REPORT OF THE
SPECIAL ADVISORY COMMISSION ON
MANDATED HEALTH INSURANCE BENEFITS

Mandated Coverage for Hearing Aids

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 15

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SENATE OF VIRGINIA

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December 19, 2001

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 to assess the social and financial impact and the medical efficacy of Senate Bill 1191 regarding a proposed mandate of coverage for hearing aids.

Respectfully submitted,

Stephen H. Martin
Chairman
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INTRODUCTION

The 2001 House Committee on Corporations, Insurance and Banking referred Senate Bill 1191 to the Special Advisory Commission on Mandated Health Insurance Benefits (Advisory Commission). Senate Bill 1191 is patroned by Senator R. Edward Houck.

The Advisory Commission held a public hearing on June 4, 2001 in Richmond to receive public comments on Senate Bill 1191. In addition to the bill's chief patron, eight interested parties spoke in favor of Senate Bill 1191. All eight were representatives of the deaf and hard of hearing community. Representatives from the Virginia Association for the Deaf and Blind, Northern Virginia Roundtable for People with Hearing Loss, Self Help for Hard of Hearing, Central Virginia Independent Living Center, Independent Center of Norfolk, and the Northern Virginia Resource Center for the Deaf and Hard of Hearing Persons gave testimony in favor of Senate Bill 1191. An audiologist who did not acknowledge her position on the legislation spoke to the Advisory Commission meeting by teleconference.

Four parties spoke in opposition to Senate Bill 1191. The groups in opposition were the National Federation of Independent Businesses (NFIB), the Health Insurance Association of America (HIAA), Virginia Retail Merchants Association, and Virginia Association of Health Plans (VAHP).

In addition, several letters were received by the Advisory Commission addressing Senate Bill 1191. Three of the letters supported the bill, and six of the letters acknowledged their opposition to the proposed mandate.

SUMMARY OF PROPOSED LEGISLATION

Senate Bill 1191 was patroned by Senator R. Edward Houck during the 2001 Session of the Virginia General Assembly. Senate Bill 1191 amends and reenacts § 38.2-4319 and adds § 38.2-3418.14 to the Code of Virginia, to require each insurer proposing to issue group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services to provide coverage for hearing aids and related services. The coverage described above and throughout this analysis refers to the Senate Bill 1191 with proposed amendments offered by the patron. The amendments were not formally adopted before the bill was referred from the House Committee on Corporations, Insurance and Banking to the Advisory Commission.

The coverage shall include payment of the cost of one hearing aid per hearing-impaired ear every forty-eight months, up to $1,200 per hearing aid. The insured may choose a higher-priced hearing aid and may pay the difference in cost above $1,200, with no financial or contractual penalty to the insured or to the provider of the hearing aid. Hearing aids will not be covered for impaired ears that do not indicate a hearing loss of 30 decibels or greater for at least one frequency between 500Hz and 4,000Hz. The bill states that "no insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this section any copayment or fee in excess of $100 per hearing aid."

The bill defines "Hearing aid" as "any wearable, non-disposable 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." It also defines "related services" to include "earmolds, initial batteries and other necessary equipment, maintenance, and adaptation training."

HEARING

According to information from the National Institute on Deafness and Other Communication Disorders (NIDCD), 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. The ear has three major parts, including the outer ear, middle ear, and inner ear. The NIDCD stated that 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.

The ossicles amplify the sound and send it through the entrance to the inner ear (oval window) and into the fluid-filled hearing organ (cochlea). The NIDCD noted that 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. (Diagram of the Ear, See Appendix C)

The loudness of sounds are measured in units called decibels. Below are some everyday sounds and their respective decibel levels:

- A whispered voice is measured at about 20 decibels;
- The humming of refrigerator is 40 decibels;
- A usual conversation between 2 people is approximately 60 decibels;
- City traffic noise is 80 decibels;

- A lawnmower or motorcycle is 90 decibels;
- A chainsaw is 110 decibels;
- A snowmobile is 120 decibels; and
- Firecrackers and rock concerts are 140 decibels.

