

Sherri Dodson, BC-HIS Lindee Miller, BC-HIS Board Certified Hearing Instrument Specialists

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November 14, 2023

Daniel Rosenthal, PE, Chair of Hearing Care Professionals Technical Review Committee DHHS Licensure Unit Attn: Ron Briel, Credentialing Review PO Box 94986 Lincoln, NE 68509-4986

Subject: Nebraska Credentialling Review for the Nebraska Hearing Society Application

Dear Chairperson Rosenthal and Members of the Committee,

Interpersonal connection is not just something humans desire. Connection with others is one of the most important basic human needs. Hearing plays a vital role in fulfilling that basic human need.

I write to you today, as a Board Certified Hearing Instrument Specialist that has served Western Nebraska for over 25 years. I am also a hearing-impaired individual from a family with multi-generational genetic hearing loss. Our family's quality of life is significantly impacted from the benefit of high-quality hearing healthcare and the use of Hearing aids. My request regards rural Nebraska. I ask for your full support in 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 Hearing Instrument Specialist (HIS) 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 fist 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 masking 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 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 superficial earwax.



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The difficulty with that is the immense distance between professionals in rural parts of Nebraska. Outside the Omaha-Lincoln metro areas are over 70,000 square miles that cover Nebraska. In North Platte, we not only serve our community but also the residents of more rural areas. Individuals often plan trips to North Platte for a day filled with medical appointments. Their hearing appointments usually occur on such days. Often cerumen build up is Part One of a Two-part equation causing problems with hearing and/or hearing aids. When this is the case, the individual must not only be seen in our office, but they must be referred on to yet another healthcare professional to fit in their trip to North Platte. Unfortunately, it is not always possible for the individual to be able to get a last-minute appointment with a health care professional to perform earwax removal, thus causing the rural resident to make an extra day trip or to be seen at an expensive and unnecessary visit to a local urgent care. Yet if Hearing Instrument Specialists were licensed by the state to remove earwax they could save the cost of transportation for their assisted living facilities, nursing homes, and residents by removing the need for an extra day trip to a bigger community. That is the story all across Nebraska in smaller towns.

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!

As a Board-Certified Hearing Instrument Specialists, I am honored to be held to a standard that requires best ethical care for my clients. Adopting the International Hearing Society's Model Licensure Act as proposed would allow me to better reach this standard by giving me the ability to give the full care necessary to help the rural residents of Nebraska hear better and achieve their basic human need for connection with others.

I'm not just asking as licensed Hearing Instrument Specialist, but as a hearing-impaired individual with over ten family members currently living with hearing loss whom would benefit from these changes, I respectfully ask you to approve the credentialing review for Nebraska's Hearing Instrument Specialists.

Please feel free to contact me if you would like to discuss this issue further.

Respectfully,

Sherri L Dodom, BC-HIS

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