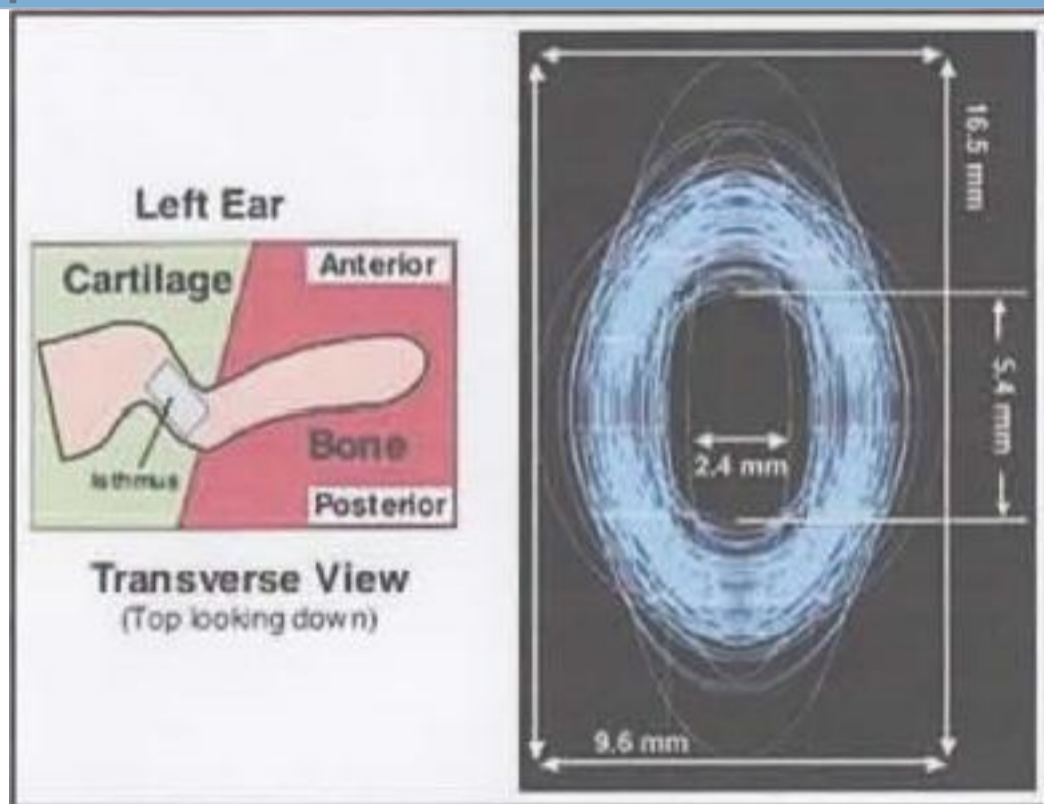


The Human Ear Canal V



uk.laklaks

July 7, 2014

*if an impaired individual
has confidence in his hearing
he'll have confidence in himself.*

*That's why dependability will always be the
most important part of every fitted hearing aid.*

Van, } Ear Canal Dimensions

Measurements of the human ear canal that show dimensional characteristics have been taken primarily from ear impressions. However, unless an impression is made of the entire ear canal, including the tympanic membrane, the length of the canal cannot be

International Hearing Society
Position Statement on the Practice of Hearing Aid Dispensing

The International Hearing Society maintains that the following services are considered within the scope of practice of hearing aid specialists and comprise the practice of hearing aid dispensing, in a manner consistent with federal, state or provincial law:

- eliciting patient case histories;
- performing comprehensive hearing evaluations, including administering otoscopy and performing tympanometry;
- administering and interpreting tests of human hearing;
- referring as appropriate for cochlear implant evaluation or other clinical, rehabilitative, or medical interventions;
- **determining candidacy for hearing aids, tinnitus management devices, and other assistive listening devices;**
- **providing hearing aid, tinnitus management device, and assistive device recommendation and selection;**
- performing hearing aid fittings, programming, and adjustments;
- assessing hearing aid efficacy utilizing appropriate fitting verification methodology;
- performing hearing aid repairs;
- **Administering cerumen management in the course of examining ears, taking ear impressions and/or fitting of hearing aids;**
- taking ear impressions and preparing, designing, and modifying ear molds;
- providing counseling and aural rehabilitation services;
- providing supervision and in-service training of those entering the dispensing profession;
- providing hearing health education;
- providing community services, such as in hearing conservation programs, school testing programs, and/or working with organizations serving individuals with hearing loss, and the deaf; and
- providing assistive technologies for public and private individuals, classrooms, and vocational needs.

Hearing aid specialists work with physicians, including otolaryngologists and geriatricians, and allied professionals, such as audiologists, occupational therapists, public health nurses, and others, on the community healthcare team.

Approved by the Board of Governors on April 26, 2013.

