



**AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES**  
**August 20, 2009**

Department of Consumer Affairs  
1625 North Market Blvd.  
“Eldorado Room”  
Sacramento, CA  
(916) 263-2666

**Committee Members Present**

Alison Grimes, Au.D.  
Naomi Smith, Au.D.  
Robert Hanyak, Au.D.

**Staff Present**

Annemarie Del Mugnaio, Executive Officer  
Lori Pinson, Staff Analyst  
George Ritter, Legal Counsel

**Board Members Present**

Jennifer Hancock, M.A.  
Carol Murphy, M.A.  
Monty Martin, M.A.  
Lisa O’Connor, M.A.

**Board Members Absent**

Paul Donald, M.D.

**Guests Present**

Angela Bigelow, Hearing Aid Dispensers Bureau  
Janice Nance, Hearing Aid Dispensers Bureau  
Yvonne Crawford, Hearing Aid Dispensers Bureau  
Susan Kaplan, University of California, Davis  
Bill Barnaby Jr.  
Rebecca Bingea, University of California, San Francisco  
Dennis Van Vliet, California Academy of Audiology  
Kathy Sabel, Department of Health Care Services  
Richmond Rada, Department of Health Care Services  
Susan Kidwell, San Joaquin Delta Community College  
Robert Powell, California Speech-Language-Hearing Association  
Jeff Toney, Department of Consumer Affairs  
Jody Winzelberg, California Academy of Audiology

**I. Call to Order**

Chairperson Grimes called the meeting to order at 9:20 a.m.

**II. Introductions**

Those in attendance introduced themselves.

**III. Legislation**

**A. SB 821- Omnibus Legislation – Senator Negrete McLeod- Entry-Level Licensing Standards for Audiologists (Doctorate Education) & Amendments to Audiology Aide Supervision Standards- (Review Audiology Support Personnel Data)**

Ms. Del Mugnaio reported that SB 821 is the Board’s omnibus vehicle that would raise the entry-level educational standard for audiology to the doctorate training level and would make conforming changes to the required professional experience provisions regarding audiology doctoral students completing the requisite 4<sup>th</sup> year externship in another state. She reported that SB 821 also includes language that would delete the “direct” supervision requirement for audiology aides, thus providing the Board the flexibility to establish appropriate supervision parameters for audiology aides by regulation. Ms. Del Mugnaio explained that omnibus bills typically include technical, noncontroversial, clean-up amendments related to licensing or enforcement provisions and, as such, do not tend to draw opposition. However, she explained that SB 821 includes several changes to other healing arts provisions as well, which has drawn some concern, and such issues will be deliberated with the Senate Business, Professions and Economic Development Committee.

Chairperson Grimes inquired about the authority of the Board to develop further implementing regulations and indicated that she believed that further regulatory clarification is necessary. She explained that in her work with the American Academy of Audiology she has been examining the laws and regulations governing audiology support personnel in other states and stated that the research should be useful to the Board in considering appropriate audiology aide regulations.

Ms. Del Mugnaio indicated that the Audiology Practice Committee should begin analyzing the national data and the audiology aide survey responses received earlier in the year in order to craft regulatory language to further define the supervision standards for audiology aides pursuant to the changes reflected in SB 821.

**B. AB 1535 – Assembly Member Jones- Authorization for Audiologists to Dispense Hearing Aids/ Merger of the Speech-Language Pathology & Audiology Board and the Hearing Aid Dispensers Bureau**

Ms. Del Mugnaio reported that AB 1535, as amended on July 16, 2009, would eliminate the need for audiologists to hold the hearing aid dispensers license, provided the audiologist has taken and passed the hearing aid dispenser examination and the hearing aid dispensers license is in good standing as of January 1, 2010. She stated that the bill would also merge the existing Hearing Aid Dispensers Bureau into the Board to create the Speech-Language-Pathology and Audiology and Hearing Aid Dispensers Board with a new board-member composition of two audiologists, one of whom must be a dispensing audiologist, two speech-language pathologists, two non-audiologist hearing aid dispensers, and three public members, one of whom must be a licensed otolaryngologist.

