

AMERICAN ACADEMY OF AUDIOLOGY

11730 Plaza America Drive, Suite 300, Reston, VA 20190-4798 • 1-800-AAA-2336



June 13, 2005

Commissioner of Social Security
P.O. Box 17703
Baltimore, MD 21235-7703

RE: Revised Medical Criteria for Evaluating Hearing Impairments and Disturbance of Labyrinthine-Vestibular Function

Dear Commissioner:

The American Academy of Audiology is pleased that the Social Security Administration is planning to update and revise the rules used to evaluate hearing impairments and disturbance of labyrinthine-vestibular function of adults and children who apply for, or receive, disability benefits under title II and Supplemental Security Income (SSI) payment based on disability under title XVI of the Social Security Act.

The American Academy of Audiology is the world's largest organization of audiologists with over 9,700 members who provide the highest quality of hearing healthcare service to children and adults. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research.

The Academy urges the Social Security Administration to employ audiologists in all state agencies to ensure that the most qualified professionals are making the decisions about benefits eligibility as it relates to hearing loss. As experts who diagnose, treat, and manage individuals with hearing loss or balance problems, the Academy submits the following comments for consideration in future updates to the rules:

Sec. 2.00 Special Senses and Speech

B. Otolaryngology

The Academy recommends "Otolaryngology" be changed to read "Disorders of Hearing and Balance." This format is consistent with the first section labeled as "Disorders of Vision," not ophthalmology. This also allows for the appropriate inclusion of both otolaryngology and audiology services applying to this section.

1. Hearing Impairment

The Academy recommends that hearing ability be evaluated in terms of the person's ability to hear and distinguish speech in quiet and noise.

The audiological tests for determining a disability based on hearing impairment should be conducted by a licensed/registered clinical audiologist. If no state licensure is available, the audiologist should be board certified by the American Board of Audiology (ABA) or hold a certificate from the American Speech-Language-Hearing Association (Certificate for Clinical Competence in Audiology (CCC-A))

Equipment should meet American National Standards Institute (ANSI) standards for other established standards when no ANSI standards are available. The environment for assessment of auditory threshold should conform to current ANSI standards

Audiometric testing should not be performed within 72 hours of significant noise exposure or if there is a recent exposure to ototoxic drugs or, in case of fluctuating hearing loss, on a day when hearing is noticeably poorer.

Speech discrimination should be determined using a standardized measure of speech discrimination ability in quiet at a test presentation level sufficient to ascertain maximum discrimination ability. The speech discrimination measure (test) used, and the level at which testing was done must be reported. Additionally speech in noise tests should be performed to examine the individual's ability to understand speech in varying levels of background noise. Standardized speech in noise tests, such as the SIN, Quick Sin, or HINT, should be utilized.

The Academy recommends that the standard otolaryngological examination follow the audiological examination (but by no more than 6 months), because a physician cannot provide a comprehensive report without recent audiometric data. Audiologists are independent providers and do not require supervision by a physician but provide the physician with the necessary testing on which to base his/her decision on need for further medical intervention. The scope of practice and state licensure laws for an audiologist allows audiologists to provide testing directly at the patient's request. Pure tone air and bone audiometry, speech reception threshold (SRT), and speech discrimination testing in quiet and noise should be included.

2. Vertigo associated with the disturbances of labyrinthine-vestibular function, including Meniere's disease.

The regulations refer to Bekesy audiometry when describing that pure tone and speech audiometry with the appropriate special examinations are necessary. The Academy recommends that the example of Bekesy audiometry be removed as this procedure is outdated and not widely used by the audiology community. There are more significant, more current methods of testing for vestibular disorders including: Electrocochleography (EcochG), Auditory Brainstem Response (ABR), Auditory Evoked Potentials (AEP), Otoacoustic Emissions (OAE), and Electronystagmography (ENG).

Vestibular function is accessed by positional and caloric testing, preferably by electronystagmography (ENG) or videonystagmography (VNG). Other special tests should be completed, as the physician and/or audiologist feel warranted.

2.08 Hearing impairments (hearing not restorable by a hearing aid) manifested by:

The Academy recommends that speech discrimination scores in quiet of 40 percent or less in the better ear. In addition, the Academy recommends adding the following provision to this section:

“C. Signal-to-noise (SNR) loss of greater than 15dB in combination with word discrimination of less than 50 percent in quiet. (Individuals with SNR losses greater than 15 dB generally need help beyond traditional hearing instruments and have an extremely difficult time functioning in adverse environments, particularly in combination with word recognition of less than 50 percent.)”

102.00 Special Senses and Speech

B. Hearing Impairments in children.

The Academy recommends that in general, average hearing levels should be determined from pure-tone thresholds at 500, 1000, 2000, and 4000 Hz. Under conditions that warrant using auditory brainstem response (ABR), the ABR thresholds require a minimum of two frequencies, one low (500-1000 Hz) and one high (2000 to 4000 Hz) to determine average hearing level. When auditory neuropathy is thought to be present, it will not be possible to determine hearing thresholds by ABR. In those cases, disability should be presumed unless or until proven otherwise by behavioral testing.

102.08 Hearing Impairments

The Academy believes that the current reference to 40 dB as the threshold for children under the age of five is too high. The Academy recommends that the degree of hearing loss in the better ear should be 30 dB as the threshold for disability for all children.

The Academy appreciates this opportunity to comment and looks forward to working with the Social Security Administration on these revisions to the Disability Listings. We commend the Social Security Administration for their efforts to update rules and await the publishing of the Notice of Proposed Rulemaking. Should the Academy be of further assistance, please contact Jodi Chappell, Director of Health Care Policy, at 703-226-1032.

Sincerely,



Richard E. Gans, Ph.D.
President