Current list of licensing agencies using the International Licensing Examination for Hearing Healthcare Professionals (ILE)

U.S. States:

1. Alabama •
2. Arizona
3. Arkansas
4. Colorado
5. Connecticut
6. Delaware
7. Florida
8. Georgia •
9. Hawaii
10. Idaho •
11. Illinois •
12. Indiana
13. Iowa
14. Kansas
15. Kentucky
16. Louisiana '
17. Maine •
18. Maryland
19. Massachusetts
20. Minnesota
21. Mississippi •
22. Missouri

23. Montana
24. **Nebraska**
25. Nevada •
26. New Hampshire •
27. New Jersey
28. New Mexico
29. North Carolina (2018)
30. North Dakota
31. Ohio
32. Oklahoma
33. Oregon
34. Rhode Island
35. South Carolina •
36. South Dakota
37. Tennessee '
38. Texas
39. Virginia
40. Washington •
41. West Virginia
42. Wisconsin
43. Wyoming •

Canadian Provinces:

44. Alberta (2018)
45. British Columbia
46. Manitoba
47. Nova Scotia
48. Ontario

U.S. States not using the ILE:

49. Alaska
50. California
51. Michigan
52. New York
53. Pennsylvania
54. Vermont
55. Utah'
56. (parties of Columbia)

Legend

'Also use the INS practical exam

States

List of states participating in the Audiology and Speech-Language Pathology Interstate Compact: (31)

Alabama, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming

34 states have new scope of practice language than Nebraska:

Alabama, Alaska, Arkansas, Arizona, Colorado, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin and Wyoming

12 states have updated their scope since 2018:

Alaska, Arkansas, Colorado, Kansas, Mississippi, New Hampshire, North Carolina, Rhode Island, South Dakota, Tennessee, Utah and Wisconsin

6 states use all-encompassing terms such as “any” or “all” services:

Kansas, Montana, New Jersey, New York, Ohio and South Carolina

2022-Iowa Code Title IV - PUBLIC HEALTH Chapter 154A - HEARING AIDS

Section 154A.1 - Definitions.

"Hearing aid fitting" means the measurement of human hearing **by any means** for the purpose of selections, **adaptations**, and sales of hearing aids, the instruction and **counseling** pertaining to the selections, adaptations, and sales of hearing aids, demonstration of techniques in the use of hearing aids, and the **making of eannold impressions** as part of the fitting of hearing aids.

154A.25 Prohibitions.

A person shall not

1. Sell, barter, or offer to sell or barter a license or temporary permit.
2. Purchase or procure by barter a license or temporary permit with intent to use it as evidence of the holder's qualifications to engage in business as a hearing aid specialist.
3. Alter a license or temporary permit with fraudulent intent.
4. Use or attempt to use as a valid license a license or temporary permit which has been purchased, fraudulently obtained, counterfeited, or materially Altered.
5. Willfully make a false statement in an application for a license or temporary permit or for renewal of a license or temporary permit.

Link:

[title-iv/chapter-154a](#)

2021, KamaStatutes Chapter 74 - State Boards. Commissions And Authorities Article 58 - Board Of Examiners In Fitting And Dispensing Of Hearing Instruments

74-5807. Same; definitions.

* * *

(d) "Practice of fitting and dispensing hearing instruments" means the evaluation or measurement of the powers or range of human hearing by means of an audiometer or **by any other means** as established by rules and regulations of the board and the consequent selection or adaptation or sale of hearing instruments intended to compensate for hearing loss, including the **making of an impression of the ear..**

74-5819. Prohibited practices.

No person may:

(a) Sell, barter or offer to sell or barter a license.

(a) Purchase or procure by barter a license with intent to use it as evidence of the holder's qualification to practice the fitting and dispensing of hearing aids.

(b) Alter materially a license.

(c) Use or attempt to use as a valid license a license which has been purchased, fraudulently obtained, counterfeited or materially altered.

(d) Willfully make a false, material statement in an application for a Kansas license or for renewal or reinstatement of a Kansas license.

(e) Sell through the mail, courier or delivery service, interne, telephonically or electronically hearing instruments without prior fitting and testing by a licensee except for a replacement of a hearing instrument that was previously fitted and tested by a licensee.

Link: [https://www.legis.la.gov/lis/lis.nsf/\(open\)/14w.iustia.cornicotlesikansasI202_/chapter-74.article-58/](https://www.legis.la.gov/lis/lis.nsf/(open)/14w.iustia.cornicotlesikansasI202_/chapter-74.article-58/)

Link: <https://law.lustia.com/codes/nebraska/chapter-38/>

2020 Nevada Revised Statutes Chapter 637B - Audiologists, Speech-Language Pathologists and Hearing Aid Specialists

NRS 637B.055 - "Practice of fitting and dispensing hearing aids" defined.

"Practice of fitting and dispensing hearing aids" means measuring human hearing and selecting, adapting, distributing or selling hearing aids and includes, without limitation:

1. Making impressions for earmolds;
2. Administering and interpreting tests of human hearing and middle ear functions;
3. Determining whether a person who suffers from impaired hearing would benefit from a hearing aid;
4. Selecting and fitting hearing aids;
5. Providing assistance to a person after the fitting of a hearing aid;
6. Providing services relating to the care and repair of hearing aids;
7. Providing supervision and in-service training concerning measuring human hearing and selecting, adapting, distributing or selling hearing aids; and
8. Providing referral services for clinical evaluation, rehabilitation and medical treatment of hearing impairment.

