

DRAFT MINUTES
of the Fourth Meeting of the
Hearing Care Professionals Technical Review Committee
January 16, 2024
9:00 a.m. to Noon

TRC Members Present

Daniel Rosenthal, PE (Chair)
Rebecca Wardlaw, ATC
Theresa Parker, CSW
Wendy McCarty, Ed.D.
Mark Malesker, PharmD, RP

TRC Members Absent

David Deemer, NHA
Kevin Low, DDS

Program Staff Present

Matt Gelvin
Ron Briel
Jessie Enfield

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Rosenthal called the meeting to order at 9:00 a.m. The roll was called; a quorum was present. Mr. Rosenthal welcomed all attendees and informed attendees that the agenda for the meeting and the Open Meetings Law were posted and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the fourth meeting and the minutes of the third meeting.

II. Responses to Questions by the Applicant Group

Janie York, a Hearing Instrument Specialist, responded to a request from the Committee members that someone from the applicant group provide them with a brief overview of the latest revisions to the proposal. Ms. York stated that the changes to the proposal in question include the following: 1) passing a cerumen removal course approved by their Board with a supervised practicum by any of the following health care professionals: an audiologist, a physician, or a physician's assistant. The course must be at least four clock-hours in duration. The course must include infection control verified for each candidate via a certificate of completion; 2) cerumen removal is to be limited to the outer cartilaginous one-third of a patient's external auditory canal; 3) applicant practitioners must refer patients to better qualified providers if they are: a) under eighteen years of age, or, b) have had previous ear surgeries, or, c) are currently experiencing pain or discomfort in their ear canals; 4) to qualify for tinnitus training an applicant provider must have two consecutive years of post-licensure experience and approval from the Board to take the course; 5) Tympanometry can only be utilized by applicant providers after two consecutive years of being a provider followed by completion and passage of a training course in tympanometry approved by the Board which then is to be followed by continuing education within one year of passing the training course in question.

Nikki Kopetzky, an Audiologist, asked the applicants why they are even including tinnitus training in their training since there is no way they can provide this service to patients anyway given their erroneous assumptions about how procedures like tympanometry function in real time.

Nikki Kopetzky continued by articulating a list of concerns and questions that she said the applicant group needs to answer, to wit: 1) The amended proposal does not address concerns about any medications that a given patient might be taking that might impact their hearing or their ear canals; 2) The amended proposal does not clarify how an applicant provider would be able to evaluate a patient; 3) The amended proposal does not clarify how an applicant provider would measure tinnitus, nor does it clarify how the applicants would get access to necessary equipment or get necessary training to use such equipment; 4) The applicants are wise to remove persons who are vulnerable medically or vulnerable for reasons of age from consideration as patients for their expanded practice, but the amended proposal continues to have inconsistencies in this regard that need to be addressed and or edited out, as it were.

Nikki Kopetzky continued by asking the applicants who, or what organization, would be providing the proposed training course. Would it be online? Or, if not, would the trainers be independent contractors? Or, would they be prospective employers?

Nikki Kopetzky continued by commenting that the instruments used to provide the care under review are dangerous and that those who train people to use them not only need to teach the right things vis-à-vis safe practices but must also maintain oversight of the trainees during the training process to be ensure that trainees have learned to use these devices safely and effectively. Ms. Kopetzky went on to advise the applicant group to get the necessary training first before seeking a scope change and added that it seems to her that the applicants have got “the cart before the horse” as regards the issue of education and training.

Nikki Kopetzky continued by expressing concerns about grandfathering, adding that the proposal does not disallow grandfathering of unqualified providers.

Ms. Kopezky went on to state that the applicants do not have the ability to bill a patient’s insurance company for services rendered whereas she as an Audiologist does have this ability. She added that the testing process seems to be too open-ended and that there continues to be too many other unclear articulations in the amended proposal such as “tinnitus care” for example and “reasonable distance” for example, adding that such provisions are neither clear nor enforceable.

Committee member Mark Malesker asked the applicants what training is available? Scott Jones, a Hearing Instrument Specialist, responded that there are courses “out there.”

Program staff asked the Committee members if they are ready for the next meeting to be the public hearing. A majority of those present or online indicated that they are not yet ready for a public hearing and that the applicants need to make additional clarifications to their proposal.

III. Public Comments

There were no additional public comments at this time.

IV. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 10:30 a.m.

