

September 1, 2023

Members of the Hearing Instrument Specialists Technical Review Committee:

The Nebraska Medical Association (NMA) appreciates the opportunity to comment on the Nebraska Hearing Society's application to seek changes in the scope of practice for Hearing Instrument Specialists (HIS). The NMA represents nearly 3,000 physicians, residents, and medical students in Nebraska, including otolaryngologists, family physicians, and others who work closely with hearing instrument patients.

The NMA supports the goals of the application, and our physician members believe it is appropriate for the Hearing Instrument Specialist Practice Act to reflect the reality of how Hearing Instrument Specialists practice, including managing cerumen, as long as appropriate training, safeguards, and referral mechanisms are in place to ensure patient safety. We believe this application has many positive aspects in that regard, including requirements for:

- Completion of an approved cerumen management course, consisting of at least six hours of practice and at least two hours of infection control (Sec. 7(3)(a));
- Mandatory referral to a physician if the patient exhibits certain enumerated contraindications to cerumen management (Sec. 7(4)(b)); and
- Appropriate professional liability insurance before engaging in cerumen management (Sec. 7(4)(g)).

These provisions of the proposal strengthen the Hearing Instrument Specialist application. After reviewing the application with our physician members, NMA would like to see proposal amended to include the following changes.

NMA Requests

• Section 21 of the proposal should be reconciled with Section 7 of the proposal to clarify the requirement of mandatory referral to a physician for certain contraindications and to clarify the minimum training requirements for cerumen management. Both Section 21 and Section 7 contain training requirements for cerumen management and both sections address referral. Section 7 provides more appropriate detail regarding the number of training hours required before engaging in cerumen management and a requirement for the course to be approved by the Hearing Instrument Specialist Board and developed in consultation with the Board of Medicine and Surgery. Additionally, Section 7 provides that an HIS "shall refer" a patient to a physician if the patient exhibits the listed contraindications. Section 21 provides that an HIS "may refer" such a patient. Mandatory referral to a physician for patients exhibiting contraindications must be included in this proposal to ensure patient safety.

- Any previous ear surgery should be a contraindication to cerumen management and require referral to a physician. Section 7(4)(v) currently provides that "ear surgery within the last six months" requires referral to a physician if cerumen management is necessary. While the NMA appreciates this precaution, our physician members believe that additional expertise is necessary to ensure cerumen is managed safely for all previous ear surgery patients, who may be prone to complications from manual cerumen removal.
- Cerumen management by Hearing Instrument Specialists should be contained to the cartilaginous
 outer one-third portion of the external auditory canal. This would align the authority of Hearing
 Instrument Specialists to manage cerumen with the authority of Audiologists to do the same, as
 set forth in Neb. Rev. Stat. § 38-507. More importantly, it would explicitly limit the authority to
 manage cerumen to the portions of the ear which can be safely managed by a Hearing Instrument
 Specialist who has completed the approved training course.
- The proposed definition of "Dispensing of hearing instruments" in Section 38-1505 should be changed from "Dispensing of hearing instruments *includes, but is not limited to*" to "The practice of dispensing of hearing instruments *means*" This change would align the Hearing Instrument Practice Act with the language of other practice acts contained in Chapter 38 of Nebraska Revised Statutes. Additionally, it sets clear expectations regarding authorized activities within the scope of practice of a Hearing Instrument Specialist.

NMA has communicated our general support for the goals of the proposal to the Nebraska Hearing Society, along with the above requests to strengthen the proposal. We appreciate the collaboration the Nebraska Hearing Society has exhibited and look forward to continuing to work with their members and the members of the Technical Review Committee to refine and advance the scope of practice for Hearing Instrument Specialists.

Sincerely,

John Trapp, MD, FCCP NMA President

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