1. This document was created to support maximum accessibility for all learners. If you would like to print a hard copy of this document, please follow the general instructions below to print multiple slides on a single page or in black and white.
2. This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
3. Copyright: Images used in this course are used in compliance with copyright laws and where required, permission has been secured to use the images in this course. All use of these images outside of this course may be in violation of copyright laws and is strictly prohibited.
4. Social Workers: For additional information regarding standards and indicators for cultural competence, please review the NASW resource: Standards and Indicators for Cultural Competence in Social Work Practice
5. Need Help? Select the "Help" option in the member dashboard to access FAQs or contact us.

How to Print Handouts

- On a Mac
  - Open PDF in Preview
  - Click File
  - Click Print
  - Click dropdown menu on the right "preview"
  - Click layout
  - Choose # of pages per sheet from dropdown menu
  - Checkmark Black & White if wanted.
- On a PC
  - Open PDF
  - Click Print
  - Choose # of pages per sheet from dropdown menu
  - Choose Black and White from "Color" dropdown

No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without such written permission is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.

Teleaudiology: Advancing Access and Equity in Hearing Care

Part 2: State of the States

Presented in partnership with Salus University

Aaron Roman, AuD
Samantha Kleindienst Robler, AuD, PhD

Aaron Roman, AuD

Aaron M. Roman is an Assistant Professor at Salus University in Philadelphia, Pennsylvania. He received his B.A., M.A., and Au.D. from the University of Pittsburgh. Dr. Roman's has clinical expertise in auditory processing across the lifespan, cognitive screening protocols, and aural rehabilitation for individuals with cochlear implants. His research interests include assessing the impact of hearing loss on cognitive impairment as well as evaluating hearing loss assessment programs, including newborn hearing screening programs. His work has been disseminated through peer-reviewed publications and local, national, and international presentations.

Samantha Kleindienst Robler, AuD, PhD

Samantha Kleindienst Robler, AuD, PhD, is an assistant professor and researcher at the University of Arkansas for Medical Sciences in Little Rock, AR, and a part time audiologist and population health researcher for Norton Sound Health Corporation in Nome, AK. Her clinical and research interests include innovating and improving tools that address accessibility to hearing

healthcare, including development and application of telemedicine technology in the clinic, as well as addressing global hearing health and public policy in the hearing healthcare delivery system.

Disclosures

- **Presenter Disclosures:** Financial: Aaron Roman is employed by Salus University. He received an honorarium for presenting this course. Non-financial: Aaron Roman has no relevant non-financial relationships to disclose. Financial: Samantha Kleindienst Robler is employed by the University of Arkansas for Medical Sciences and Norton Sound Health Corporation. She received an honorarium for presenting this course. Non-financial: Samantha Kleindienst Robler is on the board of directors for the American Academy of Audiology.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure**: This course is presented by AudiologyOnline in partnership with Salus University.

Learning Outcomes

After this course, participants will be able to:

1. Identify the state and federal laws that apply to teleaudiology.
2. Compare and contrast teleaudiology from other models of clinical service provision.
3. Describe challenges and potential solutions for provision of teleaudiology services.

Separating Federal and State Laws

Why discuss state and federal laws?

Role of legislatures in teleaudiology service provision

Federal and State Legislatures Work Differently

Federal Legislature

1. *Bicameral* body consisting of House of Representatives and Senate
2. Set number of Representatives/Senators
   - 435 Representatives
   - 100 Senators
3. Full-time appointment expectation

State Legislature

1. Can be either bicameral or *unicameral*
   - Only unicameral in Nebraska
2. State determines size of chamber(s) and can adjust size
   - New Hampshire has 424 legislative seats
   - Texas has 150 legislative seats
3. States vary in annual time commitment
   - Green Legislatures
   - Gray Legislatures
   - Gold Legislatures

