REPORT OF THE
SPECIAL ADVISORY COMMISSION ON MANDATED
HEALTH INSURANCE BENEFITS

Mandated Coverage for Hearing Examinations, Hearing Aids, and Related Services

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 20

COMMONWEALTH OF VIRGINIA
RICHMOND
2001

COMMONWEALTH OF VIRGINIA

STEPHEN H. MARTIN
[illegible]
[illegible]
[illegible]
POST OFFICE BOX 36147
RICHMOND, VIRGINIA 23235

COMMITTEE ASSIGNMENTS:
EDUCATION AND HEALTH
GENERAL LAWS
LOCAL GOVERNMENT
PRIVILEGES AND ELECTIONS

SENATE

December 28, 2000

To: The Honorable James S. Gilmore, III
Governor of Virginia
and
The General Assembly of Virginia

The report contained herein has been prepared pursuant to §§ 9-298 and 9-299 of the Code of Virginia.

This report documents a study conducted by the Special Advisory Commission on Mandated Health Insurance Benefits (Advisory Commission) to access the social and financial impact and the medical efficacy of House Bill 554 and Senate Bill 272, regarding a proposed mandate of coverage for hearing examinations, hearing aids, and related services.

Respectfully submitted,

Stephen H. Martin
Chairman
Special Advisory Commission on
Mandated Health Insurance Benefits

SPECIAL ADVISORY COMMISSION ON MANDATED HEALTH INSURANCE BENEFITS

Stephen H. Martin, Chairman
James M. Shuler, Vice Chairman

Martin E. Williams
Vivian E. Watts
Johanna B. Chase
R. DuVal Dickinson
Charles B. Garber
Dao Huynh
Matthew D. Jenkins
Stephen P. Long, M.D.
James F. McIntyre, III
Virginia Norton, Ph.D.
Fred M. Rankin, III
John L. Roper, IV
Alfred W. Gross
E. Anne Peterson, M.D., M.P.H.

TABLE OF CONTENTS

INTRODUCTION

During the 2000 Session of the General Assembly, The House Committee on Corporations, Insurance and Banking and the Senate Committee on Commerce and Labor referred House Bill 554 and Senate Bill 272 to the Special Advisory Commission on Mandated Health Insurance Benefits (Advisory Commission). The patron of House Bill 554 is Delegate Terry G. Kilgore and the patron of Senate Bill 272 is Senator R. Edward Houck.

The Advisory Commission held a hearing on August 30, 2000, in Richmond, to receive public comments on House Bill 554 and Senate Bill 272. In addition to patron Senator Houck, eighteen speakers addressed the proposals. Representatives from the Northern Virginia Resource Center for the Deaf and Hard of Hearing (NVRC), Self Help for Hard of Hearing People, Inc. (SHHH), Alexander Graham Bell Society, two audiologists, two outreach specialists and one outreach coordinator for the deaf and hard of hearing, and six concerned citizens spoke in favor of the bills. Representatives from the Virginia Manufacturers Association (VMA) and the Virginia Association of Health Plans (VAHP) spoke in opposition to the bills. A representative of the Advisory Board of the Virginia Department for the Deaf and Hard of Hearing (VDDHH) also provided comments on the bills.

At the public hearing during the October 4, 2000 meeting, representatives of the Speech and Hearing Association of Virginia (SHAV) also spoke in favor of the bills.

In addition, written comments in support of the bills were provided by SHHH, the SHAV, NVRC, Northern Virginia Cued Speech Association (NVCSA), Alexander Graham Bell Association for the Deaf and Hard of Hearing, The Disability Resource Center of the Rappahannock Area, Inc., and nine concerned citizens. The Health Insurance Association of America (HIAA), VAHP, VMA, and Trigon Blue Cross Blue Shield (Trigon) submitted comments in opposition to the bills. The Advisory Board of the VDDHH also provided information on the bills.

SUMMARY OF PROPOSED LEGISLATION

House Bill 554 and Senate Bill 272 amend § 38.2-4319 and add § 38.2-3418.12 to the Code of Virginia to require each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group subscription contracts; and each health maintenance organization providing a health care plan for health care services to provide coverage for hearing examinations, hearing aids, and related

services. The bills require that coverage shall include one such examination and two hearing aids every 36 months.

The bills state that no insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this section any copayment, fee, or condition that is not equally imposed upon all individuals in the same benefit category.

The bills define "hearing aid" as any wearable instrument or device which is designed or offered to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords. The bills state that "related services" include earmolds, initial batteries, and other necessary equipment, maintenance, and adaptation training.

The bills also require that coverage shall be available under this section only for services and equipment provided by a professional licensed to provide such services or equipment under Chapter 15 (§ 54.1-1500 et seq.), Chapter 26 (§ 54.1-2600 et seq.) or Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

BACKGROUND INFORMATION

HEARING AID SPECIALISTS

The Code of Virginia, Chapter 15, §54.1-1500, defines "Board" as the Board for Hearing Aid Specialists. "Hearing aid" is defined as any wearable instrument or device which is designed or offered to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords. "License" means a license issued under this chapter to hearing aid specialists. "Practice of fitting and dealing in hearing aids" means (i) the measurement of human hearing by means of an audiometer or by any other means solely for the purpose of making selections, adaptations or sale of hearing aids, (ii) the sale of hearing aids and (iii) the making of impressions for earmolds. A practitioner, at the request of a physician or a member of a related profession, may make audiograms for the professional's use in consultation with the hard-of-hearing (Licensure Requirements, see Appendix C).