Chairperson Grimes inquired whether the hearing aid dispensing “examination” refers to both the practical examination and the written examination.

Ms. Del Mugnaio indicated that her current understanding of the provision is that the language refers to the practical hearing aid dispensers examination.

Ms. Del Mugnaio reported that AB 1535 will be amended again to include conforming changes to merge the technical provisions of the hearing aid dispenser and the audiology practice acts.

She stated that the merger will involve several administrative changes with respect to staff relocation, change in operational procedures, and future regulatory and most likely policy changes. Ms. Del Mugnaio stated that she will rely heavily on the historical knowledge and expertise of the current Hearing Aid Dispensers Bureau staff during the merger transition.

Ms. Del Mugnaio addressed the issue of funding the respective professions under the merged Board structure and indicated that there is an agreement with all interested parties that AB 1535 will include language, once amended, to create a separate sub-account for dispensing licensees (both hearing aid dispensers and dispensing audiologists) under the general Board account so that revenue and expenditures for the respective disciplines may be tracked and appropriated accordingly. She explained that by creating a separate accounting mechanism, the merged Board can better monitor the licensee revenue and ascertain whether the revenue collected is sufficient to support the administrative oversight for the given population. Ms. Del Mugnaio stated that AB 1535 will require dispensing audiologists to pay the same renewal and examination fees as are currently charged to licensed hearing aid dispensers in order to maintain a sufficient funding level over the next year. She stated that after one year the Board will review the fee structure and administrative costs for dispensing practitioners to determine whether fee adjustments are necessary.

Ms. Del Mugnaio reported that AB 1535 is currently in the suspense file and will remain in suspense until the fiscal impact of the merger is identified and addressed in the bill analysis.

Ms. Del Mugnaio reported that several of the stakeholders recently met with Assembly Member Jones' staff to discuss components of AB 1535. During the meeting, the California Medical Association expressed some concern over the Board administering the hearing aid dispensers examination to physicians and, further, that the Board would be authorized to take disciplinary action against a dispensing physician. Also, representatives of the Hearing Health Care Providers (HHP) of California raised concerns regarding the procedural public policy role of the merged Board and its authority to make independent decisions for the practice of hearing aid dispensing. The HHP requested that a separate sub-committee comprised of audiologists and hearing aid dispensers deliberate hearing aid dispensing practice issues independent of the speech-language pathology and non-dispensing audiology board members. Ms. Del Mugnaio stated that she drafted and forwarded a letter to Assembly Member Jones' office on August 18, 2009, documenting the agreement to form a Hearing Aid Dispensing Practice Committee under the merged Board, which would be comprised of the hearing aid dispenser, audiology, and otolaryngology board members. The letter outlined the role of the Committee as requested by the HHP. Ms. Del Mugnaio distributed a copy of the letter to those in attendance and stated that Assembly Member Jones would develop a Letter to the Journal based on the content of the Board's letter regarding the formation of the Hearing Aid Dispensing Practice Committee.

Ms. Winzelberg addressed the Board and thanked Robert Powell and the California Speech-Language-Hearing Association leadership for supporting AB 1535 and the dispensing audiology population. She also thanked all speech-language pathologists and non-dispensing audiologists for their support on the bill. Ms. Winzelberg also extended her appreciation to Cindy Peffers of the HHP for her efforts in negotiating constructive amendments for AB 1535.

Ms. Winzelberg provided an overview of the amendments to AB 1535 and identified those provisions that will be excluded for dispensing audiologists: advertising as a diagnostician of hearing impairments, referral for diagnostic evaluation, and restrictions for hearing screenings at health fairs. Ms. Winzelberg stated that she will continue to work with the California Medical

Association on negotiating language related to enforcement authority for dispensing physicians in AB 1535.

