

**REPORT OF THE
DEPARTMENT OF HEALTH PROFESSIONS
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL
REGULATION**

**STUDY OF THE ADVISABILITY
OF MERGING THE BOARD OF
AUDIOLOGY AND SPEECH-LANGUAGE
PATHOLOGY AND THE BOARD OF
HEARING AID SPECIALISTS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 8

**COMMONWEALTH OF VIRGINIA
RICHMOND
2000**



COMMONWEALTH of VIRGINIA

Department of Health Professions

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October 21, 1999

TO: The Honorable James S. Gilmore, III
Governor of the Commonwealth of Virginia

The Members of the General Assembly of Virginia

It is our privilege to present this report which constitutes the response of the Department of Health Professions and the Department of Professional and Occupational Regulations to the requests contained in Senate Joint Resolution 362 and House Joint Resolution 669 of the 1999 Session of the General Assembly.

The report provides the findings of the two departments from their Study of a Merger between the Board of Audiology and Speech-Language Pathology and the Board of Hearing Aid Specialists. Approximately 85 hours of staff time and \$8,400 in costs for a facilitator, data collection, meetings, transcripts of hearings, printing and mailing were expended in the process of conducting this study. The final report is available to the public on the website for the Department of Health Professions at <http://www.dhp.state.va.us/>.

The Board acknowledges the work of a Study Advisory Committee and the staff who conducted the research and prepared the final report.

John W. Hasty
Director
Department of Health Professions

Jack E. Kotvas
Director
Department of Professional and Occupational Regulation

**DEPARTMENT OF HEALTH PROFESSIONS
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL
REGULATION**

**Study of the Advisability of Merging the Board of Audiology and
Speech-Language Pathology and the
Board of Hearing Aid Specialists
Pursuant to HJR 669 (1999) and SJR 362 (1999)**

**Members of the Study Advisory Committee
1999**

Carl McCurdy
Teresa Robinson
Bruce Wagner
Jeff Reinhart
Julie Farrar-Hersch

Rita Purcell-Robertson
Lillian Beasley
Christina Clarke
Ralph Hampton
Michael Ridenhour

Acknowledgement

The Departments would like to acknowledge the work of the Study Advisory Committee and thank them for the time spent in meetings and consideration of the issues. The Departments also acknowledge Elizabeth Carter, Deputy Director of the Board of Health Professions, Nancy Taylor Feldman, Board Administrator for the Board for Hearing Aid Specialists, and Elizabeth Young Tisdale, Executive Director of the Board of Audiology and Speech-Language Pathology, who provided staff and research assistance to the Committee.

Final Recommendation of the Departments

It is the recommendation of the Department of Health Professions and the Department of Professional and Occupational Regulation that the Boards be tasked with the responsibility of exploring the advantages of a merger through the recommended liaison relationship between the two boards during the next two years.

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EXECUTIVE SUMMARY

Background and Authority

Senate Joint Resolution 362, patroned by Senator Joseph Gartlan and House Joint Resolution 669, patroned by Delegate Karen Darner, both passed by the 1999 Session of the General Assembly requests that the Department of Health Professions and Department of Profession and Occupational Regulation, assisted by the Speech-Language Hearing Association of Virginia (SHAV), the Virginia Society of Hearing Aid Specialists, Inc. (VSHS) and interested consumers, examine the advisability of merging the Board of Audiology and Speech Language Pathology and the Board of Hearing Aid Specialists. Both resolutions reference the benefits of combined regulations and the enforcement thereof. The resolutions note that such action could result in government efficiency as well as improved customer service. The resolutions further note that the Boards, along with the associations, have, in the past, been unsuccessful in developing a proposal to merge the boards. The resolutions direct the departments to submit their findings and recommendations to the Governor and the 2000 Session of the General Assembly.

Study Advisory Committee on Board Merger

The first board merger discussions began in 1998 and involved the development of legislation proposing the elimination of a duplicate license for audiologists to fit and dispense hearing aids. The proposal propelled the issue of board merger. The public comment, most of it received from members of the professions involved in the possible merger, was negative and the proposal was withdrawn. The departments agreed in concept that the public and the profession would be well served by merging the two boards. The Department of Professional and Occupational Regulation indicated two concerns: 1) there must be equal representation for Hearing Aid Specialists on the newly-created board and 2) audiologists must continue to successfully complete the examination to fit and dispense hearing aids before being permitted to do so in the Commonwealth. The concerns expressed by the Department of Health Professions related to allowing audiologists credentialed after 1993 to dispense and fit hearing aids without additional testing.

Key participants in the present study, as outlined in the resolutions, were the Department of Health Professions, the Department of Professional and Occupational Regulation, the Virginia Society of Hearing Aid Specialists, Inc. and the Speech-Language Hearing Association of Virginia ("SHAV"). An advisory committee was created to serve as resource to the departments. The committee was comprised of one member of each respective board, two members of the Speech-Language Hearing Association of Virginia, one citizen member of each respective board and two members of the Virginia Society of Hearing Aid Specialists, Inc.

Conclusion and Recommendation by the Department of Health Professions and the Department of Professional and Occupational Regulation

It appears that with the strong disagreement among the licensees of the three professions - hearing aid specialists, audiologists and speech pathologists - that the merging the boards at this time would not enhance the current service delivery system to the citizens of Virginia. To provide the opportunity for both boards to explore the advantages for a merger in the future, the Department of Health Professions and the Department of Professional and Occupational Regulation recommends the following:

Creation of a liaison relationship between the Board of Audiology and Speech Pathology and the Board for Hearing Aid Specialists through the establishment of an ex-officio member position on each of the two boards, respectively. Each ex-officio member shall be appointed by the membership of his board and shall represent his board at all meetings of the other board.

Should the Virginia General Assembly deem this a worthwhile proposal, it is further recommended that the two ex-officio member positions be established by statute in the composition of each of the two boards and that the two departments be charged with the responsibility of reporting the outcome of this liaison relationship and recommendations regarding the merging the two boards to the 2003 Virginia General Assembly.

The liaisons could better educate each board regarding board matters and common concerns, scopes of practice and technological advances in each profession. As a result the boards would be better able to share information to better educate those with hearing impairments and the members of their families.

One concern raised by some of the advisory committee members pertained to the blurring of lines between the professions of audiology and hearing aid specialists. With the merger of the boards there could be greater confusion to the public regarding the education and training of both professionals.

The liaison relations would enhance and foster greater understanding between the professions and dispel protectionist ideals of each profession. A better understanding and appreciation of each of the professions is greatly needed in better educating the consumer. A suggestion of joint publications and educational programs to children, parents, and the aged population was deemed by the Committee to benefit all that are hearing impaired and in need of services. In any event, by working together, the two Boards may revisit the possibility of merger in two years. By that time, many unresolved issues may be addressed for the betterment of the citizens of the Commonwealth.

For these reasons, it is the recommendation of the Department of Health Professions and the Department of Professional and Occupational Regulation that the Boards be tasked with the responsibility of exploring the advantages of a merger through the recommended liaison relationship between the two boards during the next two years.

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
AND
VIRGINIA DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL
REGULATION

**Study of the Advisability of Merging
The Board of Audiology and Speech-Language Pathology
And
The Board of Hearing Aid Specialists**

**Pursuant to Senate Joint Resolution 362 (1999)
And
House Joint Resolution 669 (1999)**

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Study Advisory Committee on Board Merger

The first board merger discussions began in 1998 and involved the development of legislation proposing the elimination of a duplicate license for audiologists to fit and dispense hearing aids. The proposal propelled the issue of board merger. The public comment, most of it received from members of the professions involved in the possible merger, was negative and the proposal was withdrawn. The departments agreed in concept that the public and the profession would be well served by merging the two boards. The Department of Professional and Occupational Regulation indicated two concerns: 1) there must be equal representation for

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Key participants in the present study, as outlined in the resolutions, were the Department of Health Professions, the Department of Professional and Occupational Regulation, the Virginia Society of Hearing Aid Specialists, Inc. and the Speech-Language Hearing Association of Virginia ("SHAV"). An advisory committee was created to serve as resource to the departments. The committee was comprised of one member of each respective board, two members of the Speech-Language Hearing Association of Virginia, one citizen member of each respective board and two members of the Virginia Society of Hearing Aid Specialists, Inc. The Study Advisory Committee members were:

Carl McCurdy, Board for Hearing Aid Specialists
Teresa Robinson, Virginia Society of Hearing Aid Specialists, Inc.
Bruce Wagner, Virginia Society of Hearing Aid Specialists, Inc.
Jeff Reinhart, Virginia Society of Hearing Aid Specialists, Inc. (alternate)
Julie Farrar-Hersch, Board of Audiology and Speech-Language Pathology
Rita Purcell-Robertson, Speech-Language Hearing Association of Virginia
Lillian Beasley, Speech-Language Hearing Association of Virginia
Christina Clarke, Speech-Language Hearing Association of Virginia
Ralph Hampton, Citizen Member, Board for Hearing Aid Specialists
Michael Ridenhour, Citizen (Hearing Impaired)

Marilyn West of M.H. West and Associates Inc., served as the facilitator in the discussions and provided briefing documents. Elizabeth Carter, Deputy Director of the Board of Health Professions, Nancy Taylor Feldman, Board Administrator for the Board for Hearing Aid Specialists, and Elizabeth Young Tisdale, Executive Director of the Board of Audiology and Speech-Language Pathology provided staff and research assistance to the Committee.

The committee held three meetings - May 26, 1999, June 15, 1999 and July 8, 1999 and a public hearing on June 15, 1999.