Link: <https://lawjustia.comkodes/nevada/2020/chapter-6371,1>

**NORTH CAROLINA GENERAL STATUTE 93-D HEARING AID
DEALERS AND FITTERS BOARD**

§ 93D-1.1. Hearing aid specialist; scope of practice. The scope of practice of a hearing aid specialist regulated pursuant to this Chapter shall include the following activities:

- (1) Fitting and selling hearing aids.

- (2) Eliciting patient histories.
- (1) Performing hearing evaluations.
- (2) Administering and interpreting tests of human hearing.
- (3) Referring, as appropriate, for cochlear implant evaluation or other clinical, rehabilitative, or medical intervention.
- (4) **Determining candidacy for hearing aids, tinnitus management devices, and other assistive listening devices.**
- (5) **Providing hearing aid, tinnitus management device, and assistive *device* recommendations and selection.**
- (6) Performing hearing aid fittings, programming, and adjustments.
- (7) Assessing hearing aid efficacy utilizing appropriate fitting verification methodology.
- (8) Performing hearing aid repairs.
- (9) **Administering cerumen management in the course of examining ears.**
- (10) Taking ear impressions, and preparing, designing, and modifying ear molds.
- (11) Providing counseling and rehabilitation services related to hearing aids.
- (12) Providing supervision and in-service training for those entering the hearing aid dispensing profession.
- (13) Providing hearing health education.
- (14) Providing community services for individuals with hearing loss and the deaf. (2013-410, s. 32.5(b).)

2024 South Dakota Legislature House Bill 1029 ENROLLED

chapter 34-24 NEW SECTION:

The scope of practice of licensed hearing aid dispensing involves: (1) The evaluation or measurement of hearing in a patient eighteen years or older, by means of an audiometer, for the sole purpose of determining whether a hearing loss will be sufficiently improved by the use of a hearing aid or other hearing instrument to justify prescribing and selling the hearing aid or instrument, and whether that hearing aid or instrument will be in the best interest of the patient;

(2) The prescribing and fitting of an appropriate hearing aid or other hearing instrument based on a patient's hearing loss, ear anatomy, and physical considerations;

(1) The removal of cerumen only as needed when cerumen is impeding the fitting, verification, or function of a hearing aid or other hearing instrument;

(2) The making of impressions or earmolds for the fitting of a hearing aid or other hearing instrument or hearing protection;

- (5) The sale and professional placement of the hearing aid or other hearing instrument on a patient;
- (1) Intervention necessary to ensure the optimum improvement in hearing ability when utilizing a hearing aid or other hearing instrument;
 - (2) The education of a patient on the use and care of the hearing aid or other hearing instrument; and
 - (3) Referring a patient to an appropriate medical professional for any ear-related condition that is observed beyond recognized sensorineural hearing loss.

Link: <https://sdlegislature.gov/Session/13i11/2472I>

2021 Tennessee Code Title 63 - Professions of the Healing Arts

Chapter 17 - Licensure Act for Communication Disorders and Sciences Part 2 - Hearing Instrument Specialists

§ 63-17-201. Part Definitions

8. "Practice of dispensing and fitting hearing instruments" includes the evaluation or measurement of the powers or range of human hearing by means of an audiometer for the consequent selection or adaptation for sale of hearing instruments intended to compensate for hearing loss, including the appropriate instructions, consultations, suggestions, recommendations or opinions related to this practice, including the making of an impression of the ear, or an ear mold; and

63-17-223. Cerumen management

A licensed hearing instrument specialist shall comply with the following cerumen management principles:

(1) The indications for cerumen management for a licensed hearing instrument specialist include:

- (A) Enabling audiometric testing;**
- (B) Making ear impressions;**
- (C) Fitting hearing protection or prosthetic devices; and**
- (D) Monitoring continuous use of hearing aids;**

(2) The licensed hearing instrument specialist shall refer a patient who exhibits any of the following contraindications to cerumen removal for medical consultation or medical intervention to an otolaryngologist or a licensed physician:

- (E) An age less than twelve (12) years of age;**
- (F) A perforated tympanic membrane;**
- (G) History of pain, active drainage, or bleeding from the ear;**
- (H) Evidence of congenital or traumatic deformity of the ear;**
- (I) Ear surgery within the last six (6) months;**
- (J) Tympanostomy tubes, such that irrigation should not be used;**
- (K) A bleeding disorder;**
- (L) Actual or suspected foreign body in the ear;**
- (1) Stenosis or bony exostosis of the ear canal;**
- (J) Cerumen impaction that totally occludes the ear canal;**
- (M) Cerumen located medial to the cartilaginous external auditory canal; or**
- (A) A tympanic membrane that the licensee is unable to see;**

(3) In performing cerumen removal, a licensed hearing instrument specialist shall only remove cerumen lateral to the external auditory canal using the following instruments:

(N) Cerumen loop;

(O) Cerumenolytic liquid;

(P) Irrigation, for patients with intact tympanic membranes and a closed mastoid cavity, no tympanostomy tubes, no recent ear surgery, and no recent dizziness; or

(Q) Suction used lateral to the bony canal, only for patients with no recent surgery, intact tympanic membranes and no clear otorrhea;