Full- and Part-Time Legislatures

Green legislatures

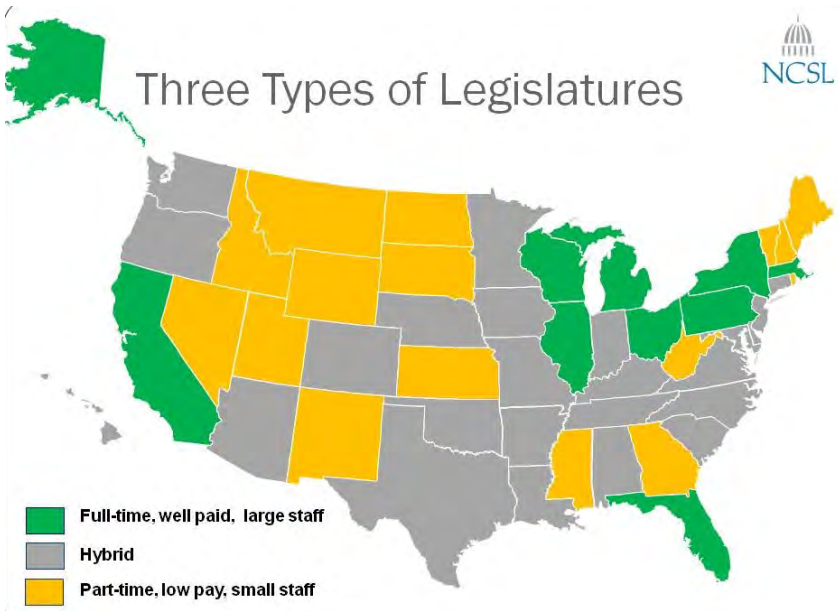
- Full-time commitment
- Higher compensation

Grey Legislatures

- Hybrid (~ 2/3 of a full-time job)
- Compensation can supplement, not replace full-time salary

Gold Legislatures

- Part-time commitment (50% of full-time job)
- Low compensation rates

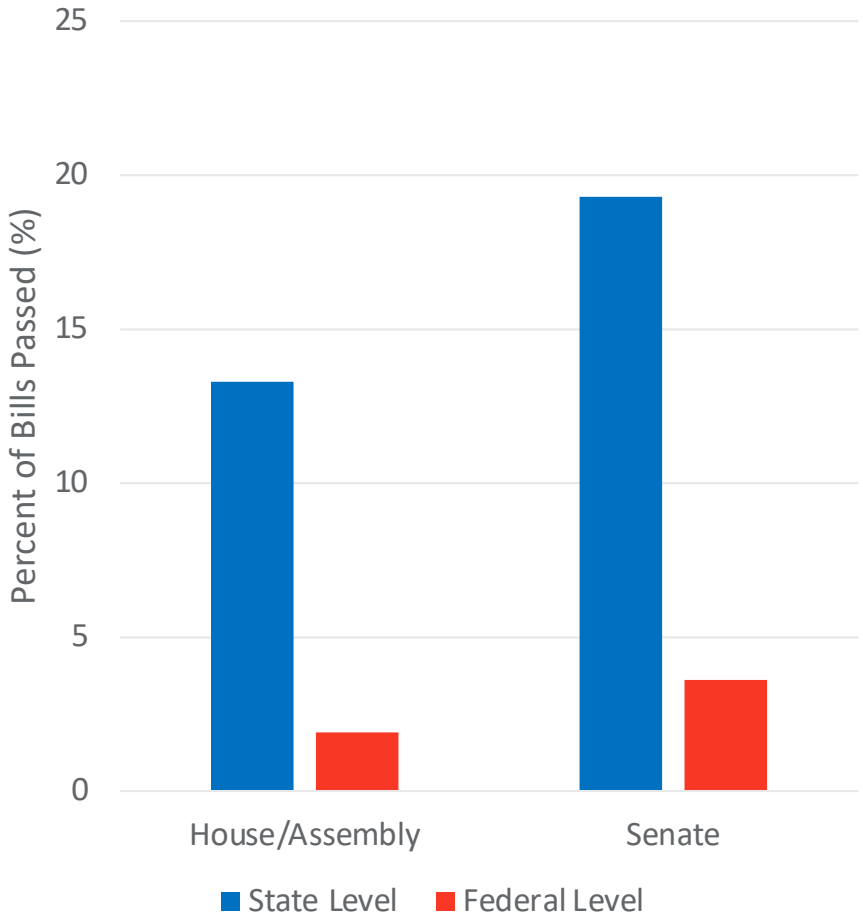


National Conference of State Legislatures
Reprinted with permission

State legislatures generally pass more bills compared to federal legislatures

States demonstrate a substantially higher pass rate for introduced bills

- Particularly when legislature is unified



Quorum, 2016

While federal actions tend to attract more media focus, issues related to audiology tend to be legislated at the state level.

