



MARYLAND ACADEMY OF
AUDIOLOGY

Maryland Academy of Audiology

P.O. Box 710

Parkville, MD 21234

<https://maaudiology.org/>

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

RE: *Nebraska Credentialing Review for the Nebraska Hearing Society, Credentialing Review Program (407)*
Position: **OPPOSE**

October 16, 2023

Dear Mr. Rosenthal,

On behalf of the Maryland Academy of Audiology (MAA), we are writing to **strongly oppose** the Nebraska Credentialing Review for the Nebraska Hearing Society, Credentialing Review Program (407), originally introduced on July 14, 2023 and resubmitted on October 5, 2023.

The MAA represents more than 520 licensed Audiologists who practice in the state of Maryland and the patients they serve. The MAA's goal is to enhance the ability of members to achieve career and practice objectives by fostering professional autonomy, providing quality continuing education and increasing public and consumer awareness of hearing and balance disorders and the value of audiologic services. MAA also supports Audiologists across the Nation who share these goals. By virtue of education and licensure, Audiologists are the most qualified professionals to manage hearing and balance disorders. Audiologists work in a variety of settings: private practice offices, hospitals, medical centers, out-patient clinics, public and private schools, universities (teaching and research), regulatory agencies, large-scale research centers, rehabilitation centers, skilled nursing facilities, assisted living facilities, the Veterans Administration (VA), and the U.S. Military. Audiologists work closely with federal, state, and private third-party payers to optimize coverage of services provided for the evaluation and treatment of the patients in their care.

The MAA and Maryland Audiologists firmly support the need for appropriate education, training, and scope of practice to diagnose, treat, and protect the needs of patients seeking hearing healthcare nationwide.

Education and Training

Since October 1, 2007, Maryland Audiologists are required to hold a doctoral degree in Audiology (Au.D.) from an accredited educational institution which incorporates the academic course work and the minimum hours for competency of supervised clinical training requirements, pass a national examination in audiology,

complete training consistent with the standards established by the Accreditation Commission for Audiology Education (ACAЕ)¹ or The Counsel of Academic Accreditation (CAA)², in addition to submitting to a criminal history records check, passing the law and regulation examination, and completing implicit bias training.³ An Audiologist is a state-licensed professional who specializes in evaluating, diagnosing, treating, and managing patients with hearing loss, tinnitus, and balance (vestibular) disorders.

In Maryland, Hearing Aid Dispensers (HADs) have one of the most rigorous levels of level of education in any of the United States as codified in licensure regulations. Yet, HADs are not allowed to perform the scope proposed in Nebraska. HADs must be a graduate of an accredited 2-year post secondary program with a diploma or degree, successfully complete the International Hearing Society (IHS) Curriculum entitled “Distance Learning for Professionals in Hearing Health Sciences⁴” or an equivalent, and pass the written, practical and law examination given by the Board.⁵ This level of education ensures Maryland residents receive safe, effective services from HADs.

Despite this intensive requirement for education, Maryland does not allow the level of Nebraska’s proposed scope expansion of Hearing Instrument Specialists (HIS), as detailed in Table 1.

The didactic and clinical education will need to be significantly increased to accommodate the noteworthy expansion of the HIS’ proposed scope of practice. The Department of Health & Human Services will need to certify safe and effective healthcare is provided by HIS individuals. However, current statute restricts the Department’s ability to require additional education. Nebraska Statute 38-1512 (License; examination; conditions) states that “The qualifying examination shall consist of written and practical tests. The examination shall not be conducted in such a manner that college training is required in order to pass. Nothing in this examination shall imply that the applicant is required to possess the degree of medical competence normally expected of physicians.” The limitations of education by Nebraska statute prevents the 407 proposal.

Scope of Practice

A popular quote in non-physician professions is “Education before legislation.” The idea represents that a profession who wants to expand their scope of practice must have the didactic education taught by an accredited institution prior to legislating for the scope expansion. The lack of a formal didactic education or, at a minimum, increase in textbook/workbook, and clinical requirements prohibits any thought or time be given to the increased scope of practice in the 407 proposal. Tables 2 and 3 illustrate the preposterous nature of the proposal of HIS’ scope of practice expansion, as compared to Audiologists with a post-Bachelor (doctoral)

¹ <https://acaeccred.org/about-us/> [Accessed 10/15/2023.]

² <https://caa.asha.org/> [Accessed 10/15/2023.]

³ <https://health.maryland.gov/boardsahs/Pages/audioqual.aspx> [Accessed 10/15/2023.]