Public Hearings and Solicitation of Public Comment

The Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists solicited public comment on the issues addressed in the resolutions and on the advisability of merging the boards. In addition to the required notices given in the *Virginia Register* and to those interested parties on both boards' Public Participation Guidelines lists, notices were sent to the patrons of the resolutions, and licensees of both boards to request information and participation in meetings and hearings.

At its initial meeting on May 26, 1999, the advisory committee received public comments about the study resolutions. It examined the resolution to address the study's mandates, the driving forces behind the proposed merger, and key questions regarding the advisability of the merger. The advisory committee recognized that many citizens of the Commonwealth who are afflicted with speech and hearing disorders may be confused as to where to file a complaint and where to obtain the services provided by the professionals licensed by the boards.

Subsequent to the meeting of May 26, 1999, there was a public hearing on June 15, 1999, followed by a committee meeting. The majority of the comments received reflected major concerns about the coordination of services by both boards, fiscal concerns of merging the boards, board composition, and the fitting and dispensing of hearing aids by licensed audiologists without additional testing. (Appendix 2). On July 8, 1999, the advisory committee met to review public comments and to develop policy options and recommendations.

Study Content

A. Laws and regulations of both boards

1. Board of Hearing Aid Specialists

In 1970, the Virginia General Assembly created the Board of Hearing Aid Specialists under the Department of Professional and Occupational Regulation. The Board is composed of seven members including three hearing aid specialists, one licensed audiologist, one otolaryngologist and two citizen members. Its enabling statute is found in Chapter 29 of Title 54.1-1500 et seq. of the Code of Virginia. The licensing and discipline of hearing aid specialists comprise its general mission and purpose. It regulates the dispensing of hearing aids by hearing aid specialists, audiologists and otolaryngologists. The Board governs the business practices of hearing aid dispensers and provides consumer protections for the general public in accordance with the provisions established by the Federal Trade Commission.

Between July 1, 1998, and June 30, 1999, the Board licensed a total of 21 hearing aid specialists. Fourteen of the new licensees were also licensed as audiologists. During the 1996-98 biennium, the Board docketed twenty-three complaints and closed or adjudicated thirty-one disciplinary cases. Between July 1, 1998, and June 30, 1999, the Board held one informal fact-finding conference. Within the last three years, the Board has rendered five case decisions.

2. Board of Audiology and Speech-Language Pathology

The 1972 Session of the General Assembly passed legislation establishing the licensure of audiologists and speech-language pathologists and creating the Board of Audiology and Speech-Language Pathology. In 1977, the Department of Health Professions was created. In 1988, the Board was transferred from the Department of Professional and Occupational Regulation to the Department of Health Professions. The practices of audiology and speech-language pathology are governed under Chapter 29 of Title 54.1-2600 et seq. of the Code of Virginia. The Board is responsible for the licensure of audiologists and speech-language pathologists. Also, it is responsible for ensuring the standards of quality of licensed practitioners as well as the discipline of those who violate the established standards of conduct.

As of June 30, 1999, 380 audiologists and 1965 speech-language pathologists were licensed by this Board. There was only one disciplinary case between July 1, 1998, and June 30, 1999, with only 6 disciplinary cases within the last three years.

B. Regulatory systems of other states

The last few years have seen an increase in the number of states merging the professions of audiology, speech-language pathology and hearing aid specialists into single licensing boards. In states where the mergers have not occurred, similar proposals are being considered.

The actions taken by eight or more states regarding merger of the boards of hearing aid specialists, audiologists, and speech-language pathologists have been positive. The average size of a merged board is nine members with the state of Maryland having the largest, with thirteen members. Board composition varies from state to state with the average board having two members from each profession and at least one consumer member. The fear that one profession may dominate board meetings has not materialized. The majority of merged boards reside in a health-related department or agency.

The funding mechanisms are similar from state to state with the majority being fee-based. Only the states of Wisconsin and Delaware are silent on self-support with the umbrella agency setting the fees. When comparing fees across board funding types, those fees set by boards do not appear to be higher than those of boards receiving funds from a general fund. In New Mexico, the state treasurer must invest the surplus of funds. This is an exception to a fee-based revenue system.

Of the states that have merged boards, only Maryland, New Mexico and Tennessee presently allow audiologists to dispense hearing aids under their audiology license without additional requirements. Requiring multiple licenses of audiologists continues to be a controversial topic. (Appendix 3.)

C. Policy issues related to dispensing and fitting of hearing aids

In 1998, the issue of merging the two boards began after the Board of Audiology and Speech-Language Pathology proposed draft legislation to allow licensed audiologists to fit and

dispense hearing aids without education or examination requirements or additional licensure as a hearing aid specialist. Currently, audiologists are required to hold a license to practice audiology issued by the Board for Audiology and Speech Language Pathology and a license to fit and dispense hearing aids from the Board of Hearing Aid Specialists to dispense hearing aids.

Fifty three percent of the licensees of the Board of Hearing Aid Specialists are also licensed audiologists. With the Board of Audiology and Speech-Language Pathology's proposal to discontinue the dual licensure for audiologists, the Board of Hearing Aid Specialists would lose a majority of licensees and could find it difficult to continue to operate as an independent board.

A merger of the two boards would allow regulatory issues involving communicative disorders to be discussed and resolved through a one-board process. The departments drafted a proposal to merge the two boards in 1998. As earlier discussed, the proposal was withdrawn due to overwhelming opposition, primarily from those in the speech-language pathology profession.

These issues were again highlighted during the discussions of and public hearings before, the advisory committee. The representatives of the hearing aid specialists were adamant about the need for testing for licensed audiologists. The audiology and speech-language representatives view their current education standards and credentials as adequate or superior in preparing an audiologist to fit and dispense hearing aids without additional education, training, examination or licensure. This remains a major issue that was not resolved in the discussion of a possible board merger.

D. Feasibility of board merger

The matter of merging the existing Board of Hearing Aid Specialists and Board of Audiology and Speech-Language Pathology has generated significant interest among the Boards' licensees, consumers of the professions regulated, the General Assembly, associations representing the professions of communicative disorders and others. A major concern of the advisory committee was how to create a single board with a composition fairly representing all aspects of the professions of communicative disorders.

Board composition

The advisory committee examined various scenarios in addressing board composition. The majority of the committee raised concerns about the possible inappropriate representation on the merged board of consumers and professionals. All members expressed concern that equal representation of their respective professions was paramount to the success of any merger. One organization's proposal included two hearing aid specialists, two speech-language pathologists, two audiologists, one otolaryngologist, and two citizen members.

One suggestion discussed was the possible creation of a subcommittee of hearing aid specialists instead of granting them full authority on the Board. This measure was cited as a model from the State of Tennessee and it was suggested that it was effectively being used in that state. Strong opposition from the hearing aid representatives tabled further discussion.

In addressing a possible board merger, the advisory committee examined the disciplinary caseloads of both boards. Members of the committee expressed a concern about the blurring of professions in the mind of the average consumer. It was suggested that the consumer is very confused about who adequately provides the best services to the hearing impaired. Some members of the committee believed that the board merger would undoubtedly confuse the public further. Also, the board merger was viewed by some as possibly relaxing the requirements for hearing aid specialists; therefore reducing consumer protection. The end result, some members thought, would be an increase in the number of complaints.

In opposition to those thoughts, the majority of the advisory committee saw a board merger as an opportunity to better educate and enhance the knowledge of the general public about the services provided to individuals with communicative disorders. With the increased awareness by the public, one might expect a continued reduction in the number of disciplinary cases.

The advisory committee expected that a board merger could have a modest impact on the maximum employment level for the Department of Health Professions because of the low number of current licensees of the Board of Hearing Aid Specialists. While the professions of audiology and speech-language pathology now have the services of an Executive Director, the same position could administer the merged board.

**Conclusion and Recommendation by the Department of Health Professions and
the Department of Professional and Occupational Regulation**

It appears that with the strong disagreement among the licensees of the three professions - hearing aid specialists, audiologists and speech pathologists - that the merging the boards at this time would not enhance the current service delivery system to the citizens of Virginia. To provide the opportunity for both boards to explore the advantages for a merger in the future, the Department of Health Professions and the Department of Professional and Occupational Regulation recommends the following:

Creation of a liaison relationship between the Board of Audiology and Speech Pathology and the Board for Hearing Aid Specialists through the establishment of an ex-officio member position on each of the two boards, respectively. Each ex-officio member shall be appointed by the membership of his board and shall represent his board at all meetings of the other board.

Should the Virginia General Assembly deem this a worthwhile proposal, it is further recommended that the two ex-officio member positions be established by statute in the composition of each of the two boards and that the two departments be charged with the responsibility of reporting the outcome of this liaison relationship and recommendations regarding the merging the two boards to the 2003 Virginia General Assembly.

The liaisons could better educate each board regarding board matters and common concerns, scopes of practice and technological advances in each profession. As a result the boards would be better able to share information to better educate those with hearing impairments and the members of their families.

One concern raised by some of the advisory committee members pertained to the blurring of lines between the professions of audiology and hearing aid specialists. With the merger of the boards there could be greater confusion to the public regarding the education and training of both professionals.

The liaison relations would enhance and foster greater understanding between the professions and dispel protectionist ideals of each profession. A better understanding and appreciation of each of the professions is greatly needed in better educating the consumer. A suggestion of joint publications and educational programs to children, parents, and the aged population was deemed by the Committee to benefit all that are hearing impaired and in need of services. In any event, by working together, the two Boards may revisit the possibility of merger in two years. By that time, many unresolved issues may be addressed for the betterment of the citizens of the Commonwealth.

For these reasons, it is the recommendation of the Department of Health Professions and the Department of Professional and Occupational Regulation that the Boards be tasked with the responsibility of exploring the advantages of a merger through the recommended liaison relationship between the two boards during the next two years.

