David Rosenthal, PE (Chair)

Hearing Care Professionals Technical Review Committee

Nebraska Department of Health and Human Services

Attn: Ron Briel, Matthew Gelvin, and Jessie Enfield (Credentialing Review)

PO Box 94986

Lincoln, NE 68509-4986

Position: Strong Opposition

To whom it may concern,

I am writing today as a current, practicing, licensed audiologist within Lincoln, NE, with strong opposition to the proposed scope of practice expansion for individuals who currently hold a hearing instrument specialist (HIS) license in the state of Nebraska.

The current proposal of expanded scope of practice would allow hearing instrument specialists to perform diagnostic testing, interpretation of diagnostic procedures, specialized audiological services, and treatment services without the appropriate training or skills required. Audiology licensure requirements are a doctorate level degree, often an accumulation of 7-8 years post-high school, stated amount of clinical hours (varies between states) and passing of the praxis. Current requirements for a hearing instrument specialist remains for the individual to be at least 21 years of age and have received a high school diploma. This mode of requirement does not allow sufficient knowledge base for the higher services being requested in the aforementioned expansion.

Services the hearing instrument specialists are seeking to perform include variety of diagnostic procedures, cerumen management, tinnitus evaluation and treatment, and aural rehabilitation. These services require a wide variety of continued education, much beyond that of a high school degree. Audiologists are required to understand even fundamentals of human anatomy and physiology, which is achieved during the undergraduate career. Additional baseline fundamentals include chemistry, biology, anatomy, physics, hearing science, and basics of audiology. These courses are the fundamentals which are used as the base in which the additional diagnostics, electrophysiological, and rehabilitation services are based off.

In addition to lack of fundamental training of a hearing instrument specialist, there are additional courses achieved during the graduate training process which allow audiologists to perform the tasks that hearing instrument specialists are striving to perform. These courses and training allow the knowledge and discernment to occur when working with patients. This is extremely important, and can be the difference between life and death when it comes to our patients.

I will speak on my previous experience when it comes to tinnitus management. Tinnitus is not a "one size fits all" diagnosis. There needs to be the background knowledge of the anatomy of the inner ear, possible damage that occurred to the structure, underlying health concerns, and possible exacerbating

factors. One may think "how is tinnitus a life or death concern?" I have worked with three separate patients within approximately four years as a practicing audiologist who have sought out tinnitus services with extreme cases. While working in Texas for three years, I was the dedicated audiologist who worked with difficult tinnitus patients. These three patients were all extreme cases due to them having suicidal ideation due to the extremity of the tinnitus. There have also been a number of patients I have encountered with extreme forms of depression due to the tinnitus, even if it wasn't to the degree of suicidal ideation. These cases are highly sensitive and require specialized training to ensure proper treatment and care. This degree of knowledge and care would not be achievable with someone who posseses a high school diploma, nor even basic training following a high school diploma. There are additional certifications for audiologists to complete to better train in these modes of care, even beyond their doctorate level of training.

Aural rehabilitation belongs under the same category as requiring additional training as well. Audiologists possess at least two classes solely dedicated to strict aural rehabilitation services. In addition to these specific courses, they will have attained at least half of their undergraduate training and a few graduate course trainings on communication science, counseling, and effects of hearing loss. This specialized training allows audiologists to have the understanding regarding effective rehabilitation needs for their patients. They are able to understand the holistic approach required of aural rehabilitation services, including understanding of stages of life, auditory variables, and personal variables. Often this service is in collaboration with a speech pathologist specialized in aural rehabilitation.

In conclusion, there is strong opposition to the proposed scope of practice due to the current training and education requirements of a hearing instrument specialist. Without the training and education, an individual should not provide higher services that could cause harm to patients. As a practicing audiologist and resident of Nebraska, I want to best serve the health, safety, and welfare of individuals in the state. I can appreciate the desire to serve the residents and give them access to all health concerns. If these individuals want to best serve them, then they will enroll in an AuD program to achieve the proper training to offer high quality, ethical care.

Thank you for the time in reading this letter, and I hope you will take all of this information and apply it to your decision to provide the ethical and moral care the residents of Nebraska deserve.

Sincerely,

Tessa Boesiger, AuD, CCC-A

Terra Borign AD, CU-A