**M/S/C: Smith/Hanyak**

**The Committee voted to recommend to the full Board a support position on AB 1535 as amended.**

**IV. Discussion on Audiology Scope of Practice Provisions and the Authorization for Audiologists to provide Cochlear Implant Fitting and Mapping**

Chairperson Grimes stated that the Audiology Practice Act does not include specific language on cochlear implant fitting and mapping and there is confusion as to the role of the audiologists in preoperative and post-operative care. She stated that she conducted an informal survey via a listserv communication with faculty members in audiology doctoral programs across the country where she inquired about the available didactic and clinical training on cochlear implants for audiology doctoral students. Ms. Grimes stated that approximately 25 programs responded and confirmed that their respective program curriculum and clinical training does include instruction on cochlear implant fitting and surgical mapping. Ms. Grimes explained that the inclusion of language in the Practice Act on cochlear implant services maybe necessary for clarity purposes; however, adding such language is not an expansion of the audiology scope of practice, as audiologists have been involved with cochlear implant care for decades.

Ms. Del Mugnaio explained that the Board could pursue a legislative amendment to include such language; however, it may not be necessary to change the statute if the authority for audiologists to provide cochlear implant services is covered under the general practice provisions. She further explained that if the legal authority for audiologists is unclear with respect to cochlear implant care, and there is concern regarding unlicensed personnel providing such services, then the Board should consider a regulatory change.

Mr. Ritter opined that existing statutory authority would provide for such a change by way of a regulation amendment that would further interpret and make specific the audiology scope of practice as defined.

The Committee discussed potential abuses within the cochlear implant manufacturing industry for unlicensed personnel to become the identified “experts” in cochlear implant devices and services.

**M/S/C: Hanyak/Smith**

**The Committee voted to delegate the task of drafting proposed regulatory language defining an audiologist’s role in cochlear implant fitting and mapping both preoperative and post-operative care to Chairperson Grimes for review at the next scheduled Committee meeting.**

**V. Update on Collaboration with the Department of Health Care Services Newborn Hearing Screening Program Regarding Audiology Provider Education and Enforcement**

Ms. Del Mugnaio referenced a letter of July 8, 2009, included in the meeting packets, which was written in collaboration with the Department of Health Care Services (DHCS) Newborn

Hearing Screening Program (NHSP) regarding the standard of care for pediatric hearing detection and intervention. She explained that the letter was sent to all licensed audiologists in the state as an education and outreach effort to inform the population of the practice guidelines and resource documents available to practitioners who work with the pediatric population.

Ms. Del Mugnaio also reported that she and Chairperson Grimes attended an Audiology Pediatric Symposium sponsored by DHCS California Children's Services (CCS) held July 30-31, 2009 in Newport Beach to present information on standard of care issues surrounding pediatric audiology. She stated that her presentation focused on provider competency, responsibility, and liability, where examples of enforcement actions surrounding standard of care issues involving pediatric audiology were discussed.

Chairperson Grimes reported that she presented information on techniques for electrophysiologic assessments for infants, including the latest research and professional documents. Chairperson Grimes stated that her presentation included information on the proper use and supervision of test assistants or audiology support personnel and indicated that many individuals in attendance were unaware of the requirements for registering audiology aides in California. She stated that there is a tremendous need for further education in the area of audiology support personnel mandates.

Chairperson Grimes also raised concerns over the lack of a specialized center under the NHSP for the birth to two-year old population where electrophysiologic diagnostic services would be provided by highly-trained audiologists who have expertise in performing such diagnostics under sedation. Chairperson Grimes stated that she has communicated the need with CCS in the past but that CCS is concerned with developing more rigorous standard for a new "Type D" Center, as there is a severe lack of qualified providers to serve in the program as it is.

The Committee discussed inviting the NHSP to a meeting to discuss the option and need to develop a new Type D Center for infants birth to two-years of age where sophisticated electrophysiologic diagnosis under sedation would be provided by experienced paneled audiologists who are highly trained in pediatric hearing diagnosis.

Ms. Del Mugnaio indicated that she and Chairperson Grimes would develop an invitation to forward to the NHSP for a future joint meeting.

