

Legislation Impacting Audiology and the Provision of Audiological Services:

A review of Legislation Across the United States

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Abstract

The purpose of this review was to investigate the legislation impacting the provision of audiologic services. A systematic review was conducted to collect state specific legislation regarding audiologic licensure requirements, requirements about the identification and management of children with hearing loss, and insurance coverage regulations. Data was analyzed for similarities and differences between state regulations and legislature. Results found that all states require audiologists to hold licensure; however many differences exist between requirements of acquiring and maintaining the license. Additionally, some states regulate the identification and management of children with hearing loss while others do not. States differ in their regulation of services provided to children with hearing loss, who can provide services, and what is covered by insurance. In conclusion, It is critical for audiologists to understand requirements of their state regarding the provision of audiology services and how this impacts potential services provided to children with hearing loss.

Introduction

The field of audiology is relatively young in comparison to other medical professions and has experienced tremendous changes since its inception. It is not clear, however, that state legislation has kept up-to-date with, and is reflective of, the current state of audiologic service provision. Two specific areas of audiology that have expanded with the profession and are directly impacted by state legislation are (1) Early Hearing Detection and Intervention (EHDI) programs and (2) insurance reimbursement for hearing assistive technology.

Although every state and territory in the U.S. has developed some form of an Early Hearing Detection and Intervention program (National Center for Hearing Assessment & Management [NCHAM], 2012), not all states within the U.S. have enacted statutes or other legislation related to EHDI and the consistency of these programs across states is unclear.

A second area impacted by legislation is insurance coverage of hearing assistive technology (HAT). Many health insurance plans do not cover audiologic services and hearing assistive technology (HAT). Medicaid, however does cover audiologic services and HAT (Centers for Medicare & Medicaid Services, 2013). For children who do not qualify for Medicaid, insurance coverage of audiologic services and HAT may be more variable.

Research Questions

- 1) What similarities and differences in state legislation exist in regards to the identification of and audiology services provided to children with hearing loss?

Methods

From July 2012 to July 2013, copies of state statutes or legislation related to EHDI programs, insurance coverage of HAT, and licensure of audiologists was obtained from all 50 states within the U.S., including the District of Columbia. This information was obtained from (1) the state website, (2) the state EHDI coordinators, or (3) the state Department of Health and Human Services, (4) the state licensure board for each state. Full text documents were reviewed.

Results/Discussion

The number of states with licensure legislation based upon licensure requirements is shown in Figure 1. The number of states with legislation referencing guidelines set forth by the Joint Committee on Infant Hearing (JCIH, 2000, 2007) for state EHDI programs is plotted in Figure 2. Six states do not have legislation related to an EHDI program. One (1) state did not reference the goal of screening by one month of age or diagnosis by 3 months of age but did reference the goal of entering early intervention by six months of age. Nineteen (19) of the states with EHDI legislation do not reference any of the timelines recommended by JCIH. Twenty (20) states with EHDI legislation reference a need for appropriate intervention services. Legislation in only four (4) states indicated that the child should be monitored for hearing loss in their medical home. Only one (1) state referenced all of the guidelines suggested by JCIH. State legislation was also reviewed for discussion of reporting and consenting procedures, equipment use, and identification of audiologic diagnostic follow-up sites. The number of states with legislation addressing each of these areas is demonstrated in Figure 3. The final area of EHDI legislation reviewed was the identification of diagnostic pediatric audiology follow up sites. Thirty-five (35) states do not address this in legislation, eleven (11) specify the entity responsible for identifying the diagnostic audiology follow up site. Of these eleven, five (5) specify an advisory board that identifies appropriate follow up site, four (4) place responsibility of identifying the follow up center on the birthing center, one (1) places responsibility on the infant's primary care physician, and one (1) allows audiologists to self-identify as diagnostic audiology follow up sites. Review of hearing aid insurance coverage and related legislation was also reviewed in this study. As of the time of this publication thirty-one (31) states have specific legislation regarding the extent to which insurance companies are required to provide hearing assistive technology. This does not include any information about the implementation of the law or interpretation of the legislation. These laws do not pertain to those covered by self-funded insurance plans.