CURRENT INDUSTRY PRACTICES

The State Corporation Commission's Bureau of Insurance surveyed sixty of the top writers of accident and sickness insurance in Virginia in March 2001, regarding the bills to be reviewed by the Advisory Commission in 2001. Forty-three companies responded by the deadline. Eighteen companies indicated that they have little to no applicable health insurance business in force in Virginia. Of the remaining 25 companies, only one company reported that it provided the coverage required by Senate Bill 1191 (with proposed amendments), under its standard benefit package. One company responded that it offers coverage under an optional basis to group policyholders. Twenty-four companies stated that they did not provide the coverage.

Eleven companies responded to the Bureau of Insurance survey with cost figures pertaining to Senate Bill 1191 with proposed changes. Cost figures were between $.35 and $3.78 per month per standard individual policy to provide the coverage proposed. Cost figures were between $.47 and $5.19 per month per standard group certificate, to provide the coverage required by Senate Bill 1191. Seven insurers estimated coverage on an optional basis and provided cost figures from $6 to $40 per month per standard individual policy, and between $.66 to $5.71 per month per standard group certificate. One company estimated a cost of $282 per month per optional individual policy, and $141 per optional group policy.

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 a hearing loss is second only to arthritis as the most common complaint of older adults.

Information provided to staff by the Virginia Department for the Deaf and Hard of Hearing indicated that based on Virginian's population of 7.1 million, approximately 71,000 Virginians are profoundly deaf. The numbers of Virginians who have mild to moderate hearing loss is approximately 546,700, bringing the total number of Virginians with hearing loss to approximately 617,700. In 1995, 65,515 of those residing in Virginia 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 Virginia Department for the Deaf and Hard of Hearing, 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

The Advisory Commission obtained information on hearing aid prices from the Department of Audiology at the Medical College of Virginia. The cost of a disposable hearing aid is $40 per month, plus a $200 sitting fee. The body aid style of hearing aid costs approximately $1,100. The range of prices for a Behind-the-Ear style is approximately $700 to $2,800. The In-the-Ear hearing aid prices are approximately $700 to $3,000. The In-the-Canal hearing aids costs range from $800 to $3,200. The Completely-in-Ear hearing aid costs range from $1,300 to $3,600.

The figures above are cost estimates that represent the prices for a single hearing aid. The audiologist explained that the costs of hearing aids vary depending upon the style of the hearing aid, the make of the hearing aid, and the circuitry inside the hearing aid.

A discount of $100-$500 can often be obtained on these prices, when a second hearing aid is ordered at the same time.

MEDICAL EFFICACY

On the basis of the 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 then 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.

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 that involves 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.

SIMILAR LEGISLATION IN OTHER STATES

According to information from the National Insurance Law Service, one state currently has 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. Alabama requires coverage for state employees, that includes coverage for exams, fittings, and follow-up visits. Maryland requires coverage for those ages 18 and younger, including $1,400 per hearing-impaired ear, every 36 months. Connecticut passed a bill to require coverage for children under the age of 12, effective January 1, 2002. Two states, Pennsylvania and Massachusetts have introduced measures mandating hearing aids and related services that are still pending.

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 Virginia Department for the Deaf and Hard of Hearing indicated that approximately 71,000 Virginians are profoundly deaf. The number of Virginians who have mild to moderate hearing loss is

approximately 546,700. Bringing the total number of Virginians with hearing loss to approximately 617,700.

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

The State Corporation Commission's Bureau of Insurance surveyed sixty of the top writers of accident and sickness insurance in Virginia in March 2001, regarding the bills to be reviewed by the Advisory Commission this year. Forty-three companies responded by the deadline. Eighteen companies indicated that they have little to no applicable health insurance business in force in Virginia. Of the remaining 25 companies, only one company reported that it provided the coverage required by Senate Bill 1191 (with proposed amendments), under its standard benefit package. One company responded that it offers coverage under an optional basis to group policyholders. Twenty-four companies said they did not provide the coverage.

