



## **Frequently Asked Questions About** **STATE LICENSE LAWS**

### **1. What's wrong with my current state law that it needs to be changed?**

The laws across the nation are quite inconsistent and often do not reflect the current scope of professional practice and new entry-level requirements to practice. It is important for audiologists to be properly defined and recognized by the license that defines our legal right to practice.

### **2. I have a Master's degree. If the law changes will that mean that I won't be able to be licensed?**

Absolutely not. Licensed audiologists with a master's degree will not lose their legal right to practice. In reported history, there has never been a situation where legislators have taken away the right of licensed practitioners to continue to practice when a law changes. It is anticipated that all states will have grand-fathering clauses for currently licensed practitioners. However, unlicensed audiologists who work as employees in employment settings that do not require a license (e.g., physician offices, school system, exempted government agencies) may want to acquire a license to assure that they qualify for grand-fathering provisions. In addition, it is possible that if states change their laws to allow only a doctoral degree, then persons with a master's degree may not be able to practice in another state should they move to that state(s).

### **3. I have always heard that opening the law is dangerous. Is it prudent to make changes now?**

Yes, there are risks. Professionals in each state, who have worked on licensure laws, will need to make the determination when changes should be made and how much change. Certainly when you put forth amendments to any law, there may be individuals, organizations, and other interested parties who might oppose the specific changes you have proposed. If so, you educate those as to the need for the change and attempt to work out the differences. AAA is working closely with state associations to develop strategies that will minimize the risk and effect change. A greater risk to the profession and the persons we serve is to do nothing and permit less qualified persons to practice our profession.

**4. The proposed changes seem to focus on benefiting students graduating with an Au.D. degree. There also are pressing issues for current practitioners in our state (e.g., hearing aid license law, assistants, exemptions). Why are we taking such a narrow focus in our proposed changes?**

You may be right. The important thing to remember is that reviewing the license law is an ongoing and constant process. It is in the best interest of practitioners and consumers to constantly review and monitor these laws to keep the laws current with the existing professional practices and to respond to the best interests of our consumers. This should be a proactive process and not a knee-jerk approach. Regarding the narrow focus, the Academy is looking at the limitations of current laws in each state. Many state laws have provisions that limit the independent practice of audiologists (e.g., the requirement for both an audiology and dispensing license). In many cases, these provisions are the result of political compromises. By working with state associations, AAA hopes to educate legislators about the knowledge and skill of audiologists and our ability to practice autonomously. While it may seem that the Academy is focused on the Au.D., in fact, the Academy is focused on the autonomy of the entire profession to assure that qualified and licensed practitioners serve our patients.

**5. I'm not sure that we should license 4<sup>th</sup> year students in Au.D. programs. What are the pros and cons?**

This is an excellent question and one that is being hotly debated among practitioners and training programs alike. In fact, the Academy is sponsoring a Consensus Conference in 2004 to address this very question. Many practitioners indicate that a provisional license will make it easier for them to bill and be reimbursed for services provided by 4<sup>th</sup> year externs and negate the direct supervision requirement for unlicensed students. However, no other profession licenses students and many audiologists believe that 4<sup>th</sup> year externs should not be regulated by the State since they still are students. Licensing of students sets a precedent with legislators. If you license someone after 3 years post graduate experience, then what is the need for the 4<sup>th</sup> year? How does licensing a student after 3 years protect the consumer when our profession has indicated that this should be a 4-year post-graduate training? Also, some of our fellow professionals are equating this 4<sup>th</sup> year to the old Clinical Fellowship. Incorrect. The CF individual held a degree and was an employee of that work setting. The 4<sup>th</sup> year extern is a student who requires supervision and should not be viewed as an employee but as a student who is becoming more independent but still requires mentoring. Again, this is a major issue for training programs and clinical practitioners who plan to work with 4<sup>th</sup> year externs. The key is to assure that we do not compromise the quality of care we offer to our patients.

