

ATTACHMENT C

Connecticut Sunset Law

Performance Audit

of

**Regulation of Hearing Instrument
Specialists**

Prepared By

**Legislative Program Review and Investigations
Committee**

Per C.G.S. Sec. 2c-4

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What Is the Connecticut Sunset Law?

The Connecticut sunset law is contained in the Connecticut statutes and sets out a list of 75 specifically named entities or programs that will automatically terminate on a date certain (i.e., sunset) unless the legislature specifically acts to re-establish each one. Enacted in 1977 as part of a larger government reorganization effort¹, the Connecticut sunset law is based on two statutory findings made at the time:

- “There has been a proliferation of governmental entities and programs, which has occurred without sufficient legislative oversight or regulatory accountability”
- “There is a need for periodic comprehensive review of certain entities and programs, and for the termination and modification of those which did not significantly benefit the public health, safety, or welfare.”

Review Process

The law sets out a review process for each entity or program prior to its automatic termination date that includes:

- a ***PRI performance audit*** that is guided by, but not limited to, statutory criteria;
- a ***PRI written report*** (submitted to the Government Administration and Elections Committee (GAE) and the General Assembly) addressing the criteria, summarizing the PRI performance audit findings, and making recommendations based on those findings to abolish, reestablish, modify, or consolidate the specific entity or program under review;
- a ***GAE public hearing***, and the authority for GAE to recommend to the General Assembly that the entity or program be modified, consolidated with another entity or program or re-established.

If the outcome of the review process is a recommendation to continue an entity or program, with or without modifications, the only way for the entity or program to continue is if the General Assembly agrees and passes explicit legislation re-establishing the entity or program. If the review process recommendation is to terminate, and the General Assembly agrees, it does not need to act at all.

¹ P.A. 77-614 State Government Reorganization

Review Criteria

Two sets of criteria guide the sunset review process. The first set of criteria is to help determine **whether there is a public need for the continued existence of the entity or program;** the legislature is to consider, among other things:

1. whether termination of the entity or program would significantly endanger public health, safety or welfare;
2. whether the public could be adequately protected by another statute, entity or program, or by a less restrictive method of regulation;
3. whether the entity or program produces any direct or indirect increase in cost of goods or services, and if so, whether public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and
4. whether the effective operation of the entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

The second set of criteria is to help determine **whether a regulatory entity or program serves the general public, and not merely the persons regulated;** the legislature is to consider, among other things:

1. the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program;
2. the extent to which the governmental entity involved has complied with federal and state affirmative action requirements;
3. the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated;
4. the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and
5. the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to regulation.

Responsibility of Entity/Program Subject to Review

According to the sunset law, each listed entity or program “shall have the burden of demonstrating a public need for the reestablishment of the entity or program” and “shall also have the burden of demonstrating that it served the public interest and not merely the interests of the persons regulated.”

The regulation of hearing instrument specialists is one of 75 entities or programs currently on the sunset list. Because it is one of the items included in the first year of the five-year cycle, it will terminate July 1, 2013 unless re-established by the General Assembly.

The Department of Public Health responded to survey questions based on the two sets of criteria. Interviews and record reviews rounded out the information used to address the criteria in this report. A summary profile of the regulation of hearing instrument specialists is presented as background for this sunset review.

REGULATION OF HEARING INSTRUMENT SPECIALISTS	
ENTITY:	Hearing Instrument Specialists
STATUTORY REFERENCE:	C.G.S. 20-396 to 20-407, inclusive
ESTABLISHED:	Hearing aid dealers were first licensed in 1972
ORGANIZATION LOCATION:	Department of Public Health
PURPOSE:	<ol style="list-style-type: none"> 1. administer the licensure examination 2. determine the subject matter and scope of the examination 3. investigate complaints against licensed hearing aid dealers and holders of temporary permits 4. suspend or revoke licenses
PRACTICE DEFINED:	A hearing instrument specialist is a person who fits or sells hearing aids.
STAFF:	<ul style="list-style-type: none"> • The DPH Office of Practitioner Licensing and Certification in the Bureau of Healthcare Systems carries out licensing functions
BUDGET:	Approximately \$6,855 (in FY 11)
NUMBER OF ACTIVE LICENSES IN 2010:	<ul style="list-style-type: none"> • 122 Hearing Instrument Specialists • 10 Hearing Instrument Specialists-Training Permits
FEES:	<ul style="list-style-type: none"> • Initial Application Fee: \$250 • Renewal Application Fee: \$250
REVENUE GENERATED IN FY 11:	<ul style="list-style-type: none"> • Approximately \$16,300 in licensing and exam fees
EXAMINATIONS:	Offered two times per year by DPH
COMPLAINTS:	3 complaints received in FY 10

