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**SFA**



**BILL ANALYSIS**

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Senate Bill 206 (as introduced 2-25-03)  
 Sponsor: Senator Shirley Johnson  
 Committee: Health Policy

Date Completed: 5-14-03

**CONTENT**

**The bill would amend the Public Health Code, and create Part 168 (Audiology) within the Code, to provide for the licensure of audiologists. The bill would do the following:**

- Establish application and license fees.
- Specify educational, experiential, and examination requirements for licensure.
- Create the Michigan Board of Audiology.
- Regulate certain activities of audiologists, including testing vestibular function, administering audiometric tests, and selling a hearing instrument to a minor.
- Specify that Part 168 would not limit certain individuals from performing their jobs, such as teaching communication disorders and screening hearing.

Part 168 would be created within Article 15 of the Code, which contains general and specific regulations for health occupations.

Licensure

The bill would prohibit a person from engaging in the practice of audiology without being licensed or otherwise authorized by Article 15, except as described below. The bill would establish the following fees for a person licensed or seeking licensure as an audiologist:

Application processing	\$120
Annual license	150
Temporary license	120
Limited license	125

The proposed Board of Audiology would have to require, by rule, that an individual granted a license as an audiologist possess a master’s or doctoral degree in audiology from a regionally accredited college or university approved by the Board; and have successfully completed, as determined by the Board, a national examination in audiology or an examination determined by the Board to be equivalent to the national exam. If the person had a master’s degree, he or she also would have to have completed at least nine months of supervised clinical experience in audiology.

Practice of Audiology

“Practice of audiology” would mean the nonmedical and nonsurgical application of principles, methods, and procedures related to disorders of hearing, including all of the following:

- Facilitating the conservation of auditory system function.
- Developing and implementing hearing conservation programs.
- Preventing, identifying, and assessing hearing disorders of the peripheral and central

auditory system.

- Selecting, fitting, and dispensing amplification systems, including hearing aids and related devices, and providing training for their use.
- Providing auditory training, speech reading, aural rehabilitation, aural habilitation services, and consultive services to individuals with hearing disorders.
- Administering and interpreting tests of vestibular function and tinnitus in compliance with the bill.

(The vestibule is a central area within the inner ear; the vestibular system regulates equilibrium and balance. Tinnitus refers to ringing or other noise in the ear.)

Practice of audiology also would include routine cerumen (earwax) removal from the cartilaginous portion of the external ear in otherwise healthy ears. If an audiologist discovered any trauma, including skin tears, bleeding, or other pathology of the ear while engaged in routine cerumen removal, he or she immediately would have to refer the patient to a person licensed in the practice of medicine or osteopathic medicine and surgery.

In addition, practice of audiology would include speech and language screening limited to a pass-fail determination for the purpose of identifying individuals with disorders of communication.

Practice of audiology would not include the practice of medicine or osteopathic medicine and surgery, or medical diagnosis or treatment.

Under the bill, use of the following words or titles would be restricted to those people authorized by Article 15 to use them: "audiometrist", "audiologist", "hearing therapist", "hearing aid audiologist", "educational audiologist", "industrial audiologist", "clinical audiologist", or any other similar title conveying the practice of audiology.

### Board of Audiology

The Michigan Board of Audiology would be created in the Department of Consumer and Industry Services. It would have to consist of the following nine voting members:

- Five audiologists.
- Two individuals licensed to practice medicine or osteopathic medicine and surgery who held a certificate of qualification from the American Board of Otolaryngology.
- Two members of the public, who could not be audiologists or physicians or have family or financial ties to an audiologist or physician.

The audiologist members would have to be appointed from a list of at least three times the number of vacancies, submitted jointly to the Governor by the Michigan Speech-Language and Hearing Association and the Michigan Academy of Audiology. The physician members would have to be appointed from a list of at least two individuals submitted to the Governor by the Michigan Otolaryngological Society.

The five audiologists initially appointed to the Board would have to meet the requirements of Section 16135 of the Code. (That section requires members of health profession boards, committees, and task forces to be all of the following: at least 18 years old; of good moral character; a resident of the State; and currently licensed or registered in this State if licensure or registration in a health profession is a requirement for membership. A member also must have actively practiced or taught that profession in any state for at least two years before appointment. If licensure or registration is required, Section 16135 allows the Governor to appoint individuals who are certified or otherwise approved by a national organization, and/or who have actively practiced or taught in the profession for at least two years.)

## Regulated Activities

An audiologist could administer tests of vestibular function only to patients who had been referred to him or her by a person licensed to practice medicine or osteopathic medicine and surgery.

If an audiologist administered an audiometric test for tinnitus and his or her examination of the patient reflected the presence of otologic or systemic diseases, the audiologist would have to refer the patient promptly to a person licensed to practice medicine or osteopathic medicine and surgery.

An audiologist would be required to comply with Federal Food and Drug Administration medical referral guidelines for fitting and dispensing hearing instruments, as incorporated by reference under rules adopted by the Board.

A licensed audiologist could not sell a hearing instrument to a person under 18 years old unless the person or his or her parent or guardian gave the audiologist a written statement signed by a licensed physician who specialized in diseases of the ear, stating both of the following:

- The person's hearing loss had been medically evaluated within six months before the statement was presented.
- The person could be considered a candidate for a hearing instrument.

## Individuals not Limited by Part 168

The bill specifies that Part 168 would not limit an individual employed by a regionally accredited college or university and involved with research or the teaching of communication disorders, from performing those duties for which he or she was employed by that institution, as long as the individual did not engage in the practice of audiology or hold himself or herself out as licensed or otherwise authorized under Article 15 as an audiologist.

Part 168 would not limit an individual who was employed by the Department of Community Health in one of its approved hearing screening training programs from conducting screening of hearing sensitivity.

In addition, Part 168 would not limit an individual certified by an agency acceptable to the Occupational Health Standards Commission from engaging in hearing screening as part of a hearing conservation program in compliance with standards adopted under the Michigan Occupational Safety and Health Act.

Part 168 also would not limit a certified, licensed, registered, or otherwise statutorily recognized member of another profession, including a person licensed in medicine or osteopathic medicine and surgery and an unlicensed or licensed person to whom tasks had been delegated under the physician's supervision, from practicing his or her profession as authorized by law, as long as the individual did not hold himself or herself out to the public as possessing a license issued or title protected under Article 15.

MCL 333.16131 et al.

Legislative Analyst: Suzanne Lowe

## **FISCAL IMPACT**

The bill would provide for audiologists to be a licensed profession under the Public Health Code and would create an oversight board for the profession. The bill also would create a fee structure designed to offset the costs of regulating this profession. According to the Department, there are approximately 400 to 500 practicing audiologists in Michigan. If 400

were to become licensed, the annual licensing revenue would total \$60,000. Revenue would be greater in the first year as application fees would generate \$48,000. This bill would increase the workload in the Licensing and Complaint Allegation Division within the Bureau of Health Services, but the revenue generated should be sufficient to cover any additional staffing or information technology costs that would be incurred.

Fiscal Analyst: Maria Tyskiewicz

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.