The Department of Professional and Occupational Regulation, Board for Hearing Aid Specialists, reported that as of January 1, 2000, there were 391 licensed hearing aid specialists that were active in the Commonwealth of Virginia.

AUDIOLOGISTS

The Code of Virginia, Chapter 26, §54.1-2600, defines "audiologist" as any person who engages in the practice of audiology. "Board" is defined as the Board of Audiology and Speech-Language Pathology. "Practice of audiology" means the practice of conducting measurement, testing and evaluation relating to hearing and vestibular systems, including audiologic and electrophysiological measures, and conducting programs of identification, hearing conversation, habilitation, and rehabilitation for the purpose of identifying disorders of the hearing and vestibular systems and modifying communicative disorders of the hearing loss, including but not limited to vestibular evaluation, electrophysiological audiometry and cochlear implants. Any person offering services to the public under any descriptive name or title which would indicate that audiology services are being offered shall be deemed to be practicing audiology (Licensure Requirements, see Appendix D).

The Department of Health Professions, Board of Audiology and Speech-Language Pathology, reported that as of July 14, 2000, there were 402 licensed audiologists in the Commonwealth of Virginia.

MEDICAL DOCTORS AND OSTEOPATHS

The Code of Virginia, Chapter 29, §54.1-2900 defines "Board" as the Board of Medicine. "Practice of medicine or ostoepathic medicine" is defined as the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method. Section 54.1-2929 states that no person shall practice or hold himself out as qualified to practice medicine, osteopathy, chiropractic, or podiatry without obtaining a license from the Board of Medicine (Licensure Requirements, see Appendix E).

The Department of Health Professions, Board of Medicine reported that as of July 10, 2000, there were 27,600 licensed doctors of medicine and 787 licensed doctors of osteopathy in the Commonwealth of Virginia.

HEARING

According to the National Institute on Deafness and Other Communication Disorders (NIDCD), May 1999 FACT SHEET, hearing depends on the following series of events that change sound waves in the air into electrical impulses that the auditory (hearing) nerve carries to the brain (see Appendix F). The ear has three major parts, including the outer ear, middle ear, and inner ear. The sound waves enter the outer ear (pinna) and travel through a narrow tube (ear canal) that leads inside the ear to the eardrum (tympanic membrane). The eardrum vibrates from the incoming sound waves and transmits these vibrations through

three tiny bones called the ossicles (the malleus, incus, and stapes) in the middle ear. They amplify the sound and send it through the entrance to the inner ear (oval window) and into the fluid-filled hearing organ (cochlea). The vibrations create ripples in the fluid that bend projections from tiny hair cells in the cochlea, causing electrical impulses that the auditory nerve, or the eighth cranial nerve, sends to the brain. The brain translates these impulses into what people experience as sound.

HEARING IMPAIRMENT

According to Dr. C. Everett Koop, a former U.S. Surgeon General (drkoop.com), a person who is hearing impaired has a decreased ability to detect or distinguish sounds. Hearing impairment may be either congenital (a person was born with the hearing problem) or acquired. Congenital causes of hearing loss include genetic diseases and exposure of the fetus to infections, such as rubella, and maternal use of alcohol or drugs. Among children, the most common cause of acquired hearing loss is untreated or recurrent ear infection (otitis media). Other causes include viral infections and bacterial meningitis. Among adults, the causes of hearing loss include otosclerosis (a disorder of the middle ear), physical trauma, sound trauma (especially in noisy work environments), or presbycusis (progressive hearing loss associated with aging).

Dr. Koop noted that undetected hearing impairment in children could cause developmental delays and poor school performance. In adults, hearing loss can lead to irritability, confusion, or social isolation.

HEARING LOSS

The NIDCD noted that an audiologist is a hearing health professional who identifies and measures hearing loss. An audiologist will perform a hearing test to assess the type and degree of loss. As previously mentioned, hearing loss can be hereditary, or it can result from disease, trauma, or long-term exposure to damaging noise or medications. Hearing loss can vary from a mild but important loss of sensitivity to a total loss of hearing. There are different types of hearing loss. Conductive hearing loss occurs when sound waves are prevented from passing to the inner ear. This can be caused by a variety of problems including buildup of earwax (cerumen), infection, and fluid in the middle ear (ear infection or otitis media), or a punctured eardrum. Sensorineural (nerve) hearing loss develops when the auditory nerve or hair cells in the inner ear are damaged by aging, noise, illness, injury, infection, head trauma, toxic medications, or an inherited condition. Mixed hearing loss is a combination of both conductive and sensorineural hearing loss. A conductive hearing loss can often be corrected with medical or surgical treatment, while sensorineural hearing loss usually

cannot be reversed. Individuals with hearing loss may experience some or all of the following problems:

- Difficulty hearing conversations, especially when there is noise in the background;
- Hissing, roaring, or ringing in the ears (tinnitus);
- Difficulty hearing the television or radio at a normal volume;
- Fatigue and irritation caused by the effort to hear; and
- Dizziness or problems with balance.

SOCIAL IMPACT

The NIDCD reported that approximately 28 million Americans have a hearing impairment. Hearing loss is one of the most prevalent chronic health conditions in the United States, affecting people of all ages, in all segments of the population, and across all socioeconomic levels. Hearing loss affects approximately 17 in 1,000 children under age 18. The incidence of hearing loss increases with age. The NIDCD reported that approximately 314 in 1,000 people over age 65 have a hearing loss. Dr. C. Everett Koop noted that hearing loss is second only to arthritis as the most common complaint of older adults.