PART 1: Public Need

Is There a Public Need to Continue Regulating Hearing Instrument Specialists?

Criteria #1. Would the termination of hearing instrument specialist regulation significantly endanger public health, safety or welfare?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none">• The physical health and safety, emotional well-being, and economic welfare of the public would be threatened by allowing unqualified, untrained hearing instrument specialists to incorrectly fit and dispense hearing aids
	<ul style="list-style-type: none">• There is evidence that incorrectly fit hearing aids, such as devices with too much amplification, can damage remaining hearing
	<ul style="list-style-type: none">• The public would find it difficult to determine competence and whether they received quality services, particularly for an elderly, vulnerable population
	<ul style="list-style-type: none">• The welfare of the public would be further threatened by allowing hearing instrument specialists who had lost their licenses due to imposed sanctions for such reasons as incompetence, to re-enter (re-open) the profession

Discussion of Criteria #1 Key Findings

Safety concerns. Hearing instrument specialists frequently take deep canal ear impressions and also screen for medical conditions (8 red flags) that would require a referral to a physician. The FDA website contains information on medical devices, including hearing aids.² Under safety issues that consumers should know about, the FDA says that hearing aids should be properly fitted so that amplification matches the individual's hearing loss. If the hearing aid is not properly fitted, then too much amplification may cause additional hearing loss.

In their response to the sunset questionnaire on the hearing instrument specialist licensing program, DPH responded that current licensure requirements protect the public by ensuring that all hearing instrument specialists adhere to the same minimum standards with regard to education and training.

Without licensure (regulation), former hearing instrument specialists who are no longer licensed (due to revocation, voluntary surrender, etc.) would be able to re-enter the profession, and thus, the public would no longer be protected from practitioners who had previously evidenced harm to the public.

² "Medical Devices: Benefits and Safety Issues"

(<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/HearingAids/ucm181477.htm>)

Other state experience with de-regulation. Colorado is a state with experience regulating, de-regulating, and re-regulating hearing instrument specialists. Colorado sunsetted its regulation of hearing instrument specialists by its Board of Hearing Aid Dealers in 1986 because the sunrise-sunset committee judged the board to be an ineffective enforcement tool, having denied no licenses nor taken any disciplinary actions in a 10-year period. After terminating the Board and regulation of hearing instrument specialists, however, a subsequent review found significant actual public harm by the unregulated practice of hearing aid sales (e.g., the AG's Office investigated 100 complaints in 1990 alone regarding hearing aid sales), and began regulating the profession through its department of health. The bulk of these complaints concerned failure to issue refunds, as well as cases of abuse of elderly clients, and outright fraud. Local Colorado district attorneys also believed it would be harder to obtain an injunction without a statewide regulatory program.

Hearing aid technology. Nearly all hearing aids currently use digital technology, which allow the devices to be programmed to meet an individual's exact hearing loss needs across each frequency tested. Hearing aid features include directional microphones, feedback cancellation and noise suppression. Adjustments are often made over a period of time to tailor the hearing aids to the wearer's particular lifestyle listening needs and demands.