Appendix 1

HOUSE JOINT RESOLUTION NO. 669

Requesting the Department of Health Professions and the Department of Professional and Occupational Regulation, with the assistance of the Speech-Language-Hearing Association of Virginia, the Virginia Association of Hearing Aid Specialists, Inc., and interested consumers, to study the advisability of merging the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists.

Agreed to by the House of Delegates, February 23, 1999

Agreed to by the Senate, February 18, 1999

WHEREAS, many citizens of the Commonwealth are afflicted with speech and hearing problems; and

WHEREAS, consumers with these problems visit speech pathologists, audiologists, and hearing aid specialists; and

WHEREAS, audiologists and speech pathologists are licensed and regulated by a board in the Department of Health Professions, and hearing aid specialists are licensed and regulated by a separate board in the Department of Professional and Occupational Regulation; and

WHEREAS, audiologists who dispense hearing aids must be licensed by both boards; and

WHEREAS, a consumer with a complaint about audiology or hearing aid services may be confused as to where to file that complaint; and

WHEREAS, several other states have resolved problems of lack of coordination in the regulation of audiologists and hearing aid specialists by creating a combined board; and

WHEREAS, it may be in the best interests of the Commonwealth's consumers to have both of these boards combined so that such regulations and the enforcement of those regulations are in one place, making it easier for consumers to communicate their concerns to the appropriate board; and

WHEREAS, such a merger may result in governmental efficiency in the regulation of those who provide services to people with speech and hearing problems; and

WHEREAS, the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists met over the past year to develop a proposal for merging the boards; and

WHEREAS, the boards were unable to develop a proposal that was satisfactory to both boards and the organizations of professionals regulated by the boards; and

WHEREAS, representatives of the Speech-Language-Hearing Association of Virginia and the Virginia Association of Hearing Aid Specialists, Inc., met once to discuss possible merger proposals; and

WHEREAS, the two associations agreed that there are mutual areas of concern that may be resolved through a merger of the two boards; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Health Professions and the Department of Professional and Occupational Regulation, with assistance from the Speech-Language-Hearing Association of Virginia, the Virginia Association for Hearing Aid Specialists, Inc., and interested consumers, be requested to study the advisability of merging the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists. All participants shall consider the advantages to the consumers of Virginia and the concerns of the professionals regulated by the two boards and the representatives of their professional associations.

All agencies of the Commonwealth shall provide assistance to the Departments for this study, upon request.

The Departments shall complete their work in time to submit their findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

SENATE JOINT RESOLUTION NO. 362

Requesting the Department of Health Professions and the Department of Professional and Occupational Regulation, with the assistance of the Speech-Language-Hearing Association of Virginia, the Virginia Association of Hearing Aid Specialists, Inc., and interested consumers, to study the advisability of merging the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists.

Agreed to by the Senate, February 9, 1999

Agreed to by the House of Delegates, February 18, 1999

WHEREAS, many citizens of the Commonwealth are afflicted with speech and hearing problems; and

WHEREAS, consumers with these problems visit speech pathologists, audiologists, and hearing aid specialists; and

WHEREAS, audiologists and speech pathologists are licensed and regulated by a board in the Department of Health Professions, and hearing aid specialists are licensed and regulated by a separate board within the Department of Professional and Occupational Regulation; and

WHEREAS, audiologists who dispense hearing aids must be licensed by both boards; and

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WHEREAS, several other states have resolved problems with lack of coordination in the regulation of audiologists and hearing aid specialists by creating a combined board; and

WHEREAS, it may be in the best interests of the Commonwealth's consumers to have both of these boards combined so that such regulations and the enforcement of those regulations are in one place, making it easier for consumers to communicate their concerns to the appropriate board; and

WHEREAS, such a merger may also result in governmental efficiency in the regulation of those who provide services to people with speech and hearing problems; and

WHEREAS, the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists met over the past year to develop a proposal to merge the boards; and

WHEREAS, the boards were unable to develop a proposal that was satisfactory to both boards and the organizations of professionals regulated by the boards; and

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RESOLVED by the Senate, the House of Delegates concurring, That the Department of Health Professions and the Department of Professional and Occupational Regulation, with assistance from the Speech-Language-Hearing Association of Virginia, the Virginia Association for Hearing Aid Specialists, Inc., and interested consumers, be requested to study the advisability of merging the Board of Audiology and Speech-Language Pathology and the Board for Hearing Aid Specialists. All participants shall consider the advantages to the consumers of Virginia and the concerns of the professionals regulated by the two boards and the representatives of their professional associations.

All agencies of the Commonwealth shall provide assistance to the departments for this study, upon request.

The Department of Health Professions and the Department of Professional and Occupational Regulation shall complete their work in time to submit their findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX 2

WHAT ARE THE PUBLIC HEARING COMMENTS ON THE MERGER?

1. Merger would create confusion among the consumers that the respect boards protect.
2. Merging the Hearing Aid Specialists Board into the Board of Health Professions into the Board of Audiology and Speech-Language Pathology?
3. There is little overlap in the responsibilities of the respective boards and therefore merger does not make sense.
4. Provide for the speech pathologists to be regulated as a single entity and place the audiologists and hearing aid specialists together in a single board.
5. The two respective boards have little in common relative to the educational level and professional practice; i.e., there would be the mixing of regulations to govern professional and non-professional practice into a single board.
6. A monopoly would be created if merger took place.
7. Audiologists should be allowed to dispense hearing aids under the existing audiologist license.
8. There is no relationship between what the hearing aid specialist and the speech pathologists do.
9. The hearing aid dealers are not trained enough to be part of the same board that regulates speech-language pathologists.
10. Do not merge the boards.
11. Boards are not comparable in terms of representing professionals with equal qualifications.
12. The current boards protect the Commonwealth's patients/consumers by allowing a separate review of both the medical qualifications and the business process of individuals involved with fitting hearing aids.
13. Having the audiologists and speech-language pathologists licensed by both boards is positive; otolaryngologist are licensed by two boards and this is appropriate.

14. The merged boards must have equal representation from the professions now being regulated by each.
15. Consumers must continue to be represented on any merged board.
16. Hearing aid specialists are retailers and come from a different orientation from the audiologists and speech-language pathologists.
17. There is no consumer advantage to merging the boards.
18. Merge the hearing aid dealers with the opticians.
19. Continue the separate boards because it has worked well for years.
20. The merger of the boards is the agenda of the audiologist.
21. Maintain a hearing aid dealers board.
22. Permit audiologists to disperse under their license.
23. Consumers should be made aware of what the hearing aid specialists, the speech pathologists, audiologists and the hearing aid dealers do and what the requirements are for each.
24. It is inappropriate for hearing aid dispensers to oversee issues pertaining to speech and language disorders and audiology issues other than hearing aid dispensing.
25. It is important for a board to regulate the professional competence of the audiologists and that board must be made up of individuals that understand the importance of medical function.
26. How will the monies be distributed within a merged board to address the issues of the entities being regulated if most of the fees are generated by one of the entities (the speech pathologists).
27. Is merging the boards the answer if the question is should the audiologists take the hearing dealers exam?
28. Giving equal representation to a second component of the hearing world is not fair to the large number of licensed speech-language pathologists-who in reality are the bread and butter of the current license board.
29. Mixing the professions under the same board would be like having nurse aids and physicians regulated by the same board.

30. The hearing aid specialists, the audiologists and the speech pathologists should continue to be licensed.
31. Audiologists should be allowed to dispense hearing aids.
32. The model for merger should be subject to public hearing to allow for comment.
33. Merged board should be under the Department of Health Professions.
34. The voting professional members of the merged board should be composed only of 3 audiologists, 3 speech-language pathologists and 1 otolaryngology physician; the two citizen members could be from any occupation including possibility that of the hearing aid specialist.
35. There should be a hearing aid dispensing sub-committee of the Board charged with developing and regulating all hearing aid dispensing activities and there would be specific duties that this sub-committee should have.
36. There will be no government efficiency from the merged boards.
37. The higher costs of regulating the hearing aid dealers will be passed on to those who need a license to practice as speech-language pathologists.
38. The merged board would cost more and would require more administrative workers.
39. The merger model in Wisconsin has failed.

MOST FREQUENT PUBLIC HEARING COMMENTS

1. The boards should not be merged.
2. Consumers would be confused.
3. Mixing the regulations for professionals and non-professionals into a single board is inappropriate.
4. There would be no balance in terms of representation as there are more speech pathologists than there are other entities and all the issues would then focus on this profession.
5. The fees associated with the license would increase.

7. There are no precedents.
8. There should be public comment on the model for merger.
9. Maintaining status quo is important because both boards now work.
10. The efficiencies of a merged board are unknown.
11. The preponderance of the comments received oppose merger.
12. The only persons capable of regulating the professionals are other professionals.
13. There are no successful models of merger in other states.

