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# PENNSYLVANIA ACADEMY OF AUDIOLOGY

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December 22, 2016

Judith Pachter Schulder, Counsel,  
State Board of Examiners in Speech-Language Pathology and Audiology,  
P.O. Box 69523,  
Harrisburg, PA 17106-9523

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Dear Atty. Schulder,

Thank you for the opportunity to comment on the regulations regarding implementing the Act of July 2, 2014 (PL 971, No 106) Act 106. PAA was intimately involved in the passage of the legislation, and appreciates the public process that went into the development of this proposed rulemaking. The document largely reflects the work that went into this undertaking. We realize our comments are late filed, but we hope you will consider them nonetheless.

We would ask that the Board to consider the following:

1. Section 45.23. provisional licenses. We would like verification that 4th year recent graduates can apply for a six month option and up to 18 months, if they are in a continuing Ed. Program. This is further referenced on page 23/30.
2. 45.2. Definitions (i) "provided there is no conflict." We are unclear what may be a conflict if the national standards are the gold standard for an audiologist with the proper training and skills.
3. 45.2. Definitions (C) We believe that the American Academy of Audiology should also be listed as a governing body.
4. 45.102 (c). Because SLP and Audiologists.....**medical diagnosis and medical treatment.....considered unethical and illegal.**
  - a. This language may cause a problem for an audiologist to use ICD 10 codes for insurance purposes, since in essence they are diagnostic codes. Currently audiologists are coding with the intent of ruling out specific causes of hearing loss based on history and non-medical diagnostic findings from our testing. This information is then given to a physician (but not always) for diagnosis, management and treatment.
  - b. We feel that the language should exclude the use of diagnostic ICD and CPT coding that is and always has been the standard for insurance reimbursement for the audiologic procedures that audiologists perform.
5. Section 45.301/304. Assistants, minimum education. It is our understanding that the original intent of the language was to ensure that all properly trained assistants could participate in patient care under the guidance of a licensed audiologist. Current language would not allow an assistant to participate in any way except observation and paperwork. The proposed language would make the position of audiology assistant obsolete and eliminate many employment opportunities in the commonwealth. Attached as exhibit A is alternate language that mirrors the requirements of an assistant/technician currently utilized by physicians in the commonwealth and referenced below.

The provisions of this Subchapter G issued under section 17(b) of the Medical Practice Act of 1985 (63 P. S. § 422.17(b)), unless otherwise noted.

**Source** The provisions of this Subchapter G adopted January 2, 2004, effective January 3, 2004, 33 Pa.B. 43, unless otherwise noted.

We hope that these recommendations will help clarify the regulations for practitioners and the public, and that the Board adopt them.

Sincerely,  
James L. Shafer, Au.D.  
VP of Governmental Affairs  
PAA

Exhibit A

### **§ 18.401. Definitions.**

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

*Audiology Technician*—Individuals who deliver audiology services under the guidance of an audiologist who meets all standards to maintain a license in the Commonwealth of Pennsylvania and who are regulated by the State Board of examiners for Speech Language pathology and Audiology.

### **§ 18.402. Delegation.**

(a) An audiologist may delegate to an audiometric technician the performance of audiology service if the following conditions are met:

(1) The delegation is consistent with the standards of acceptable audiology practice embraced by the audiology community in this Commonwealth. Standards of acceptable audiology practice may be discerned from current peer reviewed audiology literature and texts, teaching facility practices and instruction, the practice of expert practitioners in the field and the commonly accepted practice of practitioners in the field.

(2) The delegation is not prohibited by the statutes or regulations relating to other health care practitioners.

(3) The audiologist has knowledge that the delegatee has education, training, experience and continued competency to safely perform the audiology service being delegated.

(4) The audiologist has determined that the delegation to an audiometric technician does not create an undue risk to the particular patient being treated.

(5) The nature of the service and the delegation of the service has been explained to the patient and the patient does not object to the performance by the audiometric technician. Unless otherwise required by law, the explanation may be oral and may be given by the audiologist.

(6) The audiologist assumes the responsibility for the delegated audiology service, including the performance of the service, and is available to the delegatee as appropriate to the difficulty of the procedure, the skill of the delegatee and risk level to the particular patient.

(b) An audiologist may not delegate the performance of an audiology service if performance of the audiology service or if recognition of the complications or risks associated with the delegated audiology service requires knowledge and skill not ordinarily possessed by an audiometric technician.

(c) An audiologist may not delegate an audiology service which the audiologist is not trained, qualified and competent to perform.

(d) An audiologist is responsible for the audiology service delegated to the audiometric technician