



## Minnesota Academy of Otolaryngology

*Capitol Update*

March 6, 2007

### **Committee Deadlines Finally Established**

The House and Senate have established their committee deadlines for 2007. They are significantly different from years past. The House has set a deadline of March 23 when all bills must be passed out of all policy committees. After that date policy committees will be done. The Senate has set a deadline of April 14 for all of their policy committees to be done.

For omnibus finance bills the House says they must be on the floor by April 2. The Senate says they must have passed the Senate floor by April 2.

### **February Budget Forecast Released**

According to Finance Commissioner Tom Hanson and the state economist, Tom Stinson, there is very little change in the state's budget picture relative to the November forecast for the current biennium (FY 2006-07) and the next biennium (FY 2008-09). Legislators will use these forecast numbers to craft their budget bills.

The surplus projected for the end of the current biennium is down by \$25 million relative to the November forecast, primarily because of federal conformity legislation that was enacted earlier this session. At the end of the current biennium, the state general fund is showing a positive balance of \$1.013 billion.

For the FY 2008-09 biennium, state revenues are up \$160 million (0.5%) relative to the November forecast, while state spending is up \$142 million (0.4%). This represents a net improvement in the state's budget picture of \$18 million; however, this is offset by the \$25 million reduction in the positive balance carried forward from the previous biennium, so the projected surplus for the next biennium is down by a mere \$7 million relative to the November forecast.

### **Freedom to Breathe Act Moves Forward**

The Freedom to Breathe Act continues to move toward final passage by passing out of two more committees last week. The legislation proposes a strong smoke-free requirement for all workplaces, including restaurants and bars.

In the Senate, SF 238 (Sheran, DFL-Mankato) passed the Senate State & Local Government Committee on Monday February 26. It went in to that committee in a weakened form following amendments to exempt any bar that installed a ventilation system, and to prohibit local governments from passing any ordinances that were stronger than the statewide law. Both of these amendments were removed in the State & Local Government Committee, returning the bill to a strong, comprehensive clean indoor air law that protects all workers. The Senate bill has one more stop in the Senate Finance Committee before action is taken on the Senate floor.

In the House, HF 305 (Huntley, DFL-Duluth) passed the House Commerce Committee on Thursday March 1. The bill was weakened slightly by adding an effective date of January 1, 2009. This was important committee to get through because the House Commerce Committee was the committee that killed a similar bill two years ago. The bill will be heard in the House Finance Committee within the next two weeks before proceeding to the House floor.

### **Narcotic Electronic Database (NASPER)**

Legislation to implement the National All Schedule Prescription Electronic Registry (NASPER) in Minnesota has been introduced in both the House and Senate. HF 1041 (Abeler,

R-Anoka) and SF 714 (Berglin, DFL-Minneapolis) would create a registry designed to be a tool for physicians and pharmacists to track patients who “doctor shop” for narcotics. Prior to writing a prescription for a narcotic a prescriber would be able to check the registry to see if the patient has been elsewhere recently for similar drugs. Pharmacists could also check the registry prior to filling a prescription.

Physicians are split on whether to support or oppose the measure. Some believe this registry would be a helpful tool for physicians treating patients in the emergency room or in urgent care with whom there is no previous relationship. Others are fearful that the data will be used to track physician prescribing patterns, causing physicians to be hesitant to prescribe these drugs. They worry that the bill will have a “chilling effect” on the use of narcotics.

## **Cosmetic Surgery Tax**

Rep. Phyllis Kahn’s proposal, HF1207, to subject cosmetic surgery procedures to state sales tax was heard in the House Taxes Committee on Monday, February 19. The committee did not take testimony on the bill but committee members discussed it at length. Lawmakers shared concerns similar to those of physicians, namely duplicity with the provider tax and the subjective nature of the language that does not distinguish between medically necessary procedures and those that are not. In the end the bill was laid over for possible inclusion in the Taxes Omnibus Bill. After the hearing, the Chair of the Taxes Committee, Rep. Ann Lenczewski indicated to a physician who was prepared to testify in opposition to the bill that she does not intend to pursue the proposal this session.

## **Doctoral Degree Required for Audiologists**

The Academy has been tracking HF 336/SF 868 which requires a PhD for audiologists who complete their training after August 30, 2007. The House bill was heard in the licensing subcommittee and passed with only technical amendments. The Senate bill has not yet been scheduled. Audiologists point to diminishing educational curriculums at the master’s level and told legislators continuing programs are all at the doctoral level. Academy members have expressed concern about patient confusion when an audiologist refers to himself as “doctor” as a result of obtaining the higher degree implying being licensed as a medical doctor. The Board of Medical Practice remains tasked with investigating non-medical doctors who mislead patients into believing they are physicians.

## **Universal Newborn and Infant Hearing Screening**

Today, HF1206 (Kelliher-DFL,Minneapolis) passed the House Health Policy Committee. The bill and its Senate companion SF1096 (Marty-DFL,Roseville) requires hospitals to establish universal newborn hearing and infant screening programs. It requires the commissioner of health to establish an advisory committee and requires oversight of the screening programs by the Department of Health.

Supporters of the measure indicated only 85 percent of Minnesota newborns are given hearing screens, placing Minnesota as the fifth lowest for identified hearing impediments in infants in the nation. They also testified that with advances in hearing aids and cochlear implants children’s hearing needs can be addressed much sooner and much more successfully through early diagnosis.

We were successful adding an otolaryngologist to the statutory advisory committee. The advisory committee will be tasked with developing protocols for screening and early intervention services for children; designing protocols to track children from birth to age three who are at risk for delayed onset of permanent hearing loss; designing a technical assistance program for screening facilities; implementation and evaluation of follow-up systems; and evaluating program outcomes to increase effectiveness and ensure culturally appropriate services. Other members of the advisory committee include a parent of a child with hearing loss, speech-language pathologists, audiologists, two primary care physicians with experience in the care infants (one a pediatrician), and representatives from the department of education, department of human services and Minnesota Commission Serving Deaf and Hard of Hearing among others.