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.

Several proponents of Senate Bill 1191 suggest that life choices regarding financial well-being have to be made in choosing to buy hearing aids. One proponent noted that many of those who are deaf or hard of hearing and need hearing aids are seniors. She explained that some people are on disability or retired and cannot afford a hearing aid because of their fixed income. Another proponent pointed out that those who need hearing aids, are many times, "economically disadvantaged." She said that if these people could receive a hearing aid, they could be self-sufficient economically. These people could then become self-supportive by gainfully earning income and prospering with a better quality of life.

Some opponents argue that seniors would not be affected by this mandate. They explained that many seniors are retired with Medicare benefits and would not be affected by this legislation.

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.

Proponents suggest that without mandating coverage for hearing aids, many would be unable to purchase hearing aids out-of-pocket. They suggested that older people could not afford hearing aids because of their fixed incomes. Consumers with low-paying jobs would be unable to afford hearing aids for themselves and/or their children because they are "priced out of the hearing aid

market." Even those in the economic middle class would have to make life decisions regarding finances to be able to purchase hearing aids.

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

The NIDCD reported that approximately 28 million Americans have a hearing impairment. Information provided to staff by the Virginia Department for the Deaf and Hard of Hearing indicated that approximately 71,000 Virginians are profoundly deaf. The numbers of Virginians who have mild to moderate hearing loss is approximately 546,700, bringing the total number of Virginians with hearing loss to approximately 617,700.

According to information provided by the Virginia Department for the Deaf and Hard of Hearing, 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.

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

No providers addressed this issue. One audiologist answered questions at the public hearing on June 4, 2001, but did not acknowledge whether she supported the bill or not.

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.*

Information provided to staff by the Virginia Department for the Deaf and Hard of Hearing indicated that approximately 71,000 Virginians are profoundly deaf. The numbers of Virginians who have mild to moderate hearing loss is approximately 546,700, bringing the total number of Virginians with hearing loss to approximately 617,700.

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.*

Several proponents of Senate Bill 1191 suggested that the cost of hearing aids would decrease if the legislation were enacted. One proponent explained by using an analogy of hearing aids and calculators. The proponent said she remembered purchasing her first calculator for around $100 when they were first available on the market in the 1960's and 1970's. She noted that after several years and with more consumers purchasing calculators, the price had decreased to $5. She suggested that if more hearing aids were in demand, it would force the market to decrease the price of hearing aids as was the case with calculators.

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

Proponents anticipate that through insurance coverage of hearing aids, the treatment of hearing loss would be greatly served. The proponents overwhelmingly stated that so many people in Virginia and across the nation need hearing aids, but cannot afford them, and that insurance coverage is not readily available. They said that cost and the lack of insurance coverage are barriers that prevent the hard of hearing community from receiving hearing aids. If the benefit was mandated, it is anticipated that hearing aids would be made available to many of those in need.

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

The alternative of providing coverage for hearing aids for those who have hearing loss or are hard of hearing is for those people to continue with hearing loss. Hearing aids alleviate the problem of hearing loss. The alternative would be to not provide coverage for hearing aids.

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.*

By mandating insurance coverage for hearing aids, there may be an increase in providers. Two professions, Hearing Aid Specialists and Audiologists can help fit people with hearing loss with hearing aids.

The Code of Virginia, Chapter 15, § 54.1-1500 defines "Board" as the Board for Hearing Aid Specialists. The board defines "hearing aid specialists" as a person who engages in the practice of fitting and dealing in hearing aids or who

advertises or displays a sign or represents himself as a person who practices the fitting and dealing of hearing aids. (Licensure Requirements, see Appendix E)

"Practice of fitting and dealing in hearing aids" is defined as (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. The Department of Professional and Occupational Regulation, Board for Hearing Aid Specialists reported that as of April 2001, there were 411 licensed hearing aid specialists in the Commonwealth of Virginia.

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 April 2001, there were 365 licensed audiologists in the Commonwealth of Virginia.

