

TRC Hearing Testimony:

My name is MISTI CHMIEL, spelled M-I-S-T-I C-H-M-I-E-L. I'm here today in support of the Nebraska Hearing Society's (NHS) proposed scope of practice application for hearing care professionals. I am a licensed Board Certified hearing instrument specialist, who lives in Central Nebraska and primarily provides hearing healthcare services to rural Nebraskans. I am also a decades-long member of the Nebraska Hearing Society.

In 2022, the Nebraska Hearing Society initiated efforts to clarify that cerumen removal and tinnitus care services should be within a hearing instrument specialist's (HIS) scope of practice in the Hearing Instrument Specialists Practice Act. Expressly authorizing Hearing Instrument Specialists to perform these services will save our patients time and money and improve access to hearing healthcare across Nebraska.

Our goal through this process is to continue to offer safe hearing healthcare, no matter where someone may live in the state.

**Cerumen removal** represents the main scope clarification we are requesting. The language before you has been written and amended based on recommendations from the Nebraska Medical Association, as well as incorporating feedback from audiologists.

At the most recent NHS annual seminar, May 2nd & 3rd of this year, I asked two attending audiologists, both of whom own their own business, how many hours of wax removal training they had received in college. Both answered zero hours, while our application includes mandatory training annually, on top of a required two year minimum license period. Additionally, those individual providers will have a registered medical liaison form and proof of insurance certificate on file with the Nebraska HIS Licensing Board. An outline of this form has been developed and provided to this committee.

The removal of earwax is a necessary component of the practice of hearing aid dispensing, as proper control ensures optimal outcomes for the hearing aid user and the operation of a hearing aid. Earwax constitutes **over 60% of all hearing aid repairs** and can result in many unnecessary costs for individuals, such as travel, transportation, and staffing assistance required to travel with certain patient populations. Cerumen removal services allowed under this scope of practice clarification would be performed only on adults and are aligned with professional best practices and training for FDA red flag referral conditions.

I and other Hearing Instrument Specialists can tell you stories of patients we've assisted who struggle with hearing issues relating to cerumen/wax removal, resulting in

additional patient travel, medical appointments, and costs, or wasting a trip to our office because the issue is not their hearing aids, but the cerumen/wax buildup that is preventing the effectiveness of their hearing aid(s). This additional cost and time often results in individuals using unsafe methods at home to try to mitigate this issue. Clarifying that cerumen removal is within our scope of practice will help us provide better quality hearing healthcare services, reduce the risk of at-home unsafe ear cerumen/wax removal attempts, and save our clients time and money.

The first time I spoke to the TRC, it was in representation of the Hearing Instrument professionals in outlying Nebraska, west of Lincoln. That is my goal here again today. Last month, I was 40 miles south of the South Dakota border. I was requested by the nursing facility there to come up and see a patient in a wheelchair. Before making the 6 hour round trip I called ahead to the social service director and inquired if a doctor, nurse, or anyone else had checked their ears for wax - as the social service director is usually the person in charge of hearing aids, glasses and false teeth in a nursing facility. I was informed that no one had looked in their ears that she knew of, and they did not have a way to do that onsite. I made the trip only to discover that while one ear canal was clear the other one was partially occluded with wax. There are no prompt care facilities in that small town where you might be able to be seen the same day, so my only choice was to test the clear ear and take an impression of that open side so I could order one new hearing aid. The ball of wax on the other ear was close to the edge of the canal, soft in appearance and color and completely intact, and in my professional opinion I could have easily removed it entirely. Instead the individual's hearing help has been delayed while waiting for wax removal so I can test and fit her other ear.

The following week, I was 6 miles north of the Kansas border, assisting a client with a similar story - earwax on one side that could have been safely removed without waiting. Instead, that person's hearing assistance has been delayed entirely as they are a Nebraska Medicaid recipient, which means I will need a physician's signature on approval paperwork to proceed and I will need a hearing test for both ears to accurately fill out that paperwork. These are the kinds of people, rural Nebraskans, that will benefit **the most** from expanding our scope of practice services. They are the somewhat forgotten population of Nebraska, who worked hard their whole lives in these small towns to keep them afloat. Farming, like my family still does in the Doniphan-Giltner area, civil service workers like my grandpa the mail carrier, or veterans like my father was, who would rather pay retail out of pocket pricing, rather than travel the required hours to the closest VA facility where they might receive hearing aids or hearing services for free, like the Veteran patient I have 40 miles south of North Platte.

Numerous Hearing Healthcare Professionals across the state support this scope

change and the work HIS do. This is evidenced by the overwhelming vote of approval that occurred at the Nebraska Hearing Society's annual meeting regarding this scope expansion.

I would like to reiterate that the objective of the Society's application is to ensure that Nebraska's Hearing Instrument Specialists can effectively and safely meet the hearing healthcare needs of individuals with hearing concerns in Nebraska, whether in urban or rural communities and especially our underserved population.

I and the Society are thankful for the Technical Review Committee's time throughout this process, and are excited to present our final proposal for your consideration. We believe that, as you examine the statutory criteria for clarifying the HIS' scope of practice, you will find our proposal meets these standards, and the six scope of practice criteria.

In closing, we are seeking to clarify our scope of practice to enhance and meet our patient's hearing healthcare needs and to better align with the scope of practice of our national body and fellow HIS professionals nationwide. This change meets all standards outlined in statute and we respectfully ask for your support in moving forward in this process. Thank you.

Respectfully,

Misti Chmiel, BC-HIS

NHS Executive Director