International Hearing Society
www.ihsinfo.org

September 17, 2018

Commission's Secretary
Office of the Secretary
Federal Communications Commission
445 12th St SW
Washington, DC 20554
Submitted electronically via https://www.fcc.gov/ecfs/filings

Re: CG Docket Nos. 03-123 and 13-24, Internet Protocol Captioned Telephone Service Modernization and Reform

Dear Commissioners:

I am writing on behalf of the International Hearing Society (IHS) in response to your Further Notice of Proposed Rule-Making (FNPRM) and Notice of Inquiry related to Internet Protocol Captioned Telephone Service (IP CTS) Modernization and Reform.

International Hearing Society, founded in 1951, represents hearing aid dispensing professionals, including hearing aid specialists. Hearing aid specialists are an entry point for individuals seeking hearing loss assessment and hearing aids and other assistive devices, including captioned telephones, which help them regain full communicative function in their day-to-day lives. In addition to using hearing aids, captioned telephones - when appropriate for the user - can provide significant value for those whom are unable to effectively communicate using a traditional or amplified telephone, typically those with moderately severe to profound hearing loss[1] and/or impaired cognitive ability.

We recognize the Federal Communications Commission's (herein referred to as "the Commission") desire to ensure that IP CTS are being used for their intended purpose by those who are in need, and acknowledge that the use of IP CTS has risen over time. It is our belief that the increased use of IP CTS, however, does not necessarily mean there is widespread abuse within the system as suggested in the FNPRM; rather it is our members' observation that more people in need are learning about and utilizing this life-changing service. This is a good thing. Improved connectivity to family and loved ones improves one's quality of life, and for deaf or hard of hearing persons, can minimize the risk of becoming isolated and disengaged, which can contribute to depression, cognitive decline, and other emotional and psychological issues.

IHS appreciates the complexity of the rule-making before the FCC, and several areas in need of consideration. Given the existing role of hearing aid specialists in the provision of captioned telephones, this letter will comment specifically on eligibility determinations and related requests for feedback.

Maintaining Access

The more than 9,000 hearing aid specialists in the U.S. dispense hearing aids and provide professional services to approximately half of the private hearing aid market, operate in both urban and rural areas, and often perform nursing home and home visits – delivering care to those in need, including those in remote locations. Hearing

[1] Defined as those with a hearing loss range at or greater than 56 dB HL according to the American Speech-Language-Hearing Association's hearing loss classification.

aid specialists, who are state licensed health care professionals, are an entry point for individuals seeking hearing help, and are qualified by training and competency testing to make referrals to physicians when appropriate. IHS promotes and maintains the highest possible standards for its members in the best interests of the hearing-impaired population they serve by conducting programs in competency accreditation, testing, education and training, and encourages continued growth and education for its members through advanced certification programs.

Hearing aid specialists are one of the three professionals that comprise the hearing healthcare team, which also includes audiologists and otolaryngologists. These three professions, herein referred to as hearing care professionals, are all regulated by their respective states, which generally require adherence to a national code of ethics and establish a list of prohibited acts, which includes but is not limited to committing acts of unprofessional conduct, behaving immorally, or committing fraud or deceit in the provision of care. Upon cause, state licensing agencies and boards do and will restrict or revoke their license. Hearing care professionals take these obligations seriously, not only for the sake of retaining their license in good standing, but for the well-being of their clients/patients and their professional reputation.

Currently hearing care professionals may certify user eligibility for obtaining captioned telephones, which is typically captured through a standardized form that is transmitted to the captioned telephone provider. The hearing care professional's decision to certify a patient or client to use a captioned telephone is typically based upon his/her findings from several tests conducted as part of a comprehensive evaluation and audiometric evaluation, which includes reviewing a patient's medical history; a visual inspection of the patient's ears using otoscopy; a hearing test, which evaluates their hearing ability using pure-tone air conduction, bone conduction, and speech testing. Speech testing includes speech reception threshold tests, speech discrimination tests and establishing most comfortable listening (MCL) and uncomfortable listening (UCL) thresholds. Additional tests such as sound field discrimination tests, acoustic reflex testing, and tympanometry may also be performed. The combined test results enable hearing care professionals to understand the individual's unique hearing ability and limitations, and make a recommendation for hearing technology, to include whether a captioned telephone is necessary for an individual to effectively communicate using a telephone.

