



STATE LEGISLATIVE PRIORITIES

Scope of Practice

It is reasonable for non-physician providers to seek updates to statutes and regulations relating to their defined scope of practice to reflect advances in education and training. However, the AAO-HNS strongly believes a physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients. The AAO-HNS strongly opposes legislation that would inappropriately expand the scope of practice of non-physician providers beyond their education and training, particularly proposals that threaten patient safety by enabling such providers to independently diagnose, treat, or manage medical disorders.

Hearing Aid Services

The coverage of, sale, and dispensing of hearing aids is an issue considered by several states in various forms each legislative year. The AAO-HNS tracks and advocates on bills that address the scope of practice of dispensing hearing aids, state insurance mandates for hearing aids, and tax credits and/or exemptions for hearing aids. The merits and potential concerns with these varying proposals are typically evaluated on an individual basis.

Infant Newborn Screening for Cytomegalovirus (CMV)

An estimated one in every 200 babies is born with CMV, a congenital viral infection that has been associated with sensorineural hearing loss. Early identification of CMV-related hearing loss in the first month of life is critical to successful treatment, language development, and achievement of long-term developmental milestones. The AAO-HNS supports screening and prevention efforts to educate pregnant women and their families regarding this common, yet preventable, viral infection.

Prior Authorization

The AAO-HNS is increasingly concerned about health insurers' use of Prior Authorization (PA) as a tool to reduce health care spending. Prior authorization requirements commonly now apply to routine office procedures, imaging, evaluations, medications, and minor surgeries. The process for obtaining this approval is lengthy and typically requires physicians or their staff to spend the equivalent of two or more days each week negotiating with insurance companies — time that would better be spent taking care of patients. Patients are now experiencing significant barriers to medically necessary care due to prior authorization requirements for items and services that are eventually routinely approved. The AAO-HNS strongly supports needed reforms of prior authorization.

Medical Liability Reform

Each year, numerous states consider various tort reform measures, including those related to affidavits of merit, alternative reforms, caps on non-economic damages, defensive medicine issues, expert witnesses, health courts, and/or pre-trial screening panels. The AAO-HNS strongly supports comprehensive medical liability reforms to stabilize and reduce professional liability premiums, ensure continued patient access to care, and eliminate frivolous lawsuits.

Truth in Advertising

With the emergence of clinical doctorate programs for non-physician providers, which has led to many degree holders referring to themselves as “doctors,” there is growing confusion within the patient population about the level of training and education of their healthcare providers. The AAO-HNS continues to advocate for increased transparency in patient communications and interactions to help clarify each provider's qualifications and appropriate role in the healthcare delivery system.

*For more information on state legislative issues or specific measures,
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