⁴ <https://intlhearingsociety.lpages.co/dlc-pages/> [Accessed 10/15/2023.]

⁵ <https://health.maryland.gov/boardsahs/Pages/hearingqual.aspx> [Accessed 10/15/2023.]

education and Hearing Aid Dispensers in Maryland, where a 2-year post-secondary diploma or degree is required.

Further, the 407 proposal would grossly expand Nebraska's HIS' scope of practice beyond the education and training received, as noted in Table 3.

Besides the obvious expansion of services listed in the proposal, the MAA also noted that there are no limitations on patient age. Infants, toddlers, and pediatric patients are often *the* most vulnerable population that any provider can work with in medicine. Specific and deliberate education and training is required to work with these young individuals. However, the absence of any age limit on the proposed HIS scope of practice would allow licensees to work with these individuals without adequate education and place not only the pediatric patient, but also their care system, at harm.

Individuals who want to provide quality, safe healthcare to Nebraska residents are encouraged to be licensed appropriately. The scope of practice expansion in the 407 proposal is more consistent with the education and training of an Audiologist. The MAA encourages HIS members in Nebraska who would like to expand their scope of practice to enroll in and graduate from an accredited Doctor of Audiology professional program.

Changes in Healthcare

In 2016, the Centers for Medicare & Medicaid Services (CMS) started requiring Audiologists to complete screening measures to confirm individuals were being provided consistent, patient-centered care within the entire healthcare system. The MAA took the opportunity to make sure all providers were working to their highest scope of practice to provide accessibility and affordability to hearing (and balance) healthcare. The MAA obtained formal clarification from the Board of Examiners for Audiologists, Speech Language Pathologists, Hearing Aid Dispensers, and (now) Music Therapists⁶ about what was and was not included in the Audiologists and Hearing Aid Dispensers' Scope of Practice, as noted above in Table 2.

Additionally, a formal inquiry was made about whether a Hearing Aid Dispenser licensed in Maryland could perform:

1. Tinnitus testing/evaluations, counseling, management, device fitting, troubleshooting, programming, verification, and/or follow-up?
2. Aural (re)habilitation to adults and/or children?
3. Immittance testing (including tympanometry, acoustic reflexes, acoustic decay, and/or Eustachian Tube dysfunction testing)?
4. Cochlear implantation evaluation, counseling, device selection, activation, programming, reprogramming, verification, and/or testing?
5. Cerumen management and/or removal?

⁶ <https://health.maryland.gov/boardsahs/Pages/Index.aspx> [Accessed 10/15/2023.]



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The Maryland Board of Examiners for Audiologists, Speech Language Pathologists, Hearing Aid Dispensers, and (now) Music Therapists determined that a licensed Hearing Aid Dispenser is not permitted to do any of the procedures⁷, even with their 2-year post secondary education.

Audiologists and Hearing Aid Dispensers are able to provide screening measures (pass/fail) as long as an appropriate and timely referral system is in place for any positive screening.

The Nebraska Credentialing Review for the Nebraska Hearing Society, Credentialing Review Program (407) does not provide safe or additional access to hearing care to Nebraska individuals. **The MAA strongly opposing the entire 407 proposal.**

Please contact us at President@MAAudiology.org or Advocacy@MAAudiology.org if we can assist in any way. The MAA appreciates your work to ensure all Americans have access to safe, effective hearing (and balance) healthcare, commensurate with didactic and clinical training.

Sincerely,

Handwritten signature of Leigh McCarthy, AuD.

Leigh McCarthy, Au.D.
Doctor of Audiology
President, MAA

Handwritten signature of Alicia D.D. Spoor, Au.D.

Alicia D.D. Spoor, Au.D.
Doctor of Audiology
Legislative Chair, MAA

⁷ Email exchange from Christopher Kelter -DHMH- and Alicia Spoor dated 10/28/2016 at 3:10 PM.