Information provided to staff by the VDDHH indicated that there were 563,434 individuals with severe hearing loss residing in Virginia in 1995, of whom 65,515 were considered to be profoundly deaf. Hearing impairment is twenty times more prevalent than other birth defects such as phenylketonuria (PKU), sickle cell anemia, and hypothyroidism for which screenings are routinely conducted at birth.

According to information provided by the VDDHH, the Hearing Industries Association reported that in 1999, 27,430 hearing aids units were sold in Virginia, and 6,511 units were sold during the first quarter of 2000.

FINANCIAL IMPACT

A proponent stated that hearing aids could cost up to $5,000. The proponent noted that hearing aids normally last only about three years. Staff contacted seven hearing aid providers, and they provided cost figures that ranged from $589 to $3,200 per hearing aid.

MEDICAL EFFICACY

On the basis of hearing test results, an audiologist can determine whether hearing aids will help an individual's hearing. The NIDCD stated that a hearing aid is an electronic, battery-operated device that amplifies and changes sound to allow for improved communication. Hearing aids receive sound through a microphone and convert the sound waves to electrical signals. The amplifier increases the loudness of the signals and then sends the sound to the ear through a speaker.

The NIDCD noted that hearing aids are particularly useful in improving the hearing and speech comprehension of individuals with sensorineural hearing loss. When choosing a hearing aid, the audiologist will consider an individual's hearing ability, work and home activities, physical limitations, medical conditions, and cosmetic preferences. The cost for hearing aids is an important factor for many individuals. The patient and the audiologist will determine if one or two hearing aids will work best for the patient. If an individual wears two hearing aids, they may help balance sounds, improve the understanding of words in a noisy environment, and make it easier to locate the source of sounds.

There are several types of hearing aids, and each type of hearing aid offers different advantages, depending on its design, levels of amplification, and size. There are four basic styles of hearing aids for people with sensorineural hearing loss:

1. **In-the-Ear (ITE)** hearing aids fit completely in the outer ear and are used for mild to severe hearing loss. The case, which holds the component, is made of hard plastic. In-the-Ear aids can accommodate added technical mechanisms such as a telecoil, a small magnetic coil contained in the hearing aid that improves sound transmission during telephone calls. In-the-Ear aids can be damaged by earwax and ear drainage, and their small size can cause adjustment problems and feedback. Children usually do not wear ITE aids because the casing needs to be replaced as the ear grows.

2. **Behind-the-Ear (BTE)** hearing aids are worn behind the ear and are connected to a plastic earmold that fits inside the outer ear. The components are held in a case behind the ear. Sound travels through the earmold into the ear. Behind-the-Ear aids are used by people of all ages for mild to profound hearing loss. Poorly fitting BTE earmolds may cause "feedback," a whistle sound caused by the fit of the hearing aid or by buildup of earwax or fluid.

3. **Canal Aids** fit into the ear canal and are available in two sizes. The In-the-Canal (ITC) hearing aid is customized to fit the size and shape of the ear canal and is used for mild or moderately severe hearing loss. A Completely-in-Canal (CIC) hearing aid is largely concealed in the ear canal and is used

for mild to moderately severe hearing loss. Due to their small size, canal aids may be difficult for the user to adjust and remove. They also may be unable to hold additional devices, such as a telecoil. Canal aids can also be damaged by earwax and ear drainage. They are not typically recommended for children.

4. **Body Aids** are used by people with profound hearing loss. The aid is attached to a belt or a pocket and connected to the ear by a wire. Because of its large size, it is able to incorporate many signal process options. It is normally used when other types of aids are unsuccessful.

NIDCD noted that the inside mechanisms of hearing aids vary among devices, even if they are the same style. The three types of circuitry or electronics that are available include analog/adjustable (least expensive), analog/programmable, and digital/programmable (most expensive).

According to the NIDCD, using hearing aids successfully takes time and patience. Hearing aids will not restore normal hearing or eliminate background noise. Adjusting to a hearing aid is a gradual process, involving learning to listen in a variety of environments and becoming accustomed to hearing different sounds.

Some problems an individual may experience while adjusting to hearing aids include:

- becoming familiar with how to use them properly;
- becoming comfortable with how they feel in the ear;
- getting used to the "whistling" sound they sometimes emit;
- becoming used to the sound of his or her own voice, as it sometimes sounds too loud; and
- hearing background noises.

CURRENT INDUSTRY PRACTICES

The State Corporation Commission's Bureau of Insurance surveyed sixty of the top writers of accident and sickness insurance in Virginia, regarding each of the bills to be reviewed by the Advisory Commission this year. Fifty companies responded by July 18, 2000. Twenty-four indicated that they have little or no applicable health insurance business in force in Virginia, and therefore, they could not provide the information requested. Of the 26 respondents that completed the survey, two reported that they currently provide the coverage required by House Bill 554 and Senate Bill 272.

Six respondents to the Bureau of Insurance survey provided their estimated cost figures that ranged from $.06 to $.99 per month per standard

individual policyholder and from $.04 to $2.34 per month per standard group certificate to provide the coverage required by House Bill 554 and Senate Bill 272. Nine insurers provided their estimated cost figures for coverage on an optional basis that ranged from $.48 to $2.97 per month per individual policyholder and from $.32 to $4.46 per month per group certificate holder for the coverage.

