

Task Force 9:

Plans for Expenditure of Public Funds for Rehabilitative Services in Audiology

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This report may appear at first glance to be an exercise in futility. The Nixon budget coupled with an apparently increasing disregard for rehabilitation at the state and local levels has greatly reduced the amount of public funds to be expended. This committee has taken an optimistic viewpoint, however, and views the problem of completing rehabilitation with limited financing as a challenge.

This task force has identified four issues for consideration by the members of the Academy. They are not totally independent on one another. In a similar way, they are not mutually exclusive of issues identified by other task forces. We present them for your consideration as issues without easy answers.

Issue No. 1. Professional Visibility.

Planners and legislators are unaware that there is a profession called audiology, or that the profession stands ready to assist in planning and implementing programs. As a result they consult physicians, hearing aid industry representatives, directors of special education, etc. Many times they get the wrong information, as in the case of Medicare and Medicaid.

In some cases, the profession is represented by persons who hold the belief that audiology is purely a diagnostic skill. When this is the case, we find programs geared to furnish diagnostics and to buy hearing aids but to provide no services beyond that point.

Issue No. 2. Common Guidelines for the Provision of Services in Rehabilitative Audiology for Payment by a Third Party.

Diagnostic versus total services requires consideration here as well as in Issue No. 1. In its published "Minimal Requirements for Hearing Programs Offering Guidance in Selection of Hearing Aids," ASHA requires only "ample and satisfactory provisions for educational and rehabilitation management of persons examined." There is no requirement of personal preparation, licensure, certification.

State funding agencies may, and many times do, establish their own procedures for acceptable referral sources. For example, how many state vocational rehabilitation offices make any discrimination of qualifications on authorizations for speechreading, auditory training, hearing aid counseling, etc.? How many state offices of education will reimburse for services provided by persons well below the ASHA minimal level of preparation?

Issue No. 3. The Distribution of Information Regarding New Programs of Funding.

Information about federally funded programs comes fairly easily now that 9030 is available. However, there is no 9030 at state and local levels. Some state professional associations provide help. Others are interested in other things.

Issue No. 4. The Development of New Funding Sources.

This profession, like many others, appears to react to reported occurrences rather than act to provide for felt needs. This issue may not be independent of Issue No. 1, but some consideration of new funding sources at each level of government needs to be given before bills are passed that either ignore audiology or treat it with less than the desired level of understanding.

Solutions.

The solutions to deal with these four issues are difficult to formulate. Nevertheless, the distinctive feature underlying the issues is the matter of accountability. To this end we must, in turn, carefully define the services we can provide so that we can properly assign priorities as they apply to the needs of the communicatively handicapped. Accountability itself is a bipolar concept: we must be accountable to the patient or client and we must be accountable to the agency paying for the services. In this respect we continue to need more sophisticated measures to quantify changes in human behavior as the result of our services. The following outline contains suggested avenues which might be explored or pursued at the various levels of civil authority.

I. Local Level

- A. An organized plan for learning about current agencies providing funds.
- B. Identifying new sources of funds.
- C. Developing patient referral resources.

II. State Level

- A. State Laws for developing meaningful, consistent methods of management.
- B. Careful examination of procedures and requirements in states for existing funds.
- C. Organizing interest groups who can bring pressure to bear on state legislators for appropriating funds.
- D. Opening new avenues for communication between state and federal agencies for securing additional funds for rehabilitation.

III. National Level

- A. Seeking a source of dissemination of information to all members of the academy regarding the status of funds, procedures, etc., for making application to federal government for assistance in rehabilitation.
- B. Further development of a set of guidelines for the purchase of services to the hearing handicapped on a national level.