ROSTER OF INDIVIDUALS/ORGANIZATIONS OFFERING COMMENTS ON MERGER OF BOARDS

1. Jeff Rinehart - Hearing Instrument Specialist and member of Board of Hearing Aid Specialists - supports moving entire Board of Hearing Aid Specialists under the Health Professions board and keeping it separate from Board of Audiology and Speech Language Pathology.
2. A.L. Roper, II M.D. Otolaryngologist opposes merger.
3. Heinz Scheidermandel M.D. opposes merger.
4. Mavis W. Garrett, M.Ed., CCC-A against merger.
5. Cameron A. Kress Gillespie, MD. President of The Gillespie Clinic, INC against merger.
6. Asa R. Talbot, M.D. Otolaryngologist against merger.
7. Harold C. Pillsbury III, MD. President, American Academy of Otolaryngology - Head and Neck Surgery against merger.
8. John T. Kalafsky, M.D., F.A.C.S. Otolaryngologist and member of American Academy of Otolaryngology - Head and Neck Surgery - opposes merger.
9. Nicholas W. Bankson, Ph.D. Professor and Head of Department of Communication Sciences and Disorders at JMU - opposes merger.
10. Elizabeth R. Higgins - Vice President of Governmental and Professional Affairs of the Speech-Language-Hearing Association of Virginia expresses concern over merger and seems not to support it.
11. Hugh P. Scott, D.O. Otolaryngologist opposed to merger.
12. James C. Denny, III, MD - Chair, Coalition on Hearing and Balance opposes merger.

13. Martin L. Ledhardt, Ph.D., Au.D. Licensed Audiologist and Speech Language Pathologist in Virginia opposed to merger.
14. Laurence R. O'Halloran, M.D. Otolaryngology - Head and Neck Surgery opposed to merger.
15. Kim C. Bryant, M.Ed. And Douglas F. Bryant, Ph.D., Audiologists opposed to merger.
16. Lillian E. Beasley, M. Ed., CCC-A, Audiologist opposed to merger.
17. William J. Dichtel, M.D. Otolaryngologist opposed to merger.
18. Antonio J. Cachay, M.D. Otolaryngologist opposed to merger.
19. Mescsup (can't read handwriting) from Riverside Rehabilitation Institute opposed to merger.
20. Michael A. Stamm, M.D. Otolaryngologist opposed to merger.
21. Danny w. Gnewikow, Ph.D. Audiologist, CCC Hearing Aid Dispenser supports the merger only if 7 conditions are met regarding the merger. If the merger cannot reach a compromise which includes all 7 of his issues, he would be strongly opposed to the merger. ***see other sheet for 7 issues.
22. Robert S. Bahadori, M.D. Otolaryngologist opposed to merger.
23. David H. Narburgh, M.Ed., CCC Speech-language pathologist opposed to merger.
24. Kurt Y. Chen, M.D. Otolaryngologist opposed to merger.
25. Eugenia M.G. Gray, M.D. Otolaryngologist opposed to merger.
26. Hugh P. Scott, D.O., F.O.C.O. Otolaryngologist opposed to merger.
27. Woodford A. Beach, M.S., CCC/SP Senior Speech-Language Pathologist opposed to merger.
28. Henry C. Hecker, V.P. of Audiology SHAV (Speech-Language-Hearing Association of Virginia) opposed to merger.
29. Jeffry P. Powell, M.D., D.D.S., F.A.C.S. Otolaryngologist opposed to merger.
30. Sarah Peters professor at VCU and representing the legislative committee for SHAV we need further study to determine impact of merger.
31. Frank Butts Audiologist and Chairman of the Board of Examiners for Hearing Aid Specialist need more time to study various options.
32. Sarah Wyatt Audiologist licensed by the Board for Speech and Speech Pathology and Audiology and the Hearing Aid Dispenser's Board says the organizations should work together to come up with a solution that benefits everyone.

33. Bruce Wagner president of Wagner Hearing Aid Service, Audiologist and Hearing Aid dispenser supports the merger of the two boards.
34. Renae M. Arnn, M.S., CCC-SLP licensed speech pathologist agrees with SHAV merger proposal.
35. Gayle H. Daly Speech-Language Pathologist agrees with SHAV merger proposal.
36. Katherine F. Schetz, Ed.D, CCC-SLP Speech-Language Pathologist agrees with SHAV merger proposal
37. Mavis W. Garrett, M.Ed., CCC-A Audiologist opposed to merger.
38. Elizabeth L. Dalton, M.S., CCC Speech Language Pathologist supports SHAV proposal
39. Gail Brook Boster, M.A. CCC-SLP Speech-Language Pathologist oppose merger. Supports SHAV proposal.
40. Patricia A. Swan, M.S., CCC-SLP supports SHAV's position in the merger. Urges the board not to allow the merger under current conditions.
41. Hollee Deane Supports SHAV position and wants to add one more SLP and 1 more AUD totaling 6 professionals and 5 nonprofessionals.
42. Deborah S. Hamilton opposes merger
43. Laura M. Becker MS CCC-SLP opposes merger
44. Carol T. Edmiston opposes merger
45. Catherine Rumley would like more time to study the issue
46. Lynn Blachman, M.Ed., MBA, CCC-SLP opposes merger.
47. Terri Ramsey opposes merger
48. Ralph H. Stoudt, Jr opposes merger
49. Pamala D. Mize MS CCC-A Audiologist opposes merger
50. Selwa Fiskus opposes merger
51. Mary Mason Basemore opposes merger
52. Claudia White, MS, CCC-SLP opposes merger
53. Marcia A. Fausset opposes merger
54. Susan Hausborough, Audiologist and HAS opposes merger

55. Opposes merger until has more time to review and discuss the complex ramifications of the merger
56. Teresa Goldman Coble would like more time to study the issue
57. Risa Levine, MS CCC/SLP opposes merger
58. Aditi E. Silverstein, MA, CCC-SLP opposes merger
59. Sandy Burkes-Campbell M.S. CCC-A Audiologist delay action on merging
60. David C. Chin supports merger to eliminate bureaucracy and unnecessary licensure.

OPINIONS EXPRESSED ABOUT THE MERGER

1. **Jeff Rinehart - Hearing Instrument Specialist and member of Board of Hearing Aid Specialists - supports moving entire Board of Hearing Aid Specialists under the Health Professions board and keeping it separate from Board of Audiology and Speech Language Pathology.**

Advantages of merger - US Government has moved hearing aid dispensing services to health professions category so merger will align Virginia with national designation. A move to the Health Professions board would allow continuing education to be added as a requirement for all licensed hearing professionals. Keeping all dispensers of hearing devices under one regulating system will be more efficient and less confusing. Combining under one licensing authority will foster uniformity in the delivery process and will foster greater understanding and better conformity of dispensing audiologists to the rules and regulations in place.

Disadvantages of merger - Speech pathologists have little need to be grouped with hearing aid dispenser. Audiologists who do not dispense hearing aids will have same problems with hearing aid dealers being part of their board that speech pathologists will have. Health professions department would require re-structuring of duties to handle increased work-load that would result from merger.

Proposal - move the current hearing aid dealers board in it's entirety (with current board members) to health profession keeping all the current regulations as they now stand. Allow both boards to continue to function under the umbrella of health professions. Adjust the work load at health professions as necessary and work out details regarding representation and make-up of hearing aid dealer's board in near future.

2. **Eddie Ledford Board Certified Hearing Instrument Specialist and immediate past president of VA Society of Hearing Aid Specialists. - Supports allowing Speech Pathologists to stand alone as one entity and sliding the Audiologists over to be exclusively regulated by Board for Hearing Aid Specialists and put them all in whichever department can handle them the most effectively.**

Areas of concern - If merger occurs, the hearing aid licensing laws, rules, and regulations, must remain unchanged and intact. The merger should leave the "Scope of Practice" of each

group unchanged. The makeup of any proposed board must include equal representation of each group. Each and every person dispensing hearing aids must be tested to demonstrate proof of competency (no exceptions).

The merger makes sense for the efficient administration of government. It has the potential to improve public policy coordination among the three professional groups that are intertwined in direct service delivery and care giving. It could also make it easier to educate hearing impaired clients and patients about how the Commonwealth oversees the professional who serve them. Proposals : 1) change the name of the Board to the Board of Hearing and Speech. 2) change the definitions of “practice of audiology” and “practice of speech-language pathology” to clarify that these practices do not inherently include fitting or dispensing hearing aids 3) modify the definition of “practice of fitting or dispensing hearing aids” to achieve parallel construction with the definitions of the practice of the other two professions 4) create a Board membership that includes two of each professional 5) eliminate the requirement that an audiologist, who is eligible for licensure as a hearing aid specialist, hold two separate licenses. Two licenses are unnecessary under a merged Board when qualifications for licensure and complaints all fall in the jurisdiction of the same board. 6) retain the requirement for testing for licensure as a hearing aid specialist or audiologist who is qualified to fit and dispense hearing aids. This is necessary to protect the public because fitting and dispensing hearing aids requires manual dexterity that can only be determined through a practical test. Until there is evidence that licensure as an audiologist alone demonstrates competence in fitting and dispensing hearing aids, a Virginia test should be required. 7) eliminate any requirement for emergency regulations.

3. A.L. Roper, II M.D. Otolaryngologist opposes merger.

Strongly opposes proposed merging of Board of Otology and Speech Pathology with the Board of Hearing Aid Specialists. The constituents of two boards have only slight overlap numerically and even less overlap in terms of educational level and professional practice.

4. Heinz Scheidermandel M.D. Otolaryngologist opposes merger.

Strongly opposes the merger of Board of Audiology with Board of Hearing Aid specialists. There is risk of a monopoly being created

5. Mavis W. Garrett, M.Ed., CCC-A Audiologist and licensed hearing aid dealer against merger.

Licensed member of both and against merger. What input could a hearing aid dealer without any background or education in speech pathology give that would be of benefit to Speech Pathologists? As an Audiologist, doesn't like idea that hearing aid dealers would fall under auspices of Health **Professions!** Does feel it is necessary to license all three groups but does not feel they should be allowed equal input. Audiologists should be allowed to dispense under the Audiology license and not required to obtain both licenses. Audiologists have the education which is more than adequate to allow them to dispense hearing aids.