- State-controlled issues include:
  - Higher education funding
  - Student loan repayment
  - Professional licensure rules and regulations
  - Medicaid and other state-run health insurance programs

Laws impacting Teleaudiology

Health Insurance Portability and Accountability Act (HIPAA)

- Ensure privacy of patient's protected health information

Medicare Regulations

Health Information Technology for Economic and Clinical Health (HITECH) Act

- Promotes use of EHR and requires that HHS is notified if data is breached

American with Disabilities Act (ADA)

- Teleaudiology platforms must be accessible to individuals with disabilities, including hearing loss

Children's Online Privacy Protection Act (COPPA)

- Websites that collect data on children <= 13yrs must get parental consent before obtaining information

State Telemedicine Laws

State Licensure Laws

Medicaid Regulations and Reimbursement Policies

Teleaudiology Service Delivery

- States vary in how they regulate teleaudiology
  - Licensure and regulations
  - Practice Guidelines
  - Policy Statements
- Most service delivery laws pertain to licensure to practice within state
- Some states have certain definitions for teleaudiology

  e.g., Idaho specifies that telehealth does not include audio in isolation (must have a video component) to deliver services

Teleaudiology Service Delivery

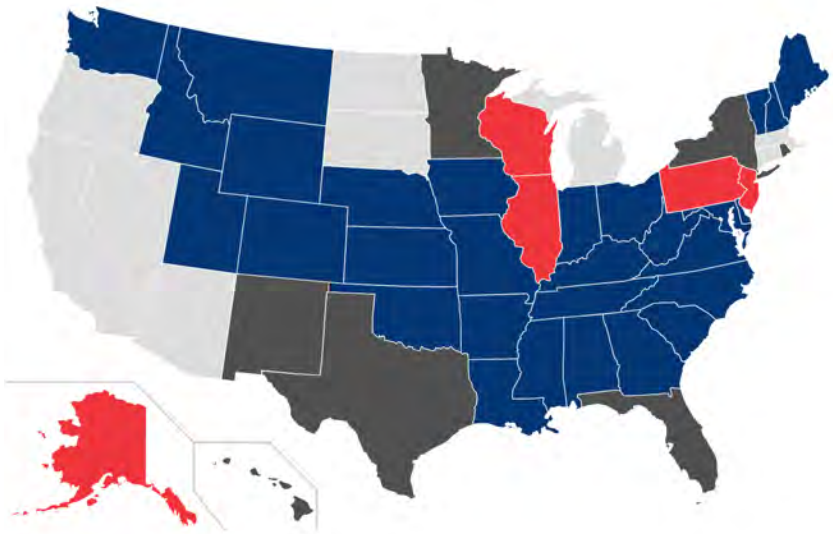
- States not involved in the Audiology Speech-Language Pathology Interstate Compact *(*ASLP-IC) require licensure in **both** provider's home state and the state in which service is being rendered
- Requirements to practice vary from state
  - E.g., If provider's home state does not require a HA dispensing license but the patient's state does, the provider must obtain a HA dispensing license to dispense HAs
- Many states have a grace period for unlicensed individuals to practice while in process of obtaining a license

Scan to learn more

What is the ASLP-IC?

Audiology & Speech-Language Pathology Interstate Compact

- Currently 29 active state members
- Allows licensed audiologists to easily apply for privilege to practice in states that are compact members



Blue = State Enacted
Red = Legislation Pending
Grey = State Not Enacted

What might this mean for clinical service provision?

Can Audiologists get Reimbursed for Teleaudiology Services?

…it depends

- CMS has encouraged states to develop Medicaid guidelines for telepractice
- Many states passed laws that require coverage for audiology services rendered via teleaudiology, but do not specify what services must be covered
  - Some private insurances are exempt from state mandates
- Additionally, in both Medicaid and private insurances, the usage of modifiers/service codes may be required

Check with your state agency to ensure you are billing properly!

What about Medicare?

- The Consolidated Appropriates Act of 2023 expanded Medicare coverage for telehealth services through **December 31, 2024**.
- Per the CAA…
  - Medicare beneficiaries in any geographic area can receiver telehealth services (not just those in rural areas)
  - Beneficiaries can remain at home for appointments
  - Telehealth services can be provided via smartphone with audio and video capability

CPT Codes covered under Medicare

CPT Code	Description
92550	Tympanometry & reflex thresh
92552	Pure tone audiometry air
92553	Audiometry air & bone
92555	Speech threshold audiometry
92556	Speech audiometry complete
92557	Comprehensive hearing test
92563	Tone decay hearing test
92565	Stenger test pure tone

CPT Code	Description
92567	Tympanometry
92568	Acoustic refl threshold tst
92570	Acoustic immitance testing
92587	Evoked auditory test limited
92588	Evoked auditory tst complete
92601	Cochlear implt f/up exam <7
92602	Reprogram cochlear implt <7
92603	Cochlear implt f/up exam 7/>
92604	Reprogram cochlear implt 7/>

