April 23, 2024

Good morning, Chairman Rosenthal and members of the Review committee. My name is Katherine Gamerl. I have a clinical doctorate in Audiology and practice in Norfolk, Nebraska. Thank you for hearing my opposition to the expanded scope proposal for Hearing Instrument Specialists.

I would like to speak to the portion of the proposal that involves the treatment of tinnitus. My knowledge of the evaluation and treatment of tinnitus is the result of audiological study during my master's program from the University of Nebraska-Lincoln in 2001 where I earned and completed a traineeship at the Veterans' Affairs Hospital in Omaha. My coursework from A.T. Still University, where I earned my doctoral degree in 2014, included a complete course devoted to tinnitus, hyperacusis, and misophonia. I have seen the need for quality tinnitus evaluation and treatment in northeast Nebraska. In response to this need, I furthered my skills by taking the Tinnitus Retraining Therapy course offered by Dr. Pawel Jastreboff in 2021.

As a tinnitus provider I cannot stress enough how dangerous improper tinnitus treatment can be for a patient suffering. Individuals experiencing bothersome tinnitus can feel negative effects on quality of life which could result in depression and isolation. Improper care can make the effects significantly worse. To provide the utmost care to these patients who can be suicidal, I rely upon years of formal education, continuing education, and clinical doctoring skills to prevent harming the patient and ensuring their success. The Tinnitus Handicap Inventory is an important tool that I regularly use for patients to express the severity of their tinnitus on a scale of slight to catastrophic. Catastrophic patients are at risk of death by suicide. The death of Kent Taylor, the founder of Texas Roadhouse, by suicide is one example of an individual suffering with a catastrophic level of tinnitus.[1]

To not overlap with my colleagues here today, I will address why the application presented by the Nebraska Hearing Society (NHS), in partnership with the International Hearing Society (IHS) does not meet the requirement to move forward with the 407 Process specifically for tinnitus care for Criterions three through six of the Title 172, Chapter 4, section 005.

Criterion Three - "The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public."

The proposed change to add tinnitus care or treatment for Nebraskans by adding it to the scope of practice of Hearing Instrument Specialist creates a significant risk for the health and welfare of Nebraskans suffering with tinnitus. The current educational requirements for Hearing Instrument Specialists do not include any formal training on tinnitus. Without a thorough knowledge of tinnitus, its possible mechanisms, and effects, it is dangerous to offer any form of tinnitus care or treatment. Additionally, it is just as dangerous to offer no tinnitus care or treatment, which is why licensed IHS should be referring tinnitus patients to an audiologist or physician for medical management.

Tinnitus treatment plans cannot be implemented in a safe manner without proper assessments. A comprehensive tinnitus assessment includes a complete case history, quality of life (QoL)

[1] https://www.npr.org/sections/coronavirus-live-updates/2021/03/22/979929592/texas-roadhouse-founder-kent-taylor-dies-after-struggle-with-post-covid-19-sympt

questionnaires to determine the degree an individual is affected by tinnitus, a Medicare-required depression screening, testing of loudness discomfort levels/uncomfortable loudness levels to determine if hyperacusis and/or misophonia is co-occurring with tinnitus, tinnitus frequency matching, tinnitus loudness matching, minimum masking levels, and residual inhibition to aid the audiologists in constructing a tinnitus treatment plan of care.

In addition, proper counseling is of vital importance to positive tinnitus outcomes, and more importantly, to prevent disastrous negative outcomes. It is only with proper education, hours of direct clinical supervision, and the results from diagnostic tinnitus assessments, should a practitioner move ahead with a tinnitus treatment plan for an individual bothered by tinnitus. Activation of a tinnitus program in hearing devices without this information is irresponsible, unethical, and may result in harm to the patient by increasing the degree of negative effects of tinnitus.

Criterion Four - "The current education and training for the health profession adequately prepares practitioners to perform the new skill or service."

Tinnitus care, treatment, or management is not listed as a role of the Hearing Instrument Specialist as defined on the International Hearing Society's website. [2] There is no didactic (lecture or written) training for tinnitus care, testing, treatment, or management in the requirements to become licensed as a Hearing Instrument Specialist in Nebraska. In the 407 Process, there is no mention of additional training to provide said tinnitus training to HIS prior to licensure or to those already licensed. In addition, proper training requires a significant amount of time under clinical supervision from a provider who is a tinnitus specialist and recognized as such under his/her current license, which this proposal lacks. For comparison, students enrolled in the University of Nebraska-Lincoln's doctoral Audiology program receive 3.5 hours of direct instruction dedicated only to tinnitus and hyperacusis. Tinnitus and hyperacusis instruction is infused in study areas relating to patient case history, counseling, and treatment. During this coursework, these future clinical doctors receive instruction on tinnitus assessment measures, both behavioral testing and self-assessment measures, as well as treatment methods including counseling, amplification, sound therapy, tinnitus retraining therapy, progressive tinnitus management, and cognitive behavioral therapy, to name a few.