Both of these professions would see an increase in services needed if the service of supplying hearing aids were mandated.

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.*

Eleven companies responded to the Bureau of Insurance survey with cost figures pertaining to Senate Bill 1191 with proposed changes. Cost figures were between $.35 and $3.78 per month per standard individual policy to provide the coverage proposed. Cost figures were between $.47 and $5.19 per month per standard group certificate, to provide the coverage required by Senate Bill 1191. Seven insurers estimated coverage on an optional basis and provided cost figures from $6 to $40 per month per standard individual policy, and between $.66 to $5.71 per month per standard group certificate. One company estimated

a cost of $282 per month per optional individual policy, and $141 per optional group policy.

Several opponents, including VAHP, NFIB, and HIAA, through letters or at the public hearing, expressed displeasure that Senate Bill 1191 would increase the premium and administrative expenses of policyholders. The unifying theme of their comments was that with the addition of each mandate, there will be an increase of the premiums in the insurance market. This would cause health insurance to be unaffordable for more Virginians. The people who would feel the greatest effect would be small businesses and those who pay for their own insurance. These groups also argued that it would affect others in the group market because employers would decrease benefits and increase the employee share of the health coverage cost to compensate for an increase in premiums.

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

Opponents cited statistical data from VDDHH and stated that approximately 563,000 Virginians have a severe hearing loss. The opponents explained that if ten percent of individuals needing hearing aids in Virginia purchased them, the initial cost would represent $135 million to the private market. They believe this would increase health insurance premiums and make it more difficult for employers to purchase coverage.

Proponents of the bill suggested that overall costs of health care would decrease if those who are deaf or hearing impaired received hearing aids. One proponent said that statistics have shown that treatment of hearing loss can prevent problems with health issues stemming from difficulties in behavior, learning, reading and social interaction. Proponents believe that coverage for the cost of hearing aids would result in savings for the entire health care industry.

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.

Information from the NIDCD web site 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.

Several proponents noted that overall health and quality of life is improved for those who are deaf or hard of hearing that receive hearing aids. One proponent suggested that having a hearing aid can prevent isolation, loss of jobs, discrimination in the workplace, marriage problems, and mental health problems.

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 suggest that enacting Senate Bill 1191 would address both a medical and a broader social need. Senate Bill 1191 seeks to add the coverage of hearing aids for those who are hearing impaired (30dB or greater). Proponents clearly noted that by adding this coverage, a broader social need will be met. They stated that hearing is a part of a normal everyday activity; without it, many people feel isolated. They stated that hearing aids simply provide words and sounds that were unable to be heard before. Without hearing aids, people strain to hear, which can lead to anxiety, depression, headaches, and withdrawal from family and society.

One proponent compared vision coverage to hearing aid coverage. The proponent stated that hearing and vision are both parts of the four basic senses.

She pointed out that most insurance plans cover eyeglasses, to some extent, to eradicate vision problems. She acknowledged that there is not full coverage for eyeglasses, but some coverage. She also acknowledged that most vision coverage is separately added by a rider and not mandated, but reiterated that there is little insurance coverage for those who are hearing impaired and those needing hearing aids. She questioned why one major sense was favored over the other.

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

Eleven companies responded to the Bureau of Insurance survey with cost figures pertaining to Senate Bill 1191 with proposed changes. Cost figures were between $.35 and $3.78 per month per standard individual policy to provide the coverage proposed. Cost figures were between $.47 and $5.19 per month per standard group certificate, to provide the coverage required by Senate Bill 1191. Seven insurers estimated coverage on an optional basis and provided cost figures from $6 to $40 per month per standard individual policy, and between $.66 to $5.71 per month per standard group certificate. One company estimated a cost of $282 per month per optional individual policy, and $141 per optional group policy.

Opponents maintain that the cost of coverage outweighs the benefit received from the mandated benefit. Opponents suggest that mandating coverage of hearing aids will have a direct effect on a continuing rise in health insurance premiums. They cite an eleven percent increase in health care premiums from 2000 to 2001. They explain that cost containment efforts are finding ways to save money; however, medical costs will continue to rise due to an "aging population, increased use of services, higher prescription drug costs, expensive new technologies, and government mandates and regulations."