6. Cameron A. Kress Gillespie, MD - President, The Gillespie Clinic, INC Otolaryngologist

Although the merger may seem simpler and more efficient, this may not be of any advantage if the resulting body is unrepresentative of the professional interests of one of the affected professions, the Otolaryngologists; monarchies and oligarchies are also simple and efficient, as well as flawed, arbitrary, and unfair at times. The resolutions state that Audiologists (regulated by the American Board of Audiology) and Speech Language Pathologists (regulated by the American Board of Speech and Language Pathology) must be licensed by their own Boards plus that of the Board of Hearing Aid Specialists, just as otolaryngologists are regulated by the American Board of Otolaryngology and by the Board of Hearing Aid Specialists.

With a merger, audiologists, indirect business competition with otolaryngologists, will regulate the hearing aid prescriptive privileges of Otolaryngologists! It is unfair and unwise, harming otolaryngologists and consumers placing one group, the Audiologists, in full control. This would cause an unfair, disruptive, and monopolistic field of competition.

7. **Asa R. Talbot, M.D. Otolaryngologist opposes merger**
Otolaryngologists are certified by two boards: the American Board of Otolaryngology and the Board of Hearing Aid Specialists as outlined in the State Code of Virginia. This in the best interest of consumers in that one board reviews the medical qualifications and the other the business aspect of how those fit hearing aids conduct themselves. The makeup of the two state boards are so constituted as to fairly represent the groups they review and the personnel who answer to them and I support this structure. Audiologists and Speech-Language Pathologists are an extensively trained and screened profession. The Hearing Aid Specialists are not truly professional and have variable degrees of training and expertise as well as lacking in the background and knowledge it has taken us years to acquire. For Audiologists to review purveyors of merchandise would be a waste of time and for Hearing Aid Specialists to review the former would be inappropriate. Who will be represented on the merged Board, and will one Board absorb the other and, if so, which one?
8. **Harold C. Pillsbury III, MD. President, American Academy of Otolaryngology - Head and Neck Surgery against merger.**
Otolaryngologists are certified by American Board of Otolaryngology and Board of Hearing Aid Specialists and this is in the best interest of consumers. The current board structure adequately protects patient/consumers by separately reviewing the medical qualifications and business aspect of how those who fit hearing aids conduct themselves.

We support the current structure of both boards as their makeup fairly monitors both specialties. What specialties will be represented on the merged Board? Will one board absorb the other (an if so, which one)?
9. **John T. Kalafsky, M.D., F.A.C.S. Otolaryngologist and member of American Academy of Otolaryngology - Head and Neck Surgery - opposes merger.**
Says same as Harold C. Pillsbury.
10. **Nicholas W. Bankson, Ph.D. Professor and Head of Department of Communication Sciences and Disorders at JMU - opposes merger.**

Opposes merger. The two boards are not comparable in terms of representing professionals with equal qualification. No college education is required to be a Hearing Aid Specialist, however a graduate degree is required in the other areas. This is like putting nurses aides and physicians under the same licensure board in terms of comparability of educational preparation. Giving equal representation to a second component of the hearing world is not fair to the large number of licensed speech-lanugage pathologists. The board is thus, in spite of the difference between audiology and hearing aid dealers, distributed with 2/3 representing hearing, not speech. This is neither fair nor wise. If the issue that has created this matter relates to whether audiologists should take the hearing aid dealers exam, could not that in fact occur without the boards being combined?

11. Elizabeth R. Higgins - Vice President of Governmental and Professional Affairs of the Speech-Language-Hearing Association of Virginia expresses concern over merger and seems not to support it.

There is likely to be consumer confusion should a hearing aid specialist display a license from BASLP. The public will be led to believe that hearing aid specialists have the same professional, ethical, and educational standards as professionals with masters and/or doctoral degrees. HAS are vendors with minimum licensure requirement (high school diploma or GED and passage of exam on fitting and dispensing of hearing aids). ASHA members are held to common code of ethics and ASHA provides a mechanism for the professional to monitor itself and to investigate those members not adhering to the doe. HAS have no comparable mechanism. The licensees of BASLP include speech-language pathologists who out number audiologists. At present there are a number of issues that take up a large amount of the board's time. In speaking with several boards who have merged, two comment on the fact that HAS issues tend to dominate their time, with disciplinary action and credentialing being 2 main topics. Should the BHAS and BASLP merge, the potential for an imbalance in addressing all licensee issues (especially those of the majority) need to be considered.

****Other issues to be considered: distribution of board funds - will the monies from the majority of licensees (speech pathologists) be used for issues of the minority?; and the licensee representation on the board - will the licensees be proportionally represented? Many of these issues are very important to the speech-language pathologists which make up the majority of BASLP licensees.

12. Hugh P. Scott, D.O. Otolaryngologist opposed to merger.

The current board structure is made up of otolaryngologists, speech-language pathologists, licensed hearing-aid specialists. As a Board-certified otolaryngologist, it would be inappropriate for me to be subordinate to the Board of Audiology. The resolutions do not address the makeup of the merged board, nor do they make it clear whether one current board will absorb the other or if both existing board would be dissolved. What agency will govern the actions of the merged board. The current board structure protects patients/consumers by allowing a separate review of both the medical qualifications and the business of individuals involved with fitting hearing aids.

13. James C. Denny, III, MD - Chair, Coalition on Hearing and Balance opposes merger.

Current board structure adequately protects patient/consumers by separately reviewing the medical qualifications and the business aspect of how those who fit hearing aids conduct

themselves. We support the current structure of both boards as their makeup fairly monitors both specialities. What specialities will be represented on the merged Board? Will one board absorb the other (and if so, which one)? What agency will regulate and govern its actions?

14. Martin L. Lenhardt, Ph.D., Au.D. Licensed Audiologist and Speech Language Pathologist in Virginia opposed to merger.

The integration of a small and dwindling group of retailers with graduate trained professionals will result in frequent conflicts in a merged board because of clear differences in orientation and self-interest. Retailers are retailers and health professionals are professionals. These differences will make interaction difficult especially in areas hearing aid dealers have no background in i.e. the practice of speech/language pathology. There is no commonality between the practice of speech/language pathology and hearing aid dealing. If the merger continues only a proportional representation can insure consumer interests in speech language pathology will be held to the unbiased standards initially proclaimed in establishing the board. Hearing aid dealers are not unbiased citizens either by the very nature of the retailing self-interest.

***If a reduction in the number of boards is an unwavering policy then merge the hearing aid dealers with a related group of retailers, the opticians.

15. Laurence R. O'Halloran, M.D. Otolaryngology - Head and Neck Surgery opposed to merger.

Oppose merger. The Board for Hearing Aid Specialists certifies audiologists, hearing aid dealers and physicians (otolaryngologists) who dispense hearing aids. As physicians licensed by the Board of Medicine otolaryngologists cannot and should not be under the regulation of the Board of Audiology. The current arrangement has worked well for many years and I strongly advocate that the status quo remain unchanged.

16. Kim C. Bryant, M.Ed. And Douglas F. Bryant, Ph.D., Audiologists opposed to merger.

Would like current licensing procedures to remain the status quo. There are a few audiologists in the state who would like to believe that they speak for the majority when they say that we do not want separate licensure, and that, instead, the audiology license should automatically include hearing aid dispensing. While we agree that our education and training best qualifies us for both, there are pitfalls to making any drastic changes as currently proposed. Other than the current standard, we see only 2 other possibilities for licensing: the merging of the boards; or the permitting of audiologists to dispense under their license, and then maintaining a separate hearing aid dealers board. We believe that either choice would severely undermine the care of the consumer.

In the first scenario, consumers would be led to believe that the two professions are one and the same and diminishes the distinction between the education and extensive training of audiologists from the high school requirement of the hearing aid dealer. *In the second scenario, if the audiologist is able to dispense under the audiology license, if the hearing aid dealer's board remains a totally separate entity, there would be no reason for an audiologist to be on that board. The presence of the audiologist on the board ensures that an applicant, with a high school diploma only, has some semblance of training to meet the basic needs of the consumer.

17. Lillian E. Beasley, M. Ed., CCC-A, Audiologist opposed to merger

I am an audiologist licensed by both boards and feel that merging the boards is unwise and not in the best interest of the consumer. I am concerned that the merger will blur the lines of certification and education between the audiologist and hearing aid dispenser. The two practices are very different. While I dispense hearing aids, as does the hearing aid specialist, I perform other tests and procedures the dispenser is not trained or licensed to do. It is important that the consumer understand the difference between diagnostic audiology and hearing aid dispensing and this would be impossible if the consumer is not aware of the distinction of the two professions.

The functions of the boards are very different too. The BASLP oversees audiologists and speech pathologists. Hearing aid specialists have no education in speech and language disorders and will bring no expertise to the board that is not already there. It is inappropriate for hearing aid dispensers to oversee issues pertaining to speech and language disorders and audiology issues other than hearing aid dispensing.

18. William J. Dichtel, M.D. Otolaryngologist opposed to merger.

Concerned that public will not be able to distinguish between hearing aid specialists and audiologists because they will be governed by the same board. Two boards have important functions. One regulates the dispensing of hearing aids by hearing aid dispensers, audiologists, and otolaryngologists, an exceedingly important function. The other board oversees the professional competence of Ph.D., Au.D. and Masters level audiologists. This is a completely different function and directly impacts on patient medical care. That board function should be overseen by a board of audiologists and otolaryngologists but not by professionals who dispense hearing aids but do not have a medical function.

19. Antonio J. Cachay, M.D. Otolaryngologist opposed to merger.

Otolaryngologists cannot be under the reg The Board of Hearing Aid Specialists should remain unchanged.