Conclusions

- 1) With the exception of some areas and a small number of states, results from the current review suggest that legislation across the U.S. as it pertains to the provision of audiology services, largely does not accurately reflect the current degree requirements and scope of practice of the profession of audiology.
- 2) These discrepancies lead to several quandaries that need to be considered as a profession.
- 3) Discrepancies between states regarding audiology licensure, and issues with audiologists scope of practice, and legislation impacting EHDI all play a role in service provision. Furthermore, insurance coverage of hearing aids and HAT varies greatly across states.

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Center for Medicare & Medicaid Services (2013). Children Medicaid. Retrieved from: <http://www.Medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Children/Children.html>.
 National Centers for Hearing Assessment and Management [NCHAM]. (2012). State EHDI Information. Retrieved from: http://infanthearing.org/states_home.
 Joint Committee on Infant Hearing [JCIH]. (2000). Year 2000 Position Statement: Principles and guidelines for early hearing detection and intervention programs. *American Journal of Audiology*, 9, 9-29.
 Joint Committee on Infant Hearing [JCIH]. (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120, 898-921.
 Messersmith, J.J., Lockie, J., Jorgensen, L., Bauer Vaith, S., & Falk, E. (2014). Legislation impacting audiology and the provision of audiological services: A review of legislation across the United States. *American Journal of Audiology*, 23(2), 142-150.

