

Statement for the Record
United States Senate Committee on Veterans Affairs
In opposition to S. 564
Legislation to Allow for the Appointment of Hearing Aid Specialists to the Veterans Health Administration

The American Speech-Language-Hearing Association (ASHA), the Academy of Doctors of Audiology (ADA), and the American Academy of Audiology (AAA) respectfully submit this joint statement for the record in opposition to S. 564, the Veterans' Access to Hearing Health Act of 2015. The bill would authorize the Secretary of the Department of Veterans Affairs (VA) to appoint hearing aid specialists under Title 38 of the United States Code as professionals eligible to provide healthcare to veterans in the Veterans Health Administration. While we appreciate and support the intent of the bill sponsors to ensure appropriate access to hearing health services by our nation's veterans, we strongly believe that S. 564 would not in any way advance this effort.

Hearing loss is one of the top service related disabilities for veterans and requires complex and comprehensive treatment. While noise-induced hearing loss is common, veterans frequently present with complex audiology and vestibular pathologies that may be exacerbated by tinnitus, traumatic brain injury, or post-traumatic stress disorder. This complexity is further intensified by the increased number of veterans with combat-related hearing loss.

The provision of hearing aids is neither simple nor straight forward—especially when addressing the complex needs of veterans. As with all technologies, the technology of hearing aids is becoming increasingly more complex and the options beyond hearing aids, such as streaming capabilities, direct audio input, or Bluetooth coupling, are becoming more numerous. Coupled with advances in understating complex ear brain interactions, the provision of hearing aids requires advanced education and training to effectively service our veterans.

Audiologists are doctoral-level professionals who undergo a rigorous four year post-graduate program that includes academic education, clinical training, and a required national exam. They are qualified to evaluate the effects of acoustic trauma and ear injuries on hearing; to detect underlying medical conditions; and to diagnose and treat tinnitus, hyperacusis, vestibular issues, auditory processing disorders, and hearing loss. Audiologists provide a complete diagnostic evaluation to veterans in need of hearing healthcare services. As you know, veterans frequently present with complex auditory and vestibular pathologies that may be exacerbated by tinnitus, traumatic brain injury, or post-traumatic stress disorder. They require and deserve the highest standard of care.

Hearing aid specialists are trained in the fitting of hearing aids. While some states require a college-level associates degree as a minimum educational requirement to become a hearing aid specialist, many states still require only a high school diploma. Further, there are no national standards or dedicated curricula that outline the core competencies of a hearing aid specialist. In testimony before the U.S. Congress, the VA has expressed concern that the lack of standardized education for hearing aid specialists could lead to fragmented hearing healthcare services and limit delivery of comprehensive care.

Timely access to care in the VA should not come at the expense of diminished access to high quality services provided by the most highly trained individuals. Given the minimal training required to become a hearing aid specialist in comparison to the extensive education and training of an audiologist, hearing aid specialists are ill-equipped to provide the quality hearing health services that our nation's veterans require and deserve.

VA Hiring Authority

Another career classification for hearing aid specialists as proposed by S. 564 is unnecessary and administratively burdensome. The VA does not need additional legislative authority to hire hearing aid specialists. Both Title 5 of the U.S. Code and PL 113-146, the Veterans Access, Choice and Accountability Act (Choice Act), provide the VA the necessary authority to hire hearing aid specialists within the VA and to contract out to these individuals, as appropriate, in the fee-for-service market. The VA has established policies for hearing healthcare services that are intended to ensure best practices and to provide the highest level of care for veterans by emphasizing the need for a care team lead by an audiologist. We believe that the current VA model is appropriate to address the complex hearing healthcare needs of veterans.

Further, S. 564 would add hearing aid specialists to the list of professionals eligible to provide healthcare services to veterans under Title 38 of the U.S. Code. Hybrid Title 38 is not the appropriate statutory authority under which to define the scope of practice for hearing aid specialists. The VA's hiring authority for these individuals should remain under Title 5. With the exception of positions created specifically for the VA, all other professionals listed under Hybrid Title 38 have higher education requirements (at least two years of college) and national standards for certification, and/or requirements to pass a national exam in order to establish standardized core competencies. While hearing aid specialists are licensed in each state to fit and dispense hearing aids, there is no uniformity among states in their standards. (See www.asha.org/uploadedFiles/State-Licensure-Trends-Hearing-Aid-Dispensing.pdf)