20. Mescsup (can't read handwriting) from Riverside Rehabilitation Institute opposed to merger.

Hearing aid dealer without background of education in Speech Language Pathology can't successfully provide input that would benefit our consumers or the profession. They should not come under auspices of Health professions because of their limited training. Hearing aid dispensers should not have equal input into decisions that effect Audiology and Speech-Language Pathology. Audiologists should be allowed to dispense hearing aids and not be required to obtain both licenses because they have the education and training which is more than adequate to allow them to dispense hearing aids.

21. Michael A. Stamm, M.D. Otolaryngologist opposed to merger.

Current board structure adequately protect the patient/consumers by separately reviewing the medical qualifications and the business aspect of how those who fit hearing aids conduct themselves. What specialities will be represented on the merged Board? Will one current

board absorb the other (and if so which one)? What agency will regulate and govern its actions?

22. Gnewikow, Danny, Ph.D. Audiologist, CCC Hearing Aid Dispenser supports the merger only if 7 conditions are met regarding the merger.

If the merger cannot reach a compromise which includes all 7 of his issues, he would be strongly opposed to the merger.

- 1) The merged Board should be under the Department of Health Professions
- 2) If there should be an agreement to merge the Boards, then after a preliminary model of this Board is established, there should be a period of public comment again for all licensees to suggest any needed modifications to this model prior to finalizing
- 3) The voting professional members of the Board should be composed of only 3 audiologists, 3 speech-language pathologists, and 1 otolaryngology physician. The 2 citizen members could then be from any occupation including possibly that of hearing aid specialist.
- 4) There should be a Hearing Aid Dispensing Sub-committee of the Board which is specifically charged with developing and regulating all hearing aid dispensing activities; and such sub-committee should be responsible directly to the Board.
- 5) This proposed Hearing Aid Dispensing Sub-committee should be composed of both dispensing audiologists and no-audiologists hearing aid specialists, each of whom should have dispensed for at least 3 years prior to appointment.
- 6) The licenses that such merged Board would issue would be as follows:
 - a. Speech-Language Pathology license
 - b. Audiology license
 - c. Audiology license with Dispensing (with an additional license fee for dispensing)
 - d. Hearing Aid Specialist license
- 7) A hearing aid specialist examination would be given only to:
 - a. All first time or lapsed-licensed non-audiologists hearing aid specialists (not currently licensed hearing aid specialists)
 - b. All audiologists having graduated with a degree in audiology prior to 1990 and who do not hold a current hearing aid specialist license.

23. Robert S. Bahadori, M.D. Otolaryngologist opposed to merger.

Current board structure adequately protect the patient/consumers by separately reviewing the medical qualifications and the business aspect of how those who fit hearing aids conduct themselves. What specialities will be represented on the merged Board? Will one current board absorb the other (and if so which one)? What agency will regulate and govern its actions?

24. David H. Narburgh, M.Ed., CCC Speech-language pathologist opposed to merger.

Merger not in best interest of any parties involved or consumers. While audiologists who dispense hearing aids share that aspect of their practice with hearing aid specialists, speech-language pathologists share no aspect of their practice or professional qualifications with hearing aid specialists. Speech-language pathologists and audiologists train together in communication disorders and study both fields to some extent. An audiologist's graduate training program includes both academic study and supervised clinical training in speech-

language pathology. Speech-language pathologists study and engage in supervised clinical practice of diagnostic audiology, but they have little if any formal exposure to hearing aids. Hearing aid Specialists are not required to complete any study or training in speech-language pathology. It is possible that all the audiologists serving on a merged board could be hearing aid dispensers. That could skewer the board toward the interests of hearing aid dispensers and give speech-language pathologists a diminished voice on their own board. A board merger would blur the distinction between the professions of audiology and hearing aid dispensing and because the educational requirements, clinical training and full scope of practice is so dramatically different, the distinction must be clear. I think it is evident that a hearing aid specialist who meets the minimal requirements for that license is not an audiologist, but an audiologist is by virtue of his/her training a hearing aid specialist. I sympathize with audiologists' desire to be able to practice the full scope of their profession under one license and I would support that goal but I don't believe a board merger is the proper means.

25. Kurt Y. Chen, M.D. Otolaryngologist opposed to merger.

The training of the two groups is different and a merger would cause confusion among consumers. Audiologists have a broader scope of practice and do more than dispense hearing aids. It is important that consumers understand the difference in credentials when seeking care.

26. Eugenia M.G. Gray, M.D. Otolaryngologist opposed to merger.

The current board structure protects patients by separately reviewing medical and business qualifications. Otolaryngologists should not be under the regulations of a board of audiology.

27. Hugh P. Scott, D.O., F.O.C.O. Otolaryngologist opposed to merger.

As an otolaryngologist it would be inappropriate for me to be subordinate to the Board of Audiology. Resolutions do not address make up of merged board, nor do they make it clear whether one current board will absorb the other, or if both existing boards will be dissolved. What agency will regulate the actions of the merged board? The current board structure protects patients and consumers.

28. Woodford A. Beach, M.S., CCC/SP Senior Speech-Language Pathologist opposed to merger.

There would be consumer confusion. One state which combined its boards found that the bulk of its financing directed to disciplining and training hearing aid vendors not the professional audiologists and speech pathologists. Thus the professional audiologists and speech pathologists were forced to subsidize the hearing aid dealers due to their ethical and educational lapses. Merger will create more problems. Other than cost shifting there will be no more government efficiency as a result of the merger. It is inappropriate to merge professionals with retailers. It is inconceivable that an un-degreed businessman might sit on a board regulating my discipline, sitting not as a consumer but as an equal with healthcare professionals. If the boards are merged can it be guaranteed that the higher costs required to regulate and discipline hearing aid dealers will not be passed on to me?

The only fair means to structure a merged board would be to have a sub-board of hearing-aid dispensers (dealers and audiologists who dispense) which would be self-supporting. Thus

speech pathologists would not support an activity which has nothing to do with us and professionals only would regulate professionals and dispensers would regulate dispensers. If merger is completed it would be crucial to have differing licenses which show the advanced training of audiologists and speech-pathologists so consumers know that just because one is licensed by a board of the Dept. Of Health professionals does not mean that he indeed is a professional.

29. Henry C. Hecker, V.P. of Audiology SHAV (Speech-Language-Hearing Association of Virginia) opposed to merger.

The proposed advantages of the merger : saving money, streamlining operation, better consumer protection, will not materialize. The merged board would cost more, need more administrative workers, and create more confusion regarding professional credentials. With equal representation on such merged Board it is difficult to imagine a Hearing Aid Dealer making decision on a Speech-Language Pathologist's scope of practice. This is similar with an LPN, who has some knowledge of healthcare taking equal opinion on physicians decision dealing with life and death situations. The only alternative that we at SHAV would be willing to consider is the proposal providing proper representation of all parties involved, taking into account their professional credentials and would not threaten the survival of the Hearing Aid Dealer's Board. If their representation as a sub group is not acceptable, we should keep the present system with one exception, that audiologists would not have to take the dealer's exam if they have graduated after 1990, but would have to pay for a separate license to dispense hearing aids. We strongly oppose any equal representation by hearing aid dealers on the Board of Audiology and Speech-Language Pathology.

30. Jeffrey P. Powell, M.D., D.D.S., F.A.C.S. Otolaryngologist opposed to merger.

Current board structure does adequately protect the consumers/patients by giving an impartial separate review of the medical qualifications required to be licensed by the boards and I feel it does address the financial and business aspects of hearing aid fittings.

31. Sarah Peters professor at VCU and representing the legislative committee for SHAV we need further study to determine impact of merger.

Integral concerns about putting the two Boards together and having the same kind of vision for the future that we need to have in the growth of the profession. All of those professionals trained as hearing aid dealers should be aware of the present needs in the educational setting and then participate in organizations to improve situations in school-aged hearing impaired children and youth. The Board composition of professionals must balance the need of all consumers and not bend to the political and economic constraints of state government for managed care. We need further study.

32. Frank Butts Audiologist and Chairman of the Board of Examiners for Hearing Aid Specialist need more time to study various options.

Combination of the two boards would simplify the administration of the similar functions and reduce costs to the taxpayers and licensees. Combining the Boards within the Department of Health Regulation promotes the reality that hearing aid dispensing is primarily a health issue and the practice of such would be improved by viewing it as a health profession, rather than a commercial enterprise. We propose that an audiologist who would dispense hearing aids have

specific course requirements and clinical experience that would be stated by this Board. This would protect the right of the licensee to obtain a license and protect the rights of universities to adopt whatever accreditation standards that they feel are appropriate, rather than mandated by this Board.

33. Sarah Wyatt Audiologist licensed by the Board for Speech and Speech Pathology and Audiology and the Hearing Aid Dispenser's Board says the organizations should work together to come up with a solution that benefits everyone.

Frank Butts asked how audiology ensured experience and practice patterns, well I want to know how does the Board for Hearing Aid Dispensing also ensure that for dispensers. The book does not state any specific standardized system for content materials in the form of classwork for someone who has no background whatsoever in the testing of hearing or anything to do with hearing aids. How do you know what a particular person is getting in their experience as a temporary permit holder with a sponsor. They only minimum standard is the test they take, that we also take. There also seems like there is a lot of room for flexibility from what they may or may not get in experience in a temporary situation. From the university standpoint, we very well prepare students for dispensing and fitting of hearing aids because they are very important in the practice of audiology. We feel like there's a minimum standard prepared better on paper at least, than what we can see with what's going on with hearing aid dispensers. We have no idea of knowing how much time the sponsor is with the temporary permit holder. We should also consider the representation of the hearing aid dispensers on the board or on a subcommittee. People say that they know nothing of audiology or speech pathology, neither do the citizen members that are on the Board.