Criteria #2. Would the public be adequately protected by another statute, entity or program, or by a less restrictive method of regulation?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none"> • A less restrictive method of regulation such as registration or certification would not adequately protect the public from practitioners lacking training and educational requirements from entering the field, and inadequately performing their jobs to the detriment of the public, including many elderly and vulnerable consumers
	<ul style="list-style-type: none"> • Complaints received by DCP about hearing aids and hearing instrument specialists are referred to DPH. However, many of the complaints are related to business practices and contract purchase disputes, that could fall under the auspices of DCP
	<ul style="list-style-type: none"> • Hearing aids are classified as FDA-regulated medical devices, involving public health, an argument that support the regulation of hearing instrument specialists remaining with DPH as opposed to DCP

Discussion of Criteria #2 Key Findings

Oversight by DCP or DPH. Consideration was given to DCP as a potential agency that could adequately protect the public. It is not uncommon for a consumer to think that hearing aid/hearing instrument specialist types of complaints are handled by DCP, and to then call or visit the DCP website. Should this occur, however, the consumer is then redirected to DPH--DCP does not handle complaints pertaining to hearing aids or hearing instrument specialists, regardless of whether the complaint relates to a business practice.

Hearing aids, however, are classified by the FDA as medical devices, an area more consistent with public health regulation. Also more in line with a public health-regulated area, hearing instrument specialists are required to advise clients to consult a physician or otolaryngologist before being fitted for a hearing aid if the consumer is found to have a history of:

- (1) visible congenital or traumatic deformity of the ear;
- (2) active drainage from the ear within the last 90 days;
- (3) sudden, or rapidly progressive, hearing loss within the past 90 days;
- (4) acute or chronic dizziness;
- (5) unilateral hearing loss of sudden or recent onset within the past 90 days;
- (6) audiometric air-bone gap equal to at least 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz;
- (7) visible evidence of cerumen (earwax) accumulation, or a foreign body in the ear canal; and/or
- (8) pain or discomfort in the ear within the past 60 days.

Certification or registration. If a less restrictive method of regulation were to be adopted, such as registration or certification of hearing instrument specialists, then those not professionally schooled would be able to enter the profession. Additionally, those whose licenses were revoked would be able to come back into the profession. If certification replaced licensing, for example, and the voluntary certification requirements were similar to the current mandatory licensing requirements, then consumers could choose certified businesses and get the benefit of professionally schooled practitioners. This would assume a certain level of awareness and sophistication to research hearing instrument specialists. Additionally, those whose licenses were revoked would be able to come back into the profession. Such changes would appear to work against protecting the public health, safety and welfare.

Criteria #3: Does the regulation of hearing instrument specialists have the effect of increasing the cost of goods or services to the public either directly or indirectly?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none"> The out-of-pocket costs that newly licensed hearing instrument specialists might pass along to the public is \$605 for testing and licensure application fees
	<ul style="list-style-type: none"> The out-of-pocket costs to renew a hearing instrument specialist license that might be passed along to the public is \$250 every two years for the licensure renewal fee
	<ul style="list-style-type: none"> Indirect costs for educational expenses, depending upon how the applicant fulfilled the training requirement might be passed along to the public
	<ul style="list-style-type: none"> This licensing program may have an indirect effect on increasing the cost of goods and services in that mandated contract formats and money-back trial period contracts may be passed onto the public; however, these same requirements are also mandated at the federal level (21 CFR 801.420)

Discussion of Criteria #3 Key Findings

Licensure expenses. The expenses for licensure, and the expenses and revenue identified by DPH for the regulation of hearing instrument specialists are shown in Table 1.

Table 1. FY 11 Expenses Incurred to Hearing Instrument Specialists	
Expenses Incurred by New Licensure Applicants	Amount
New license application fee for Hearing Instrument Specialists	\$250
Temporary permit (apprenticeship) fee	\$60
Testing fee for national board exam	\$95
Testing fee for practical exam	\$200
TOTAL EXPENSES	\$605
Expenses Incurred by Renewing Licensure Applicants	
License renewal application fee for Hearing Instrument Specialists:	\$250
Expenses Incurred by DPH	
Estimated personnel costs associated with licensure of hearing instrument specialists	\$5,400
Printing documents and postage	\$600
TOTAL EXPENSES	\$6,000
Revenue Collected by DPH	
From New Applications For Hearing Instrument Specialists (7 @ \$250 per application)	\$1,750
From practical exam testing fee for new applicants (7 @ \$200 per applicant)	\$1,400
From Training/Temporary Permits (15 @ \$60 per application)	\$900
From License Renewals For Hearing Instrument Specialists (49 @ \$250 per renewal)	\$12,250
From Civil Penalties:	\$0
TOTAL REVENUE	\$16,300
Source: DPH.	