Opponents cited statistical data from VDDHH and stated that approximately 563,000 Virginians have a severe hearing loss. The opponents explained that if ten percent of individuals needing hearing aids in Virginia purchased them, the initial cost would represent $135 million to the private market. They believe this would increase health insurance premiums and make it more difficult for employers to purchase coverage.

Proponents of the bill suggest that overall costs of health care would decrease if those who are deaf or hearing impaired receive hearing aids. One proponent said that statistics have shown that treatment of hearing loss can prevent problems with health issues stemming from difficulties in behavior, learning, reading and social interaction. They believe that coverage for hearing aids would result in savings for the entire health care industry.

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 insureds.

RECOMMENDATION

The Advisory Commission voted unanimously (9-0) on September 26, 2001 to recommend against the enactment of Senate Bill 1191.

CONCLUSION

Senate Bill 1191 would provide hearing aids for those who had a hearing impairment of at least 30 decibels for at least one frequency between 500 hertz and 4,000 hertz. The Advisory Commission believes that those with hearing impairment would be assisted both socially and medically by providing hearing aids. They believe that Senate Bill 1191 would improve the overall lives of many Virginians. However, Advisory Commission members believe that because the price of hearing aids is relatively high, mandating coverage would directly cause the cost of insurance to be increased through higher premiums. There was concern that the mandate would increase the number of uninsureds because they would no longer be able to afford the premiums.

Advisory Commission members also had a concern about the process of fitting recipients for hearing aids and the impact a mandate would have on current industry practices.

010049444

SENATE BILL NO. 1191

Offered January 10, 2001

Prefiled January 10, 2001

A BILL to amend and reenact § 38.2-4319, as it is in effect and as it shall become effective, of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3418.14, relating to health insurance; coverage for hearing aids.

Patrons—Houck, Barry, Byrne, Couric, Edwards, Hawkins, Howell, Lambert, Marye, Maxwell, Miller, Y.B., Norment, Quayle, Ticer, Watkins and Whipple; Delegates: Baskerville, Callahan, Darner, Grayson, Howell, Kilgore, McQuigg, Moran, Morgan, Orrock, Plum, Van Landingham and Watts

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319, as it is in effect and as it shall become effective, of the Code of Virginia is amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 38.2-3418.14 as follows:

§ 38.2-3418.14. 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 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, 2001. Such coverage shall include payment of the cost of one hearing aid per hearing-impaired ear every forty-eight months, up to $1,200 per hearing aid. The insured may choose a higher-priced hearing aid and may pay the difference in cost above $1,200, with no financial or contractual penalty to the insured or to the provider of the hearing aid.

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, non-disposable 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, 38.2-209 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.), §§ 32.2-1017 through 38.2-1023, §§ 38.2-1057, Articles 2 (§ 38.2-1306 et seq.), 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, 38.2-3411.3, 38.2-3412.1:01,

38.2-3414.1, 38.2-3418.1 through 38.2-3418.12, *38.2-3418.14,* 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, 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 52 (§§ 38.2-5200 et seq.), Chapter 55 (§§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.), and § 38.2-5903 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.

E. For purposes of applying this section, "insurer" when used in a section cited in subsection A of this section shall be construed to mean and include "health maintenance organizations" unless the section cited clearly applies to health maintenance organizations without such construction.

§ 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, 38.2-209 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.), §§ 38.2-1017 through 38.2-1023 §§ 38.2-1057, Articles 2 (§ 38.2-1306 et seq.), 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, 38.2-3411.3, 38.2-3414.1, 38.2-3418.1 through 38.2-3418.12, *38.2-3418.14,* 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, 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 52 (§§ 38.2-5200 et seq.), Chapter 55 (§§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and § 38.2-5903 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.

