

May 21, 2024

Hearing Care Professionals Technical Review Committee
Nebraska Department of Health & Human Services
P.O. Box 94986
Lincoln, NE 68509-4986

RE: Nebraska Credentialing Review for the Nebraska Hearing Society, Credentialing Review Program (407)

Dear Technical Review Committee members,

International Hearing Society (IHS) is the professional membership association representing hearing instrument specialists worldwide at the international level, across North America, in the United States, and for Nebraskan hearing instrument specialists, in partnership with the Nebraska Hearing Society (NHS). IHS recognizes the need to promote and maintain the highest possible standards for its members in the best interests of individuals with hearing loss. IHS conducts competency, education, and training programs, and encourages specialty-level certification. IHS thanks the Hearing Care Professionals Technical Review Committee (TRC) for the opportunity to present information in support of this 407 credential review application, and respectfully requests your support in clarifying the scope of practice for Nebraska hearing instrument specialists to reflect modern-day practice and the needs of Nebraskans. Approving the Nebraska Hearing Society's 407 application would allow hearing instrument specialists to deliver safe, cost-effective care, ensuring hearing healthcare continuity for their patients while meeting statutory requirements.

About Hearing Instrument Specialists

Hearing instrument specialists – who are licensed in accordance with the state's requirements for safe and effective practice and are recognized providers of hearing healthcare – play a vital role in bridging the communication gap between their patients and other individuals around them. This includes their family, friends, caregivers, employers, and medical professionals. Committed to excellent patient care and safety, they achieve this through training in core knowledge and competencies of the field, a strict code of conduct, and adherence to state and federal regulations. Among these standards set forth by the state, hearing instrument specialists may not

provide services for which they are not trained or experienced; nor willfully or intentionally committing any act which endangers patient safety or welfare.

Hearing instrument specialists also receive advanced training and professional development, oftentimes in the same classes as audiologists at professional meetings and through other training opportunities offered by a variety of providers like manufacturers and professional associations. In Nebraska, they maintain a higher-than-average minimum of continuing education credits – 12 per year, over the national average of 10.

Hearing instrument specialists are also educated in best practices and standards related to the delivery of hearing examinations, hearing aids, and related services. These standards are tested via the state licensing examinations, reinforced through continuing education, and are maintained and promoted by the professional association for hearing aid professionals, the International Hearing Society. Related to equipment, they apply those standards even in the absence of state requirements/specifications, such as ensuring that ambient noise levels when testing outside a soundproof booth to deliver patients with convenient care comply with standards set by the American National Standards Institute (ANSI)/Acoustical Society of America (ASA), and using specialized equipment and protocols.

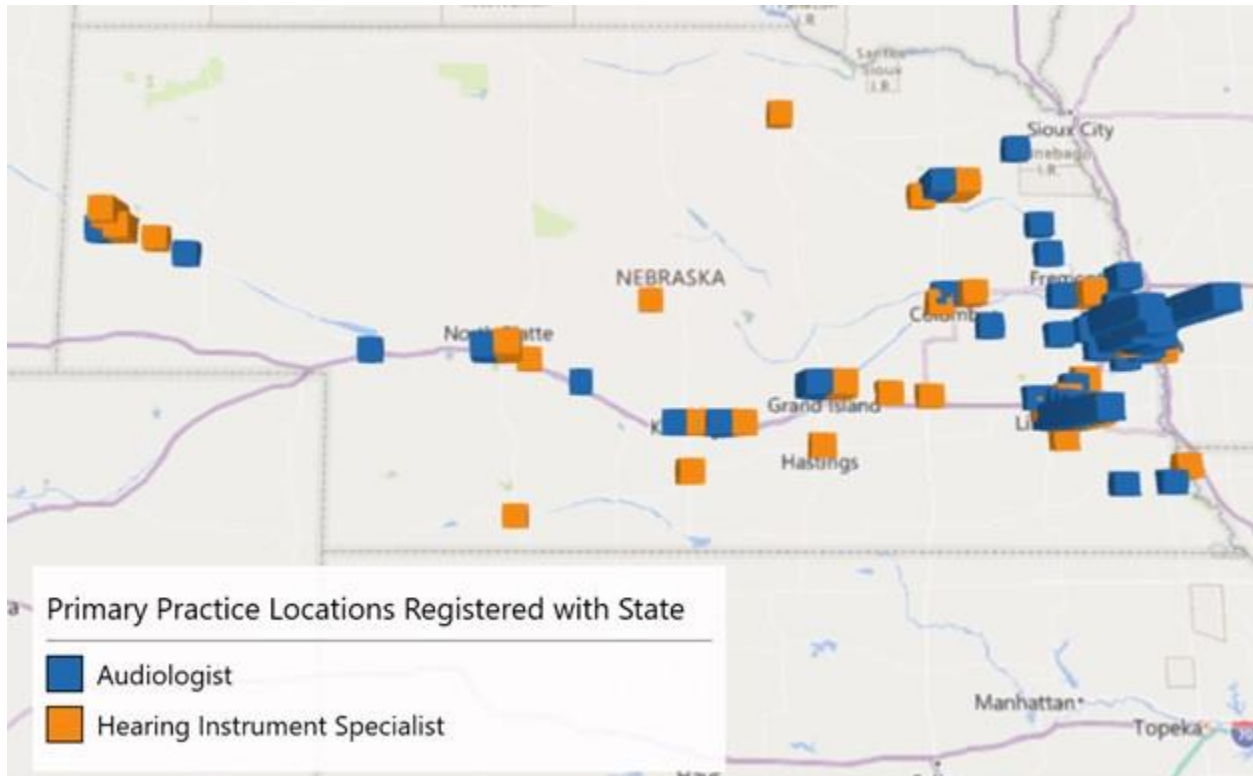
Hearing Instrument Specialists Ensure Access to Care