On the sunset questionnaire completed by DPH, the agency noted that it does not maintain data that would demonstrate the effect that licensing has on the costs of goods or services to the public.

Criteria #4: Is the effective operation of regulating hearing instrument specialists impeded by existing statutes, regulations or policies, including budgetary and personnel policies?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none">• There are no overall budgetary, personnel or other policy-related barriers to effectiveness of DPH in the regulation of hearing instrument specialists
	<ul style="list-style-type: none">• The department noted that limited resources impact the ability to be more proactive in its enforcement activities and in educating the public/consumers and license holders about current laws and regulations

Discussion of Criteria #4 Key Findings

In interviews with staff, DPH responded that the licensing program was not impeded by existing statutes, regulations or policies, including budgetary and personnel policies. In their survey response, DPH noted that limited resources impact their ability to be more proactive and educate the public and license holders about current laws and regulations.

Public Need and Level of Regulation Conclusion

Continue Licensure

Based on a review of the four criteria, *the available evidence suggests there is a public need for licensure of hearing instrument specialists* in order to protect against further hearing loss due to an improperly fit hearing aid for a patient population consisting of many frail and elderly clients.

Hearing instrument specialists are regulated in all 50 states, most often through licensure (92 percent of the time). Hearing aids are classified as medical devices by the FDA. The FDA website notes that hearing aids should be properly fitted so that amplification matches the individual's hearing loss. If the hearing aid is not properly fitted, then too much amplification may cause additional hearing loss. The experience of Colorado following its sunset of the regulation of hearing instrument specialists found significant actual public harm by the unregulated practice of hearing aid sales, and led to re-regulation of the profession.

A less restrictive method of regulation would not adequately protect the public from practitioners lacking training and educational requirements. Further, the licensure requirements contribute negligible expense to the professional, making it unlikely that they significantly impact the cost to the public.

The DPH (rather than DCP) is an appropriate agency for the regulation of this profession as hearing aids are classified as FDA-regulated medical devices, and hearing instrument specialists screen clients for eight medical conditions. Therefore, **PRI staff recommends:**

The regulation at the licensure level of hearing instrument specialists should be continued.

PART 2: Service to Public

Does the Regulation through Licensure of Hearing Instrument Specialists Serve the General Public, and Not Merely the Persons Regulated

A second set of five criteria spelled out in statute assess whether the regulatory entity or program serves the general public, and not merely the persons regulated. Part 2 would only be considered if it had been determined via Part 1 that there was a public need for any level of regulation. The available evidence to assess the licensure of hearing instrument specialists against each of the criteria is now described.

Criteria #1: To what extent have qualified applicants been permitted to engage in the hearing instrument specialist profession?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none">• The average length of time for DPH to process licenses is 6-9 months, with the process driven by the speed with which the applicant completes training, tests, and submits required paperwork
	<ul style="list-style-type: none">• DPH offers tests relatively frequently to reduce applicant waiting periods for exams
	<ul style="list-style-type: none">• With an apprentice permit, licensing applicants may practice under the direct supervision of a licensed hearing instrument specialist for up to two years while completing additional training and passage of the licensing exam
	<ul style="list-style-type: none">• During FY 09, there were 9 applications received for hearing instrument specialist licensure, and all 9 applicants (100%) were granted licenses

Discussion of Criteria #1 Key Findings

Licensure applicants. The amount of time it took to process hearing instrument specialist licenses in Connecticut is similar to the Massachusetts statutorily-required eight month median processing time for hearing aid dispenser licensure applications.³ Thus, compared with expectations considered reasonable by Massachusetts, processing time is not a barrier to qualified applicants engaging in the profession in Connecticut.