Hearing aid specialists are currently hired under the Health Aid and Technicians Series 0640 of Title 5. The level of education and training for hearing aid specialists is consistent with the knowledge, skills, and abilities of health technicians who work in the VA audiology clinics under the supervision of an audiologist. Many VA audiology health technicians are hearing aid specialists. VHA Handbook 1170.02. Section 1170.02 defines the role of the audiology health technician in part, to increase productivity by reducing wait times, to enhance patient satisfaction, to reduce costs by enabling health technicians to perform tasks that do not require the professional skills of a licensed audiologist. The job of these technicians includes, for example, checks of hearing aids and other amplification devices, trouble shooting and minor repairs to hearing aids, ear molds and other amplification devices, and electroacoustic analysis of hearing aids. No modification of existing law is needed for the VA to hire or contract with the hearing aid specialist consistent with their scope of practice.

The VA also has the capability to contract services for hearing aid specialists through its fee-for-service program "where timely referral to private audiologists or other VHA facilities is not feasible or when the medical status of the veteran prevents travel to a VHA facility or a private audiologist." VHA Handbook 1170.02, Appendix A.

Department of Labor (COS)

We believe that the VA is appropriately using hearing aid specialists in their role as technicians. This classification is supported by the Department of Labor Standard Occupational Classification (COS), which defines hearing aid specialists under “Broad Occupation: 29-2090 Miscellaneous Health Technologists and Technicians”. This falls under a broader category of “Health Technologists and Technicians” (29-2000), and the major heading is “Healthcare Practitioners and Technical Occupations” (29-0000). (See www.bls.gov/soc/2010/soc292092.htm) Occupation Code 29-2092 provides that a hearing aid specialist may:

“Select and fit hearing aids for customers. Administer and interpret tests of hearing. Assess hearing instrument efficacy. Take ear impressions and prepare, design, and modify ear molds. Excludes ‘Audiologists’ 29-1181).”

Currently, hearing aid specialists can be hired by the VA as health technicians and work appropriately under the supervision of audiologists. According to the VA Handbook, technicians *perform tasks that do not require the professional skills of a licensed audiologist*. This is an appropriate model of care given the complex needs of veterans and the required level of care.

S. 564 Will Lead To Fragmented Care

We remain deeply concerned that the legislation could lead to fragmented care due to the lack of uniformity in education and training required for the licensing of hearing aid specialists. **Additionally, individuals seeking a dispensing license are not required to be trained, educated, or credentialed as health care professionals unless they choose to pursue an Applied Science Degree in Hearing Instrument Science.** According to the International Hearing Society (IHS) website, there are currently seven programs offering an associate’s degree in Hearing Instrument Sciences. A quick review of these programs shows no uniformity in program requirements. (See www.ihsinfo.org/IhsV2/education/collegeprograms.cfm)

Most states require hearing aid specialists to sit for an exam prior to getting their license; however, there is no uniformity among exams. Some require both practical and written exams, while some are written or practical only. Some require the IHS exam, while others devise their own. In order to sit for the exam, the individual must meet requirements that vary from state-to-state.

In most states, hearing aid specialists are only required to have a high school diploma or general education diploma (GED) and training. Eleven states require hearing aid specialists to complete two years of college or post-secondary education in **any field of study** prior to applying for a license. Some states also require the completion of a distance learning program prior to taking the exam. A list of requirements by state can be found on ASHA’s website at www.asha.org/uploadedFiles/State-Licensure-Trends-Hearing-Aid-Dispensing.pdf.

Those interested in obtaining a hearing aid dispensing license can obtain experience either by attaining an associate’s degree in Hearing Instrument Science or gaining experience through an apprenticeship program. Many of these apprenticeship programs are run by hearing aid

manufacturers who have a vested interest in selling their product. In most instances, hearing aid specialists acquire their training through apprenticeships and mentoring from other licensed hearing aid specialists. There is no uniformity in the continuity of practice and no real basis in science.

We would like to bring to your attention an article that was published in the December 2013 edition of “The Hearing Professional,” which provides information on the two paths towards hearing dispensing licensure. This illustrates the fragmented and disparate nature of hearing aid specialist training. (See https://ihsinfo.org/IhsV2/hearing_professional/2013/oct-dec/THP%20Q4%202013%20R2%20Low-Res%20Web.pdf)

We encourage you to review the desirable skills of an apprentice, which can be found on page 23. These skills do not reference education and training in healthcare, but rather emphasize characteristics, such as being good at your job, being driven, and being a salesman who stays on top of technology. Our veterans deserve healthcare practitioners dedicated to staying on top of science, research, and best practices, not the latest features of a hearing aid. In comparison, audiologists are doctoral-level professionals with education in the health sciences as well as extensive externship requirements.