Resources from Professional Organizations

AAA State Coverage Guidance*

ASHA Telepractice Reimbursement Guidance

*AAA Membership Required to Access

Let's apply this to clinical practice…

Applying Teleaudiology into Practice

Full Picture Considerations

Case Example – Aural Rehabilitation

"Cindy"

Meet Cindy

- Background Information
  - 58-year-old female born with severe to profound sensorineural hearing loss
    - Wore hearing aids from three years of age onward
  - Lived in central PA, provider in southeastern PA
  - Implanted with Cochlear Nucleus 7 in December 2019
    - Wears hearing aid on opposite hear
- Teleaudiology Intervention
  - Seen for aural rehabilitation via Zoom for one hour twice weekly
  - Treatment plan developed in conjunction with speech-language pathology

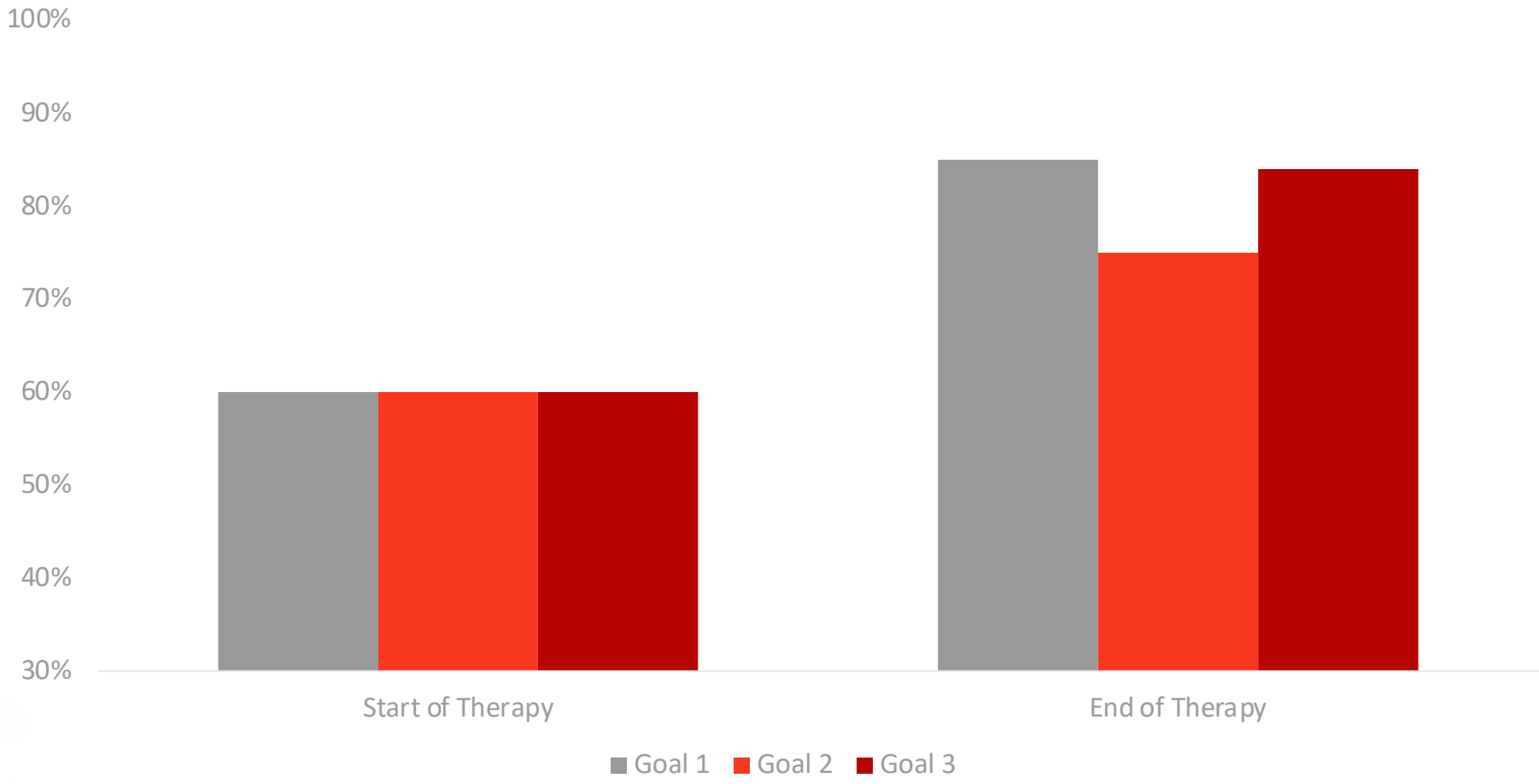
Cindy's Communication Goals

Goals developed to address Cindy's primary concerns:

1. Repeat words presented in silence without lipreading
2. Identify words that differ by a single phoneme
3. Repeat sentences (5 – 10 words) with background noise

1. Repeat words presented in silence without lipreading
2. Identify words that differ by a single phoneme
3. Repeat sentences (5 – 10 words) with background noise

Teleaudiology Outcomes



Cindy's Case - Considerations

Free university clinic that allowed collaboration with SLP program

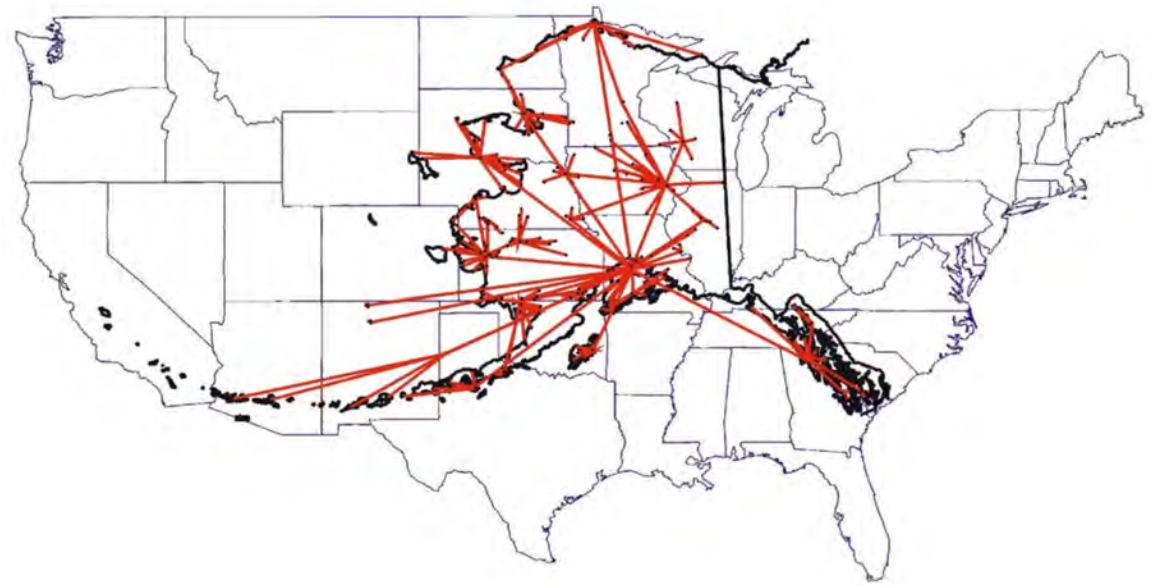
Patient was not required to drive to clinic (~ 1.5 hour drive each way) for any therapy or evaluation

Therapy occurred during COVID-19 isolation period, no exposure risk for clinicians nor patient

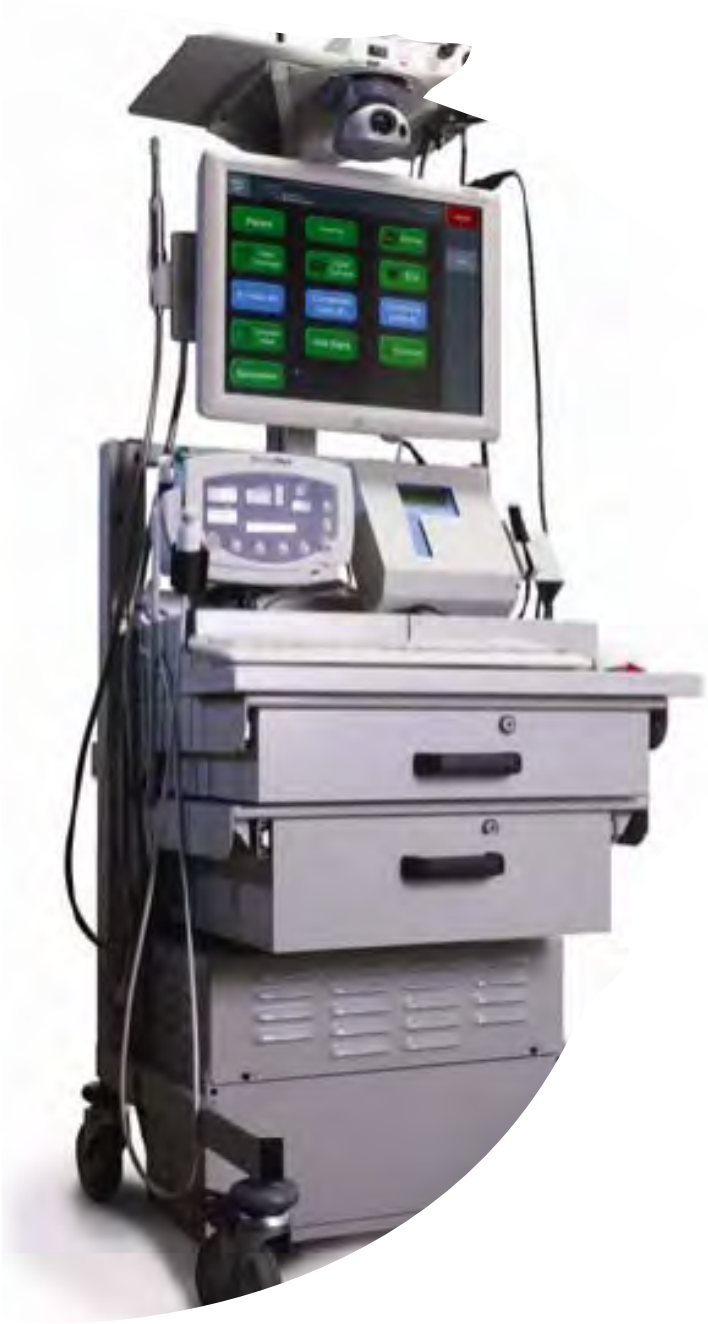
Occasional difficulty with internet connectivity