SIMILAR LEGISLATION IN OTHER STATES

According to information from the National Insurance Law Service, two states currently have a mandate for hearing aids. Oklahoma requires any group health insurance or health benefit plan agreement, contract, or policy, including the State and Education Employees Group Insurance Board and any indemnity plan, not-for-profit hospital or medical service, or indemnity contract, prepaid or managed care plan, or provider agreement, and Multiple Employer Welfare Arrangement (MEWA) or employer self-insured plan, except as exempt under federal Employee Retirement Income Security Act (ERISA) provisions, to provide coverage for audiological services and hearing aids for children up to thirteen (13) years of age. The State of Rhode Island requires mandatory offering of coverage for hearing aids effective April 1, 2001.

Currently, the State of New Jersey has introduced two similar bills that are still pending that would require health insurers to cover the cost of hearing aids.

REVIEW CRITERIA

SOCIAL IMPACT

a. *The extent to which the treatment or service is generally utilized by a significant portion of the population.*

The NIDCD reported that approximately 28 million Americans have a hearing impairment. Hearing loss is one of the most prevalent chronic health conditions in the United States, affecting people of all ages, in all segments of the population, and across all socioeconomic levels. Hearing loss affects approximately 17 in 1,000 children under age 18. The incidence of hearing loss increases with age. The NIDCD reported that approximately 314 in 1,000 people over age 65 have a hearing loss.

Information provided to staff by the VDDHH indicated that there were 563,434 individuals with severe hearing loss residing in Virginia in 1995, of whom 65,515 were considered to be profoundly deaf.

b. The extent to which insurance coverage for the treatment or service is already available.

A 2000 survey of the top fifty writers of accident and sickness insurance in Virginia, performed by the State Corporation Commission's Bureau of Insurance, revealed that 26 companies currently write applicable business in Virginia. Of that number, two companies (8%) provide the coverage required by House Bill 554 and Senate Bill 272.

c. If coverage is not generally available, the extent to which the lack of coverage results in persons being unable to obtain necessary health care treatments.

According to information provided by the VDDHH and from the Department of Rehabilitative Services, the Consumer Services Fund (CSF) approved funding for hearing aids for 50 applicants, ranging in age from 6 to 90 years old, between January 1996 and July 2000. The CSF is a special fund (fund of last resort) designed to help individuals with physical or sensory disabilities access services that cannot be funded through existing programs. The total amount expended during that time period was approximately $49,730.

According to information provided by the SHAV, the Children's Special Services (CSS) is a Virginia State agency within the Department of Health. The Children's Special Services reimbursement covers simple circuit hearing aids for low-income children not covered under Medicaid. During the fiscal year 1997-1998, the CSS hearing-impaired program indicated that 442 aids were supplied to CSS and Medicaid-eligible, hearing-impaired children under the age of 21.

The VAHP noted that health plans generally provide coverage for hearing examinations as part of their preventive services. While most standard benefit packages exclude coverage for hearing aids, coverage appears to be available in the marketplace through separate hearing-aid-specific policies and riders. The VAHP stated that this approach is consistent with its belief that employers and individuals should have the flexibility to balance their desire for specific benefits with their willingness and ability to purchase those benefits.

d. If the coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship on those persons needing treatment.

The National Council on the Aging (NCOA) stated that one-half of the non-user respondents reported that one of the reasons why so many older people with hearing impairment do not use hearing aids is because of the cost of hearing aids.

A proponent stated that hearing aids could cost up to $5,000. The proponent noted that hearing aids normally last only about three years. Staff contacted seven hearing aid providers, and they provided cost figures that ranged from $589 to $3,200 per hearing aid.

e. The level of public demand for the treatment or service.

Information provided to staff by the VDDHH indicated that there were 563,434 individuals with severe hearing loss residing in Virginia in 1995, of whom 65,515 were considered to be profoundly deaf.

According to information provided by the VDDHH, the Hearing Industries Association reported that in 1999, 27,430 hearing aid units were sold in Virginia, and 6,511 units were sold during the first quarter of 2000.

f. The level of public demand and the level of demand from providers for individual and group insurance coverage of the treatment or service.

At the public hearing, five concerned citizens, three audiologists, and seven representatives from advocacy groups that provide assistance for hearing-impaired consumers testified in favor of House Bill 554 and Senate Bill 272.

In its written comments, the VAHP stated that mandating coverage for hearing aids would significantly impact health care premiums. Hearing aids, including parts, attachments, and earmolds, are extremely costly. Cost estimates range from $800-$3,000 per hearing aid. In many instances, two hearing aids rather than one are deemed audiologically necessary. The VAHP stated that during the 2000 General Assembly Session, Delegate Kilgore introduced House Bill 555, which would require state employee health care plans to provide coverage for hearing examinations, hearing aids, and related services. During that time, the VAHP stated that the Department of Planning and Budget estimated that the proposed mandate would cost approximately $2,358,000 in fiscal year 2001 and $2,546,600 in fiscal year 2002. The Commonwealth of Virginia provides coverage to more than 100,000 individuals and their families. This legislation was continued to 2001 in House Appropriations.

In its written comments, Trigon stated that mandates have the effect of making health care too costly for individuals and small businesses least able to afford it. A 1999 study sponsored by the HIAA found that nearly one out of four uninsured Americans, over 10 million consumers, owe their lack of coverage to state mandates. As the number of benefit mandates increases, the cost of insurance rises and employers, particularly small employers, would be less likely to offer coverage to their employees. The problem of the uninsured is serious and growing, and it is a problem that is exacerbated by the steadily increasing number of benefit mandates.