E. For purposes of applying this section, "insurer" when used in a section cited in subsection A of this section shall be construed to mean and include "health maintenance organizations" unless the section cited clearly applies to health maintenance organizations without such construction.

Proposed Amendments to Senate Bill 1191

SENATE BILL NO. 1191
Offered January 10, 2001
Prefiled January 10, 2001

A BILL to amend and reenact § 38.2-4319, as it is in effect and as it shall become effective, of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3418.14, relating to health insurance; coverage for hearing aids.

Patrons-- Houck, Barry, Byrne, Couric, Edwards, Hawkins, Howell, Lambert, Marye, Maxwell, Miller, Y.B., Norment, Quayle, Ticer, Watkins and Whipple; Delegates: Baskerville, Callahan, Darner, Grayson, Howell, Kilgore, McQuigg, Moran, Morgan, Orrock, Plum, Van Landingham and Watts

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Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319, as it is in effect and as it shall become effective, of the Code of Virginia is amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 38.2-3418.14 as follows:

§ 38.2-3418.14. 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 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, 2001. Such coverage shall include payment of the cost of one hearing aid per hearing-impaired ear every forty-eight months, up to $1,200 per hearing aid. The insured may choose a higher-priced hearing aid and may pay the difference in cost above $1,200, with no financial or contractual penalty to the insured or to the provider of the hearing aid. Hearing aids will not be covered for impaired ears that do not indicate a hearing loss of 30 dB or greater for at least one frequency between 500Hz and 4,000 Hz.

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.~~ or fee in excess of $100 per hearing aid.

C. For the purposes of this section:
"Hearing aid" means any wearable, non-disposable 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. In addition, the provisions of this section shall not apply to policies, contracts or plans issued in the individual market or small group market to employers with fifty or fewer employees.
§ 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, 38.2-209 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.), §§ 32.2-1017 through 38.2-1023, §§ 38.2-1057, Articles 2 (§ 38.2-1306 et seq.), 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, 38.2-3411.3, 38.2-3412.1:01, 38.2-3414.1, 38.2-3418.1 through 38.2-3418.12, *38.2-3418.14,* 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, 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 52 (§§ 38.2-5200 et seq.), Chapter 55 (§§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.), and § 38.2-5903 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.

E. For purposes of applying this section, "insurer" when used in a section cited in subsection A of this section shall be construed to mean and include "health maintenance organizations" unless the section cited clearly applies to health maintenance organizations without such construction.

§ 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, 38.2-209 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.), §§ 38.2-1017 through 38.2-1023 §§ 38.2-1057, Articles 2 (§ 38.2-1306 et seq.), 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, 38.2-3411.3, 38.2-3414.1, 38.2-3418.1 through 38.2-3418.12, *38.2-3418.14,* 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, 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 52 (§§ 38.2-5200 et seq.), Chapter 55 (§§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.) and § 38.2-5903 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.

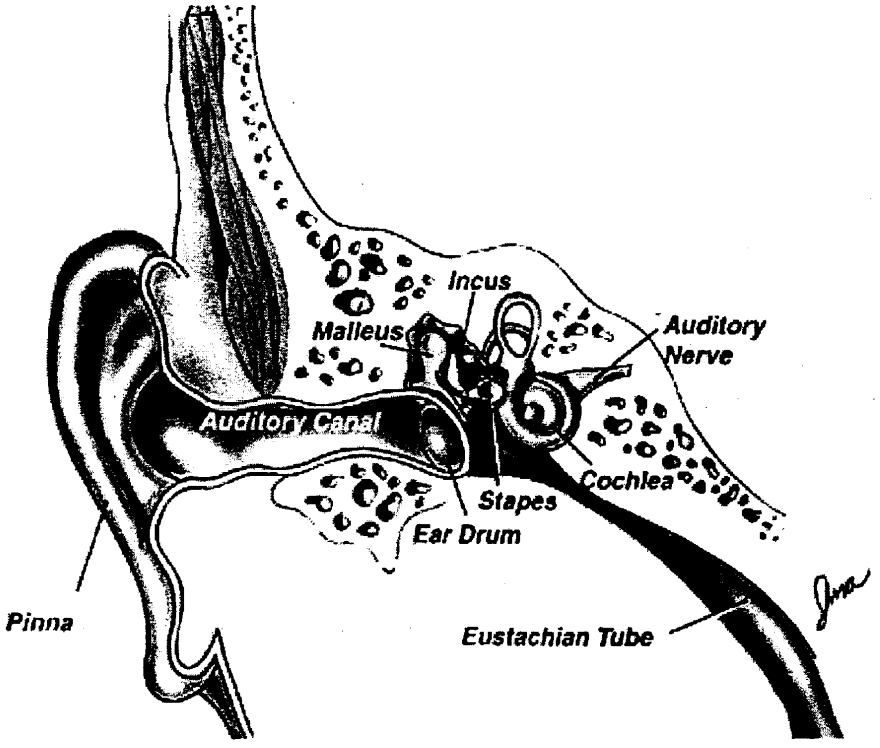
C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