(4) If the patient, while undergoing cerumen management that did not present contraindications, complains of significant pain, exhibits uncontrolled bleeding or a laceration of the external auditory canal, or notices the acute onset of dizziness or vertigo or sudden hearing loss, then the licensed hearing instrument specialist shall immediately stop the procedure and refer the patient to an otolaryngologist or a licensed physician;

(5) The licensed hearing instrument specialist shall maintain the following proper infection control practices:

(R) Universal health precautions;

(S) Decontamination;

(T) Cleaning, disinfection, and sterilization of multiple use equipment; and

(U) Universal precautions for prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus, and other bloodborne pathogens, as defined by occupational safety and health standards promulgated pursuant to 29 CFR 1910;

(6) The licensed hearing instrument specialist who performs cerumen management shall maintain a case history for every patient and informed consent signed by the patient as part of the patient's records;

(3) The licensed hearing instrument specialist shall carry appropriate professional liability insurance before performing cerumen removal; and

(4) The licensed hearing instrument specialist is prohibited from requiring patients to sign any form that eliminates liability if the patient is harmed.

63-17-224. **Cerumen management course.**

(a) A licensed hearing instrument specialist who engages in cerumen management under § 63-17-223, must have completed a cerumen management course approved by the International Hearing Society, the American Academy of Otolaryngology-Head and Neck Surgery, or another organization approved by the council for licensing hearing instrument specialists. The course must:

(5) Be overseen by a physician, preferably an otolaryngologist;

(6) Consist of at least six (6) hours of a participant practicing removing cerumen from an ear canal model using a variety of safe techniques; and

(7) Result in a certificate of completion and attestation of competence signed by the overseeing physician.

(b) The council for licensing hearing instrument specialists is authorized to promulgate rules to effectuate the requirements of the course outlined in this section only after consultation with the board of medical examiners established at § 63-6-101. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

November 13, 2023

Daniel Rosenthal, PE. Chair of Hearing Care Professionals Technical Review Committee
DI II IS Licensure Unit
Attn: Ron Brid, Credentialing Review
PO Box 94986
Lincoln, NE 685094986

Subject: Nebraska Credentialing Review for the Nebraska Hearing Society Application

Dear Chairperson Rosenthal and Members of the Committee.

I write to you today, as a licensed hearing instrument specialist and resident who provides hearing healthcare services to an increasingly growing hearing-impaired population, to ask you to approve the proposed credentialing changes for Hearing Instrument Specialists (HIS).

The goal of these changes is to authorize Nebraska's licensed hearing instrument specialists the ability to provide our patients with comprehensive hearing healthcare services and reduce their burden. It is an unfair waste for hearing impaired individuals to pay for added medical visits when a trained and licensed HIS can safely remove cerumen or activate and adjust the settings of the tinnitus masking feature(s). By removing inconveniences and added unnecessary medical visits, we can increase access to quality hearing healthcare across the state.

Throughout the country, there are neither medical basis nor disciplinary actions taken that would call for preventing licensed HIS from providing their patients with cerumen and/or tinnitus management or conducting tympanometry testing.

Additionally, this proposal addresses training concerns by requiring a licensed HIS to obtain the training, knowledge, and skills necessary to perform tinnitus and cerumen management. These skills should be within the scope of practice for a licensed HIS with proper training.

Patient safety is always our highest priority. Any time a licensed HIS encounters a "red flag" circumstance, they at once stop what they are doing and refer their patient to an ENT physician (Otolaryngologist). This best practice will not change, and we will continue to provide care for our clients with their safety in mind.

This proposal increases convenience for patients without impairing patient safety.

I respectfully ask you to approve the credentialing review for Nebraska's HIS. This will help thousands of residents with hearing loss receive more efficient and less expensive access to hearing healthcare services. This is a good health care policy for Nebraska.

Thank you, Chair Rosenthal, and Committee members, for this opportunity to supply my thoughts on how I, and my colleagues, can better provide hearing healthcare services to our patients.

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

Respectfully,

Timothy Joyce
Hearing Instrument Specialist
Hearing HealthCare Center
2015 23rd St. Columbus, NE 68601
phone 402-563-3610 | fax 402-563-3630

HHC9
Hearing HealthCare Center

Family% Hearing Specialists, LLC

**1220 S. Willow St.
North Platte, NE 69101**

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

November 14, 2023

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

Subject: Nebraska Credentialing 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 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 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.

F a m i l y 9



Hearing

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Specialists, LLC

Sherri Dodson, BC-HIS

Lindee Miller, BC-HIS

Board Certified Hearing

Instrument Specialists

1220 S. Willow St.

North Platte, NE 69101

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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,

5ZV/19.4¹-, BC-HIS

Board Certified Hearing Instrument Specialist

Family Hearing Specialists, LLC

1220 S. Willow Street

North Platte, NE 69101

308-532-1880, sherri@helpinguhear.net

August 24, 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

Mr. Rosenthal,

I am writing today as a Nebraska Social Worker in favor of the proposed scope of practice changes for Hearing Instrument Specialists. The proposed changes would improve the quality of life and increase access to needed health care for the communities we serve.

The changes proposed for Hearing Instrument Specialists would allow for a greater number of services to be provided onsite at various residential and long-term care facilities, where transportation can be limited and costly. Barriers to transportation can make access to additional healthcare impossible for elderly and mobility-challenged populations. Long drives, strict 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.