The VA is required to develop uniform standards and qualifications for professions identified in Hybrid Title 38. Given the disparity in licensure and education requirements that range from an associate’s degree to a two year apprenticeship with a GED, it would be difficult for the VA to develop uniform standards and qualifications that are not based on the lowest level of education and training. This could result in the decrease in access to the highest quality of care.

Intent of the Legislation

S. 564 would permit the VA to hire hearing aid specialists to independently deliver hearing healthcare services that currently can be provided only by licensed audiologists. While the stated intent of the legislation is to ensure that veterans have access to quality care, the reality is that the hearing aid specialists, represented by the IHS, are pursuing an expanded scope of practice through the VA system. Their primary goal is to achieve parity with audiologists both at the federal and state levels. (See The Hearing Professional, Volume 62, No. 4 October–November–December 2013, page 34). To this end, the hearing aid specialists are also advancing apprenticeship standards through the Department of Labor that go well beyond their scope of practice as defined in state licensing laws.

S. 564 would permit hearing aid specialists to work independent of audiologists in the VA. While hearing aid specialists play an important role in the VA in support of audiologists, their training and education does not prepare them to work independently with veterans who frequently present with complex medical needs. The education and training of hearing aid specialists are not parallel to that of an audiologist, and federal legislation should not be used to bolster the status of a profession.

In sum, S. 564 has the potential to inappropriately elevate hearing aid specialists to a higher level of professional recognition, beyond their current education levels and Department of Labor classification as health technicians. Their training and education do not merit parity, through recognition under Hybrid Title 38, with audiologists or other health care professionals who have college and doctoral level degrees.

S. 564 and Perceived Wait Times

S. 564 is not a simple fix to alleviate wait times for the VA audiology services. The VA has specific requirements related to the delivery of hearing aids and related services. Prescriptions for hearing aids are based on a complete (not basic) diagnostic audiology evaluation, which is not within the scope of practice of hearing aid specialists, as well as a hearing aid evaluation, which is within the scope of a hearing aid specialist. Not all veterans are eligible for hearing aids. In addition, eligibility must be determined by an audiologist before the veteran schedules an audiologic evaluation.

The argument that the hearing aid specialists can remove the burden of dispensing hearing aids from the VA audiologists' workload runs contrary to current policies of the VA, which require the best practice of both a complete audiologic evaluation and a hearing aid evaluation prior to the dispensing hearing aids. (See VHA Handbook 1170.07 Appendix A www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2397)

Implementation of Choice Act and OIG Recommendations

ADA, AAA, and ASHA are aware that the VA Office of Inspector General (OIG) report dated February 20, 2014, found that the VA was not timely in issuing new hearing aids to veterans or in meeting timely goals to complete hearing aid repair services. We understand that the VA is currently working to implement the recommendations of this report.

Additionally, our members are reporting that—since the implementation of the Choice Act—the VA is now contracting with more audiologists. It is our understanding that wait times that may have been in existence when the Act was first introduced three years ago have been reduced. We also strongly encourage the Committee to contact the VA to discuss the VA's plans for staffing and what the VA is currently doing to ensure timely access to hearing health services. We remain committed to working with the Committee to ensure quality, appropriate, and timely hearing healthcare services in the VA. As outlined above, S. 564 does not advance this effort. It simply furthers the interests of the hearing aid specialists in their attempt to practice audiology without the proper education, training, clinical experience, verification of knowledge, or license to practice. We urge you to table further discussion of S. 564 until the VA has had the ability to fully implement the Choice Act and recommendations made by the OIG, which we believe are the most appropriate means to improve access to hearing health services.

The American Speech-Language-Hearing Association is the national professional, scientific, and credentialing association for 182,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. ASHA supports its members through professional

development, research, advocacy and public awareness of communication, hearing and balance disorders.

The Academy of Doctors of Audiology is dedicated to the advancement of practitioner excellence, high ethical standards, professional autonomy and sound business practices in the provision of quality audiologic care.

The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The active membership of more than 12,000 is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders.