



October 16, 2023

Mr. Ron Briel, Program Manager
Credentialing Review Program/ DHHS Credentialing Review
P.O. Box 94986
Lincoln, NE 68509-4986

RE: Credentialing Review for the Nebraska Hearing Society

Dear Mr. Briel:

On behalf of the American Speech-Language-Hearing Association, I write to oppose the credential request made by the Nebraska Hearing Society, which would expand the scope of practice for hearing instrument specialists who are licensed under the Nebraska Department of Health and Human Services.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 1,500 ASHA members reside in Nebraska.¹

Comparing the Qualifications for Audiologists and Hearing Instrument Specialists

Audiologists hold a doctoral degree in audiology from a program accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology of ASHA and must complete a supervised post-graduate experience during their doctoral degree courses. All applicants for the Certificate of Clinical Competence in Audiology (CCC-A) have completed coursework in extensive foundational education for anatomy/physiology, research applications into practice, 1,600+ hours of clinical experience, and training to treat complex conditions, including cerumen management.² In total, an audiologist completes eight years of schooling between undergraduate and graduate programs to ensure an educational foundation for the best care to meet patients' needs. Audiologists who obtain the CCC-A must complete ongoing professional development, including a minimum of 30 hours of professional development every three years.

In contrast, a hearing instrument specialist (HIS) license in Nebraska only requires the education equivalent to a four-year course in an accredited high school.

Understanding the Implications of Proposed Credential Changes

The proposal seeks to broadly redefine the scope of practice for HISs in a manner that is inconsistent with their education and training. The existing scope for HISs is limited to *"measurement of human hearing by means of an audiometer or by other means*

approved by the board solely for the purpose of making selections, adaptations, or sale of hearing instruments.”

Under the proposed credential changes, HIS’ scope of practice would be allowed to do the following:

- a. Determine candidacy for referral for cochlear implants or other rehabilitative or medical interventions
- b. Provide counseling and aural rehabilitation services
- c. Provide tinnitus management
- d. “All acts of hearing assessment” pertaining to dispensing hearing instruments
- e. Cerumen management

ASHA shares the goal of reaching more individuals who are in need of cerumen management; however, we maintain that consumers must have access to a comprehensive hearing evaluation performed by a licensed hearing health care professional (e.g., audiologist) with an advanced degree. In addition, we maintain that individuals who provide cerumen management must possess the education, training, and skills necessary to evaluate the need for and treatment of conditions associated with excess cerumen.

The proposed changes severely infringe on the scope of qualified audiologists and hearing health care providers. HISs do not receive medical or pharmacologic education. As a profession, they test hearing for the sole purpose of fitting hearing aids. They are trained to perform tests but not to interpret results for purposes other than fitting hearing aids or referring for medical management. Assessment of communicative function and the role of technology requires a unique skill set held by audiologists. While an HIS could administer screening questionnaires, communication assessment measures are inappropriate and HISs do not have the training to counsel on communication strategies or make recommendations based on the findings. HISs are not trained on how to interpret audiologic measures and do not receive educational coursework on tinnitus, aural rehabilitation, or hearing conservation—all of which are being proposed to add to their scope.

ASHA maintains that expanding the HIS’ scope of practice without requiring education and clinical training could be detrimental to consumers as well as audiologists and other health care professionals. Potential negative outcomes may include:

- inappropriate treatment of cerumen resulting in puncturing an eardrum, which could lead to hearing loss;
- poor tinnitus management, due to a lack of education and training;
- improper referral for cochlear implants, which requires consultation by an otolaryngologist or audiologist to determine appropriate medical intervention; and/or
- misdiagnosis of a hearing condition to the detriment of the consumer.

While the credential request states that HISs may only perform the proposed expanded scope if they receive additional education beyond the high school diploma, we do not believe this meets the appropriate education, training, and skills necessary to meet the needs of patients requiring cerumen management, tinnitus management, or those seeking counseling and aural rehabilitation services.

Thank you for your consideration of ASHA's position on the credential request from the Nebraska Hearing Society. If you or your staff have any questions, please contact Doanne Ward-Williams, ASHA's director of state affairs, at dwardwilliams@asha.org.

Sincerely,



Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

¹ American Speech-Language-Hearing Association. (2022). Nebraska [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/nebraska-state-flyer.pdf>.

² American Speech-Language-Hearing Association. (n.d.) External Auditory Canal Examination and Cerumen Management. <https://www.asha.org/policy/glksp1992-00034/>.