Case Example – NBHS Program

Rural Alaska



Map provided by
Alaska Native Tribal Health Consortium
Division of Information Technology
www.anthc.org



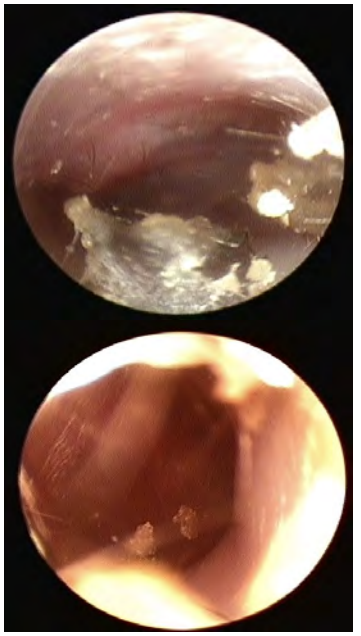
Alaska EHDI Pilot Program

- Reduce lost to follow-up using telehealth technology
- Higher prevalence of OM (otoscopy, tympanometry, OAE, pure tone)

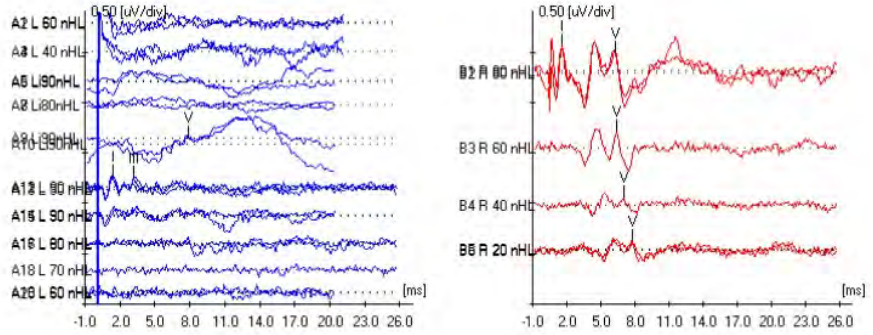
5 w/o M: referred NBHS (AABR) left ear, pass right at birth