By providing these expanded services on-site, we can reduce the number of doctor's visits our clients need, which increases access to hearing healthcare. These changes would positively impact the quality of life for citizens across Nebraska-allowing them to save time, money, and still receive the hearing care they need.

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.

Sincerely,

Abby Stauffer **Social Services Coordinator**

August 25, 2023

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

Re: **Hearing Instrument Specialist Expansion of Practice**

I support the proposed scope of practice changes for Hearing Instrument Specialists; to increase onsite provision of services-specifically Ceram= Management and Typanometry Adding Cerumen Management and Typanometry would improve the quality of life and increase access to needed health care for the clients serviced by Hearing Instrument Specialists

Providing expanded services through Hearing Instrument Specialists on-site would positively impact the quality of life for citizens of Nebraska

I urge the committee to support the proposed scope of practice changes for I learning Instrument Specialists.

Sincerely

Gayle L Resh

MA, CTRS, CDP, CPRP, LNHA

W24. 11 12 M4

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Gr-nail

Misti Chmiel <mistichmiel@gmail.com>

407 Application/ NE Scope of Practice

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Good morning, all!

Alissa forwarded to Sean and me a message she received from the Executive Director of American Cochlear Implant Alliance with their thoughts on your proposal. Please see below for details:

I think the group there is confusing referrals for CI with a candidacy evaluation. The latter is a comprehensive process involving a medical, audiological, and psychosocial evaluation. It involves imaging as well as an extensive discussion of expectations I have never seen this done outside of a specialized CI center.

We absolutely want to continue to encourage referrals and continuing support by hearing instrument specialists. We value our work with IHS and want to continue working with you. Your members are an important part of the hearing care team.

They also provided her with the attached document

Sincerely,

astanet Atis

Christine Seitz

Manager of Government Affairs

Medica MEDICA INSURANCE COMPANY
P.O. BOX 1459110
SALT LAKE CITY UT 84130-5910

**PROVIDER
REMITTANCE
ADVICE**

PAYEE AT HOME HEARING
3231 PatADA RD STE 5
GRAND ISLAND NE 68801-8815

FILE A CLAIM WITH EVENT
TO HELP COMBAT FRAUD ACT 17.371
)14HPFP
Prod Ot: 1013012023

PROV NO, C045-00sis9: NAME fl-r.TEL \$

UPIN NO. 128187

**BlueCross
BlueShield**

Explanation of Benefits

THIS IS NOT A BILL

Shield of Nebraska

, = 33103-2478

800.223-5584

GEHA. PAX box 4665
Independence, MO 64051-4665
800.821.6136
go ha .com

Explanation of Benefits
(This is NOT a bill. Retain for your records.)

Claim received 04/16/2018
Claim processed: 04/24/2018

Claim number: 180503853300
Patient name:
Patient ID:

Provider *Mist/ M Lust Chrntel*
Provider ID. 1105174990
Patient account NOT PROVIDED

CLAIM SUMMARY

Amount billed	\$2,000.00
Amount allowed	\$2,000.00
Claim disallow	\$0.00
Other coverage payment.....	\$0.00
GEHA total paid	\$2,000.00
Member responsibility	\$0.00
GEHA paid providerVCC # 43480945	\$2,000.00

NEBRASKA HEARING INSTRUMENT SPECIALIST (HIS)
MEDICAL LIAISON & INSURANCE REPORTING FORM

Name of credentialed HIS: _____

License number(s) and state(s) issued:

Business name, address and phone: ___

Medical Liaison Contact info:

Medical Liaison Contact info:

Professional Liability Insurance Company:

Policy number and expiration date:

Date submitted to HIS Licensure Board:

Date received by HIS Licensure Board:

Additional Comments:

For DHHS Staff Use Only:

TINNITUS Core Provider Certificate Program

Expand Your Patient Reach.
Become a Tinnitus Care Provider*.

JOIN THE WAITLIST

Program Overview

Tinnitus affects approximately 15% of the overall population and roughly 80% - 90% of tinnitus sufferers also have aidable hearing loss.

The Tinnitus Care Provider Certificate Program is a comprehensive workshop and assessment to help you care for patients with tinnitus. As a result of this program, you'll have the skills necessary to help patients with tinnitus and the resources to market yourself as a Tinnitus Care Provider.

[ABOUT THE WORKSHOP](#)

[ABOUT THE ASSESSMENT](#)

[DOWNLOAD PROGRAM OVERVIEW](#)

Eligibility

Candidates seeking the certificate must be licensed, registered, or certified hearing healthcare professionals with a minimum of two (2) years of clinical experience post-licensure.

Unlicensed apprentices and hearing healthcare professionals with less than two years of experience may attend the workshop and take the assessment. Upon completion of all requirements (licensure 2 years post-licensure experience, attending the workshop, & passing the assessment), the certificate will be issued.

Continuing Education Credit

ACCREDITED
COMACAR PLeGGIOW



ICE1100

Since 2018, the International Hearing Society and Tinnitus Care Provider Certificate Program has held accreditation from the Institute for Credentialing Excellence (ICE) for demonstrating compliance with ICE 1100 Standard for Assessment-Based Certificate Programs.