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.

E. For purposes of applying this section, "insurer" when used in a section cited in subsection A of this section shall be construed to mean and include "health maintenance organizations" unless the section cited clearly applies to health maintenance organizations without such construction.

Image of the inner ear

APPENDIX C



Code of Virginia

Chapter 26.
Audiology and Speech-Language Pathology.

§ 54.1-2600. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Audiologist" means any person who engages in the practice of audiology.

"Board" means 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 conservation, habilitation, and rehabilitation for the purpose of identifying disorders of the hearing and vestibular systems and modifying communicative disorders related to 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.

"Practice of speech-language pathology" means the practice of facilitating development and maintenance of human communication through programs of screening, identifying, assessing and interpreting, diagnosing, habilitating and rehabilitating speech-language disorders, including but not limited to:

1. Providing alternative communication systems and instruction and training in the use thereof;
2. Providing aural habilitation, rehabilitation and counseling services to hearing-impaired individuals and their families;
3. Enhancing speech-language proficiency and communication effectiveness; and
4. Providing audiologic screening.

Any person offering services to the public under any descriptive name or title which would indicate that professional speech-language pathology services are being offered shall be deemed to be practicing speech-language pathology.

"Speech-language disorders" means disorders in fluency, speech articulation, voice, receptive and expressive language (syntax, morphology, semantics, pragmatics), swallowing disorders, and cognitive communication functioning.

"Speech-language pathologist" means any person who engages in the practice of speech-language pathology.

(1972, c. 181, § 54-83.1:5; 1974, c. 534; 1988, c. 765; 1992, c. 706.)

§ 54.1-2601. Exemptions.

This chapter shall not:

1. Prevent any person from engaging, individually or through his employees, in activities for which he is licensed or from using appropriate descriptive words, phrases or titles to refer to his services;
2. Prevent any person employed by a federal, state, county or municipal agency, or an educational institution as a speech or hearing specialist or therapist from performing the regular duties of his office or position;
3. Prevent any student, intern or trainee in audiology or speech-language pathology, pursuing a course of study at an accredited university or college, or working in a recognized training center, under the direct supervision of a licensed or certified audiologist or speech-language pathologist, from performing services constituting a part of his supervised course of study;
4. Prevent a licensed audiologist or speech-language pathologist from employing or using the services of unlicensed persons as necessary to assist him in his practice;

5. Authorize any person, unless otherwise licensed to do so, to prepare, order, dispense, alter or repair hearing aids or parts of or attachments to hearing aids for consideration. However, audiologists licensed under this chapter may make earmold impressions and prepare and alter earmolds for clinical use and research.

(1972, c. 181, § 54-83.1:7; 1978, c. 34; 1988, c. 765; 1992, c. 706.)

§ 54.1-2602. Board membership; officers; duties of Director of Department.

The Board of Audiology and Speech-Language Pathology shall consist of seven members as follows: two licensed audiologists, two licensed speech-language pathologists, one otolaryngologist, and two citizen members. The terms of Board members shall be four years. All professional members of the Board shall have actively practiced their professions for at least two years prior to their appointments.