Trigon stated that the cost for hearing aids ranged anywhere from $900 to $3,200 and that mandating this coverage could significantly affect health care premiums, resulting in an increase in the number of uninsured Virginians.

g. *The level of interest of collective bargaining organizations in negotiating privately for inclusion of this coverage in group contracts.*

No information was received from collective bargaining organizations addressing potential interest in negotiating privately for inclusion of this coverage in group contracts.

h. *Any relevant findings of the state health planning agency or the appropriate health system agency relating to the social impact of the mandated benefit.*

No information or relevant findings of the state health planning agency or the appropriate health system agency relating to the social impact of this mandated benefit was presented during this review.

FINANCIAL IMPACT

a. *The extent to which the proposed insurance coverage would increase or decrease the cost of treatment or service over the next five years.*

No information was provided by either proponents or opponents that would suggest that the cost of treatments would increase or decrease in the next five years because of insurance coverage.

b. *The extent to which the proposed insurance coverage might increase the appropriate or inappropriate use of the treatment or service.*

The appropriate use of the service may increase if insurance policies provide coverage for hearing examinations, hearing aids, and related services.

c. *The extent to which the mandated treatment or service might serve as an alternative for more expensive or less expensive treatment or service.*

According to the SHHH Fact Sheet July/August 1998, hearing loss is a health issue and not necessarily a natural process of aging, as perceived by some people. If not treated, it can impact on the general and psychological health of the individual through higher stress and anxiety levels, resulting in more medical visits and hospital stays.

According to information provided by the VDDHH, the Better Hearing Institute (BHI) reported in its "Facts About Hearing Disorders" that the estimated annual cost to taxpayers, through lost productivity, increased need for medical care, and special education because of untreated hearing loss, is approximately $56 billion.

d. The extent to which the insurance coverage may affect the number and types of providers of the mandated treatment or service over the next five years.

The number and type of providers of the mandated service are not expected to increase over the next five years as a result of this bill.

e. The extent to which insurance coverage might be expected to increase or decrease the administrative expenses of insurance companies and the premium and administrative expenses of policyholders.

An increase in the administrative expenses of insurance companies, in premiums, and in the administrative expenses for policyholders is anticipated because of the expenses associated with such things as policy redesign, form filings, claims processing systems, and marketing.

Six respondents to the Bureau of Insurance's survey provided their estimated cost figures that ranged from $.06 to $.99 per month per standard individual policyholder and from $.04 to $2.34 per month per standard group certificate to provide the coverage required by House Bill 554 and Senate Bill 272. Nine insurers provided their estimated cost figures for coverage on an optional basis that ranged from $.48 to $2.97 per month per individual policyholder and from $.32 to $4.46 per month per group certificate holder for the coverage.

In its written comments, the VAHP stated that mandating coverage for hearing aids would significantly impact health care premiums. Hearing aids, including parts, attachments, and earmolds, are extremely costly. Cost estimates range from $800-$3,000 per hearing aid. In many instances, two hearing aids rather than one are deemed audiologically necessary.

f. The impact of coverage on the total cost of health care.

At the public hearing, a representative of the Advisory Board of the VDDHH reported that the BHI estimated the cost of lost productivity, special education, and medical care for untreated hearing loss at $45 billion, an annual per capita expense of $216.

In its written comments, HIAA noted that studies have shown that mandated benefits increase the cost of health insurance, resulting in higher

premiums. HIAA also stated that the higher cost of insurance results in fewer employers that can afford to provide health insurance for their employees and fewer individuals that can afford to purchase insurance.

MEDICAL EFFICACY

a. *The contribution of the benefit to the quality of patient care and the health status of the population, including the results of any research demonstrating the medical efficacy of the treatment or service compared to alternatives or not providing the treatment or service.*

The NCOA survey reported that hearing aid users indicated significant improvements in many areas of their lives, ranging from their relationships at home and sense of independence to their social life. The families of hearing-aid users also noted the improvements and were more likely than the users to report improvements. Users reporting improvement include: 56% improvement of relations at home, 50% improvement of feelings about themselves, 48% improvement in life overall, 40% improvement in their relationships with their children and grandchildren, and 39% improvement in their self-confidence. Family members reporting improvement include: 66% improvement of relations at home, 60% improvement of feelings about themselves, 62% improvement in life overall, 52% improvement in their relations with their children and grandchildren, and 46% improvement in their self-confidence.

b. *If the legislation seeks to mandate coverage of an additional class of practitioners:*

1) *The results of any professionally acceptable research demonstrating the medical results achieved by the additional class of practitioners relative to those already covered.*

Not applicable.

2) *The methods of the appropriate professional organization that assure clinical proficiency.*

Not applicable.

EFFECTS OF BALANCING THE SOCIAL, FINANCIAL AND MEDICAL EFFICACY CONSIDERATIONS

a. *The extent to which the benefit addresses a medical or a broader social need and whether it is consistent with the role of health insurance.*

Proponents believe that House Bill 554 and Senate Bill 272 address a medical need and a social need and that the bills are consistent with the role of health insurance.

The HIAA stated that it is unclear whether there is a general need for this coverage. HIAA also noted that many policies do exclude coverage for hearing aids because of the cost impact and that coverage is available in the market for those that need it through a separate hearing-aid-specific policy or rider. This practice enables individuals and groups to seek affordable, basic coverage and for those that need expanded benefits, to purchase appropriate insurance coverage.

b. The extent to which the need for coverage outweighs the costs of mandating the benefit for all policyholders.

Six respondents to the Bureau of Insurance survey provided their estimated cost figures that ranged from $.06 to $.99 per month per standard individual policyholder and from $.04 to $2.34 per month per standard group certificate, to provide the coverage required by House Bill 554 and Senate Bill 272. Nine insurers provided their estimated cost figures for coverage on an optional basis that ranged from $.48 to $2.97 per month per individual policyholder and from $.32 to $4.46 per month per group certificate holder for the coverage.

