



September 2024

Every year, public policy and government relations experience a flurry of legislative and regulatory developments at both the federal and state levels, affecting audiology and hearing-health care. This quarterly newsletter is here to give you a concise overview of key updates and issues you need to know, along with upcoming events of interest.

Election Year Budget Crunch

The presidential campaign is in full swing, and now after Labor Day, the focus shifts to Capitol Hill, where Congress faces a crucial task before the November elections. Government funding is set to expire on September 30. If Congress fails to pass the fiscal year 2025 budget—or at least a stopgap measure known as a "continuing resolution" which funds the government for a limited period—there will be a shutdown on October 1. With the House scheduled to meet for only 13 days in September and summer recess not ending until September 9, lawmakers have immediate pressure.

The Senate and House have until September 30, 2024, to negotiate and approve a budget or continuing resolution that can pass through Congress and receive presidential approval—no small feat during an election year—to prevent a government shutdown.

Federal Updates

Push for MAAIA in Lamé-Duck

With the threat of the Medicare Audiology Access Improvement Act (MAAIA) bill dying at the end of this Congressional session, audiology organizations are ramping up advocacy efforts this fall and preparing for a grassroots push later in the year. The Academy, Academy of Doctors of Audiology (ADA), and American Speech-Language-Hearing Association (ASHA) staff representatives are working closely together with the lead bill sponsors, Senator Elizabeth Warren (D-MA) and Representative Gus Bilirakis (R-FL), on the strategy to achieve successful passage of the provisions of MAAIA.

The period between the November election and the beginning of a new Congress is known as a "lame-duck" session. Lame-duck sessions can be busy to resolve unfinished business and address significant issues. There are hints that Congress may address some larger legislative packages then, offering a potential for attaching the MAAIA provisions to health-care-related pieces. Depending on the outcome of Congressional

efforts in September to address the budget or pass a continuing resolution, Congress may also need to pass a budget package before the end of the year.

In the meantime, audiologists can continue to [push for their Congressional members](#) to be co-sponsors of MAAIA.

Physician Fee Schedule

On July 10, the Centers for Medicare and Medicaid Services (CMS) released the proposed calendar year (CY) 2025 Medicare Physician Fee Schedule (MPFS) and CY 2025 Hospital Outpatient Prospective Payment System (OPPS) rules. Once final, the rules would take effect January 1, 2025. CMS accepted public comments until September 9 and will consider these before issuing a final rule later in the fall.

The Academy [submitted comments](#) to express concern over the continued decline in payments for audiology services as a result of the cut in the CY 2025 conversion factor (CF). The 2.80 percent decrease marks the fifth consecutive year of reductions from the previous 2024 CF. The Academy continues to work closely with other health-care provider stakeholders to urge Congress to address these unsustainable reimbursement cuts. In early September, the coalition sent a [letter to Congressional leaders](#) again urging for a legislative fix.

The Academy also requested that CMS include audiology codes on the permanent telehealth list. In the rulemaking, CMS acknowledges that it will undertake a comprehensive independent review regarding a permanent designation for speech therapy and audiology services. However, for now, CMS is letting the telehealth flexibility expire for these services at the end of CY 2024, rather than including them with many others added to the permanent telehealth list.

The Academy's letter also addresses the Quality Payment Program (QPP) provisions. The Academy's comments are congruent with those of the Audiology Quality Consortium and seek to protect the interests of audiologists in the QPP.

The Academy PAC Supports House Minority Leader Jeffries

In July, the Academy co-hosted a fundraising breakfast for House Minority Leader Hakeem Jeffries (D-NY). Organized by the Patients' Access to Responsible Care Alliance (PARCA), the event provided an opportunity for representatives from allied health organizations to meet personally with the leader.

Representative Jeffries spoke about the Biden Administration's impactful contributions to health-care reform and emphasized the critical role of allied health professionals in enhancing patient



outcomes. The Academy's Executive Director Patrick Gallagher, MBA, attended the event on behalf of the Political Action Committee (PAC). During the gathering, he had the opportunity to underscore the importance of hearing-health care, the dire need for balanced health services, and outlined the three pillars of the Medicare Audiology Access Improvement Act (MAAIA) to the House Minority Leader.