Hearing instrument specialists are an essential part of the hearing healthcare team, ensuring access to care. Studies show hearing instrument specialists are often more readily in areas where patients need it most. A 2019 study published in *Social Science and Medicine* found that “audiologists are less available in counties with older populations and higher shares of older adults reporting hearing difficulty, an inverse-care association given the high need for audiology services among older adults.” This same study found, “Approximately 56.6% of U.S. counties do not have audiologists, and counties with lower household incomes and older populations are at a disadvantage, which suggests stark inequities in audiologist service accessibility that may worsen, given the trends of attrition among practicing audiologists and falling enrollment in clinical audiology programs.”¹ Researchers have also found that longer distances to receiving hearing healthcare negatively affect individual’s hearing healthcare seeking behavior, delaying care by, on average, three or more years. This delay of care not only affects health, but affects education and job performance.²

This map identifies the primary registered locations of licensed audiologists and hearing instrument specialists in Nebraska, which reinforces findings that audiologists tend to operate closer to urban areas, whereas hearing instrument specialists help fill the need in more rural communities. Note, this map does not depict satellite offices, mobile units, or home care/assistive living center services.

¹ “Audiologist availability and supply in the United States: A multi-scale spatial and political economic analysis” Arrianna Marie Planey, *Social Science & Medicine* 222 (2019) 216–224

² “Rurality and Determinants of Hearing Healthcare in Adult Hearing Aid Recipients” Stephen Chan, B.S., Brian Hixon, M.D., Margaret Adkins, Au.D., Jennifer B. Shinn, Ph.D., and Matthew L. Bush, M.D. *Laryngoscope*. 2017 October ; 127(10): 2362–2367. doi:10.1002/lary.26490.



Relying on U.S. Department of Labor statistics, in part, highly respected audiologists Victor Bray, MSC, PhD, FNAP, and Aryn M. Amlani, PhD, FNAP, published research showing a continuing shortage of audiologists to meet growing hearing healthcare needs and highlighted that the licensed hearing instrument specialist field is experiencing rapid growth.³

Licensed hearing instrument specialists are well-positioned to help address the growing need for hearing healthcare, and they play a vital role in ensuring those with hearing loss can receive safe, quality, and continuous streamlined hearing healthcare.

Cerumen Removal

The Society’s 407 credential review application proposes including cerumen (earwax) removal in hearing instrument specialists’ statutory list of permissible functions; and specifies that before the act of cerumen removal, they must meet the following requirements: evidence of successful completion of a cerumen removal course, a minimum of two consecutive years of experience practicing in the field, professional liability insurance, and an arrangement with a medical liaison.

³ “A NEW ANALYSIS OF THE AUDIOLOGY WORKFORCE, BENCHMARKED TO OTHER HEALTHCARE PROFESSIONS.” AUDIOLOGY PRACTICES n VOL. 14, NO. 4

Individuals with hearing impairment often present with cerumen, which can cause hearing problems, limit a prescription hearing aid's effectiveness, prevent an accurate ear assessment, or all three. The amount of cerumen and its impact can vary, from little cerumen, to fully impacted.

Currently, any licensed hearing instrument specialist's patient with cerumen impeding a thorough hearing exam or proper ear impression mold (used to determine hearing aid specifications) must – sometimes unnecessarily - schedule an appointment with their primary care physician for removal. They then need to return to their licensed hearing instrument specialist for a hearing test and/or another attempt at the mold. Alternatively, patients may resort to purchasing a do-it-yourself ear cleaning kit to avoid the cost of a doctor's visit. Authorizing licensed hearing instrument specialists to remove cerumen would allow them to address both concerns during a single appointment, streamlining the process for patients - saving them time, money, and better ensuring they follow through with proper hearing healthcare. Additionally, it would free up valuable time for primary care physicians to focus on complex medical issues.