**6. If we no longer permit persons with a Master's degree to be licensed, what will happen to the Master's programs in our state or to audiologists with a Master's degree who want to work in our state and in the future?**

The goal is NOT to disenfranchise currently licensed audiologists with a master's degree. The Academy does NOT support a change in state laws that would restrict the practice of currently licensed practitioners. However, the Academy does endorse the doctoral degree as the minimum entry-level education requirement for persons applying for a new license after January 1, 2007. As a profession, if we do not change this entry-level requirement for new licensees, then there will be no incentive to universities to eliminate their master's programs. This will cause confusion both within the profession and among consumers seeking our services.

**7. I have a Master's degree, am licensed in my current state of residence, and plan to maintain my ASHA CCC's and the ABA BC-A. Will I be able to be licensed in another state that requires the Au.D. in the future?**

Since the early 1990's, the Board of the Academy has had a vision of an autonomous profession of Doctor's of Audiology whose legal right to practice is defined by the state license. This is the model adhered to by all autonomous health care professions. Even today, as we transition to a doctoral profession, certification programs are voluntary and are not required to maintain a license. It is true, however, that at this time, certification does make it easier for audiologists to move from one state to another because many license boards recognize the certificate as proof of meeting the entry-level academic requirements for clinical practice. Let's remember, though, that the certification requirements also are changing and will require a doctoral degree in the near future. The Academy, in keeping with the models of other autonomous health care professions, is encouraging license boards to recognize the Doctor of Audiology degree as proof of meeting the entry-level academic and clinical requirements to practice.

**8. There are no Au.D. programs in our state. Why do we have to change our laws?**

As the profession began its transition to the doctoral degree, it was recognized by accrediting and professional organizations that some university programs would have to “get out of the audiology business” for both economic and academic reasons. This should mean that surviving programs could focus on delivering a quality education to future practitioners. However, it also may mean that some states may not have a program and that students will need to relocate to earn their degree. Therefore, even if a state does not have an Au.D. program, the license laws must reflect the doctoral entry to the profession to assure that consumers in the state receive quality care.

### **9. How will these changes help me receive better reimbursement for my services?**

There is no certainty that licensure will improve reimbursement. Remember these are consumer protection laws. However, licensure defines the legal right to practice and government agencies and other third-party insurance payers understand the value of licensure as a healthcare credential. It is universally recognized in health care settings.

Quality reviews (e.g. JCAHO), for example, require that health care organizations review the credentials of independent practitioners. One thing is certain; audiologists will never be reviewed (or even viewed) as independent practitioners without licensure.

### **10. Will these changes help the public to understand the differences between the services I provide as an audiologist and those provided by a H.A.D and ENT specialists?**

Yes. The chief purpose of licensure is to protect public welfare. Misrepresentation of one's competence, education, or experience is prohibited in most states. Moreover, licensure not only defines the education, training, and experience that an audiologist must have, but also defines the scope of practice.

### **11. Why can't we just leave "well enough" alone? Why do we always seem to be taking aggressive confrontational positions in hearing health care issues?**

Your point is well taken but, in retrospect, we had a lot of catching up to do. Sometimes it is necessary to take an aggressive posture when we know that we are doing things in the best interest of the profession and the persons we serve. Audiology is a specialized practice, whose scope has dramatically increased since its inception 60 years ago. Doctoral-level education is an appropriate step for audiology as a profession, just as it is for other related disciplines (optometry, physical therapy, etc.). Health care is not static, and as other healthcare professions expand their scope, we need to be assertive in maintaining our position as the healthcare provider for hearing and balance assessment and treatment.

Currently, we are properly defined by most healthcare and government agencies; we have provider numbers; an expanded scope of professional practice; license laws in all but two states; new entry-level doctoral standards; and, many other successes towards our goal of a profession of autonomous practitioners.

### **12. How will these changes create better protection for the consumer?**

The chief purpose of professional regulation is consumer protection. States have a vested interest in recognizing basic qualifications and continuing education for all health care providers as a way of ensuring that state residents are well served by care providers. In addition, better academic and clinical training of our future professionals will help create better diagnosis, management, and treatment for the persons we serve.

### **13. How can I become more active in this initiative?**

Contact your state audiology association or AAA to learn what your state is doing. Become familiar with your license laws and don't hesitate to write to the board or your legislator about professional issues. Also, start attending meetings of the license board. These meetings are open to the public and you can learn what your board is doing to respond to changes in the profession.