Table 1: Educational Requirements of the Proposed Expansion of Scope of Practice Audiologists⁶ and Hearing Aid Dispensers via IHS⁷ in Maryland.

| Proposed Expanded (in bold) Scope of Practice for HIS in Nebraska | Current Clinical and Didactic Standards to Obtain a Doctoral Degree in Audiology (national standard) | Current Education for Maryland HAD Licensure via the required IHS Health Science Course Outline | Current Education Requirement for HIS Licensure in Nebraska ⁸ | Proposed Education Requirements for HIS Licensure in Nebraska |
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| Administering and interpreting tests of human hearing and middle ear function, including appropriate objective and subjective methodology and measures, such as tympanometry. | <ul style="list-style-type: none"> • Foundation Standards 1-12 • Diagnosis and Management Standards 1-9 • Communication Standard 1-8 • Professional and Responsibilities and Values Standards 1-6, 9-17 • Competency-based clinical clock hours supervised by a licensed Audiologist | <ul style="list-style-type: none"> • Textbook Chapter 5 • Textbook Chapter 10 • Textbook Chapter 11 • No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> • Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> • Education equivalent to a four-year course in an accredited high school • Complete the minimum number (undefined) of practicum hours prescribed by the board |
| Determining candidacy for hearing instruments, hearing-assistive devices, or referral for cochlear implant evaluation or other | <ul style="list-style-type: none"> • Foundation Standards 1-12 • Diagnosis and Management Standards 1-14 • Communication Standard 1-8 | <ul style="list-style-type: none"> • Textbook Chapter 16 • No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> • Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> • Education equivalent to a four-year course in an accredited high school • Complete the minimum number (undefined) of practicum hours prescribed by the board |

⁸ <https://dhhs.ne.gov/licensure/pages/hearing-instrument-specialist.aspx> [Accessed 10/15/2023/]

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| <p>clinical, rehabilitative, or medical interventions.</p> | <ul style="list-style-type: none"> Professional and Responsibilities and Values Standards 1-6, 9-17 Competency-based clinical clock hours supervised by a licensed Audiologist | | | |
| <p>Providing counseling and aural rehabilitative services in the use and care of hearing instruments and assistive devices and for effectively utilizing communication coping strategies and other approaches to foster optimal patient rehabilitation.</p> | <ul style="list-style-type: none"> Foundation Standards 1-12 Diagnosis and Management Standards 1-14 Communication Standard 1-8 Professional and Responsibilities and Values Standards 1-6, 9, 11-17 Competency-based clinical clock hours supervised by a licensed Audiologist | <ul style="list-style-type: none"> Textbook Chapter 16 No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school Complete the minimum number (undefined) of practicum hours prescribed by the board |
| <p>Providing tinnitus management.</p> | <ul style="list-style-type: none"> Foundation Standards 1-12 Diagnosis and Management Standards 1-14 Communication Standard 1-8 | <ul style="list-style-type: none"> No Textbook requirement No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school Complete the minimum number (undefined) of practicum hours prescribed by the board |

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| | <ul style="list-style-type: none"> Professional and Responsibilities and Values Standards 1-6, 9, 11-17 Competency-based clinical clock hours supervised by a licensed Audiologist | | | |
| <p>All other acts of hearing assessment pertaining to hearing testing or the selling, renting, leasing, and delivery of hearing instruments.</p> | <ul style="list-style-type: none"> Foundation Standards 1-12 Diagnosis and Management Standards 1-14 Communication Standard 1-8 Professional and Responsibilities and Values Standards 1-6, 9-17 Competency-based clinical clock hours supervised by a licensed Audiologist | <ul style="list-style-type: none"> No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school Complete the minimum number (undefined) of practicum hours prescribed by the board |
| <p>Cerumen management.</p> | <ul style="list-style-type: none"> Foundation Standards 1-12 Diagnosis and Management Standards 1-14 Communication Standard 1-8 Professional and | <ul style="list-style-type: none"> No Textbook requirement No clinical hours (Outside the HAD Scope of Practice in Maryland) | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school | <ul style="list-style-type: none"> Education equivalent to a four-year course in an accredited high school Complete the minimum number (undefined) of practicum hours prescribed by the board |

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| | Responsibilities and Values Standards 1-6, 9-17 <ul style="list-style-type: none"> • Competency-based clinical clock hours supervised by a licensed Audiologist | | | |
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Table 2: Maryland Scope of Practice for Audiologists and Hearing Aid Dispensers.⁹

| | Audiologists | Hearing Aid Dispensers |
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| Scope of Practice | <ul style="list-style-type: none"> • “Practice audiology” means to apply the principles, methods, and procedures of measurement, prediction, evaluation, testing, counseling, consultation, and instruction that relate to the development and disorders of hearing, vestibular functions, and related language and speech disorders, to prevent or modify the disorders or assist individuals in hearing and auditory and related skills for communication. • “Practice audiology” includes the fitting or selling of hearing aids. | <ul style="list-style-type: none"> • “Hearing aid dispensing” means performing, conducting, and interpreting hearing assessment procedures to determine the type and extent of hearing loss for the purpose of: <ul style="list-style-type: none"> ○ Fitting suitable hearing instruments; ○ Selecting suitable hearing instruments; ○ Programming a hearing aid by selecting and determining the frequency response, compression, output, gain, or other parameters of the hearing aid for initial wear by an individual or any required alterations throughout the use of the hearing aid; ○ Making ear molds or ear impressions; and ○ Providing appropriate counseling. • “Hearing aid dispensing” includes: <ul style="list-style-type: none"> ○ An act pertaining to the selling, renting, leasing, or delivering of a hearing instrument; and ○ Providing maintenance or repair services for a hearing aid. |

