



April 23, 2024

Mr. Ron Briel, Program Manager  
Credentialing Review Program  
DHHS Credentialing Review  
P.O. Box 94986  
Lincoln, NE 68509-4986  
[Ron.Briel@nebraska.gov](mailto:Ron.Briel@nebraska.gov)

*Re: Opposition to Revised Credentialing Proposal for Nebraska Hearing Society/International Hearing Society*

Dear Mr. Briel,

On behalf of *Nebraska members* of the American Academy of Audiology (the Academy), I write to express our strong opposition to the revised credentialing review application and proposed practice act amendments submitted by the Nebraska Hearing Society and the International Hearing Society on February 9, 2024. The Academy is the largest professional organization of, by and for audiologists, in the world. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, public awareness and support of research.

**Revisions to Credentialing Application are Not Sufficient to Resolve Concerns**

We have reviewed the revised application and still have concerns with the revised language with respect to cerumen removal and tinnitus.

**Cerumen Removal:** We continue to assert that the appropriate scope of practice for an individual with this level of education and training should be appropriately limited to non-invasive tasks and skills associated with the fitting of a hearing aid. By no means should this scope of practice be expanded to include invasive procedures such as cerumen removal on the completion of a short-term course.

The revised application indicates that prior to engaging in cerumen removal, a hearing instrument specialist shall enter into "an arrangement with a medical liaison." It is unclear as to exactly what is meant by an "arrangement with a medical liaison." Does this mean that the medical liaison is also professionally responsible or liable for the conduct of the hearing instrument specialist performing cerumen removal? Will the "arrangement" be confirmed by the Board? If this medical liaison is simply an individual to whom the hearing instrument specialist would refer for additional care, this may not be practicable if the medical liaison is not a participating provider in a patient's insurance network.

**Tinnitus Care:** Tinnitus is a multi-faceted disorder commonly associated with additional co-morbidities and should not be within the scope of practice of an individual with limited education and training. A short-term course is not sufficient. The original proposal has been revised to clarify that tinnitus care provided by a hearing instrument specialist would be limited to "*providing tinnitus care as contained*

*within the hearing instruments, through tinnitus maskers, in accordance with the manufacturer's audiology department staff."* We are unclear as to exactly what this means or would entail. Hearing aids used for tinnitus control or tinnitus maskers have very specific characteristics and need to be tuned or adjusted by an audiologist skilled in tinnitus in order to give the full benefit. Without the necessary experience, training and support, an individual's tinnitus relief with hearing aids would likely be very limited. The proposed statutory reference to a "manufacturers audiology department staff" as somehow remotely guiding patient care would not be practicable. Any reference to providing tinnitus care should be stricken from this proposal.

### **Conclusion**

In conclusion, the revised proposed scope of practice expansion for hearing instrument specialists in Nebraska is not supported by the required education and training requirements. The revised proposal still contains unanswered ambiguities with regard to the establishment of a "medical liaison" for the purpose of cerumen removal and exactly how hearing instrument specialists would employ tinnitus maskers "in accordance with manufacturer's audiology department staff." For these reasons, the American Academy of Audiology stands in opposition to this proposal as we believe these changes are not in the best interests of individuals seeking assistance with hearing loss. If you have any questions about any of the information contained within, please contact Susan Pilch, JD, Senior Director of Government Relations at [spilch@audiology.org](mailto:spilch@audiology.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Bopanna Ballachanda', with a long horizontal stroke extending to the right.

Bopanna Ballachanda, PhD  
President, American Academy of Audiology