

AT HOME HEARING

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My name is Misti Chmiel (M-I-S-T-I) (C-H-M-I-E-L) and I am a Board Certified Hearing Instrument Specialist and small business owner from Grand Island. My testimony today regards the rest of Nebraska. All of the state that lies West of Lincoln, all the way up to Atkinson, all the way out to Alliance or down to McCook. I speak for those Hearing Instrument Specialists who could not travel to be here today but fully support the Nebraska Hearing Society's adoption of the International Hearing Society's Model Licensure Act to be included along with existing Nebraska statutes, rules and regulations pertinent to the profession.

The International Hearing Society is the only governing body for our profession beyond the state level and they have developed a model licensure act for our profession that provides various training options to become licensed and also includes an online written test, known as the ILE (International Licensing Exam), which the state of Nebraska has already adopted and currently requires as the first step necessary towards licensure in Nebraska.

Our current scope of practice has not been updated since 2004 and we seek to adopt a more all inclusive, easily defined set of standards. As requested we have well-established training for additional procedures not currently covered in our scope of practice such as cerumen removal and tinnitus management. Tinnitus maskers now exist within modern hearing aids and by simply turning that feature on and establishing a comfortable level of masker noise we are in essence performing tinnitus management, yet it remains unlisted in our scope of practice. Since it exists in the hearing aids themselves are we are licensed to work with it or are we operating outside our scope of practice? Those are the sorts of questions a more uniform, broader scope of practice would answer.

Cerumen removal, commonly known as wax removal, is the other large topic and that falls back to distance and abilities. By law we ARE able to take a completely in the canal (CIC) ear impression that reaches down to the 2nd bend of the ear canal, yet we cannot take out earwax that exists in the outer 1/3 of the cartilaginous portion of the ear canal, before the 2nd bend. We can safely insert and remove otoblocks but we are not allowed to take out earwax.

The difficulty with that is the immense distance between professionals in rural parts of Nebraska. While our population ranks us 37th in the United States our square mileage ranks us 16th. Outside the Omaha-Lincoln metro areas are over 70,000 square miles that cover Nebraska and if you live in Ainsworth you may travel 2.5 hours to see the closest ENT or Audiologist. Yet a Hearing Instrument Specialist travels up there once a month and if that Hearing Instrument Specialist was licensed by the state to remove earwax they could save the cost of transportation for their assisted living facilities, nursing homes and local residents. That is the story all across Nebraska in smaller towns. (Oftentimes, a person's medical insurance dictates where they can be seen or by whom – as in – in-network providers so having more licensed professionals able to serve in all areas should be beneficial and more economical for all.)

We are aptly licensed professionals who have already been trained to recognize and refer for red flag FDA conditions. No specialist would be asked to perform outside their own individual comfort zone and for those who wish to expand their scope of services, additional training would be required by qualified educators, as outlined. The approximate 700,000 plus people living outside the Omaha-Lincoln metro area would benefit greatly!!

To give you just 1 example, I have a blind Medicaid client in Grand Island who contacted her Medicaid insurance company about transporting her to my office across town. The gentleman who picked her up told her he had traveled from Illinois, through Omaha to Grand Island. He picked her up and took her across town to my office for a 30 minute appointment. Then he took her back home and told her he was now on his way to Lincoln to do the same thing, take a lady to her appointment and back home before he could return to Illinois. If she had arrived with an ear full of wax, that whole trip would have had to be repeated twice more. One more trip somewhere to have the wax removed and another trip back down to my office after the wax removal. All as an expense to Nebraska Medicaid.

These are the kinds of unnecessary expenses that could be avoided by expanding our scope of practice and allowing Hearing Instrument Specialists to perform our duties lawfully. Thank you.

Respectfully,

Misti Chmiel, NBC-HIS

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AT HOME HEARING, Owner

2023 Healthgrades Online Resource states:

There are 164 licensed audiologists in Nebraska, 28 of them are listed outside the Omaha-Lincoln Metro area. = 17%

There are 159 licensed ENT's in Nebraska, with 57 of them listed outside the Omaha-Lincoln Metro area. = 36%

That totals 85 professionals for the rest of Nebraska's 70,000 square miles and 700,000 people.

700,000 divided by 85 equals an average of over 8,200 people per professional.

There are 104 licensed HIS in NE and 30 of them are listed outside the Omaha-Lincoln Metro area. = 29%

700,000 divided by 115 (85+30) professionals equals = over 6,000 people per professional – plenty to share – no threat to anyone's livelihood – all serving the rural population of Nebraska's hearing impaired – as economical and fiscally responsible as possible – for the betterment of all Nebraskans.