

Janie York
Remarks before the Hearing care Professionals Technical Review
Committee.

Good afternoon, Chairman Rosenthal and members of the Hearing Care Professionals Technical Review Committee., I am Janie York, (J-A-N-I-E Y-O-R-K), and I am appearing before you today as Vice President of the Nebraska Hearing Society. I am a Hearing Instrument Specialist providing onsite hearing care for seniors living in elder care communities. I provide care onsite as it is both difficult and costly for individuals in this setting to go out for appointments. Thank you for listening to our comments today on this important topic.

During my service, I provide hearing aid care and cleaning, ear examinations, tests, and new hearing aid fittings upon request. Most of the new hearing aids I fit are provided through Medicaid.

Cerumen management is essential to providing all the above services. Hearing aids, when passed through cerumen at the base of the ear canal will not function as they immediately become plugged with wax upon insertion. Eardrums that are occluded with wax cannot receive the sound waves necessary for hearing. When excess wax is present a hearing test will not be accurate, and impressions of the ear cannot be made for hearing aids.

At this time when excess cerumen is discovered the resident must be referred out to an ENT or Audiologist to have the wax removed. When this happens a chain of scheduling needs to occur. First the transportation coordinator needs to work with the referring doctor to schedule an appointment that fits the transportation schedule. This also needs to coordinate with a family member to come and meet the resident at the appointment. This causes delays in services, costs time for the family and incurs additional expenses for the residents as there is a fee for transportation.

These barriers to transportation can make access to additional healthcare impossible for elderly and mobility-challenged populations. Long drives, combined with difficult schedules, and unpredictable weather exacerbate the inconvenience, particularly in rural areas of the state, where patients often must travel great distances for the closest care.

To help you understand the scope of this issue, I recently saw 18 residents in one community specifically to examine ears. Of those 18, 10 had to be sent out for wax removal, all encountering the transportation issues I just presented to you. . This is complicated and expensive and would be mostly unnecessary if I were able to provide cerumen management for these residents. None of which were happy about needing to go out for this procedure. Some will simply refuse, leaving this issue untreated. In addition to the logistical challenge of transportation this causes delays in treatment that are unnecessary.

If Licensed Hearing Instrument Specialists can gain the ability to remove excess cerumen, services can then be delivered at a lower cost and in a timelier manner, hearing aids can be kept in better working order and hearing would be improved for those with impacted cerumen.

There will, of course, be times when complicating factors will still require a referral to an ENT or Audiologist. I have professional relationships with excellent individuals in both professions that I trust and refer to.

It is prudent to adjust the current hearing healthcare regulations to ensure more people have the opportunity to receive quality treatment.

I urge the committee to support the proposed changes. Improving access to hearing healthcare is one of many ways we can better serve Nebraskans.

Thank you for your time today. I would be happy to answer any questions that you may have.