In its written comments, the VMA believes that cost increases, specifically those resulting from legislative mandates, now fall primarily on the employees, as employers have effectively capped their contribution to employees' health insurance. More and more frequently, employees are declining health care coverage, even when the employer makes it available, because they are unwilling to pay their share. In the process of enriching the coverage, mandates are squeezing employees out of any coverage at all. In this time of economic prosperity and low unemployment, the uninsured population is continuing to grow.

c. The extent to which the need for coverage may be solved by mandating the availability of the coverage as an option for policyholders.

In the case of group coverage, the decision whether to select the optional coverage or not would lie with the master contract holder and not the individual insured.

RECOMMENDATION

The Advisory Commission voted on the bills on October 4, 2000. The vote was 6 to 0, with two abstentions, to recommend that House Bill 554 and Senate Bill 272 not be enacted.

CONCLUSION

The Advisory Commission believes that based on the information presented during its review, some insurers do provide coverage for hearing examinations as a preventive method, and therefore, a mandate is not necessary at this time. The Advisory Commission recognizes the significance of hearing aids for individuals to attain or retain the capability to function appropriately in a hearing world. However, there is some concern that this mandate could significantly affect health care premiums that may eventually lead to an increase in the number of uninsureds in Virginia. There are also some existing resources that are available that provide assistance for the purchase of hearing aids for the hearing impaired.

000021816

HOUSE BILL NO. 554

Offered January 19, 2000

A BILL to amend and reenact § 38.2-4319 of the Code of Virginia, as it is currently effective and as it will become effective, and to amend the Code of Virginia by adding a section numbered 38.2-3418.12, relating to health care coverage; hearing aids.

Patrons—Kilgore, Abbitt, Amundson, Bloxom, Callahan, Clement, Cranwell, Darner, Day, Deeds, Devolites, Dillard, Grayson, Hall, Howell, Hull, Joannou, McQuigg, Morgan, Orrock, Parrish, Phillips, Plum, Rollison, Spruill, Tate, Van Yahres and Watts; Senators: Marye and Puckett

Referred to Committee on Corporations, Insurance and Banking

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319 of the Code of Virginia, as it is currently effective and as it will become effective, is amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 38.2-3418.12 as follows:

§ 38.2-3418.12. Coverage for hearing aids and related services.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for hearing examinations, hearing aids, and related services under any such policy, contract or plan delivered, issued for delivery, or renewed in this Commonwealth on and after July 1, 2000. Such coverage shall include one such examination and two hearing aids every 36 months.

B. No insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this section any copayment, fee or condition that is not equally imposed upon all individuals in the same benefit category.

C. For the purposes of this section:

"Hearing aid" means any wearable instrument or device designed or offered to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords.

"Related services" includes earmolds, initial batteries and other necessary equipment, maintenance, and adaptation training.

D. Coverage shall be available under this section only for services and equipment provided by a professional licensed to provide such services or equipment under Chapter 15 (§ 54.1-1500 et seq.), Chapter 26 (§ 54.1-2600 et seq.) or Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

E. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans or to short-term nonrenewable policies of not more than six months' duration.

§ 38.2-4319. (Effective until July 1, 2004) Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-203, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1057, 38.2-1306.2 through 38.2-1309, Articles 4 (§ 38.2-1317 et seq.) and 5 (§ 38.2-1322 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.) and 2 (§ 38.2-1412 et seq.) of Chapter 14, §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.16, 38.2-3411.2, 38.2-3412.1:01, 38.2-3414.1, 38.2-3418.1 through ~~38.2-3418.11~~ *38.2-3418.12*, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 38.2-3514.1, 38.2-3514.2, §§ 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3542, 38.2-3543.2, Chapter 53 (§ 38.2-5300 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and Chapter 59 (§ 38.2-5900 et seq.) of this title shall be

applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

§ 38.2-4319. (Effective July 1, 2004) Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-203, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1057, 38.2-1306.2 through 38.2-1309, Articles 4 (§ 38.2-1317 et seq.) and 5 (§ 38.2-1322 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.) and 2 (§ 38.2-1412 et seq.) of Chapter 14, §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.16, 38.2-3411.2, 38.2-3414.1, 38.2-3418.1 through ~~38.2-3418.11~~ *38.2-3418.12*, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 38.2-3514.1, 38.2-3514.2, §§ 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3542, 38.2-3543.2, Chapter 53 (§ 38.2-5300 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and Chapter 59 (§ 38.2-5900 et seq.) of this title shall be applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

#

Official Use By Clerks			
Passed By The House of Delegates		**Passed By The Senate**	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
Clerk of the House of Delegates		Clerk of the Senate	

000274444

SENATE BILL NO. 272

Offered January 18, 2000

A BILL to amend and reenact § 38.2-4319 of the Code of Virginia, as it is currently effective and as it will become effective, and to amend the Code of Virginia by adding a section numbered 38.2-3418.12, relating to health care coverage; hearing aids.

Patrons--Houck, Barry, Byrne, Colgan, Couric, Edwards, Forbes, Howell, Lambert, Marye, Maxwell, Miller, Y.B., Mims, Potts, Puckett, Puller, Quayle, Reynolds, Saslaw, Ticer, Trumbo and Whipple; Delegates: Amundson, Darner, Hull, Kilgore and McQuigg

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319 of the Code of Virginia, as it is currently effective and as it will become effective, is amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 38.2-3418.12 as follows:

§ 38.2-3418.12. Coverage for hearing aids and related services.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for hearing examinations, hearing aids, and related services under any such policy, contract or plan delivered, issued for delivery, or renewed in this Commonwealth on and after July 1, 2000. Such coverage shall include one such examination and two hearing aids every 36 months.

