



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

September 14, 2018

Ms. Marlene Dortch
Secretary
Federal Communications Commission
CG Docket Nos. 03-123 and 13-24
Washington, DC 20554

RE: IP CTS Modernization and Reform; Notice of Further Proposed Rulemaking

Dear Secretary Dortch:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the July 18, 2018, *Federal Register* further notice of proposed rulemaking (FNPRM) from the Federal Communications Commission (FCC) that proposes to ensure that Internet Protocol Captioned Telephone Service (IP CTS) remains sustainable for those individuals who need it by reducing waste and thereby bringing under control the exponential growth of the program.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. As part of their professional responsibilities, audiologists may assess and certify individuals who require IP CTS to meet their functional communication needs.

IP CTS Growth

GENERAL COMMENTS

ASHA supports access to IP CTS for all individuals who require it in order to communicate effectively. ASHA's vision is, "Making effective communication, a human right accessible for all." Therefore, we are committed to ensuring that individuals have full and unfettered access to all **appropriate** supports and services necessary to allow them to communicate as effectively as possible.

While ASHA notes the FCC's concerns of provider overuse and undue influence that the FNPRM referred to as "perverse incentives", this concern should not restrict access for those with a bona fide need for the service.

The FNPRM characterizes the growth of IP CTS as “exponential.” Although significant increases in utilization have occurred, ASHA notes that this growth is due in part to the increased incidence and prevalence of hearing loss and impairment, as well as the effects of fair and valid dissemination of information to individuals with a need for IP CTS.¹

ASHA shares the FCC’s concerns about unnecessary utilization by those who do not need the service and utilization of the device by family members who do not realize the cost associated with using the device out of convenience rather than personal need. Those concerns are best addressed by educating the public and health care professionals about the details of the program. **ASHA would welcome the opportunity to partner with the FCC to develop and implement an educational campaign targeted toward individuals with hearing loss and functional impairments, as well as their caregivers and family members.**

ASHA is committed to providing our audiologist members with the most current information and resources available to assist them in meeting the needs of their clients. Therefore, **ASHA would also commit to collaborating with the FCC to engage members in a campaign to drive best practices in the assessment and certification of IP CTS.** Such an initiative would help reduce unnecessary utilization while ensuring continued access to IP CTS for individuals who require that accommodation.

The following comments address specific provisions in the FNPRM that directly affect audiologists and those whom they serve:

Ensuring Independent User Eligibility Assessments

Comments

The FNPRM lists a series of ways providers rely on what the FCC refers to as “perverse incentives” to drive “exponential growth” in the use of IP CTS. Within that list, the FCC notes:

4) Engaging in pre-established and sometimes exclusive or joint arrangements with third-party professionals that compromise the objectivity of such assessments.

The issue of undue influence is a significant concern any time utilization of a device or service and its related reimbursement is dependent upon the certification of another party. Determinations of clinical need should be made without any enticements or inducements by IP CTS providers. There are no mechanisms in place to incentivize audiologists or other certifying providers to recommend IP CTS devices or services to their clients who do not need them or who would not benefit from them. Audiologists do not receive payment for the devices and do not receive financial compensation for recommending the devices or certifying eligibility.

ASHA is not aware of any circumstances where audiologists are receiving “kick-backs” or incentives for certifying individuals for IP CTS or even more concerning, certifying individuals who do not need IP CTS. Such an arrangement would be a violation of several provisions of ASHA’s Code of Ethics.²

In the course of their professional responsibilities and obligations, audiologists should be recommending IP CTS based on their clinical judgement and individualized assessment of their

client's need. That determination should be based upon their expertise and the self-reported difficulties the client is having using the telephone.

Eligibility Assessment Requirements

Comments

An audiologist uses a client-centered approach to determine appropriate devices and hearing assistive technologies to meet an individual's communication needs. By thoroughly surveying an individual's communication disruptions, taking a medical history, and reviewing audiometric results, an audiologist can understand the degree and type of hearing loss and the impact that hearing loss has on the client's everyday life. Communication is the thread that ties individuals together. Telephone communication is a necessary vehicle for communication in an individual's professional, social, and personal life. Often it can be a lifeline to assistance and a foundation for maintaining independence.

Recommendation

ASHA opposes the sole use of an audiometric assessment as the basis for an eligibility determination. Instead, **ASHA recommends client report of telephone difficulty and further review of communication limitations as the best identification for device or technology recommendation and certification.** The audiologist's role should be inclusive of the individualized approach noted above and not limited to a single test, assessment, or metric.

Rationale: Using an audiometric assessment, which takes place in a sound booth, and extrapolating those results to a different environment (i.e., hearing on a telephone) for the purpose of determining eligibility is not the best way to assess an individual's need for IP CTS. There are disorders that impact speech clarity that may not impact the degree of hearing (decibels) that allows for easy candidacy identification via an audiogram (i.e., auditory neuropathy spectrum disorder and hidden hearing loss). Communication via a telephone requires interpreting information that has a limited frequency range that impedes the ability to hear speech clearly for anyone utilizing a telephone. Other impeding factors include presence of background noise, speaker rate of speech, speaker accent/dialect differences, and call reception/transmission quality. A standardized self-assessment of communication ability [e.g., Hearing Handicap Inventory (HHI), Self-Assessment of Communication (SAC)] can assist an audiologist in identifying problematic communication needs related to and including telephone use. ASHA maintains that a client report of telephone difficulty with expanded comment on communication limitations is the best identification for device recommendation.

Inclusion of a Functional Assessment of Communication Needs

Comments

ASHA is concerned about the FCC's proposal that each certification require a functional assessment of each applicant's communication needs, as this represents an unfunded mandate and an additional burden to individuals seeking access to IP CTS. ASHA maintains that an audiologist's recommendation should be based upon their overall interaction with the client and on the individual's self-report of difficulty during phone communication.

Qualified Certifying Professionals

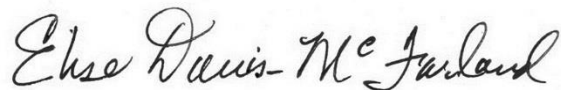
Recommendation

ASHA recommends that certifying third-party professionals should be audiologists and physicians specializing in otolaryngology.

Rationale: Audiologists and otolaryngologists are qualified providers as their professional preparation related to hearing disorders and associated conditions allows for accurate assessment of functional communication needs. Certification of the need for the device and service goes beyond issues of volume and amplification. If the FCC determines a need for a functional assessment, the complexities involved in assessing situational functional communication needs should involve highly qualified hearing health professionals. The comprehensive clinical doctorate required as the entry-level degree for the profession of audiology make audiologists uniquely qualified for carrying out such assessments and determinations.

Thank you for the opportunity to provide comments on the July 18, 2018, *Federal Register* FNPRM. ASHA requests the opportunity to meet with the FCC to discuss further rulemaking in this area and to share our members' expertise in functional communication needs assessment. We particularly look forward to discussing the possibility of a campaign to promote best-practices in certifying an individual's need for IP CTS. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at cclarke@asha.org.

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President

¹ The American Speech-Language-Hearing Association. (n.d.). *The Prevalence and Incidence of hearing Loss*. <https://www.asha.org/public/hearing/Prevalence-and-Incidence-of-Hearing-Loss-in-Adults/>.

² The American Speech-Language-Hearing Association. (2016). *Code of Ethics*. Retrieved from <https://www.asha.org/code-of-ethics/>.