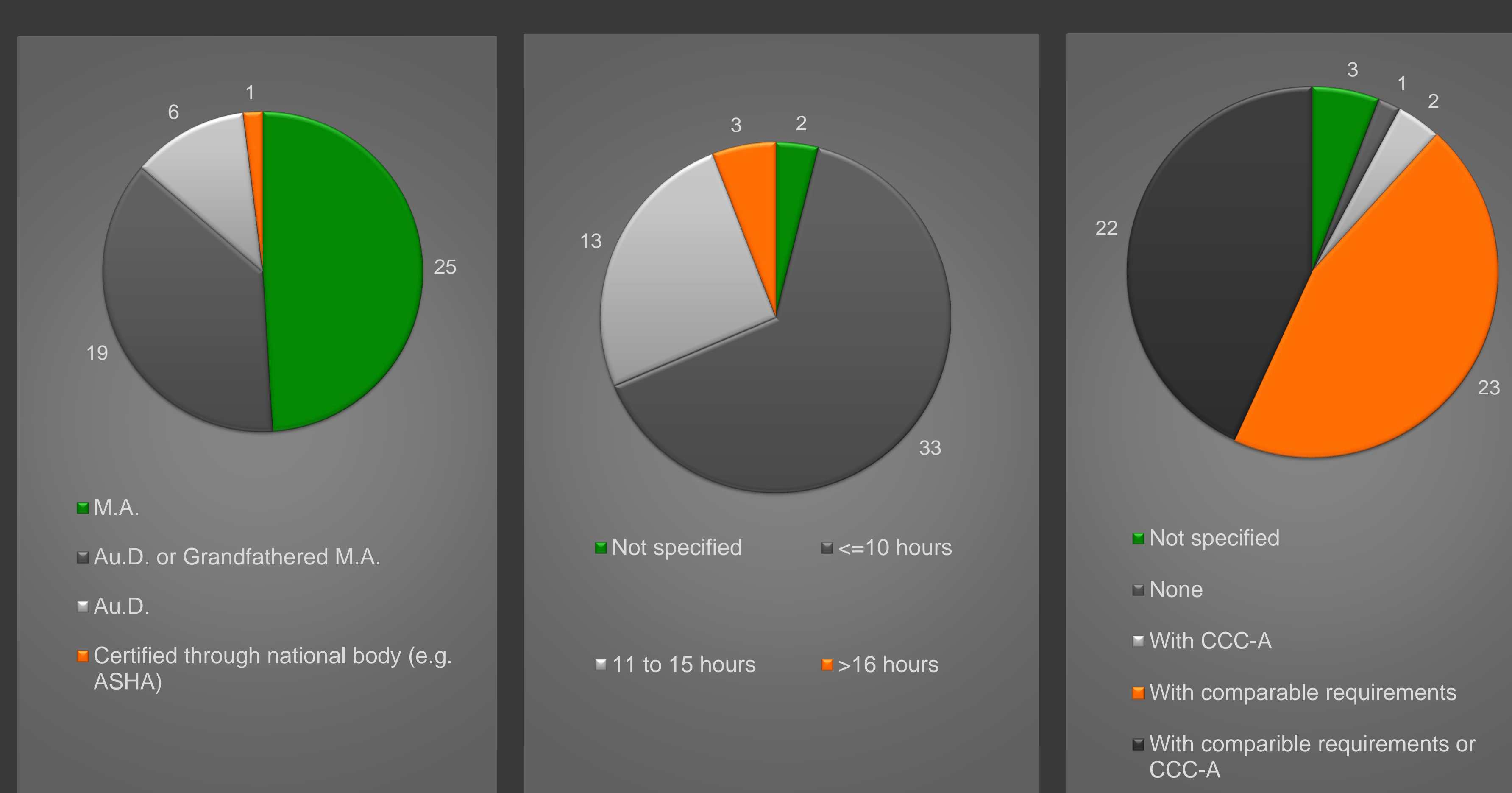


Figure 1. Number of states with legislation stating specified requirement for audiology licensure, requirement is indicated by different shading. Licensure requirements based upon degree are demonstrated in the left panel, licensure requirements based upon the number of continuing educational units per year is denoted in the middle panel, and licensure requirements based upon reciprocity with license from another state is demonstrated in the right panel.

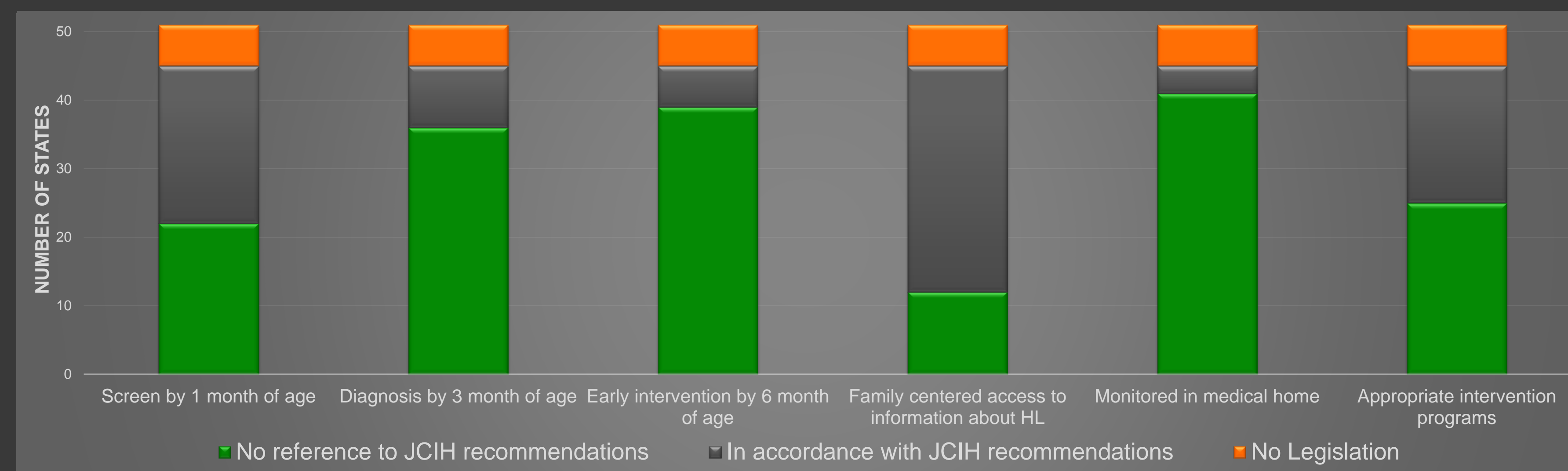


Figure 2. The number of states referencing JCIH guidelines for EHDI programs. Six JCIH guidelines are shown across bars. Reference to the guidelines in legislation (No legislation, no specified timeline, in accordance with JCIH recommendations, no reference to JCIH recommendations) is denoted by different shading.