B. No insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this section any copayment, fee or condition that is not equally imposed upon all individuals in the same benefit category.

C. For the purposes of this section:

"Hearing aid" means any wearable instrument or device designed or offered to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords.

"Related services" includes earmolds, initial batteries and other necessary equipment, maintenance, and adaptation training.

D. Coverage shall be available under this section only for services and equipment provided by a professional licensed to provide such services or equipment under Chapter 15 (§ 54.1-1500 et seq.), Chapter 26 (§ 54.1-2600 et seq.) or Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

E. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans or to short-term nonrenewable policies of not more than six months' duration.

§ 38.2-4319. (Effective until July 1, 2004) Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-203, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1057, 38.2-1306.2 through 38.2-1309, Articles 4 (§ 38.2-1317 et seq.) and 5 (§ 38.2-1322 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.) and 2 (§ 38.2-1412 et seq.) of Chapter 14, §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.16, 38.2-3411.2, 38.2-3412.1:01, 38.2-3414.1, 38.2-3418.1 through ~~38.2-3418.11~~ *38.2-3418.12*, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 38.2-3514.1, 38.2-3514.2, §§ 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3542, 38.2-3543.2, Chapter 53 (§ 38.2-5300 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and Chapter 59 (§ 38.2-5900 et seq.) of this title shall be

applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

§ 38.2-4319. (Effective July 1, 2004) Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-203, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1057, 38.2-1306.2 through 38.2-1309, Articles 4 (§ 38.2-1317 et seq.) and 5 (§ 38.2-1322 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.) and 2 (§ 38.2-1412 et seq.) of Chapter 14, §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.16, 38.2-3411.2, 38.2-3414.1, 38.2-3418.1 through ~~38.2-3418.11~~ *38.2-3418.12*, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 38.2-3514.1, 38.2-3514.2, §§ 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3542, 38.2-3543.2, Chapter 53 (§ 38.2-5300 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and Chapter 59 (§ 38.2-5900 et seq.) of this title shall be applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

Official Use By Clerks

Passed By The Senate		**Passed By The House of Delegates**	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐

Date: _____ Date: _____

_____ _____

Clerk of the Senate Clerk of the House of Delegates

APPENDIX C

LICENSURE REQUIREMENTS OF HEARING AID SPECIALISTS

A. Every applicant to the board for a license shall provide information on his application establishing that:

1. The applicant is at least 18 years of age.

2. The applicant has a good reputation for honesty, truthfulness, and fair dealing, and is competent to transact the business of a hearing aid specialist in such a manner as to safeguard the interests of the public.

3. The applicant is in good standing as a licensed hearing aid specialist in every jurisdiction where licensed. The applicant must disclose if he has had a license as a hearing aid specialist that was suspended, revoked, surrendered in connection with a disciplinary action or that has been the subject of discipline in any jurisdiction prior to applying for licensure in Virginia. At the time of application for licensure, the applicant must also disclose any disciplinary action taken in another jurisdiction in connection with the applicant's practice as a hearing aid specialist. The applicant must also disclose whether he has been previously licensed in Virginia as a hearing aid specialist.

4. The applicant has successfully completed high school or a high school equivalency course.

5. The applicant is fit and suited to engage in the practice of fitting and dealing in hearing aids. The applicant must disclose if he has been convicted in any jurisdiction of a misdemeanor involving lying, cheating, stealing, sexual offense, drug distribution, physical injury, or relating to the practice of the profession or of any felony. Any plea of nolo contendere shall be considered a conviction for purposes of this paragraph. The record of a conviction authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as prima facie evidence of such conviction.

6. The applicant has training and experience that covers the following subjects as they pertain to hearing aid fitting and the sale of hearing aids, accessories and services:

   a. Basic physics of sound;
   b. Basic maintenance and repair of hearing aids;
   c. The anatomy and physiology of the ear;
   d. Introduction to psychological aspects of hearing loss;
   e. The function of hearing aids and amplification;
   f. Visible disorders of the ear requiring medical referrals;

g. Practical tests of proficiency in the required techniques as they pertain to the fitting of hearing aids;
h. Pure tone audiometry, including air conduction, bone conduction, and related tests;
i. Live voice or recorded voice speech audiometry, including speech reception, threshold testing and speech discrimination testing.
j. Masking when indicated;
k. Recording and evaluating audiograms and speech audiology to determine the proper selection and adaptation of hearing aids;
l. Taking earmold impressions;
m. Proper earmold selection;
n. Adequate instruction in proper hearing aid orientation;
o. Necessity of proper procedures in after-fitting checkup; and
p. Availability of social service resources and other special resources for the hearing impared.

7. The applicant has provided one of the following as verification of completion of training and experience as described in subdivision 6 of this subsection:

   a. An affidavit on a form provided by the board signed by the licensed sponsor certifying that the requirements have been met; or
   b. A certified true copy of a transcript of courses completed at an accredited college or university, or other notarized documentation of completion of the required experience and training.

8. The applicant has disclosed his physical address. A post office box is not acceptable.

9. The nonresident applicant for a license has filed and maintained with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in the Commonwealth.

10. The applicant has signed, as part of the application, an affidavit certifying that the applicant has read and understands Chapter 15 (§54.1-1500 et seq.) of Title 54.1 of the Code of Virginia and the regulations of the board.

