



11480 Commerce Park Drive tel 800-AAA-2336  
Suite 220 fax 703-790-8631  
Reston, VA 20191 www.audiology.org

**Submitted electronically**

September 7, 2018

Marlene H. Dortch  
Secretary, Office of the Secretary  
Federal Communications Commission  
445 12th Street, SW, Room TW-A325  
Washington, DC 20554

**RE: CG Docket No. 03-123 and CG Docket No. 13-24**

Dear Ms. Dortch:

Enclosed are comments submitted by the American Academy of Audiology regarding CG Docket No. 03-123 and CG Docket No. 13-24. The Academy looks forward to working with the Commission on this critical matter.

Sincerely,

/s/

Adam Finkel  
Director, Government Relations  
American Academy of Audiology  
11480 Commerce Park Drive #220  
Reston, VA 20191  
P: 703-226-1060  
[afinkel@audiology.org](mailto:afinkel@audiology.org)

**American Academy of Audiology Comments**  
**CG Docket No. 03-123 and CG Docket No. 13-24**

The American Academy of Audiology (the “Academy”) is the world’s largest professional organization of, by and for audiologists, representing over 12,000 members. Audiologists are doctoral-level health care professionals who are specifically trained to identify, manage and treat hearing and balance disorders. After reviewing the Federal Communication Commission’s (FCC’s) Further Notice of Proposed Rulemaking (FNPRM) adopted on June 7, 2018<sup>1</sup>, the Academy would like to comment on the audiologist’s role in authorizing use of captioned telephones and ensuring access to appropriate hearing solutions.

The provisions of Section 225 of the Communications Act of 1934 (the “Act” or “Communications Act”)<sup>2</sup>, which mandate functionally-equivalent telecommunication services for persons with hearing impairment, have a powerful and positive impact on the daily lives of many Americans. Such services make it possible for these individuals to confidently and successfully use the phone to complete everyday tasks, stay connected to family and friends, and fully participate in the workforce. The Act also stipulates that the telecommunication services be delivered in an efficient manner. Given the significance of these services to persons with hearing impairment and to society at large, we acknowledge the need to ensure their sustainability. Toward that end, we also recognize the importance of the FCC’s continued clarification of rules and refinement of policies as it administers the programs delivering telecommunications services.

While the Academy supports the FCC’s intent to ensure the long-term sustainability of the Internet Protocol Captioned Telephone Service (IP CTS), we reject some of the conclusions and proposals regarding user assessments. In particular, we offer comment on (1) the FCC’s concern that the growth in IP CTS usage “has been exacerbated by the failure of user assessments to be sufficiently complete and objective,” and (2) the proposal to have prospective IP CTS users screened “by a qualified and independent entity” rather than by audiologists (as “third-party professionals”).

First, when determining candidacy for IP CTS (and other treatment options), audiologists routinely use a range of inputs to obtain a complete and objective understanding of the individual’s needs. Understanding hearing loss and its effects on communication and overall quality of life is complicated. The ability to successfully communicate by phone is affected by external and internal factors. External factors<sup>3</sup> include (but are not limited to) such things as the bandwidth of the device (i.e., range of audio frequencies transmitted; phones are known to transmit only up to 3000 Hz even though human speech contains salient information up to

---

<sup>1</sup> <https://docs.fcc.gov/public/attachments/FCC-18-79A1.pdf>

<sup>2</sup> <https://www.gpo.gov/fdsys/pkg/USCODE-2011-title47/pdf/USCODE-2011-title47-chap5-subchapII-partI-sec225.pdf>

<sup>3</sup> Thunder T (2011). Understanding amplified phones: More than just making speech louder. *Hearing Review*, 18:1, 10-16.

8000 Hz), intensity level of the [spoken] phone signal, device fidelity (i.e., the presence of distortion), presence of environmental and background noise at the transmitting and/or receiving ends of the communication, and the lack of visual cues. Internal factors<sup>4</sup> include (but are not limited to) such things as the individual's age<sup>5</sup>, hearing ability (i.e., how loud sounds must be in order for the person to hear them, as reflected in an audiogram), speech understanding ability in quiet and noise<sup>6</sup>, cognitive capacity<sup>7</sup>, and comorbidities. These external and internal factors typically have a compounding effect – i.e., the likelihood of successful phone communication decreases as the number of interfering factors increases.