AAPA Continues to Pushback Against the AMA

Tensions have been escalating between the American Academy of Physician Associates (AAPA) and the American Medical Association (AMA) over the AMA's long-standing scope creep campaign. In a strongly worded letter earlier this summer, AAPA urged "collaboration rather than competition" and requested the AMA back off its campaign. In a public letter to the AMA released on September 3, the AAPA calls out the AMA for disparaging the physician associate profession and spreading misinformation.

The AMA started this scope creep campaign as one component of the [AMA's Recovery Plan for America's Physicians](#), with their primary concern that widening scopes of practice weakens oversight by physicians. Their lobbying on this issue strategically coordinates with state medical associations to challenge the legislative efforts of any nonphysician providers that attempt to widen the services under their scope. In March 2024, *AMA News* featured an article reporting on the nonphysician groups to watch as they are looking to gain ground within their scope of practice.

State Updates

Interstate Compact Updates

The Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) allows audiologists to practice in other participating states both in-person and via telehealth without having to obtain a separate license.



Operational Update

Throughout 2024, the ASLP-IC Commission has been working with developers to create the necessary data system to receive applications, provide interstate data communications, and issue privileges to practice. The commission has identified software and is making progress with the final selection and implementation of this system. It is anticipated that the ASLP-ICC will begin issuing compact privileges to practice in 2025, more information will be shared at the annual business meeting taking place on September 28, which the Academy will attend.

Legislation

For the ASLP-IC Compact to be fully operational nationwide, each state must pass legislation allowing for its implementation. Currently, 34 states have joined the compact, with Alaska being the most recent to sign on this month.

NCSB Annual Conference

The National Council of State Boards (NCSB) of Examiners for Speech-Language Pathology and Audiology Annual Conference take place at the Menger Hotel in San Antonio, Texas on September 26–28. A representative from the Academy will attend to

keep up-to-date on all relevant information, and to provide an update on the Academy's progress with licensure endeavors and credentialing activities.

Other News

FDA Drafts New Policy to Combat False Information About Medical Products Online

The U.S. Food and Drug Administration (FDA) has released draft guidance titled "Addressing Misinformation About Medical Devices and Prescription Drugs." This document offers recommendations for medical product manufacturers on how to counter false or misleading information on social media and other online platforms.

The guidance introduces "tailored responsive communications," a policy allowing companies to respond to misinformation spread by third parties, such as celebrities or influencers, about their approved or cleared products. It also provides examples of how companies can use this approach and offers considerations for the digital information landscape. Additionally, it outlines existing methods, called "general medical product communications," for addressing misinformation across various platforms.

Supreme Court Overruling Chevron Ruling

On June 28, the Supreme Court issued a landmark ruling that overturned the Chevron U.S.A. Inc. v. Natural Resources Defense Council Inc. decision. Under the Chevron deference, courts were required to defer to administrative agencies' interpretations of federal laws when the laws were ambiguous, if the interpretation was reasonable, even if the court might have interpreted the law differently.

The overturning of Chevron is expected to have significant implications for various federal agencies, including the U.S. Department of Health and Human Services (HHS), Food and Drug Administration (FDA), and Center for Medicare and Medicaid Services (CMS). This change could lead to an increase in legal challenges against agency regulations, creating uncertainty for healthcare professionals as they navigate potentially contested rules.

CMS Works with States on Medicaid and CHIP Coverage for Eligible Incarcerated Individuals

The Centers for Medicare and Medicaid Services (CMS) approved seven new reentry section 1115 demonstrations. These approvals expand Medicaid and Children's Health Insurance Program (CHIP) coverage for eligible incarcerated individuals. The approvals enable Medicaid coverage for imprisoned individuals 30 days before and after release and include hearing screenings and other diagnostic services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

Additionally, CMS issued a guidance letter to state health officials on implementing Medicaid and CHIP services for incarcerated youth. This guidance aligns with statutory requirements from the Consolidated Appropriations Act of 2023, which affects the availability of Medicaid services for these individuals and modifies CHIP eligibility for children who become incarcerated.