

## Talking points

### SB 358/AB 553

#### *Licensure of audiologists, creating new grounds for discipline of hearing instrument specialists, audiologists, and speech/language pathologists:*

1. Amends the minimum education requirement for audiologist licensure.
  - a. Changes the minimum education requirement for audiologist licensure from a master's degree to that of a doctoral degree, either PhD, ScD or AuD. There are no longer any master's programs graduating audiologists in the country. Wisconsin is one of the last states to address the change in statute. The bill allows current license holders to continue to practice based on equivalency.
2. Improves consumer protection in the following ways:
  - a. Creates a definition of "deceptive advertising," which prohibits creating or using promotional literature, testimonials, insignia, or other representation that is false, misleading, or untruthful.
  - b. Prohibits the use of words that imply the involvement of the medical or audiology professions when there is no such involvement.
  - c. Requires the receipt for the sale of a hearing aid to include a license title and license number. Current law only requires the license number.
3. At the request of the Hearing and Speech Examining Board AB 553 and SB 358 make the following changes:
  - a. Equipment that is used for the fitting and sale of hearing aids must be periodically certified for calibration. This bill eliminates the requirement that the certification be sent to the board.
  - b. Eliminates the Council on Speech Language Pathology and Audiology. The council serves the Hearing and Speech Examining Board in an advisory capacity.
  - c. Eliminates the requirement that a corporation or mercantile establishment that sells hearing aids must annually file a list of persons employed to sell or fit hearing aids to the board.

### SB 323/AB 488

#### *Amends and creates statutes for newborn hearing screening:*

1. Under current law, the attending physician or nurse-midwife must ensure that every infant born undergoes a blood test for congenital disorders and metabolic disorders. Also under current law, hospitals must make newborn hearing screening available for all infants delivered at the hospital. The state laboratory of hygiene performs tests on the blood samples; provides necessary diagnostic services, treatment, and follow-up counseling; advises the physician of the test results; and reports positive test results to the Department of Health Services (DHS).

a. This law has been in effect since the late 90s. While we are doing a wonderful job at screening babies in the hospital we are missing approximately 1400 babies every year who are born at home or who are discharged early.

2. This bill requires the physician, nurse–midwife, or certified professional midwife who attended the birth to arrange for the infant to be tested before hospital discharge, or within 30 days of birth if the infant was not born in a hospital, to determine if the infant has hearing loss. The physician, nurse–midwife, or certified professional midwife who attended the birth must also advise the parents or legal guardian of the infant of the hearing test results.

a. These changes would require the birth professional to make sure that the infant gets a hearing screening and that the parents are notified of the results of the test. The expectation is that by layering in another level of professional contact responsible for the infants hearing the loss to follow-up will decrease. Currently we are losing approximately 50% of babies to follow up every year.

3. This bill also requires the state laboratory of hygiene to provide additional follow–up services and to report positive hearing screening results to DHS.

a. These changes will further strengthen the We-Trac reporting system to further reduce the loss to follow up issue along with making funding available to the program if needed.

## **SB 389**

### ***Licensure of sign language interpreters***

1. Creates a licensure for sign language interpreters working outside of the school system.

a. Currently interpreters who work within the schools are licensed through the Department of Public Instruction however there are no regulations governing those who work outside of the school districts.

b. The lack of licensure and governing body results in many unqualified individuals performing service and being reimbursed for service to the consumers that we are providers for. This may result in professionals paying for service that is not appropriate for the needs of communicating accurately with our patients.

2. Creates a Sign Language Interpreter Council, granting them rule-making authority, and provides for penalties for disciplinary actions.