- Cost
    - Purchasing proper equipment and services needed to maintain it.
    - Additional appointment a patient may not want to pay for, and cost of resources they have limited access to already.
    - What billing code would be used?
- Accessibility
    - Lack of variety of Audiologists' available for patients to pick from
    - May or may not be able to travel and keep appointment
    - Possible discrimination based off of location, income, race, and ability to travel. Possible discrimination from the Audiologists standpoint too.
    - Patient may not want to go to the appointment because they feel it isn't necessary.
    - Prevents full teletherapy assessment's during COVID-19 pandemic
    - Speed of processing and giving patient/SLP Provider access to the paperwork.
- Delay in services that are already difficult to provide/receive because of a patient's location, income, race, and ability to travel
- With virtual settings existing what about false positives? Some homes have excessive ambient noise.
- Some universities require the coursework necessary to give SLP's the tools needed to make the judgement call.
    - Some of the coursework is required by the Board for licensure.
- Policy is redundant because this is something Speech Therapists do already.
- Could Mobile based apps/Online screenings or other screening methods be used and still be in line with Board's idea?
- Not enough SLP's were represented
- Timing… Why try enforcing this during a global pandemic?
- Why have audiological evaluation with
- Don't like the policy

New Points

- Specific situation with Transdisciplinary Pay-based Assessment Team. The children assessed don't go through traditional screening processes, and they're already scrambling to meet the 90-day referral timeline. Is this a legitimate reason to proceed with an assessment without a hearing screening?
- Requirement Regarding those with Hearing Aids: Same problems as above, insurance, distance to an audiologist that follows children with hearing aids. Some don't even test annually
- Schools held to "not withholding services" from a child standard.
- Nurses help with hearing screenings and look to see if there's ear wax build-up or possible infection. If this is the case, does it make sense to refer the child to the audiologists if these conditions exist, and can be treated in a timely manner?
- Is the state planning to provide audiological care in each county or hire audiologists for each school district so that children's hearing needs can be adequately met?

- Audiologists who see children and take Medicaid don't exist in some areas.
- DPI states evaluations shouldn't be postponed due to failed hearing screening.
- Not all school systems can afford to have an audiologist on site.
- What is our responsibility in getting children to audiologicals whose parent will not take them?
- IEP Teams at schools should be allowed to determine what screenings are necessary on a case-by-case basis.
    - I am not a licensee, but IEP Teams don't always have the child's best interests at heart. Take this criticism with a grain of salt. The idea is good in theory but may not be good in practice.
- Hearing screening should be required for initial evaluations, but not every time a speech language re-evaluation is asked for. This hinders timeline placement.
- Requirement "students with known hearing loss visit or have evidence of visit within past 6 months" is too restrictive. Other medical documentation, i.e. Other Health Impairment category, it's not uncommon to use documentation from past 12 months.
- Public school setting change from 25dB to 20dB is concerning, because it's hard to find a quiet place in the school to conduct the hearing screenings already. It's already difficult to get a 500Hz sound heard.
- How can we best evaluate hearing for children 2.5-5 yrs. with significant developmental delays or autism? They are not able to condition for play audiometry and most won't allow us to place an OAE probe in their ears. Often, we have documentation of newborn hearing screenings only.
- Is this policy applying to all evaluations completed by SLPs or those billed as speech-language evaluations only?
- Some school systems with audiology team may experience backlog of testing this policy would cause. To get permission for audiological evaluation the school holds a meeting with family and several staff members. After those meetings audiologists still need to maintain the 90-day timeline. It would impact other supports the audiology team is able to provide to students.
- Policy has no place in acute care where SLPs deal with acutely, and sometimes critically ill patients. It is not feasible or appropriate to delay urgently needed SLP evaluation/care that they need, so that an audiology screening can be completed.
- Concerns for how this policy will impact on infants, toddlers, and young children with developmental delays.
- Concerns with getting documentation in a timely manner in a hospital setting when adult patents may be admitted for a short length of time.
- SLP's are already overworked, overbooked, and booked out. Adding this task when patient care should be top priority would take away from that.
- Delay in Patient care.
- Mandating a hearing screening for all speech evolutions takes the SLPs clinical judgement out of the game.
- Concerns about compliance with IDEA and a Free Appropriate Public Education (FAPE)
- School District cost burdens.

- Concerns related to duplication of Hearing Screening or Hearing Evaluation Services.
- Concerns related to overidentification of possible hearing loss due to other conditions.
- Clarification of verbiage used needs to occur.