In Nebraska, cerumen removal, while examining ears or making ear impression molds, should be within the scope of practice for licensed hearing instrument specialists just as it is in other states – these other states recognizing the crucial role proper cerumen removal plays in ensuring optimal outcomes for hearing aid users. Training in cerumen removal ensures hearing instrument specialists know when and to whom to refer if the cerumen impaction presents the possibility for complication.

In April 2018, the U.S. Department of Labor (DOL) adopted national guidelines for a hearing aid specialist apprenticeship program. Within the DOL guidelines, the DOL recognized the profession as: “In a manner consistent with the individual licensee’s state law” to include “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 patients 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.”

Additionally, the IHS’ “Professional Practice Profile for Hearing Health Professionals” depicts historic and commonly applied scope and components of a hearing instrument specialist’s practice. The document was based on a 25 year old, 1999 National Board for Certification in Hearing Instrument Sciences Role Delineation Study of Hearing Aid Dispensers, which surveyed practicing hearing aid specialists to identify the frequency of tasks/procedures performed. The study identified sixteen common procedures. One of the procedures was “Administer[ing] cerumen management in the course of examining ears, taking ear impressions and/or fitting of hearing instruments.”

While regulations in most states do not explicitly mention cerumen management, licensing laws generally authorize the performance of services that involve at least a limited degree of cerumen management, such as otoscopic evaluation, taking ear impressions for ear molds, and cleaning hearing aids. Currently, North Carolina, Tennessee, South Dakota, and Wisconsin explicitly authorize hearing aid specialists to perform cerumen management – marking the growing recognition of this service and need for hearing instrument specialists to fill the need statutorily. With North Carolina having the longest statutory history of allowing hearing aid specialists to perform cerumen removal, we are unaware of any disciplinary actions taken against a North Carolina hearing aid specialist for improper, patient-harm cerumen removal.

Again, our application aims to enable hearing instrument specialists to provide this service when necessary, including administering hearing tests, creating ear impression molds, and advocates for training requirements to ensure hearing instrument specialists are well-educated.

Tinnitus Management

The NHS 407 credential review application proposes including the delivery of tinnitus care to hearing instrument specialists' scope of practice. The IHS acknowledges Nebraska Hearing Society compromised on tinnitus care language, specifically regarding working with manufacturers' audiologists to activate masking settings. If given the opportunity, IHS and NHS would be interested in reevaluating the tinnitus care provisions to authorize licensed hearing instrument specialists to perform this task independently. It is the position of IHS that tinnitus management is within the scope of practice of a hearing instrument specialist.

The National Institute on Deafness and Other Communication Disorders (NIDCD) says tinnitus is characterized by ringing or other noises in one or both ears without an external source and affects about 15-20% of people, particularly older adults and those currently using a hearing aid. While not a disease itself, it can cause distress, and various management options do exist, including the use of tinnitus masking features built into most hearing aids today.

Tinnitus management achieved through the activation and setting of hearing aid masking features, should, and frankly needs to be, within the scope of practice for licensed hearing instrument specialists in Nebraska. Tinnitus masking exposes a person to background noise, like white noise, pink noise, brown noise, nature sounds, or other ambient, subtle sounds at a volume that lowers or eliminates the sound of their tinnitus temporarily. You can view brief videos on how a Tinnitus Masker works at: <https://www.youtube.com/watch?v=1Ilrflhjew4> or <https://www.youtube.com/watch?v=UYZEaRqyuA8>. In addition, GN ReSound provides two examples of tinnitus masking on their website: <https://www.resound.com/en-gb/hearing-loss/tinnitus/treatment#:~:text=This%20is%20using%20noise%20to,isn't%20the%20optimal%20Approach>.

The U.S. Food and Drug Administration (FDA) defines a tinnitus masker as “an electronic device intended to generate noise of sufficient intensity and bandwidth to mask ringing in the ears or internal head noises. Because the device is able to mask internal noises, it is also used as an aid in hearing external noises and speech.” The FDA does not restrict hearing aid specialists from using tinnitus maskers; rather their intended use is defined by the device manufacturer. For

example, the most recent 510K premarket device applications for tinnitus maskers (2020) from both GN Resound and Starkey stated the devices were to be used by hearing professionals – not strictly audiologists or otolaryngologists. Use of the masking feature enables the patient to utilize all the features of their hearing aid, enabling licensed hearing instrument specialists to provide optimal and continuous hearing healthcare for their patients, provide symptom relief for patients, keep patients' healthcare costs down, and free up other hearing healthcare providers' time to work on more complex hearing healthcare issues.

Education surrounding tinnitus care, such as IHS' Tinnitus Care Provider program, incorporates training regarding the degrees of tinnitus and when referral is necessary.