- Born full-term, no complications, no history

- Appt 1: Hybrid Telehealth Audiology/ENT for otoscopy/tympanometry

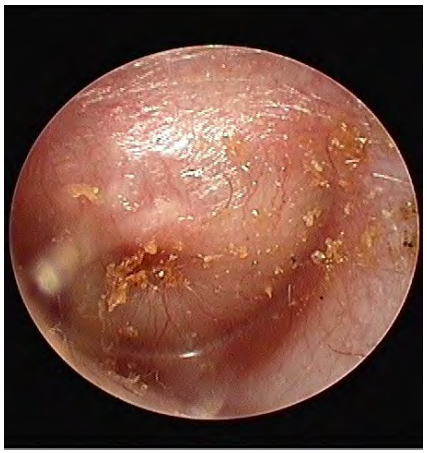


- Appt 2: Audiology in person (ABR)/Asynchronous telehealth ENT

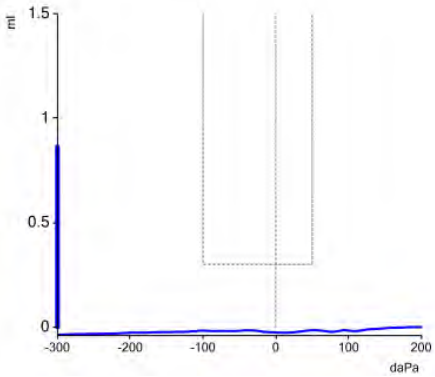


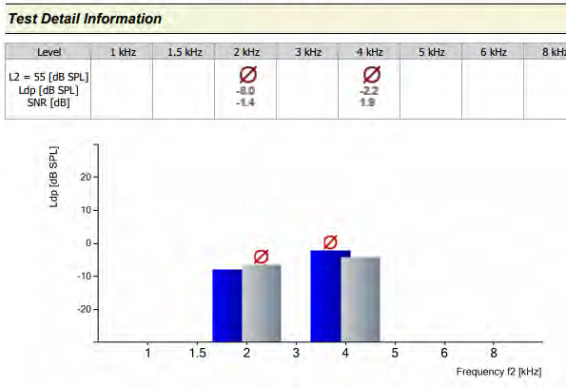
- Appt 3/4: ENT exam, genetics, ophthalmology
  - Audiology in person HAF
- Appt 4 & 5: Real time telehealth HACs

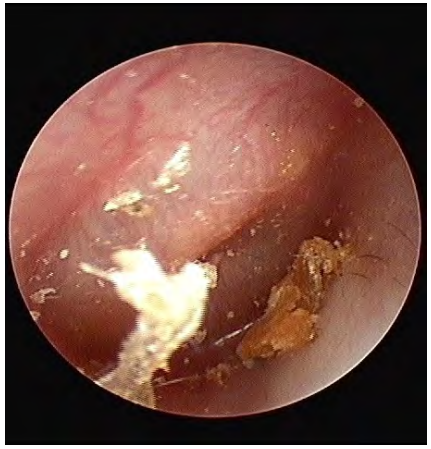
Left TM



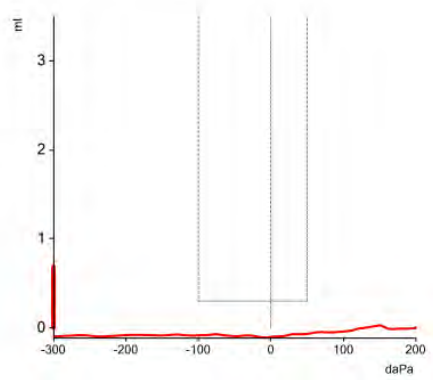
ECV: 0.86 ml
Peak:
Probe tone: 226 Hz
Pressure: 200 ... -300 daPa at 200 daPa/s

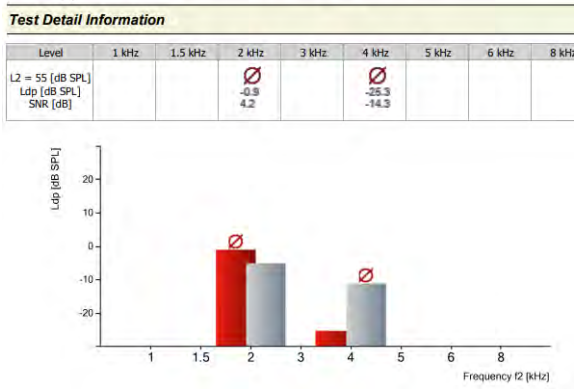






ECV: 0.7 ml
Peak:
Probe tone: 226 Hz
Pressure: 200 ... -300 daPa at 150 daPa/s





In Summary…

The rules and regulations around teleaudiology may be complicated and difficult to follow

They further vary from state to state

Awareness around state-level mandates pertaining to licensure and reimbursement are vital to administering quality teleaudiology

There are country-wide initiates developing to aid in teleaudiology provision (e.g. ASLP-IC)

Advocating at state and federal levels will be important for the ability to continue to provide teleaudiology services