⁹ https://health.maryland.gov/boardsahs/Documents/AUDHADSLP_Statute.pdf [Accessed 10/15/2023.]

Table 3: Scope of Practice for Hearing Aid Dispensers in Maryland versus Nebraska currently and if the 407 Proposal is Enacted.

| | Hearing Aid Dispenser- Maryland | Current Hearing Instrument Specialist- Nebraska ¹⁰ | Proposed Hearing Instrument Specialist- Nebraska |
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| Scope of Practice | <ul style="list-style-type: none"> • Hearing aid dispensing” means performing, conducting, and interpreting hearing assessment procedures to determine the type and extent of hearing loss for the purpose of: <ul style="list-style-type: none"> ○ Fitting suitable hearing instruments; ○ Selecting suitable hearing instruments; ○ Programming a hearing aid by selecting and determining the frequency response, compression, output, gain, or other parameters of the hearing aid for initial wear by an individual or any required alterations throughout the use of the hearing aid; | <ul style="list-style-type: none"> • Sell and fit hearing instruments. • To fit hearing instruments <ul style="list-style-type: none"> ○ Measure human hearing using an audiometer or another means approved by the board ○ Make impressions for earmolds • At the request of a physician or a member of related professions, may make audiograms for the professional's use in consultation with the hard-of-hearing | <ul style="list-style-type: none"> • Eliciting patient case histories, including medical history, otological history, pharmacological history, amplification history, and patient attitudes and expectations; • Administering otoscopy for the purpose of identifying possible otological conditions, including, but not limited to, any of the conditions related to warnings found in the regulations of the federal Food and Drug Administration, 21 C.F.R. 801.420, as such regulations existed on January 1, 2023, which may indicate the need for a medical referral or which may have a bearing on needed rehabilitative measures, outcomes, or recommendations; • Administering and interpreting tests of human hearing and middle ear function, including appropriate objective and subjective methodology and measures, such as tympanometry; • Determining candidacy for hearing instruments, hearing-assistive devices, or referral for cochlear implant evaluation or other clinical, |

¹⁰ <https://dhhs.ne.gov/licensure/pages/hearing-instrument-specialist.aspx> [Accessed 10/15/2023.]

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| | <ul style="list-style-type: none"> ○ Making ear molds or ear impressions; and ○ Providing appropriate counseling. ● “Hearing aid dispensing” includes: <ul style="list-style-type: none"> ○ An act pertaining to the selling, renting, leasing, or delivering of a hearing instrument; and ○ Providing maintenance or repair services for a hearing aid. | | <p>rehabilitative, or medical interventions;</p> <ul style="list-style-type: none"> ● Selecting or fitting appropriate hearing instruments and assistive devices, including appropriate technology, identifying electroacoustic targets, programming parameters, and choosing special applications, as indicated; ● Assessing hearing instrument efficacy utilizing appropriate fitting verification methodology and equipment, which may include real ear measures or speech mapping, and electroacoustic analysis equipment; ● Assessing hearing instrument benefits through appropriate validation measures, which may include communication assessment questionnaires or speech audiometry; ● Taking ear impressions or electronic scans by any method used for the purpose of creating earmolds ● Preparing earmolds for hearing instruments, assistive devices, telecommunications applications, ear protection, and other related applications; ● Designing and modifying earmolds and auditory equipment requisite to meet a patient's needs; ● Providing counseling and aural rehabilitative services in the use and |
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| | | | <p>care of hearing instruments and assistive devices and for effectively utilizing communication coping strategies and other approaches to foster optimal patient rehabilitation;</p> <ul style="list-style-type: none"> • Providing tinnitus management; • Providing supervision and inservice training of those entering the dispensing profession; • Provide post-fitting care and services and hearing instrument care and repair services; or • All other acts of hearing assessment pertaining to hearing testing or the selling, renting, leasing, and delivery of hearing instruments. |
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