In response to the Commission's request for comments regarding whether current hearing testing protocols include an assessment of consumers' abilities to hear and understand speech over the telephone and on whether the consumer's communications needs can be met by other assistive technologies, the answer to this question is yes. As part of their counseling and aural rehabilitation protocols, hearing aid dispensing professionals counsel patients on telephone usage with hearing instruments and assistive listening device coupling as necessary, and will provide demonstration and information on devices to enhance telephone usage. In follow-up visits, they reassess the listening and communicative abilities of clients/patients to determine whether additional assistive devices are necessary.

IHS maintains that the existing method for obtaining a professional determination/certification of IP CTS need based on the professional's findings is and has been an appropriate method for eligibility determination. This method allows for a determination based on objective tests, but also allows the professional the flexibility to use his/her clinical judgment for clients/patients with unique communicative and/or cognitive abilities and challenges who may not meet the thresholds that typically define IPCTS need but require IPCTS to effectively communicate using the telephone.

Given the growing market for IP CTS, it is prudent for the Commission to establish a mechanism for ensuring that IP CTS are only being used by those in need. IHS cautions, however, against adopting inappropriate or overly-burdensome barriers that would prevent an individual from getting the services they require. The least

burdensome, and most effective and cost-efficient approach would be to establish objective testing and outcomes requirements for licensed hearing healthcare providers to determine candidacy, which could be put into effect quite immediately.

IHS recommends the Commission adopt the following guiding principles for eligibility determination as it formulates its final rules:

- Individuals be able to access captioned telephone candidacy determinations in a convenient setting and timely manner.
- Eligibility determinations to be made by licensed hearing healthcare providers - hearing aid specialists, audiologists, and otolaryngologists. Each of these providers are appropriately trained and have the equipment and expertise in place to conduct objective testing and make clinical judgments about need.
- Eligibility determinations be based on objective tests that are already commonly performed by hearing healthcare providers in their normal course of a hearing evaluation. Requiring testing in addition to the standard test protocol adds time and cost to the appointment for which reimbursement is unlikely. This means it is improbable that any additional IP CTS testing would take place, a client/patient's need would go undetected, and they will not receive these needed services.
- Licensed providers be granted the flexibility to identify exceptions that need to receive access to captioned telephones/IP CTS based on their clinical judgment.

Keeping these principles in mind, IHS offers the following options, each of which could serve as a valid method for determining eligibility for the Commission's consideration:

1. Performance of functional tests that comprise part of the current test battery (speech reception threshold, WRS (speech recognition scores), most comfortable listening level (MCL), and uncomfortable listening level (UCL)), including case history and amplification history would provide the necessary information for a hearing care professional to make a professional judgment on need.
2. If specification is necessary, utilize speech recognition testing using a recorded word list. Persons whose word recognition score is below 90 percent in their better ear at their most comfortable level (MCL), and have moderate to profound loss (based upon pure-tone average) are eligible to use IP CTS. (The word recognition testing replicates hearing ability when using a hearing aid programmed to aid his/her loss.) These tests are available through all providers and adds no additional burden to the standard testing protocol.
3. If specification is necessary, utilize speech recognition testing *NU-6 Ordered by Difficulty Version II*. People who score 74% or poorer (missed 13 or more words) on the 50 item list are eligible to use IP CTS. Note, testing should be conducted using the 2kHz rule for establishing PB-Max. Below is a chart, Recommended speech presentation levels for determining PB-Max, which should be the basis for determining the speech presentation level.

