessary amendatory language to the bills in each state. Legislation to implement the flawed compact, comprised of 19 separate House and Senate bills, was introduced in **12 states in 2020**. As the general sessions begin to recess, the current status of the ASLP Interstate Compact is:
 - **Five bills are dead** (AL, KS, KY, MD, ME),
 - **Six bills passed** their legislatures: **three were successfully amended**, UT, WV, and GA (pending Governor’s signature), and **three states passed the compact without the needed amendments**: NC, OK, and WY.
 - A final bill, LA’s SB 98 is being carried-over to the 2021 session.

If the ASLP-IC legislation appears in your state, please reach out to your Academy, otolaryngology state society, and State Trackers for assistance in securing the appropriate amendments.

- **Advocacy Works: Hearing Aid Coverage.** This year the AAO-HNS has been closely monitoring 48 pieces of hearing aid-related legislation in 18 states. Typically these bills are drafted to require health insurance coverage of hearing aids and services. Most bills include audiologists as the provider of these services, completely omitting otolaryngologists, even when the legislation addresses hearing aid coverage for minors. We have had several major successes thus far in 2020, including VA’s SB 423 that

Tracker Monthly Calls:

Thank you to all our State Trackers who were able to participate in our conference calls during the height of the legislative sessions. Our monthly calls will resume in December as we prepare for 2021 sessions.

2020 State Legislative Sessions

- DC, MA, MI, MS, NJ, NY, OH, and PA are in regular sessions, although some are the result of interrupted sessions. Additional sessions are expected from: VT, NC, CA, RI, and WI, while additional special sessions are expected for CT, MO, VA, and SC.

Recruiting State Trackers

- **Join Us!** We are looking for State Trackers in Nevada, Rhode Island and South Dakota. If willing to volunteer, please contact: legstate@entnet.org

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now requires coverage of hearing aids for children **when recommended by an otolaryngologist**. Another victory came just last week, when Councilmembers in the District of Columbia unanimously passed B23-565. When finally approved by Congress, DC law will now require minors to receive an initial evaluation and medical clearance of hearing loss from an otolaryngologist. Adults with new hearing loss will also be required to receive medical clearance from a physician. Hearing aid bills that could not be revised, for various reasons, were successfully stopped from advancement. These include: SC HB 3284, HB 4995 and SB 915, FL SB 1006, and OH HB 656.

- **LEAD-K, CMV, Surprise Billing.** Language Equity & Acquisition for Deaf Kids (**LEAD-K**)—The AAO-HNS works with the Parents Choice Coalition to ensure that parents of deaf/hard of hearing children are fully informed of all their choices on auditory/medical interventions and communication modes. Eleven states saw action on LEAD-K bills this year, many which were carried over from 2019. In seven states the legislation was either stopped by advocates or died in committee due to COVID-19 related disruptions; only WV achieved passage of a bill. There are still three LEAD-K bills to watch as legislatures continue or return from recess including: NE LB 965, MI HB 5836, and PA HB 2084. **CMV**—Following on the success of our CMV legislative victory in Virginia last year, momentum appeared to be growing for education and screening of newborns for CMV. However, as the ongoing public health emergency is consuming the time and resources of state legislatures, there has been little movement on this important issue. Currently only two bills are pending/languishing: MI HB 4698 and PA HB 1220. Our advocacy and public policy efforts on this issue will continue next year and well into the future. **Surprise Billing**—Before the pandemic began, 29 states enacted some form of surprise billing legislation. Currently, two states are active on this issue, OH (HB 388) and MI (HB 4459). Both bills passed their respective assemblies and are pending consideration in the state Senate. The AAO-HNS is working with state otolaryngology societies and other stakeholders to submit informed comments to the legislators pursuing surprise billing reforms.
- **THANK YOU!** A big thank you goes out to our 170 State Trackers and all Academy advocates for your unwavering hard work and dedication to your patients during this difficult and uncertain time. We appreciate your clinical and advocacy efforts since the outbreak of COVID-19 and hope you continue to stay safe in the months to come!