**WORK PROCESS SCHEDULE
HEARING AID SPECIALIST
O*NET-SOC CODE: 29-2092.00 RAPIDS CODE: 2071CB**

Description: In a manner consistent with the individual licensee's state law: Elicit patient case histories; perform otoscopy for the purpose of identifying contraindications to testing or ear impression; administer cerumen management if properly trained; perform audiometric testing to determine candidacy for hearing aids or assistive devices; take ear impressions; refer to other healthcare providers for appropriate clinical, rehabilitative, or medical interventions; select and fit appropriate hearing aids and assistive devices; assess hearing aid efficacy; design and modify ear molds and auditory equipment; provide counseling and aural rehabilitative services; provide tinnitus management to clients who exhibit symptoms of tinnitus during an evaluation of hearing loss conducted for the purpose of determining the appropriateness of hearing aids and/or tinnitus devices; provide supervision and in-service training of those entering the dispensing profession; and provide ongoing hearing aid care and repair services.

INSTRUCTIONS: Check-off each of the Core Competencies and enter the completion date as the apprentice demonstrates a level of proficiency that is equivalent to a journeyworker level employee with Supervisor/Trainer sign off.

Observes Sanitation Protocols to Protect the Patient/Client and the Practitioner

- Recognizes World Health Organization sanitation and sterilization guidelines
- Differentiates among disinfectants, virucides, and cleaning agents
- Distinguishes between sanitation and sterilization
- Explains when and demonstrates how to use disinfectants, virucides, and cleaning agents
- Explains when and demonstrates how to use gloves, masks, and other protective clothing
- Practices universal precautions

Observes protocols to clean and sanitize equipment and surfaces in the practice environment

- Distinguishes between single-use and multiple-use items
- Explains when and demonstrates how to sanitize multiple-use items
- Explains when and demonstrates how to properly dispose of single-use items
- Explains when and demonstrates how to properly dispose of sanitizing agents

Identifies the patient's/clients' needs

- Identifies and applies the mandatory referral criteria ("Red Flags")
- Questions the patient/client and family/caregivers about their concerns
- Discovers and documents patient's/client's:
 - Hearing History
 - Contributory History
 - Perceptions
 - Physical Limitations Pertinent to Amplification
- Discovers and documents perceptions of the patients/clients family/caregiver



Performs a visual inspection of the patient's/clients ear to identify contraindications for proceeding with the hearing evaluation

- Explains the need for performing otoscopy prior to performing audiometric testing
- Identifies the landmarks of the external auditory meatus and tympanic membrane
- Uses proper otoscopic techniques (including bridging and bracing) to protect the patient/client
- Employs proper sanitation and safety procedures
- Observes the tympanic membrane, auditory meatus, and pinna to identify potential contraindications
- Reports the presence of mandatory referral criteria (e.g. "Red Flags")
- Recognizes when cerumen management is required
- Documents observations

Performs tympanometry

- Explains the importance of conducting otoscopy before tympanometry
- Employs proper sanitation and safety procedures
- Selects the proper probe tip
- Interprets the findings and refer as necessary
- Documents findings and data interpretations

Performs audiometric testing

- Verifies that ambient noise level of test environments is within ANSI state requirements
- Verifies that test equipment calibration is current
- Performs daily biological test of equipment
- Employs proper sanitation and safety procedures
- Demonstrates proper placement of transducers
- Instructs patient/client how to respond to the test stimuli
- Determines pure tone thresholds and performs supra-threshold measurements (e.g. Uncomfortable Loudness Level [UCL] and Most Comfortable Level [MCL])
- Applies effective masking when indicated by audiometric results
- Performs speech audiometry, including speech awareness/reception threshold and word recognition testing with masking when indicated by audiometric results
- Reports the presence of mandatory referral criteria (i.e., "Red Flags")
- Documents audiometric results and data interpretations

Interprets evaluation results for the purpose of patient/client information, hearing instrument candidacy, referral, and/or communication with other healthcare professionals

- Describes degrees of hearing loss and applies them to the patient's/clients results
- Describes the audiometric findings to the patient/client, family/caregivers, and/or other healthcare professionals
- Applies evaluation results to hearing instrument candidacy
- Relates evaluation results to a prognosis for improved communication ability



Identifies physical limitations of the patient/client that impact the selection of style/type of amplification

- Applies issues of manual dexterity, visual acuity, coordination, numbness, etc. on selection of style/type of amplification
- Explains the influence of the patient's/client's ear anatomy on selection of style/type of amplification
- Relates the patient's/client's cognitive ability to the recommendations for the style/type of amplification
- Explains the potential impact of the patient's/client's medical conditions on selection of style/type of amplification
- Documents accurate observations and recommendations

Identifies patient/client preferences for style/type of amplification

- Compares and contrasts various styles/types of amplification
- Discovers the patient's/client's preferences regarding style/type of amplification
- Documents observations and recommendations

Identifies electro-acoustic parameters for amplification

- Explains the impact of amplification in various environments
- Identifies the patient/client needs and/or wants that can be addressed through use of optional accessories, assisted listening devices, and/or FM systems
- Documents recommendations and basis for recommendations

