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Daniel Rosenthal, PE (Chair) Hearing Care Professionals Technical Review Committee
Nebraska Department of Health & Human Services
Attn: Ron Briel, Credentialing Review
PO Box 94986
Lincoln, NE 68509-4986

Sent via e-mail

Position: OPPOSITION to Credentialing Proposal for Nebraska Hearing Society/International Hearing Society

Dear Mr. Rosenthal,

My name is Dr. Nikki Kopetzky, and I'm an audiologist in Nebraska. I am also a licensed hearing instrument specialist and have held that license for longer than my audiology license. As a dually licensed Nebraska professional, I'm uniquely qualified to testify to the training and education required for both HIS licensure and audiology licensure. I'm here today to represent both fields and I'm in opposition to the scope of practice changes proposed by the hearing instrument specialists (HIS) in Nebraska.

As I write this, I realize my letter is one of many opposition letters this committee has received. To that end, I wish to acknowledge that I'm in agreement with all the other posted letters opposing this scope of practice expansion. I have concerns about the lack of defined training, the request to complete complex diagnostic testing and treatment without commensurate education, the request to complete invasive procedures such as cerumen management without proper infection control protocols, equipment, or oversight but with a lack of access to on-site otorhinolaryngology physicians in the event a traumatic injury should occur.. I share the concerns about what licensure changes mean for those physically practicing in Nebraska and those who are serving Nebraskans via telehealth as part of the Audiology and Speech Language Pathology Interstate Compact (ASLP-IC). I'm confused by the fact that audiology assistants (AA) must hold a Bachelor's degree in communication disorders to be licensed, but AA are severely limited on the procedures they can do with far more education and training, while HIS with a high school diploma equivalent are allowed to practice without the same restrictions. This is a major inequity and these are all serious concerns.

I've also read the support letters. Nebraska is a rural state, cerumen management is a challenge for all hearing aid users, transportation is difficult for many Nebraskans, HIS can provide procedures without billing for them because they are not eligible to be credentialed for insurance billing, while audiologists are required to bill to stay compliant with insurance contracts. Hearing loss is a serious medical concern that can lead to isolation and depression. I acknowledge that all these points are true. However, I still stand in opposition because this proposed scope of practice expansion does not provide for the health and safety of Nebraskans. It does not define the education, training and oversight required to support the requested scope of practice expansion, and most importantly, it does not increase access or quality of care.

I would like to focus on what I believe should be done to address the concerns and issues. First, we need to acknowledge that the claims of increased access for Nebraskans if this is adopted are false. Nebraska has double the number of licensed audiologists compared to hearing instrument specialists. Nebraska audiologists routinely travel and hold specialty clinics in smaller rural areas. A quick perusal of Beltone's website, (arguably the largest HIS employer in Nebraska), shows the only Beltone location where a competing audiology clinic does not also exist is in Crete, Nebraska. Access to providers is not the true issue.

At the last 407 review meeting, access to cerumen management was widely discussed. However, I did not hear anyone mention the fact that nurses are fully able to complete cerumen management under a physician's order. This would be preferable to HIS professionals completing cerumen management because nurses have extensive education in infection control procedures and are fully equipped with training and supplies to triage an injury if one should occur. HIS are presenting cerumen management as an insurmountable issue when there are already trained medical professionals in place who are fully capable of performing a simple curette cerumen removal or cerumen irrigation simply and effectively. Additionally, nurses can bill insurance for cerumen removal services incident to the ordering physicians' NPI, which turns the procedure into a revenue source for a care facility instead of an expense. The argument for increasing the scope of practice to increase access to care falls flat when you're able to look at the full picture.

Second, the issue of best practice care is being fully ignored by this scope of practice expansion request. HIS are requesting diagnostic testing capabilities. Yet, nothing was mentioned of the ANSI standards for testing rooms for proper diagnostic testing. In the last 407 meeting, HIS providers spoke about giving mobile care in nursing facilities. This is convenient for those residents, but no one touched on the testing room requirements. A testing room needs to meet the ANSI Standards for room noise:

"This Standard specifies maximum permissible ambient noise levels (MPANLs) allowed in an audiometric test room that produce negligible masking (2 dB) of test signals presented at reference equivalent threshold levels specified in ANSI S3.6-1996 American National Standard Specification of Audiometers. The MPANLs are specified from 125 to 8000 Hz in octave and one-third octave band intervals for two audiometric testing conditions (ears covered and ears not covered) and for three test frequency ranges (125 to 8000 Hz, 250 to 8000 Hz, and 500 to 8000 Hz). The Standard is intended for use by all persons testing hearing and for distributors, installers, designers, and manufacturers of audiometric test rooms. This

standard is a revision of ANSI S3.1-1991 American National Standard Maximum Permissible Ambient Noise Levels for Audiometric Test Rooms."

Reference: https://webstore.ansi.org/standards/asa/ansiasas31999r2018

This required quiet room level is NOT achievable without a sound booth or a room that has been architecturally designed to function as a sound booth. Yet, HIS are requesting to have diagnostic testing capabilities in mobile clinic locations, nursing care facilities, and home visit sites that have no ability to come close to meeting the ANSI quiet room standard. This means that a test done in a room not meeting that ANSI standard could show hearing loss only due to the ambient noise in that room. This misdiagnosis of hearing loss will lead to patients being told they have mild hearing loss, and they need a hearing aid, when really, they just needed to be tested in a truly quiet room. This is not best practices care and the only increased access this leads to is increased opportunities for HIS to sell hearing aids. Thus, adding diagnostic testing capabilities to the HIS scope should only be considered if that language also mandates that testing be done inside a testing room that meets ANSI standards and with audiometers that have also been calibrated to meet ANSI standards. The same standard should be present in the language for the requested tinnitus diagnosis and treatment expansion of scope. If HIS want to properly pitch-match tinnitus, this must be done inside a sound booth. Tinnitus cannot be properly evaluated, let alone treated without an accurate diagnosis and the equipment required to do this is not typically portable. I urge the committee to force language into this scope expansion that requires these testing room and equipment standards be met if the scope of practice is to be expanded to allow diagnostic testing of any kind.

Third, we need to acknowledge this scope of practice expansion request has been disguised as increased patient access to providers when it is truly an effort to increase HIS provider access to patients. Currently, HIS are not allowed to diagnose or treat complex hearing disorders but if this expansion passes in its current form, HIS are going to be able to claim to provide nearly all the same services as audiologists, with really no change in their current daily operations. Please be aware, this scope of expansion request is a marketing ploy. It is a way to be able to advertise these services to unsuspecting Nebraskans via websites, newspaper ads, and community flyers without fear of being turned in for a license violation. It gives the public perception that HIS and audiologists have equal training, which is not true. Please remember, I went through the training for both. I have functioned professionally as both. I can say with 100% accuracy the HIS training and knowledge is significantly less than that undergone by audiologists. If this issue were truly about increased access to quality care, the required education and training programs would have been clearly defined from the start and the oversight plan would have been in place and would have included the ability for audiologists to supervise and train HIS.

In summary, while there are both pros and cons to this scope of practice expansion proposal by HIS in Nebraska, my opinion is the cons far outweigh the pros. My recommendation is for this scope of practice expansion request be fully rejected or be re-written to effectively address the many concerns presented across the multiple opposition letters already sent. Last, if revision is the course taken, I recommend a revision be presented in a way that does not misconstrue current Nebraskan's access to audiology services as poor. A quality and well thought out

proposal must be factually based and will acknowledge the desire to preserve and protect the health and safety of Nebraskans.

Respectfully,

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VP NSLHA Legislative Affairs