During the period students are completing their training and waiting to take the licensure exam, they may work under the auspices of a temporary permit, which allows them to enter the field, practicing under the direct supervision of a licensed hearing instrument specialist for up to two years. Given the granting of licenses to all applicants during the year examined, evidence suggests that qualified applicants have been permitted to engage in the profession.

³ M.G.L.A. Sec. 1399.113. Review of Hearing Aid Dispenser Applications; Processing Time.

Criteria #2: To what extent has DPH complied with federal and state affirmative action requirements?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none">• There are no specific federal affirmative action requirements for the licensing of hearing instrument specialists
	<ul style="list-style-type: none">• There are no specific state affirmative action requirements for the licensing of hearing instrument specialists
	<ul style="list-style-type: none">• DPH does not recruit individuals to apply for licensure or to engage in any profession

Discussion of Criteria #2 Key Findings

As indicated in their response to the sunset survey, all applicants who meet the statutory requirements are eligible to receive a hearing instrument specialist license from DPH. There does not appear to be any evidence that affirmative action requirements, if applicable, have been violated.

Criteria #3: To what extent has DPH recommended statutory changes which would benefit the public as opposed to the persons regulated?

Key Findings for:

Hearing Instrument Specialist Regulation

- DPH reports that it has not developed any additional changes to the statutes or regulations governing the licensure or investigation activities related to this profession within the past five years

Criteria #4: To what extent has DPH encouraged public participation in the formulation of their regulations and policies?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none">• DPH reports that it has not developed any new policies or regulations regarding hearing instrument specialists
	<ul style="list-style-type: none">• In general, any time regulatory changes are proposed, the department solicits feedback from interested stakeholders including the regulated professionals and their membership organizations, and the public

Criteria #5. How has DPH processed and resolved public complaints concerning persons subject to regulation?

Key Findings for:	
Hearing Instrument Specialist Regulation	
	<ul style="list-style-type: none"> DPH is mandated to investigate complaints against licensed hearing instrument specialists who are alleged to have violated statutes, regulations and standards governing the profession
	<ul style="list-style-type: none"> Complaints are investigated by a practitioner investigator within the DPH Practitioner Investigations area
	<ul style="list-style-type: none"> Complaints are prioritized (Class 1, 2, 3)⁴ based on their potential threat to public health and safety
	<ul style="list-style-type: none"> Investigations that conclude there is possible cause to suspect a violation are referred to the Legal Office
	<ul style="list-style-type: none"> Cases are then resolved in an office conference or through a DPH hearing

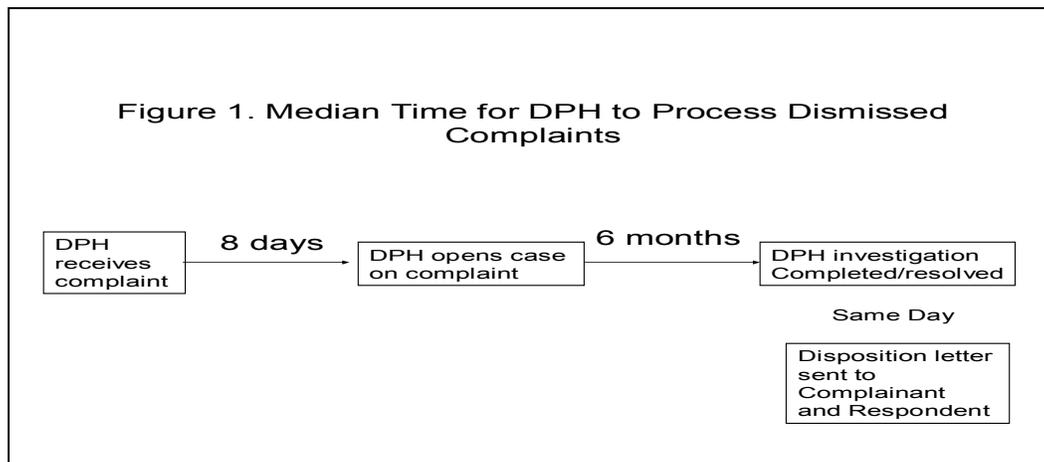
Cause for disciplinary action. As specified in C.G.S. Sec. 20-404, disciplinary action may be taken in the following instances:

- (1) conviction of a crime in the course of professional activities
- (2) procuring a license by fraud or deceit
- (3) unethical conduct including fraudulent misrepresentation and deception, and employing unlicensed individuals
- (4) incompetence or negligence
- (5) selling a hearing aid to a person under 18 years old without prior ear exam by an otolaryngologist and audiological exam performed or supervised by an audiologist
- (6) fitting or selling a hearing aid to anyone with a history of ear infection within the past 90 days without first requiring an exam by an otolaryngologist
- (7) failing to comply with exam procedures and tests specified in statute
- (8) failing to properly supervise a hearing instrument specialist apprentice
- (9) failing to provide customer with complete receipts for hearing aid including return policy
- (10) failing to retain purchaser records for three years
- (11) violating any provisions in statute and regulation
- (12) violating any provision of the FDA and FTC regulations pertaining to hearing instrument specialists
- (13) physical or mental illness, emotional disorder or loss of motor skill
- (14) abuse or excessive use of drugs including alcohol, narcotics or chemicals

⁴ Class 1 complaints require immediate action or response because the situation poses an immediate threat to public health and safety. Class 1 complaints include cases associated with patient death, practitioner impairment, sexual misconduct, or infection control issues. Class 2 complaints have direct or indirect impact on quality of care, quality of life, or public health and safety. Class 3 complaints appear to be violations of standards of practice, laws or regulations such as failure to release records, patient confidentiality, failure to complete physician profile, etc.

Complaint handling process. As part of the investigative process, DPH obtains records, interviews relevant parties, and requests a response to the allegations from the respondent. Expert consultant opinions may be sought when necessary. If determined that a violation has occurred, then the department pursues disciplinary action.

Timeliness. PRI staff reviewed information that was made available for six complaints lodged during 2001-2006 and subsequently dismissed (i.e., did not receive a hearing). The timeliness of processing the cases is reflected in Figure 1.



As shown, half the complaints were opened within eight calendar days or less. Following investigations that ranged from 3 months to 13 months,⁵ disposition letters were then often sent to the complainant and respondent on the same day the complaint was resolved.

Frequency of complaints. There was also one consent order involving a hearing instrument specialist who had failed to adequately test the patient’s hearing and failed to adequately document the patient’s treatment. As a result, the hearing instrument specialist received one year of probation and was required to attend and successfully complete a course in documentation standards.

DPH receives very few complaints about hearing instrument specialists. The next most recent consent order occurred in 2005, when a hearing instrument specialist had allowed a temporary permittee to practice as a hearing instrument specialist without the presence of a licensed supervisor. This violation resulted in the hearing instrument specialist paying a civil penalty of \$500. There have been no other consent orders, and no hearings have been held within the past 10 years.

On their survey response, DPH reported that, during each of the last three years, the department has investigated an average of two complaints filed by the public against licensed hearing instrument specialists. They further noted that:

⁵ Fraud and deception complaint brought by a patient.

- all of these complaints were related to either unlicensed practice and/or payment/advertising issues;
- DPH efforts have focused more in the domain of consumer protection rather than public health and safety; and
- the complaint pattern does not demonstrate a serious or imminent risk to public health or safety.

However, not all complaints involving hearing instrument specialists are filed with DPH, as the Better Business Bureau identified six businesses that had received complaints from consumers within the past three years, many classified as “problems with product/service.”

