

October 18, 2021

Mr. Weston MacIntosh, JD
Senior Policy Analyst
MI Department of Licensing & Regulatory Affairs
Bureau of Professional Licensing
Boards & Committees Section
Lansing, MI 48909-8170

Re: Audiology-General Rules 2021-55LR; R.338.13 Telehealth

Dear Mr. MacIntosh:

On behalf of the American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS)¹ and the Michigan Otolaryngology Society, we are pleased to submit the following comments on the proposed changes to the Audiology General Rules (2021-55LR). Specifically, our comments will address the proposed provisions on Telehealth at Section R.338.13.

Telehealth is a service delivery model that has become an increasingly important alternative to in-person care, particularly over the course of the ongoing COVID-19 pandemic. However, as a tool for assessing, treating, and managing any type of patient health disorder, the rules, and responsibilities for delivering services in this mode must be as robust as those required for delivering care in-person with sufficient guardrails and enforcement mechanisms to protect the public.

R.338.13 of the newly proposed rule contains only three provisions. In two out of the three provisions, only client/patient consent is referenced. This leaves many areas of this service delivery system open for interpretation and application, it does not ensure patient protection. Following is a general list of missing components for this telehealth regulation. It is not intended to be an exhaustive review of all the provisions which should be addressed in the new rules. Rather it is demonstrative of the need for a more rigorous set of regulations to protect patients in the state of Michigan.

Missing Criteria

1. Only those audiology services determined to be medically necessary, pursuant to a plan of care, should be permitted.
2. Clarification is required regarding licensure, out-of-state provider requirements, knowledge, skills, and training of providers.
3. Client selection-client eligibility varies. The regulations must address client characteristics such as age, hearing ability, manual dexterity, access to technology, environment, etc.
4. Privacy/security measures – HIPPA, FERPA, HITECH, platform encryption- are required if client information is compromised.

¹ The AAO-HNS is the nation's largest medical organization representing physician specialists who diagnose and treat the ears, nose, throat and related structures of the head and neck.

5. Due consideration must be given to technology, connectivity, settings-equipment, quality, maintenance, technical support, internet speed, synchronous vs. asynchronous, originating sites.
6. Regulations should include requirements for facilitators, including the supervision of assistants/students.
7. Physician oversight, identical to that which is currently in place for in-person services, should be maintained.
8. Safety/emergency measures should be in place for remote clients.

Conclusion

The AAO-HNS and the Michigan Otolaryngology Society urge the Department of Licensing and Regulatory Affairs to carefully review the proposed rules regarding telehealth by audiologists. We urge the Department to consider adding additional requirements to clarify the proper application of this alternative service delivery model to better protect patients and the public.

Thank you for the opportunity to provide comment regarding the proposed telehealth rules. If you have any questions or require further information, please do not hesitate to contact Janice Brannon, Senior Advisor, State Advocacy at jbrannon@entnet.org.

Respectfully submitted,



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