2 kHz threshold (dB HL)	Sensation Level (dB)	Speech Presentation Level (dB HL) 2 kHz threshold (dB HL) + SL
≤45	25	≤70
50	20	70
55	20	75
60	15	75
65	15	80
70	10	80
75	10	85

>75	Test at a presentation level of "Speech UCL"-5 dB

Recommended speech presentation levels for determining PB-Max

The NU-6 test is used by many hearing care providers today, and if not, it is readily available; the one-time cost to the provider is $100. Requiring use of this test may add a burden if the provider prefers use of alternate word lists (i.e. W22, PBK-50).

For each of these determination methods, hearing care professionals must have the ability to certify eligibility using their clinical judgment based on other test findings. For example, using the second model, a client/patient may get a "passing" score on the test and cope fine without a captioned telephone; however, those with a compromised ability to process information may pass the Nu-6 testing, but get a poor Speech-in-Noise (SIN) score or too low a score on the Montreal Cognitive Assessment (MoCA), which would indicate the need for a captioned telephone.

Given the importance of utilizing an objective methodology for certifying IP CTS need, the expertise and availability of such testing by licensed hearing care professionals in a convenient setting, and the minimal cost burden ($0 burden to state taxpayers), **IHS recommends certifications continue to be performed by licensed hearing care professionals, and not become a function of the states**. If a state program is to present an additional access point, certifications should be performed by licensed hearing care professionals using the same testing methodology and standard protocols.

Reducing Abuse

IHS is not aware of unethical practices or abuse within the process, and any instances of which the FCC is aware is undoubtedly the exception rather than the norm. That being said, to minimize the risk of provider incentives and concerns of unethical practices in certifying IP CTS need, we offer the following commentary:

- IHS supports the Commission's proposal that "before signing a certification, the hearing health 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.' "
- IHS supports the Commission's proposal "to require that professional certifications be 'in writing, submitted under penalty of perjury, and include an attestation from the professional' that the applicant has a hearing loss that necessitates IP CTS, and that the professional has explained to the consumer that '(1) the captions used for IP CTS may be generated by a CA who listens to the other party on the line and provides the captions . . . and (2) there is a per minute cost to provide captioning on each IP CTS call, which is funded through a federal program.' "
- IHS supports eliminating IP CTS provider incentives. However, it is important that IP CTS providers be permitted to offer training courses to hearing care professionals related to the product, which may relate to eligibility requirements, certification protocols, and use and specifications of the device.
- IHS supports a prohibition on the use of misleading advertising; this is already prohibited by state licensing laws governing hearing aid dispensing professionals. With regards to the Commission's question regarding advertising the availability of captioned telephones, it would be logical to prohibit language that suggests that the phones may be used by anyone with hearing loss. However, we are unaware of whether that will reduce the number of people certified for IP CTS, as consumer interest alone is not presently the basis for certifying need. Such a prohibition should contribute to greater consumer understanding though.

As it relates to consumers of captioned telephone services, one reason for the increasing usage may be that family of those who use captioned telephone users may not realize that continued use of the phone after a user has passed away may continue to draw on the system. For that reason, IHS recommends that captioned telephones should include information on the device about returning the phones upon the instance of death of the user.

In Conclusion

It is prudent for the Commission to consider appropriate mechanisms for ensuring people in need of IP CTS are getting access and minimize the opportunity for abuse. As stated in our comments, utilizing licensed hearing care professionals – hearing aid specialists, audiologists, and otolaryngologists – to certify need through objective testing methods with an allowance for clinical judgment will install a balanced mechanism for identifying people in need. Additional safeguards, such as attestations, prohibitions on IP CTS provider incentives and misleading advertising may also be helpful to minimizing the potential for abuse in the system.

We appreciate your consideration of our recommendations, and stand ready to assist the FCC in its rulemaking with the ultimate goal of finding the right balance to ensure those in need of IP CTS regain and retain their full communicative ability and quality of life. With questions or to discuss further, you may contact me at *aparady@ihsinfo.org* or 734-522.7200.

Sincerely,

Alissa Parady
Government Affairs Director