Service to Public Conclusion

Licensing supports the general public

Qualified applicants are not barred from entering the profession, nor does there appear to be any evidence that affirmative action requirements, if applicable, have been violated. The amount of time needed to close/dispose of dismissed complaints averaged 6 months, with a range of 3 months to 13 months. While the public might be better served if complaints could be resolved more quickly, there is no indication from DPH that hearing instrument specialist cases take any longer to process than complaints against other professionals under the auspices of the department, and timelines are similar to standards in Massachusetts statute. *Evidence suggests that licensing supports the general public as opposed to the persons regulated.*

While it is recommended to continue licensing hearing instrument specialists, several suggested modifications to this regulatory area are suggested in the next section.

Recommended Modifications

Audiologist requirements. There are different educational and training requirements for audiologists and hearing instrument specialists. Prior to 2007, audiologists needed to earn a master’s degree to be a licensed audiologist. Since 2007, audiologists must earn a doctorate in audiology and participate in a one-year externship following receipt of the doctoral degree. Consistent with this increased amount of education, audiologists also have a wider scope of practice. While hearing instrument specialists more narrowly dispense and fit hearing aids for adults, including ongoing follow-up care and counseling as needed, audiologists also treat pediatric patients, and have special training in the prevention, diagnosis and non-medical treatment of hearing disorders.

Almost all audiologists dispense hearing aids. Further, in statute, the practice of audiology includes fitting or selling hearing aids (C.G.S. Sec. 20-395a). Despite this statute and greater degree of training, in order for a licensed audiologist to fit and dispense hearing aids, C.G.S. Sec. 20-398 requires one of the following:

- obtain a hearing instrument specialist license;
- provide DPH with documentation showing satisfactory completion of at least six semester hours of coursework in selecting and fitting hearing aids, and 80 hours of supervised clinical experience with children and adults in selecting and fitting hearing aids; or
- pass the written exam required for a hearing instrument specialist license.

Even though their educational requirements are much greater, audiologists must submit paperwork to DPH to show that they received training in fitting and dispensing hearing aids (which all of them have received as part of their doctoral training). This paperwork is a burden for both the audiologists and DPH.

One potential area for streamlining existing regulations is to eliminate the additional requirements for audiologists under the hearing instrument specialist statute. Audiologists have the education and practical training to fit and dispense hearing aids that makes the current requirements unnecessary. Therefore, **PRI staff recommends:**

C.G.S. Sec. 20-398 shall be amended so that audiologists will not have to meet the additional hearing instrument specialist requirements in order to fit and dispense hearing aids.

DPH licensure report. Statistics on the number of licensed hearing instrument specialists is reported annually as part of the DPH report, “Total Active Licenses.” To assess trends in the number of licensed hearing instrument specialists over the past five years, for example, statistics from each separate annual report must be gathered. By having columns for each of the years on the same report, viewers can see trends over time for the number of licensed hearing instrument specialists—as well as the 87 other categories of licensed professions.

Presenting the information in this format would be a no-cost improvement. Therefore, **PRI staff makes the following no-cost recommendation:**

DPH's report, "Total Active Licenses," be formatted to include data from each of the past five years.

Continuing education requirement. Hearing instrument specialist licensure does not currently require continuing education as a condition of licensure renewal. However, it is a rapidly changing field, with new software and products changing approximately every three years. The public may therefore be better protected and served by having a continuing education requirement. For these reasons, the Connecticut Hearing Aid Dispenser's Organization (CHADO) favors having a mandatory continuing education requirement. The National Board for Certification in Hearing Instrument Sciences (NBC-HIS) requires 24 hours of continuing education units within a three-year period for board recertification. Given the two-year license renewal for hearing instrument specialists, a requirement of 16 CEUs within a two-year time period would be consistent with this standard. The continuing education hours would be approved by NBC-HIS, AAA, or ASHA, the three national organizations that currently certify almost all (CHADO estimates 99%) continuing education courses. Therefore, **PRI staff recommends:**

Hearing instrument specialists shall be required to complete 16 continuing education units prior to licensure renewal.

CHADO noted that there would be little to no additional cost to hearing instrument specialists to have CEUs. Manufacturers offer several NBC-HIS-ASHA/AAA accredited seminars per year within easy driving distance at no charge to promote their products. CEUs are also available online at minimal cost.