When working with persons with hearing difficulty, it is common practice for audiologists to gather information about these external and internal factors directly (e.g., through medical history, communication needs and hearing assessments) and indirectly (e.g., through prior knowledge, observation, patient interview). All of this evidence is evaluated comprehensively when an audiologist recommends the use of any treatment option, including the use of a captioned phone. While it may be possible to devise tests to measure one of more functional aspects of phone communication, we contend that criteria based solely on this measure will be too restrictive and may not adequately represent the individual's real-world experience. We further argue that combining information from objective assessments (e.g., audiogram and ability to understand speech), patient reports and clinical observations is an appropriate approach to authorizing the use of IP CTS and is consistent with the original intent of the Communications Act.

Second, as experts in hearing loss and communication disorders, the Academy asserts that audiologists are critical to ensuring access to IP CTS. Despite the high prevalence of hearing loss in the United States, there continue to be considerable gaps in individuals seeking assistance and many people with self-reported hearing difficulty are not evaluated or treated<sup>8</sup>. Further, studies have shown that persons with greater hearing difficulty are more likely to seek help and follow-through on treatment recommendations<sup>9</sup>. Many individuals with hearing loss don't know what options are available to them and/or which of a wide array of solutions would work

---

<sup>4</sup> Forum on Aging, Disability, and Independence; Board on Health Sciences Policy; Division of Behavioral and Social Sciences and Education; Institute of Medicine; National Research Council. Hearing Loss and Healthy Aging: Workshop Summary. Washington (DC): National Academies Press (US); 2014 Jul 30. 3, The Connection Between Hearing Loss and Healthy Aging. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK233884>.

<sup>5</sup> Divenyi PL, Stark PB & Haupt KM (2005). Decline of speech understanding and auditory thresholds in the elderly. *Journal of the Acoustical Society of America*, 118:2, 1089-1100.

<sup>6</sup> Humes LE (1991). Understanding the speech-understanding problems of the hearing impaired. *Journal of the American Academy of Audiology*, 2, 59-69.

<sup>7</sup> Zajac IT & Nettelbeck T (2018). Auditory speed tasks as potential candidates for the study of cognitive aging. *Aging, Neuropsychology, and Cognition*, 25:2, 167-185.

<sup>8</sup> Mahboubi H, Lin HW & Bhattacharyya N (2018). Prevalence, characteristics, and treatment patterns of hearing difficulty in the United States. *JAMA Otolaryngology Head and Neck Surgery*, 144:1, 65-70. <https://jamanetwork.com/journals/jamaotolaryngology/article-abstract/2664072>.

<sup>9</sup> Knudsen LV, Öberg M, Nielsen C, Naylor G & Kramer SE (2010). Factors influencing help seeking, hearing aid uptake, hearing aid use and satisfaction with hearing aids: A review of the literature. *Trends in Amplification*, 14:3, 127–154. <http://doi.org/10.1177/1084713810385712>.

best for their needs and lifestyle. Indeed, the most vulnerable are often the individuals most in need of professional guidance from the audiologist. We contend that removing audiologists' ability to authorize IP CTS creates unnecessary burden for the already-vulnerable person with hearing impairment who may decide to forego the added hassle of treatment in favor of convenience. Although this translates to decreased utilization of IP CTS, the action is contrary to the spirit of the Communications Act. We further argue that it is in the best interest of individuals with hearing impairment that the FCC continue to allow audiologists to authorize use of IP CTS.