## **VI. Discussion of the Need for Further Services Provided by Regional Centers for Deaf/Hard of Hearing Children**

Chairperson Grimes explained that she serves on the National Initiative for Children's Health Care Quality (NICHQ) and that the group has been discussing the lack of qualified services available in state regional centers for deaf and hard-of-hearing children who present with multiple handicaps. She stated the NICHQ identified several consumer protection issues surrounding under-qualified personnel serving handicapped children with severe developmental language delays. Chairperson Grimes stated that she believes the Board has a responsibility to report these consumer protection issues to the Department of Developmental Services (DDS) and request a plan of corrective action.

The Committee discussed the current funding challenges many regional centers are facing due to recent significant budget cuts and the lack of overall access to qualified providers to serve the deaf and hard-of-hearing population. However, the Committee concluded that despite these

known challenges, the Board must communicate such public welfare concerns to DDS so that other options for providing services may be explored.

Chairperson Grimes indicated that the lack of qualified services for children with severe language delays compromises the intended health and welfare benefit of universal newborn hearing screening, in that if an infant is identified as having a hearing impairment and yet there are no qualified providers for early intervention services, the child will ultimately fail to develop critical language skills and will struggle socially and academically, which defeats the purpose of early hearing detection mandates.

**M/SC: Hanyak/Smith**

**The Committee voted to recommend to the Board that a letter be developed in collaboration with the NICHQ to be sent to the Department of Developmental Services identifying the consumer protection concerns surrounding the lack of qualified providers serving in regional centers who are knowledgeable and competent to provide intervention services for deaf/hard-of-hearing children with severe language delays.**

## **VII. Review of the Medi-Cal Optional Benefit Exclusions for Audiology Services**

Ms. Del Mugnaio referenced a list of questions included in the meeting packets posed by licensed audiologists concerning the recent Medi-Cal optional benefit exclusion for audiology services. She indicated that she gathered the questions from audiology providers and submitted a document outlining the areas of confusion to the DHCS Medi-Cal Services Division.

Ms. Del Mugnaio stated that two representatives from DHCS, Kathy Sabel and Richmond Rada, were in attendance at the meeting to address some of the questions and concerns.

Ms. Sabel and Mr. Rada introduced themselves and fielded the following questions from those in attendance:

- Are hearing aids still a covered benefit through Medi-Cal even though the audiologic evaluation is no longer a covered service?
  - Yes, hearing aids were not excluded as a covered benefit. However, future reductions may be forthcoming that may impact hearing aids as a covered benefit under Medi-Cal.
- Can a physician bill for an audiologic evaluation under Medi-Cal and receive reimbursement?
  - Yes, a physician may continue to bill Medi-Cal for an audiologic assessment under a medical CPT Code.
- Please provide clarification on which facilities qualify as out-patient hospital facilities where audiology optional benefits may still be rendered and reimbursed.
  - A facility identified as an out-patient hospital facility will have a Medi-Cal Provider Identification Number that indicates the facility status. In order to check the provider status of a facility, the Medi-Cal Provider Enrollment Center should be contacted.
- Are there any excluded benefits for individuals who are dually covered under Medi-Cal and Medicare?
  - No
- What are the exclusions on speech-language pathology services, both diagnostic and treatment related?
  - There are similar exclusions for speech-language pathology services as there are for audiology services. Only outpatient facility services are covered.

- If an authorization for Medi-Cal services was received prior to July 1, 2009, will the services be covered/reimbursed even if the actual treatment was not rendered until after July 1, 2009?
  - Yes

Ms. Winzelberg requested that more extensive clarifying information be added to the DHCS website to address some of these pressing questions, as there are many providers who have little understanding of the benefit exclusions for audiology services and who are not able to accurately advise their patients regarding audiology covered benefits.

The Committee thanked both Kathy Sabel and Richmond Rada of DHCS for attending the meeting and answering the posed questions.

Mr. Rada indicated that future website updates will be forthcoming in order to post clarifying information regarding the Medi-Cal benefit exclusions.

Chairperson Grimes adjourned the meeting at 11:10 a.m.