The Board shall elect annually a chairman and a vice-chairman. The Director of the Department of Health Professions shall act as secretary-treasurer of the Board and shall keep a complete record of the proceedings and accounts of the Board.

The Board shall be authorized to promulgate canons of ethics under which the professional activities of persons regulated shall be conducted.

(1972, c. 181, §§ 54-83.1:8, 54-83.1:10; 1978, c. 34; 1979, c. 296; 1981, c. 447; 1987, c. 686, § 54-83.1:8.1; 1988, c. 765; 1992, c. 706.)

§ 54.1-2603. License required.

A. In order to practice audiology or speech pathology, it shall be necessary to hold a valid license.

B. Notwithstanding the provisions of subdivision 2 of § 54.1-2601 or any Board regulation, the Board of Audiology and Speech-Language Pathology shall license, as school speech-language pathologists, persons licensed by the Board of Education with an endorsement in speech-language pathology and a master's degree in speech-language pathology. The Board of Audiology and Speech-Language Pathology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school speech-language pathologists.

Persons holding such licenses as school speech-language pathologists, without examination, shall practice solely in public school divisions; holding a license as a school speech-language pathologist pursuant to this section shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Audiology and Speech-Language Pathology to offer to the public the services defined in § 54.1-2600.

The Board shall issue persons, holding dual licenses from the Board of Education with an endorsement in speech-language pathology and from the Board of Audiology and Speech-Language Pathology as school speech-language pathologists, a license which notes the limitations on practice set forth in this subsection.

Persons who hold licenses issued by the Board of Audiology and Speech-Language Pathology without these limitations shall be exempt from the requirements of this subsection.

(1979, c. 408, § 54-83.1:011; 1988, c. 765; 1999, cc. 967, 1005.)

CHAPTER 20.

BOARD FOR HEARING AID SPECIALISTS REGULATIONS.

PART I.

Definitions.

18 VAC 80-20-10. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Affidavit" means a written statement of facts, made voluntarily, and confirmed by the oath or affirmation of the party making it, taken before a notary or other person having the authority to administer such oath or affirmation.

"Audiologist" means any person who accepts compensation for examining, testing, evaluating, treating or counseling persons having or suspected of having disorders or conditions affecting hearing and related communicative disorders or who assists persons in the perception of sound and is not authorized by another regulatory or health regulatory board to perform any such services.

"Board" means the Board for Hearing Aid Specialists.

"Department" means the Department of Professional and Occupational Regulation.

"Hearing aid specialist" means a person who engages in the practice of fitting and dealing in hearing aids or who advertises or displays a sign or represents himself as a person who practices the fitting and dealing of hearing aids.

"Licensed sponsor" means a licensed hearing aid specialist who is responsible for training one or more individuals holding a temporary permit.

"Licensee" means any person holding a valid license issued by the Board for Hearing Aid Specialists for the practice of fitting and dealing in hearing aids, as defined in § 54.1-1500 of the Code of Virginia.

"Otolaryngologist" means a licensed physician specializing in ear, nose and throat disorders.

"Otologist" means a licensed physician specializing in diseases of the ear.

"Reciprocity" means an agreement between two or more states that will recognize and accept one another's regulations and laws for privileges for mutual benefit.

"Reinstatement" means having a license restored to effectiveness after the expiration date has passed.

"Renewal" means continuing the effectiveness of a license for another period of time.

"Temporary permit holder" means any person who holds a valid temporary permit under this chapter.

18 VAC 80-20-20. Explanation of terms.

Each reference in this chapter to a person shall be deemed to refer, as appropriate, to the masculine and the feminine, to the singular and the plural, and to the natural persons and organizations.

PART II.
Entry Requirements.

18 VAC 80-20-30. Basic qualifications for licensure.

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 which was suspended, revoked, surrendered in connection with a disciplinary action or which 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 which 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 impaired.

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 inquiries 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.