In addition to the two main concerns previously articulated, the Academy offers the following detailed commentary on the FCC's FNPRM:

- 1) In paragraph 119, the FCC proposes that "assessments of IP CTS user need must be specifically focused on the consumer's ability to hear and understand speech over the telephone and on whether the consumer's communication needs can be met by other assistive technologies." We agree that assessments of user need must be primarily focused on the individual's ability to communicate on the phone. However, given the complex nature of the factors affecting phone communication and in the absence of meaningful real-world criteria, it would be too restrictive to exclusively depend on metrics of hearing loss and speech understanding in such assessments. The Academy strongly suggests deferring to the audiologist's expertise in the considerations for IP CTS authorization and also recommends that all third-party professionals document the basis on which authorizations are made (e.g., severity of hearing loss, poor speech understanding with amplification, reduced cognitive capacity, and so on).
- 2) In paragraph 122, the FCC proposes to "amend our rules to require that each prospective IP CTS user undergo an objective assessment by a qualified and independent entity that will determine whether the individual has a 'hearing loss that necessitates use of captioned telephone service'." We disagree with the FCC's implication of business or marketing arrangements as evidence of pervasive bias in user assessments conducted by audiologists. Indeed, it is our experience that audiologists typically receive no compensation, direct or indirect, for IP CTS authorizations. It is the Academy's position that audiologists play a crucial role in ensuring appropriate access to a range of hearing and communication solutions for persons with hearing impairment. We further suggest that approaches – such as documenting the basis for authorization (as stated previously) and clarification of the rules (e.g., "hearing loss that necessitates use of captioned telephone service") – will achieve the goal of ensuring appropriate use of IP CTS based on need.
- 3) In paragraph 131, the FCC proposes to "prohibit an IP CTS provider from accepting a certification from any professional that has a business, family or social relationship with the IP CTS provider or with any officer, director, partner, employee, agent, subcontractor, sponsoring organization or affiliated entity (collectively, "affiliate") of the IP CTS provider." The Academy agrees that the potential for a business, family, or social relationship between an IP CTS provider and the audiologist could be a cause of concern for the consumer. However, it is our experience that IP CTS providers already require the audiologist to attest to these important distinctions when authorizing a captioned

phone for a patient<sup>10, 11</sup>. To this end, the Academy is interested in working with the FCC to fully explain the role of the audiologist in the IP CTS certification process, as well as the professional and ethical obligations that are required by state licensure and a code of ethics prescribed by membership in a national organization.

- 4) In paragraph 132, the FCC proposes that “before signing a certification as to a consumer’s need for IP CTS, the certifying professional be required to (1) conduct functional assessments that evaluate the individual’s need for IP CTS to achieve functionally equivalent telephone communication (as compared to a general determination of hearing loss) and (2) assess whether an amplified telephone or other services or devices would be sufficient to provide functionally equivalent telephone service for the applicant.” It is not clear that a functional assessment currently exists with meaningful criteria for defining improvement or functionally equivalent performance. In addition, as previously articulated, successful phone use is affected by a variety of external and internal factors that may not be explicitly captured by any one functional measure. By virtue of their training and expertise, audiologists use information from multiple sources to offer a range of treatment options, including (but not limited to) hearing aids, amplified phones and IP CTS. Rather than requiring specific functional assessments, the Academy strongly suggests permitting other means of determining candidacy for and benefit from captioned phones.

The Academy thanks the FCC for inviting feedback on proposals to reform the IP CTS regulations. We strongly agree with the need for a sustainable IP CTS program that continues to benefit our patients for years to come. With communication playing such a critical role in modern society, the Academy takes this proceeding quite seriously. As the authority in identification, management and treatment of hearing and balance disorders, we stand with our patients to ensure that access to available services is not unnecessarily restricted. The Academy thanks the FCC for its consideration of our recommendations and we look forward to working closely with the FCC over the coming months on this proceeding.

---

<sup>10</sup> See *Hamilton Captel Certification Form*: <https://hamiltoncaptel.com/downloads/certification-forms/hamilton-captel-certification-form.pdf>. Accessed on August 29, 2018

<sup>11</sup> See *CaptionCall Certification Form*: [http://captioncall.com/wp-content/uploads/2016/05/ProCertForm\\_245\\_0216\\_27803\\_FINALee2.pdf](http://captioncall.com/wp-content/uploads/2016/05/ProCertForm_245_0216_27803_FINALee2.pdf). Accessed on August 29, 2018