Recommends appropriate style/type of amplification to patient/client

- Relates to patient/client and family/caregiver the benefits and limitations of amplification and the specific styles/types of amplification as applied to the patient/client
- Explains the impact of circuit drain of the amplifier on battery life
- Justifies the recommendation of a particular style/type of amplification based upon the results of the audiometric evaluation and the patient's/client's preferences and lifestyle
- Documents findings, interpretations, and recommendations

Performs visual inspection of the patient's/client's ear(s) for otoblock placement

- Identifies the anatomy of the external auditory meatus
- Applies proper otoscopic techniques to protect the patient/client
- Practices proper sanitation and safety procedures
- Observes the tympanic membrane, auditory meatus, and pinnae to identify contraindications
- Applies the mandatory referral criteria (i.e., "Red Flags") to each patient/client
- Judges whether cerumen management is required
- Documents findings

Inserts otoblock in patient's/client's ear

- Practices proper sanitation procedures
- Selects the appropriately sized otoblock
- Inserts the otoblock to appropriate depth in the ear canal
- Practices proper bracing during insertion
- Performs otoscopy to confirm correct placement of otoblock



Takes impression for acoustic coupler, earplug or ear mold

- Selects the appropriate type of impression material
- Determines the appropriate insertion methodology
- Practices proper sanitation procedures
- Practices proper safety precautions during insertion
- Produces an impression without voids or gaps
- Allow adequate curing time
- Removes the impression without harming the impression or the client/patient
- Performs post-impression otoscopy to determine that no debris, otoblock, residual impression material remains, or excessive irritation exists in ear canal
- Documents the impression process and the quality of the ear impression

For both newly ordered hearing aid and hearing aid returned from repair, performs physical and/or electroacoustic check of instrument to verify it is as ordered and operating correctly

- Selects a testing method for the hearing instrument check
- Practices proper sanitation procedures
- Verifies that:
 - Directional microphones are functioning
 - Distortion is within acceptable parameters
 - All accessories are included and operational
- Documents results

Programs hearing instrument using computerized algorithms or other appropriate methods

- Selects appropriate fitting formula
- Couples the hearing instrument to the programming device
- Uses appropriate audiometric data and programming software for the initial hearing instrument fit

Places hearing instrument in patient's/client's ear and verifies fit

- Practices proper sanitation procedures
- Visually verifies physical fit of the hearing instrument
- Solicits feedback from patient/client regarding comfort of fit
- Engages appropriate acoustic feedback control

Modifies hearing instrument and/or earmold for comfort and proper acoustic performance

- Practices proper sanitation and safety procedures
- Adjusts electro-acoustic parameters as needed
- Adjusts the acoustic coupler as needed
- Adjusts subjective parameters based upon patient's/client's preferences
- Documents results, recommendations, and actions

Performs validation of patient's/client's aided performance

- Uses fitting validation inventories
- Uses appropriate tests as a fitting validation method including speech in noise testing
- Interprets results of validation inventories and appropriate audiometric testing
- Documents results and interpretations



Performs verification of the fitting of the hearing instrument

- Performs and interprets real ear measurements
- Performs and interprets speech mapping data
- Performs and interprets sound field measurements
- Documents results and interpretations

Discusses appropriate expectations of amplification with patient/client and family members/caregivers

- Explains the realistic expectations and limitations for hearing instrument performance
- Describes the purpose of memories/programs, features, and accessories based on the patient's/client's audiometric data
- Summarizes the life expectancy, recommended maintenance schedule, and potential malfunctions of the hearing instrument
- Explains the relationship between hearing instrument cosmetics, power, and acoustic performance
- Documents discussions with and recommendations made to the patient/client and family members/caregivers

Discusses use of the hearing instrument with patient/client and family member/caregivers

- Instructs patient/client and family members/caregivers on:
 - Care of hearing instrument
 - How to insert and remove hearing instrument
 - Battery usage
- Demonstrates to the patient/client and family members/caregivers as necessary, how to troubleshoot the hearing instrument
- Examines with patient/client and family members/caregivers features of hearing instrument
- Reviews with the patient/client and family members/caregivers manufacturer's warnings, specifications, and instructions
- Documents discussions with and recommendations made to the patient/client and family members/caregivers

Discusses communication and coping strategies based on the hearing loss with patient/client and family members/caregivers

- Explains lifestyle modifications necessitated by patient's/client's hearing loss
- Describes physical modifications to the living space necessitated by the patient's/client's hearing loss
- Documents discussions with and recommendations made to the patient/client and family members/caregivers
- Determines appropriate patient/client assignments to achieve optimum aided performance
- Establishes realistic expectations for aided performance
- Documents discussions and recommendations

Implements hearing aid programming and coupler adjustments

- Establishes use and wearing schedule of hearing instruments
- Schedules and implements incremental electroacoustic changes to increase patient/client use tolerance to achieve optimum aided performance

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Aurnd Res 2019 May 6; 9(1): 222.