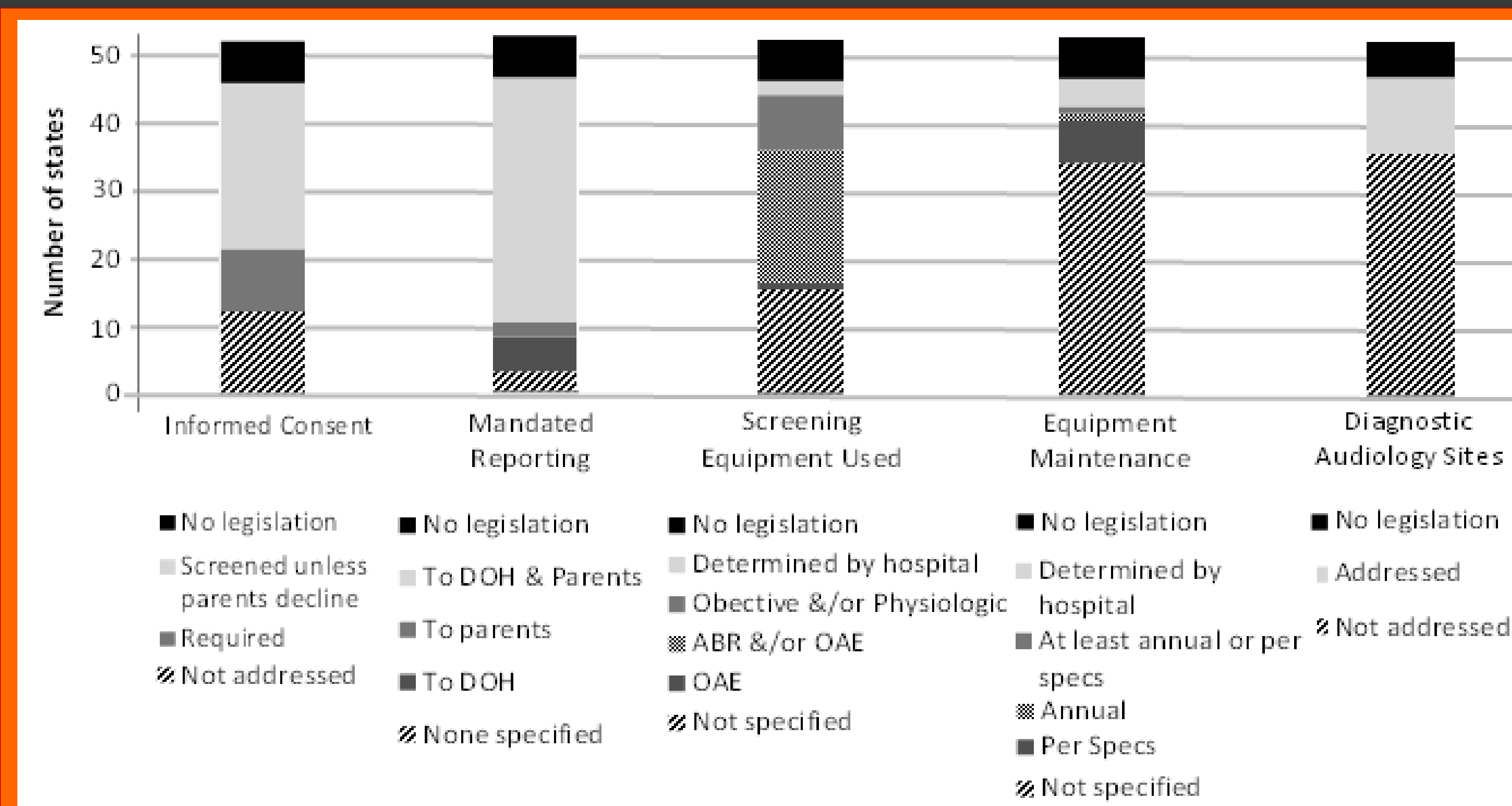


Figure 3. The number of states with legislation indicating the equipment and procedures that should be used in the identification of children with hearing loss. Each bar represents a different procedure or piece of equipment.