An integral part of the UNL training program is hours of direct clinical supervision. This offers students a plethora of opportunities to work with individuals suffering from tinnitus of varying degrees with supervising audiologists ensuring patients' safety.

The proposed document states the following:

"(11) Providing tinnitus care as contained within the hearing instruments, through tinnitus maskers, in accordance with the manufacturer's audiology department staff; "

[2] https://myhome.ihsinfo.org/myhome/Become_Hearing_Aid_Specialist.aspx

Misti Chmiel, BC-HIS elaborated on this statement in the document titled Nebraska Hearing Society Executive Director Cover Letter 3/14/24 with the following:

"As a compromise and without limiting ourselves to a specifically designated class, the NHS has instead decided to let the audiologists, who work within the hearing aid manufacturer's audiology departments, work with those tinnitus maskers remotely. This technological ability already exists. Additional scope regarding tinnitus care, as was originally sought, has been removed from our proposal. The only mention of tinnitus care in our proposal is through this remote work done by audiologists." [3]

Misti Chmiel, BC-HIS Board Certified Hearing Instrument Specialist
Nebraska Hearing Society Executive Director

The wording in the proposal does not specify that an audiologist will be dictating the care by programing tinnitus maskers. It reads that HIS will follow the hearing aid manufacturers' guidelines. In the letter written to the 407 Review Committee, Misti Chmiel, BC-HIS states that audiologists working for the manufactures will remote into the hearing aid programming appointment to activate the tinnitus masker in the hearing aid.

It is preposterous to suggest that a hearing aid manufacturer have audiologists simply standing by and available for HIS to consult during a hearing aid fitting or follow-up appointment to activate tinnitus programs in the hearing devices. Hearing Aid manufacturers employee audiologists for phone support to offer recommendations and troubleshooting on the specific make and model of hearing aid. Audiologists employed by the hearing aid companies are not responsible for hearing aid fittings, nor would they be responsible for tinnitus program activation. These audiologists would not be able to perform tinnitus assessments, nor would they have data from the comprehensive tinnitus assessments required prior to turning on a hearing aid tinnitus masking program, as Hearing Instrument Specialists are not licensed to perform. Audiologists offering support from the hearing aid manufacturers located in Minnesota[4][5], Illinois[6], and New Jersey[7][8] may not even be licensed to practice audiology in the State of Nebraska. What entity would hold them accountable?

Tinnitus is a complex symptom that needs to be treated appropriately so as not to harm the patient. The proposed approach neglects the need for proper case history and testing prior to activation of a tinnitus program in a hearing device. This data is vital in order to properly provide tinnitus programs for the patient. Real ear measurements are required to determine the level of the sound created in the tinnitus program. Improper levels may have the unintended consequence of increasing the tinnitus or reducing the effectiveness of masking over time.

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[3] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://dhhs.ne.gov/licensure/Credentialing%20Review%20Docs/HCNebHearingSocietyExecDirCoverLetter031424.pdf

[4] https://www.starkey.com/contact-starkey-hearing

[5] https://www.resound.com/en-us/contact

[6] https://www.phonak.com/en-us/contact

[7] https://www.oticon.com/inside-oticon/contact-us

[8] https://www.audiologyonline.com/releases/signia-opens-new-u-s-28647

Criterion five - "There are appropriate post-professional programs and competence assessment measures available to ensure that the practitioner is competent to perform the new skill or service in a safe manner."

The HIS offers a Tinnitus Care Provider Certificate Program, a 2-day workshop and evaluation. Newly licensed Hearing Instrument Specialists cannot earn the certificate for the tinnitus program until they have had two years of clinical experience.

The program lacks any hours of direct clinical supervision. Individuals suffering from tinnitus have varying degrees of frustration, anger, loss of sleep, lack of concentration and many other negative effects of tinnitus. No one treatment plan is appropriate and will work with all patients. Because of this, sufficient hours of training must be spent under direct clinical supervision.

Criterion six - "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 competently."

There are no appropriate assessments in place to evaluate the competency of Hearing Instrument Specialists to provide tinnitus care. Currently, Nebraska requires a passing score on the International Hearing Society's International Licensing Examination for Hearing Health Care Professionals and Nebraska's practical examination. Tinnitus care, assessment, treatment, and management is not included in the study guide prepared by the IHS for the International Licensing Examination. Additionally, tinnitus is not listed in the outline of domains that is assessed by the International Licensing Examination.[9]

Knowledge of tinnitus and tinnitus care is not addressed in Nebraska's practical examination. There is a danger to Nebraskans in providing tinnitus care, assessment, treatment, and/or management without proof of competency.

The proposal fails repeatedly to meet the criterion of the 407 Review Committee. As such, it fails to keep Nebraskans safe and puts the health, safety, and welfare of the public at great risk. I urge you to not recommend the proposal to move forward.

Thank you so much for your time and attention.

Katherine M. Gamer, Au.D.

Doctor of Audiology

[9]https://efaidnbmnnnibpcajpcglclefindmkaj/https://myhome.ihsinfo.org/Images/ILE_Test_Prep/ILE%20Test%20Prep%20User%20Guide.pdf