34. Bruce Wagner president of Wagner Hearing Aid Service, Audiologist and Hearing Aid dispenser supports the merger of the two boards.

For many years I have listened to my audiologists and dispenser friends criticize each other. From my perspective, the vast majority are trying to help the public. There are a few bad apples in both groups. Although I support this merger, I see a few hazards. Each group is concerned that they could be out voted in their own Board. However, when these people are forced to work together, they begin to see each others point of view. Complaints with current proposal : why aren't hearing aid dispensers given equal representation on the merged board? The attitude that audiologists and speech pathologists are professionals, but hearing aid dispenser and ENTs are not is insulting and makes me embarrassed to be an audiologist. My other concern is over the audiologist's need to take the dispensing exam. I feel that only the most recently graduated audiologists should be exempt from taking the test. If this was not necessary, then all audiologists would pass the exam easily, which I understand is not the case.

35. Renae M. Arnn, M.S., CCC-SLP licensed speech pathologist agrees with SHAV merger proposal.

Agrees with SHAV merger proposal that Hearing Aid Specialists should not be voting members of a board that deals with speech-language pathology and audiology issues. It is inappropriate to think that unlicensed, untrained people could vote on issues pertaining to speech-language pathology and audiology.

36. Gayle H. Daly Speech-Language Pathologist agrees with SHAV merger proposal.

Supports the SHAV proposal that Hearing Aid Specialists should not have a voting seat on the Board of Audiology and Speech Pathology. They should not have voting rights on professional issues affecting speech-language pathologists and audiologists, since they do not have the training to make knowledgeable and appropriate decisions about the professional fields of speech pathology and audiology.

37. **Katherine F. Schetz, Ed.D, CCC-SLP Speech-Language Pathologist agrees with SHAV merger proposal**
Merge BASLP and BHAS under the Dept. Of Health Professions. There should be an 8 person Board with the following composition: 2 SLPs, 2 Audiologists, 1 ENT, 2 Consumers, and 1 HAS member, who would serve as a non-voting member, The HAS member could bring the concerns of other HAS members to the Board, but need not vote since this is within the scope of expertise of the 2 Audiologists on the Board. Voting on professional issues related to SLPs and Audiologists would also not be appropriate, since their training provides no expertise in issues relating to SLPs and few of those relating to Audiologists.
38. **Mavis W. Garrett, M.Ed., CCC-A Audiologist opposed to merger.**
What input could a hearing aid dealer without any background or education in speech pathology possibly give that would be of benefit to Speech Pathologists? As an Audiologists I don't like the idea the group would fall under the auspices of the Health Professions. I don't feel all 3 groups should be allowed equal input. Audiologists should be allowed to dispense under the Audiology license and not be required to obtain both licenses since we have the education and training that is more than adequate to allow us to dispense hearing aids.
39. **Elizabeth L. Dalton, M.S., CCC Speech Language Pathologist supports SHAV proposal**
I do support the SHAV proposal to have one non-voting member HAS who would be able to provide information and input regarding issues, yet would not be able to vote. Speech-language pathologists and audiologists must obtain a number of hours of clinical experience, have a masters, and pass the national American Speech-Language-Hearing Association exam to get a state license. Hearing aid dealers only need to have a licensed dealer vouch that the person has been trained and he must pass a hearing aid specialist test. Since hearing aid specialists would have a vested interest in the decisions of the board, they should either be required to meet the same qualifications as speech-pathologists and audiologists, or not be allowed to vote on issues which affect these professions.
40. **Gail Brook Boster, M.A. CCC-SLP Speech-Language Pathologist oppose merger. Supports SHAV proposal.**
Hearing aid specialists should not be voting members of the board because they don't have expertise in the professional practices of audiologists or speech-language pathologists. The merger would also confuse consumers because the licenses would look the same. I resent the presence of a non-professional member voting on issues which affect my profession. I would like to endorse the proposal by SHAV which would merge BASLP and BHAS under the Department of Health Professionals with the following composition: 8 person board with 7 voting members: 2 SLP, 2 AUD, 1 ENT, 2 consumers and 1 NON-VOTING member HAS. Audiologists could dispense under their own license.

41. **Patricia A. Swan, M.S., CCC-SLP supports SHAV's position in the merger. Urges the board not to allow the merger under current conditions.**
Name "Board of Hearing and Speech" does not denote inclusion of language therapists in the association. Speech-language pathology and audiology professionals are out number on their own board under the current merger proposal. Hearing aid specialists don't have the qualifications necessary to stand on the board with the professionals of speech-language pathology and audiology. Hearing aid "specialists" need not be a voting part of the board. I support SHAV's position in the merger.
42. **Hollee Deane Supports SHAV position and wants to add one more SLP and 1 more AUD totaling 6 professionals and 5 nonprofessionals.**
43. **Deborah S. Hamilton opposes merger**
44. **Laura M. Becker MS CCC-SLP opposes merger**
45. **Carol T. Edmiston opposes merger**
46. **Catherine Rumley would like more time to study the issue**
47. **Lynn Blachman, M.Ed., MBA, CCC-SLP opposes merger.**
The requirements for becoming an SLP or AUD are more extensive than becoming a HAS. The merger would make it difficult for consumers to distinguish between the two. HAS have no knowledge of SLP and should not have voting rights for that profession. Would the State consider merging the Board that licenses physicians with lab technicians and let them both display the same license and give the tech voting privileges on issues uniquely relevant to physicians.
48. **Terri Ramsey opposes merger**
49. **Ralph H. Stoudt, Jr opposes merger**
50. **Pamala D. Mize MS CCC- Audiologist opposes merger**
51. **Selwa Fiskus opposes merger**
52. **Mary Mason Basemore opposes merger**
53. **Claudia White, MS, CCC-SLP opposes merger**
54. **Marcia A. Fausset opposes merger**
55. **Susan Hausborough, Audiologist and HAS opposes merger**
56. **Opposes merger until has more time to review and discuss the complex ramifications of the merger**

57. **Teresa Goldman Coble would like more time to study the issue**
58. **Risa Levine, MS CCC/SLP opposes merger**
59. **Aditi E. Silverstein, MA, CCC-SLP opposes merger**
I am concerned about the effect this will have on the professionalism of Speech/Language Pathology and of Audiology
60. **Sandy Burkes-Campbell M.S. CCC-A Audiologist delay action on merging**
Inappropriate to put professionals and non-professionals on the same board. If HASs are dwindling in numbers a merger with opticians would be a more appropriate move. I support the board's proposal to allow audiologists to dispense hearing aids with an audiology license alone.
61. **David C. Chin supports merger to eliminate bureaucracy and unnecessary licensure.**
I am against: omitting definition for audiologists as in current legislation; failure to define what a hearing aid specialist is; allowing physicians to get a "free ride" as they know little about auditory system, hearing impairment, and proper fitting of hearing aids; makeup of proposed board membership because it underrepresented audiologists and SLPs (The board representation should be 5 AUD and SLP but no more than 3 of each, 1 physician, 1 HSA who is not an AUD or SLP, and 2 citizens); the proposed representation of the HAS committee. **I am for:** defining audiologists; defining HAS, requiring physicians to pass any written or practical exam like everyone else applying for licensure; alternate proposal for board membership which will be more fairly representative.

Summary Matrix – Boards of Audiology, Speech-Language Pathology, and Hearing Aid Dispensers

	Maryland	Delaware	Wisconsin
Name	Board of Examiners for Audiology, Hearing Aid Dispensers, and Speech-Language Pathologists	State Board of Examiners of Speech/Language Pathologists, Audiologists and Hearing Aid Dispensers	Hearing and Speech Examining Board
Licensing & Regulating	Licensing & Regulation of Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists	Licensing & Regulation of Audiologists, Hearing Aid Dispensers, Speech/Language Pathologists, also Auditory Aides and Speech/Language Pathologist Aides	Licensing & Regulation of Audiologists, Hearing Instrument Specialists, Speech-Language Pathologists
Date of Formation and Brief History	October 1, 1992 Proposed by hearing aid dealers following introduction of a bill to allow audiologists to dispense hearing aids under their audiology licenses.	January 30, 1986 (Rules & Regulations amended annually) A Sunset report to the legislature recommended that professions concerned with persons with communication disorders be regulated by the same board.	July 1, 1993 Legislative solution to accommodate the licensing of audiologists and speech-language pathologists.
State Agency Administration Structure	Department of Health and Mental Hygiene Division of Health Occupations Board of Examiners for Audiology, Hearing Aid Dispensers, and Speech-Language Pathologists	Department of Administrative Services Division of Professional Regulation Board of Examiners of Speech/Language Pathologists, Audiologists and Hearing Aid Dispensers	Department of Regulation and Licensing Bureau of Health Professionals Hearing and Speech Examining Board
Composition of the Board	13 members: (4-year terms-staggered) 3 audiologists 3 speech-language pathologists 3 hearing aid dispensers 2 physician- otolaryngologists 2 public members (may not be connected to the above professions)	9 members: 2 audiologists 2 speech/language pathologists 2 hearing aid dispensers 3 public members (may not be connected to the above professions)	10 members: 2 audiologists 2 speech-language pathologists 3 hearing instrument specialists 1 physician-otolaryngologist 2 public members (may not be members of any profession or occupation engaged in the delivery of physical or mental health care.)
Duties and Responsibilities	Adopt Rules & Regulations Adopt and Publish Code of Ethics Adopt an official seal Hold hearings and keep records Issue annual list of licensees Send required notices to individuals at last-known address Require periodic calibration of audiometric equipment Permitted to inspect facilities used by Hearing Aid dispensers. Create annually and administer an exam for Hearing aid dealers as specified in statute—both written and demonstration exams.	Review & Approve Licenses in each specialty Arrange and schedule examinations Establish, publish & promulgate rules & regulations for each specialty Establish, publish & promulgate continuing education requirements for each specialty. Establish and publish standards for electronic equipment used for measuring hearing and require written proof of annual calibration Refuse to license, suspend, or revoke licenses for "unprofessional conduct...likely to endanger the health, welfare or safety of the public" Answer complaints in thorough and timely fashion Statute specifies Hearing Procedures to be "informal, without Rules of Evidence, majority rules, decision to be made in writing, provides for appeal process."	Provide for licensing by examination Limit, suspend, or revoke licenses for cause. Foster the standards of education for its professions Provide temporary trainee permits Maintain list of licensees with current addresses Provide for licence renewal Provide for calibration of audiometric equipment as specified by rule. Provide rules for continuing education under departmental guidelines.
Staff	"in accord with budget"	Continuing Education Coordinator, Licensure Secretary are specified	Provided via budgeted positions from Department for Regulation and Licensing. Board has supervisory authority over personnel
Reporting requirements to the legislature		Unspecified in statute. Probably through the reporting of the Division of Professional Regulation or the oversight agency report.	Annual report implied in general duties of all examining boards. Collect data related to the registration of audiologists and speech-language pathologists and report to the chief clerk of each house in 1993, with recommendations on whether these groups should be licensed under this act.