Core Takeaway: *Advocating is Important*

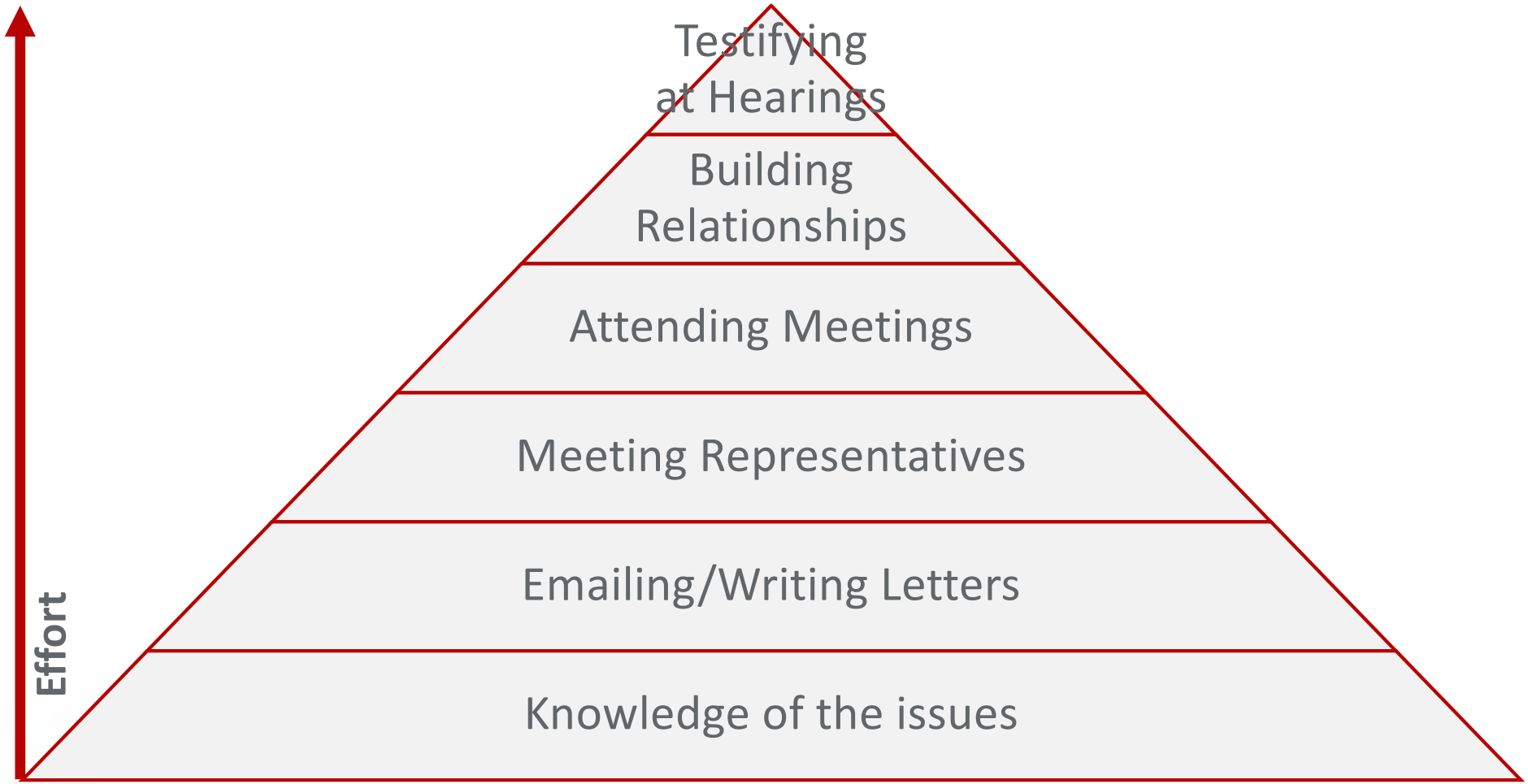
Things to know to be an effective advocate

Barriers to Effective Advocacy

1. Disinterest in efforts
2. Uncertainty of advocacy outcomes
3. Knowledge and awareness of policy matter

Heinowitz, 2012

Hierarchy of Advocacy



Moran, 2011

References

- Heinowitz, A. E., Brown, K. R., Langsam, L. C., Arcidiacono, S. J., Baker, P. L., Badaan, N. H., ... & Cash, R. E. (2012). Identifying perceived personal barriers to public policy advocacy within psychology. *Professional Psychology: Research and Practice*, *43*(4), 372.
- Moran, W. P. (2011). Establishing a health policy strategy at the association level. In *Health Care Advocacy: A Guide for Busy Clinicians* (pp. 69-78). New York, NY: Springer New York.

Acknowledgements

- The presenters would like to thank Dr. Laura Coco for her work in co-creating the teleaudiology video demonstrations with Dr. Robler

Contact Us!

Samantha Kleindienst Robler, AuD, PhD

- skrobler@uams.edu
- skleindienst@nshcorp.org

Aaron Roman, AuD

- aroman2@salus.edu