

**DRAFT MINUTES**  
**of the First Meeting of the**  
**Hearing Care Professionals Technical Review Committee**  
**September 5, 2023**  
**9:00 a.m. to Noon**

**TRC Members Present**

Daniel Rosenthal, PE (Chair)  
David Deemer, NHA  
Rebecca Wardlaw, ATC  
Theresa Parker, CSW  
Wendy McCarty, Ed.D.  
Mark Malesker, PharmD, RP  
Kevin Low, DDS

**TRC Members Absent**

**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 asked TRC members to briefly introduce themselves. The agenda and 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 first meeting.

**II. Discussion on the Credentialing Review Process**

Credentialing Review Program staff made introductory orientational comments about the Credentialing Review Process and asked if there were any questions. There were no questions at this time.

**III. Presentation of the Proposal by the Applicant Group**

Jamie York, Hearing Instrument Specialist, came forward to make comments to the Committee members. Ms. York stated that ear wax removal is often a problem vis-à-vis testing for, and fitting for, hearing aids for patients, especially elderly patients. Ear wax removal is essential for accurate testing and fitting of hearing instruments, and it's vital that this procedure be done as safely, quickly, and expeditiously as possible so that patients can get the hearing care products they need to have in order to have a good quality of life. Ms. York went on to state that current restrictions on the scope of practice of Hearing Instrument Specialists often complicate this important health care goal. Current law and regulations do not allow these professionals to independently remove ear wax from patients, and if there are no other health professionals present to do this in a given health care setting—such as a nursing home for example—the patient or patients must be referred to facilities where they can get access to someone who can perform this procedure. Often, this involves transporting these persons to a far-away location in order to get their ear wax removed. This can be, and often is, a major problem for vulnerable elderly patients, some of whom are wheel-chair-bound and no longer able to transport themselves to a far away site for such a procedure. This situation makes for serious delays in getting access to care as well as adding a great deal of stress and angst to the daily lives of such vulnerable patients,

some of whom refuse to be transported and in effect turn down an opportunity to enhance their lives by getting a hearing aid.

Ms. York went on to state that the solution to this access to care problem is to eliminate the current statutory restrictions on the ability of Hearing Instrument Specialists to remove ear wax for their clients in the facilities wherein they live thereby eliminating the need to transport these vulnerable patients to some far-away place to see an audiologist to get this procedure done. Ms. York went on to state that this is what the applicant group is proposing in its proposed revisions to their licensure statute. Ms. York went on to state that the proposal calls for additional training for Instrument Specialists and Dealers, both on-line and in-person, to ensure that they have the skills to safely and effectively provide this service for their patients.

Scott Jones, a Hearing Instrument Specialist, came forward to discuss matters pertinent to tinnitus and how treatment of this disease is complicated by current statutory restrictions on Hearing Instrument Specialists pertinent to ear wax. He stated that Hearing Instrument Specialists need more authority in treating tinnitus and that one way to do this is to allow them to remove ear wax which is often an underlying factor in tinnitus.

Dean Kent, an Audiologist and Instrument Dispenser, came forward to comment on concerns expressed about the proposed new education and training package being proposed for Hearing Instrument Specialists, stating that the model being touted by the State of Tennessee is one that has gained the support of hearing care professionals around the nation as a whole and advised that Nebraska adopt this model for its education and training program for Hearing Instrument Specialists.

Misty Chemiel, a Hearing Instrument Dealer, came forward to advocate for a model practice act for Hearing Instrument Dealers, a model act that is based on an International Standard and which addresses all aspects of the training and education necessary to provide Hearing Instrument Dealers with what they need to deal with maladies and conditions associated with ear wax. She closed out her remarks by stating that in rural Nebraska Hearing Instrument Dealers and Specialists are “there,” whereas Audiologists are not, not “there,” that is.

### ***Questions for the applicant group from Committee Members***

Mr. Rosenthal asked the applicants if the proposal is about services in Nebraska as a whole or just part of Nebraska as per rural Nebraska, for example. Jamie York responded that it is about all of Nebraska but that the rural dimension of the access issues in question is particularly vexing because of the distances involved if elderly people need to be transported and especially if more than one such person needs to be transported, given that multiple stops might have to be made to meet the needs of vulnerable people far removed from their familiar surroundings.

Theresa Parker asked the applicants whether or not Medicaid could be billed for the services in question. Jamie York responded by stating that they do not reimburse for this, rather, the nursing home pays the cost of these services.

Theresa Parker asked the applicants about the additional training that would be made available to Specialists and Dealers if the proposal were to pass. Jamie York gave an overview in which she said that there would be an on-line component and an in-person, hands-on component, the latter including a two-hour infection control component. The former would be a six-hour on-line didactic training course. Ms. Parker expressed doubts that eight-hours of training would be enough to ensure safe and effective delivery of services vis-à-vis the removal of ear wax.

Jamie York responded to concerns expressed about safety by stating that if an infection occurs or is noticed when services are to be delivered instrument Dealers and Specialists would be taught to immediately refer the patient to a physician or a physician assistant.

David Deemer asked the applicants who is liable for these services if the proposal were to pass and harm would occur to a patient as a result of the care delivered. Jamie York responded that the individual hearing care professional who delivered the services would be held liable.

Committee members Parker and Docter asked the applicants when a final, completed, and detailed version of the education and training in question would be made available. The applicants responded that the following states already have a version of this education and training in place and Nebraska's would be much the same. These states are as follows:

Alabama / Colorado / Florida / Kentucky / Maine / Minnesota / Mississippi / Utah

Dan Rosenthal asked the applicants if medical doctors can perform these kinds of procedures even if they have never done one before. Amy Reynoldson responded that a physician cannot claim to be competent to do this just because he or she happens to be a physician. They must demonstrate that the procedures in question are part of their regular medical practice.

Theresa Parker asked the applicants about oversight of these procedures if they were to become part of Instrument Dealer and /or Specialist scopes of practice. The applicants responded that their final, complete, educational model, which is based on that of Tennessee, would clarify these kinds of questions.

#### **IV. Opening Remarks by a Representative of the Nebraska Medical Association**

Paul Henderson came forward to present comments on the proposal on behalf of the Nebraska Medical Association and stated that NMA is in support of the basic concept described in the applicant's proposal but has some concerns about some of the wording contained in this proposal. He went on to provide a few examples of items in the proposal that need to be clarified or which require more detail including 1) the need to clarify the details associated with referral procedures, 2) the need to clarify details pertinent to the dispensing of hearing instruments, and 3) the need to clarify exactly what would require "hands-on" training and what could be taught via on-line training, for example, and 4) Any previous surgery would require a referral to a physician for cerumen removal. He went on to state that the NMA would be working with the applicant group to address these matters and thereby help them improve their proposal.

#### **V. Public Comments**

There were no public comments at this time.

#### **VI. Other Business and Adjournment**

There being no further business, the committee members unanimously agreed to adjourn the meeting at 10:40 a.m. Program staff stated that staff is prepared to post both questions for the applicant group and the responses to such questions by the applicant group. The Committee members agreed to meet again at 9:00 a.m. on October 17, 2023.