Summary Matrix – Boards of Audiology, Speech-Language Pathology, and Hearing Aid Dispensers (page 2)

	Maryland	Delaware	Wisconsin
Subgroups of the Board	<p>Board uses ad hoc subcommittee structure for specific issues:</p> <ul style="list-style-type: none"> Cerumen management Hearing aid dealer regulations Code of Ethics Support Personnel <p>subgroups are neither named for prohibited in statute</p>	<p>not addressed in statute</p>	<p><u>Council on Speech-language Pathology and Audiology</u> (Advisory to the Board on issues of Code of Ethics, Discipline, etc.) 5 audiologists & 6 speech-language pathologists</p> <p><u>Rules Committee of the Board</u> (Reviews statutes & develops rules) All 4 professions represented</p> <p><u>Examination Committee of the Board</u> (Develops & administers the Hearing Aid Dealer's License Exam) audiologists and hearing aid dealers</p> <p>WI Administrative Code provides for an examining board to set up an "affiliated credentialing board" that is attached to it and charged with the regulating of professions that do not practice independently of the profession regulated by the examining board. This could permit aide credentialing without any further need of legislative involvement.</p>
Appointment process	By Governor from candidates submitted by identified professional organizations (physicians must be approved by Medical and Churigical Board)	By Governor	By Governor from candidates submitted by identified professional groups to Secretary. In specified appointments, confirmation by the Senate is required.
Budget and funding	Fee-based. Fees set by the Board to cover its budget. Board has its own Fund. Fees collected go to the State Comptroller who sends them to the Fund. No other state monies can co into the Fund. Non-spent \$ may not be transferred or revert to the General Fund. Fund is administered by a designee of the Board. Fund is audited by the Legislative Auditor. Fund is continued, non-lapsing, not subject to the General Fund nor to the State Finance Procurement Rules.	Fee-based by Board. Fees are set annually on January 1 to cover "all costs needed to defray the expenses of the Board and proportionate costs of the Division of Professional Regulation on behalf of the Board." Fees go to the General Fund. Budget is established by Board for Oversight Agency. Budget is basis for fee-setting by Division of Professional Regulation..	Funded through the State Departmental Budget System with centralized operations for finance and administration. Fees for all boards are handled in a single Department of Regulation and Licensing fund. Fees are set by the Department (not by the Board) and are standard for all initial credentials, but examination fees are set according to the department's best estimate of the cost of the exam
Policy & Purpose	Examine for minimal professional competency (individuals)	Provide regulatory authority over individuals offering services Safeguard public health, safety and welfare. Assure minimal practitioner competency Assure ethical professional conduct by practitioners so regulated	Board does not make Policy Regulate professions under its jurisdiction Define and enforce standards of professional conduct Authority for promulgating regulations, issuing licensees, disciplining violators, establishing fees, managing budgets lies with the Department of Regulation and Licensing (umbrella agency).

Summary Matrix of States with proposed or newly-merged Boards

State	New Mexico	Tennessee	New Hampshire	Arizona	Washington
Name	Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board	Board of Communication Disorders and Sciences			
Licensing & Regulating	Speech-language pathologists, audiologists, hearing aid dispensers, paraprofessional apprentices, clinical fellows, trainees	speech language pathologists, audiologists, hearing instrument specialists			
Date of Formation and brief history	November 9, 1996 for Current structure and duties of the board Agency termination was scheduled for July 1, 1997 (extended for 1 year) under Sunset legislation.	Restructured from Board of Examiners of Speech Pathology & Audiology in 1995. Following the enactment of a separate Bill in 1994 permitting audiologists to dispense hearing aids under their audiology license.	1996 Legislative solution to accommodate the licensing of audiologists.	1995 Legislative solution to accommodate licensing of audiologists and speech-language pathologists	1996 Legislative solution to accommodate licensing of audiologists and speech-language pathologists
State Agency Administration Structure	Department of Health Services Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board	Division of Health-Related Boards Board of Communication Disorders and Sciences	Department of Health and Human Services Board of Audiologists and Hearing Aid Dispensers	Department of Health Services Hearing Aid Dispensers', Audiologists' and Speech-Language Pathologists' Licensing Program	Department of Health Health Service Unit Two Board of Audiology, Speech-Language Pathology, and Hearing Instrument Fitters
Composition of the Board	10 members 3-year staggered terms 2 speech language pathologists 2 audiologists 2 hearing aid dispensers 1 otolaryngologist 2 public members (no interest in the regulated professions)	7 members 3 years staggered terms 2 speech language pathologists 2 audiologists 1 either speech language pathologist or audiologist 1 consumer	7 members 2 audiologists 2 hearing aid dispensers 2 consumers 1 physician otolaryngologist	11 members 2 speech language pathologists 2 audiologists 2 hearing aid dispensers 1 physician-otolaryngologists 1 physician (unspecified) 2 consumers Director of Department of Health Services	10 members 2 audiologists 2 speech-language pathologists 2 hearing aid dispensers 3 consumers 1 advisory (non-voting) physician
Subgroups of the Board	not required by statute	Council for Licensing Hearing Instrument Specialists 5 members - 5-year staggered terms 3 hearing instrument specialists 1 physician-otolaryngologist 1 consumer	Hearing Aid Dealers Subcommittee 2 hearing aid dealer board members 1 public member Audiology Subcommittee 2 audiologist Board members 1 otolaryngologist Board member 1 public member	Examining Committee 2 audiologists who dispense hearing aids 2 hearing aid dealers 1 physician-otolaryngologist License Exams are conducted by the Department of Health Services	The Department of Health Services (not the Board) has authority to appoint advisory committees as needed.
Staff	Administrator administratively attached to the oversight Department for support services	"Shall employ: secretary, attorneys, inspectors, clerks and all other employees it deems necessary"			
Reporting requirements	Not specified by statute. Department Heads make annual reports to Agency Head				
Special Issues:	Audiologists have authority to dispense hearing aids without additional license.	Audiologists have authority to dispense hearing aids without additional license.	Statutes does not say. Audiology Committee will develop rules. It is expected that these rules will provide an exemption.	Audiologists are required to hold a second licence (sit for exams as well) as hearing aid dealer.	Audiologists are exempt from separate hearing aid license, but must have a permit to sell and pass the written hearing aid dealer exam.

Summary Matrix of States with proposed or newly-merged Boards (page 2)

	New Mexico	Tennessee	New Hampshire	Arizona	Washington
Appointment process	By Governor	By Governor (shall try to have at least 1 member > 60 years old; at least 1 member from racial minority)	By Governor		
Budget and funding	Board may establish fees within statutory limits. Fees are deposited with State Treasurer and credited to the Board Fund Account State treasurer shall invest the Fund Account All balances shall remain in the fund account ..do not go into the General Fund.	Board required to be self-sufficient. Fees must cover direct and indirect costs. Fees are based on estimated expenses and revenue collections. Agency retains revenue that exceeds expenditures. All fees & monies go to State Treasurer and become part of General Fund Commissioner of Finance & Administration shall make allotments of the General Fund for expenses of the Board based on general budgetary statutes of the state.		Authority for promulgating regulations, issuing licensees, disciplining violators, establishing fees, managing budgets lies with the umbrella agency (Department of Health Services)	Law does not stipulate.
Budget figures		1997: Revenue= \$77,027 (97% from fees) Expenses = 47,164 Licensing=75% Legal Services =23% Investigations = 2%			
Policy & Purpose	Carry out the Statutes--Title of Board reflects primary duties	Safeguard health safety and welfare ...by insuring that all who practice...are qualified		Board does not make Policy. Authority for promulgating regulations, issuing licensees, disciplining violators, establishing fees, managing budgets lies with the umbrella agency	
Duties and Responsibilities of the Board	Adopt rules & regulations Establish policy Adopt continuing education requirements Adopt a Code of Ethics Conduct hearings on charges Investigate complaints Hire staff Establish fees Provide for licensing and renewal of licenses Adopt rules of reciprocity and temporary permits	Adopt and Interpret laws, rules & regulations Determine appropriate standards of practice Ensures professional conduct Investigates violations Disciplines violators Employ supervise and direct staff Adopt a seal Keep records of all proceedings License, renew, and issue licenses Examine applicants			