B. The board may make further inquires and investigations with respect to the qualifications of the applicant or require a personal interview with the applicant or both. Failure of an applicant to comply with a written request from the board for additional information within 60 days of receiving such notice, except in such instances where the board has determined ineligibility for a clearly specified period of time, may be sufficient and just cause for disapproving the application.

APPENDIX D

LICENSURE REQUIREMENTS OF AUDIOLOGISTS

A. The board may grant a license to an applicant who:

1. Holds a current and unrestricted Certificate of Clinical Competence in the area that an applicant seeks licensure issued by the American Speech-Language-Hearing Association. A verification of currency shall be in the form of a certified letter from the American Speech-Language-Hearing Association issued within six months prior to licensure; and

2. Has passed the qualifying examination for the Certificate of Clinical Competence within three years preceding the date of licensure; or has held employment in the area that an applicant seeks licensure for one of the past three consecutive years or two of the past five consecutive years;

B. The board may grant a license to an applicant who:

1. Holds a master's or doctoral degree from a college or university whose audiology and speech-language program is accredited by the American Speech-Language-Hearing Association or an equivalent accrediting body; and

2. Has passed a qualifying examination approved by the board. The applicant shall have passed the examination within three years preceding the date of applying for licensure in Virginia or have been actively engaged in the respective profession during the 24 months immediately preceding the date of application.

LICENSURE REQUIREMENTS OF MEDICAL DOCTORS AND OSTEOPATHS

Section 54.1-2929 states that no person shall practice or hold himself out as qualified to practice medicine, osteopathy, chiropractic, or podiatry without obtaining a license from the Board of Medicine. Section 54.1-2930 states the requirements for admission to examination. The Board may admit to examination for licensure to practice medicine, osteopathy, chiropractic and podiatry any candidate who has submitted satisfactory evidence verified by affidavits that he:

1. Is eighteen years of age or more;

2. Is of good moral character;

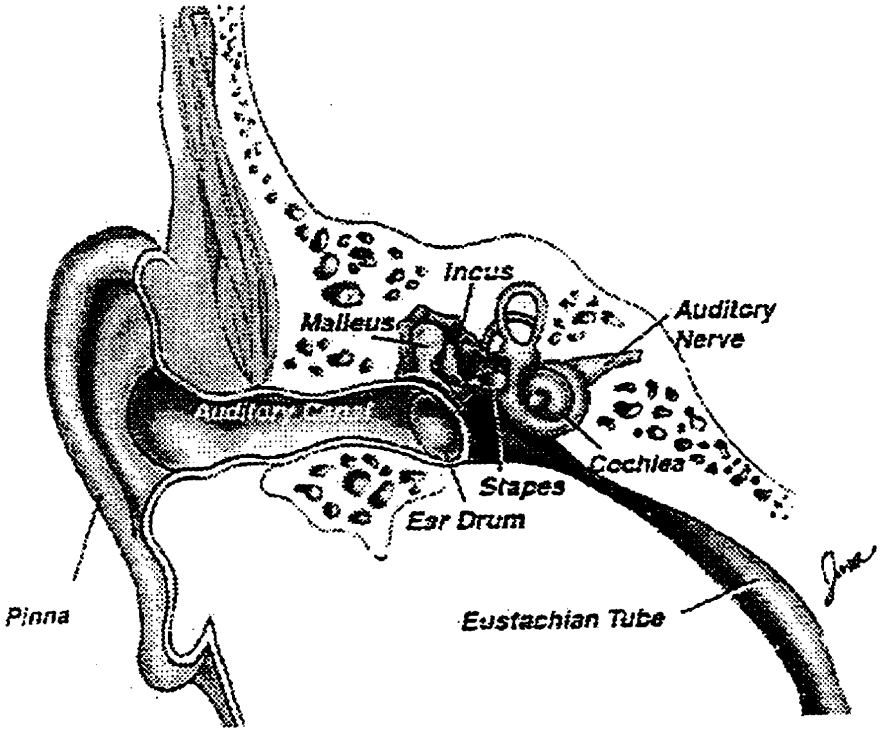
3. Has successfully completed all or such part as may be prescribed by the Board, of an educational course of study of that branch of the healing arts in that he desires a license to practice, the course of study and the educational institution providing that course of study are acceptable to the Board; and

4. Has completed one year of satisfactory postgraduate training in a hospital approved by an accrediting agency recognized by the Board for internships or residency training. At the discretion of the Board, the postgraduate training may be waived if an applicant for licensure in podiatry has been in active practice for four continuous years while serving in the military and is a diplomate of the American Board of Podiatric Surgery. Applicants for licensure in chiropractic need not fulfill this requirement.

In determining whether such course of study and institution are acceptable to it, the Board may consider the reputation of the institution and whether it is approved or accredited by regional or national educational or professional associations including, but not limited to, such organizations as the Accreditation Council of Graduate Medical Education or other official accrediting body recognized by the American Medical Association, by the Committee for the Accreditation of Canadian Medical Schools or their appropriate subsidiary agencies, by any appropriate agency of the United States government, or by any other organization approved by the Board. Supervised clinical training that is received in the United States as part of the curriculum of a foreign medical school shall be obtained in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the relevant clinical training.

The Board may also consider any other factors that reflect whether that institution and its course of instruction provide training sufficient to prepare practitioners to practice their branch of the healing arts with competency and safety in the Commonwealth.

APPENDIX F


Incus
Malleus
Auditory Nerve
Auditory Canal
Cochlea
Stapes
Ear Drum
Pinna
Eustachian Tube