Published online 2019 Jun 7. doi: [10.4081\(audiores.2019,77;](#)

PMCID: PMC6580142

PMID: [3127c_{cc}](#)

Tinnitus and suicide: An unresolved relation

Anne!, SabOr, AnIt Malutie, and Anti, A. Aarnisalo

Abstract

Tinnitus is an auditory phantom sensation which can be a devastating condition for the affected person causing annoyance and discomfort. It may be associated with psychiatric conditions. Patients with highly annoying tinnitus and different comorbidities may have a higher risk of expressing suicidal behaviour and ideation. We aimed to review available reports on the prevalence of suicide and suicidal behaviour with tinnitus patients in order to collate current concepts and to identify possible alarming signs and risk factors. A comprehensive search for appropriate studies listed in PubMed, Ovid and Cochrane databases was conducted using appropriate keyword combinations. We identified 22 publications including original articles, case reports and reviews of which 10 fit our stringent search criteria. **Most importantly, from the present studies it appears not feasible to univocally conclude on the co-incidence of tinnitus and suicide.** This is due to methodological differences in these approaches, complex interrelations between tinnitus and other psychiatric comorbidities and confounding factors such as the inclusion of patients suffering from post-traumatic stress disorder. More concerted actions involving different medical disciplines are needed to reflect the ethiological heterogeneity of tinnitus and suicide or suicidal behaviour to test for a relationship.

Key words: Tinnitus, Psychosocial stress, Depression, Anxiety, Suicide

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Tinnitus Handicap Inventory (THI)

This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

Your Name:

Date:

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1. Because of your tinnitus, is it difficult for you to concentrate?	Yes (4)	Sometimes (2)	No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people?	Yes (4)	Sometimes (2)	No (0)
3. Does your tinnitus make you angry?	Yes (4)	Sometimes (2)	No (0)
4. Does your tinnitus make you feel confused?	Yes (4)	Sometimes (2)	No (0)
5. Because of your tinnitus, do you feel desperate?	Yes (4)	Sometimes (2)	No (0)
6. Do you complain a great deal about your tinnitus?	Yes (4)	Sometimes (2)	No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night?	Yes (4)	Sometimes (2)	No (0)
8. Do you feel as though you cannot escape your tinnitus?	Yes (4)	Sometimes (2)	No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	Yes (4)	Sometimes (2)	No (0)
10. Because of your tinnitus, do you feel frustrated?	Yes (4)	Sometimes (2)	No (0)
11. Because of your tinnitus, do you feel that you have a terrible disease?	Yes (4)	Sometimes (2)	No (0)
12. Does your tinnitus make it difficult for you to enjoy life?	Yes (4)	Sometimes (2)	No (0)
13. Does your tinnitus interfere with your job or household responsibilities?	Yes (4)	Sometimes (2)	No (0)
14. Because of your tinnitus, do you find that you are often irritable?	Yes (4)	Sometimes (2)	No (0)
15. Because of your tinnitus, is it difficult for you to read?	Yes (4)	Sometimes (2)	No (0)
16. Does your tinnitus make you upset?	Yes (4)	Sometimes (2)	No (0)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	Yes (4)	Sometimes (2)	No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes (4)	Sometimes (2)	No (0)
19. Do you feel that you have no control over your tinnitus?	Yes (4)	Sometimes (2)	No (0)
20. Because of your tinnitus, do you often feel tired?	Yes (4)	Sometimes (2)	No (0)
21. Because of your tinnitus, do you feel depressed?	Yes (4)	Sometimes (2)	No (0)
22. Does your tinnitus make you feel anxious?	Yes (4)	Sometimes (2)	No (0)
23. Do you feel that you can no longer cope with your tinnitus?	Yes (4)	Sometimes (2)	No (0)
24. Does your tinnitus get worse when you are under stress?	Yes (4)	Sometimes (2)	No (0)
25. Does your tinnitus make you feel insecure?	Yes (4)	Sometimes (2)	No (0)

The sum of all responses is your THI Score >>>

The Six Scope of Practice Criteria

1. The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.
2. Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.
3. The proposed change in scope of practice does not create a significant new danger to the health, safety or welfare of the public.
4. The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.
5. There are appropriate post-professional programs and competency assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.
6. There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing

This application meets the six scope of practice criteria by doing the following:

7. Currently, patients who require cerumen removal, especially senior individuals or those residing in nursing facilities, face barriers to care and burdens associated with transportation, patient staffing needs, time, and costs. This scope clarification, allowing HIS to perform cerumen removal, alleviates the costs mentioned above and increases efficiency by reducing the amount of patient appointments.
8. The proposed clarification in the Society's credential application has multiple patient safeguards in place to care for patients in the safest manner possible. Additionally, the proposal requires practitioners who wish to provide this service to complete an educational course specifically designed to ensure competence. There are multiple cerumen removal classes and continuing education courses available for HIS who choose to utilize this scope of practice change. We have provided examples of potential courses throughout our 407 review.
9. The proposal requires HIS who choose to perform cerumen removal to undertake an additional hour of continuing education specific to cerumen removal each year. This is after passing the initial training and in addition to other mandatory continuing education requirements, including infection control training. In the event of any unforeseen circumstance or situation outside the ability of the HIS, this scope of practice mandates referral to other healthcare professionals equipped to handle the specific situation. This will also reduce the risks associated with individuals attempting to remove their own ear wax in an unsafe manner.