Licensed hearing instrument specialists have used a standard practice for evaluating tinnitus for many years across North America. This process includes using tools like the [Tinnitus Handicap Inventory questionnaire](#) to assess the severity of tinnitus and determine if tinnitus masking could be beneficial; audiologists commonly use this same tool. Nearly everyone experiencing chronic tinnitus also experiences hearing loss.

Restricting licensed hearing instrument specialists from using built-in tinnitus maskers features hinders their ability to serve their patients effectively, considering they already recommend, select, and adapt hearing aids. Licensed hearing instrument specialists possess in-depth knowledge of hearing aid functionalities, allowing them to effectively integrate tinnitus masking with hearing amplification.

It is well-accepted that it is within the proper scope of services provided by a licensed hearing instrument specialist for the specialist to perform “evaluation or measurement of the powers or range of human hearing,” and, based on the evaluation, to recommend, select, and adapt hearing aids that will increase a person’s hearing ability. If a hearing aid specialist is permitted to evaluate a person for hearing loss, perform tests to determine the nature and degree of the person’s hearing loss, recommend and fit the person for a hearing aid that will provide the person with relief, and adapt the hearing aid to fit the person’s individual needs, then it is contradictory and unduly restrictive to prohibit a licensed hearing instrument specialist from activating the tinnitus masking feature of a hearing aid during the above process if the feature will increase a person’s hearing benefit from the device.

Lastly, erecting barriers to the ability of those experiencing tinnitus to obtain the relief provided by tinnitus masking features of hearing aids not only through the activation of the tinnitus masking feature(s), but the exact setting of said feature is unnecessary, unsupported by evidence, and will cause those who suffer from tinnitus in addition to hearing loss to go without the help they seek. Any professional who has assisted a hearing-impaired individual with a tinnitus masker knows that ultimately it is the user who, after listening to multiple settings, determines which setting works best for them. To fit a masker properly, a professional generally needs to spend at least 45-60 minutes, spread out over two visits, to activate and adjust the settings in consultation with the user to arrive at the preferred setting. Many individuals with hearing loss are reluctant to seek help, and enacting a medically unsupported hurdle to obtain relief is inconsistent with the public interest and should be remedied.

Like audiologists, licensed hearing instrument specialists cannot "cure" tinnitus, but they should be authorized to manage their patient's tinnitus through amplification and masking software built into most FDA-approved prescription hearing aids. (Manufacturers regularly provide training to hearing instrument specialists on their use of tinnitus maskers in their devices.) Appropriately fitted hearing aids can provide residual inhibition, environmental masking, and stress relief.

Education

The state-validated minimum requirements for obtaining a hearing instrument specialist license in Nebraska are:

- Age: at least 21 years old.
- Education: a high school diploma or equivalent.
- Examination: pass qualifying exams:
 - Pass the International Licensing Examination for Hearing Healthcare Professionals (ILE)
 - Pass the Nebraska Practical Examination

While a high school diploma may be considered the minimal educational standard *to apply and begin* training (emphasis added) to become a hearing aid specialist, the majority come into the field as a second, third, and even fourth career. In fact, according to a 2015 IHS Practice Survey, approximately 88% of licensed hearing instrument specialists have some college coursework. Of these, 44% hold a college degree, and 10% have an advanced degree (master's or higher). And again, the education and training journey begins there, which includes self and guided study and supervised hands-on experience. This training is essential to success on the licensing examinations.

The International Hearing Society's International Licensing Examination (ILE) for Hearing Healthcare Professionals is the minimal competency exam used in the licensing process for 43 U.S. states, including Nebraska, and five Canadian provinces. The competencies tested include but are not limited to:

Conduct Patient/Patient Assessment. Objectives:

- Apply infection control protocols.
- Apply otoscopic inspection protocols.
- Utilize audiometric testing protocols.

Interpret and Apply Assessment Results. Objectives:

- To Interpret and explain audiometric results.
- Determine candidacy for amplification.

Select Hearing Devices. Objectives:

- Select style and type of hearing instruments.
- Select earmold or another acoustic coupler.

Fit and Dispense Hearing Devices. Objectives:

- Utilize protocols to fit hearing instruments and other devices.
- Verify fitting.
- Validate fitting.

Provide Continuing Care. Objectives:

- Implement aural rehabilitation and counseling.
- Apply instrument maintenance and troubleshooting protocols.
- Interpret electroacoustic analysis results.

The Nebraska Practical Examination for hearing instrument specialists includes the following subject areas:

- Objective 1.1: Apply infection control protocols
- Objective 1.2: Apply otoscopic inspection protocols
- Objective 1.3: Utilize audiometric testing protocols

In addition to other readily available tinnitus educational courses, as previously mentioned, the IHS Tinnitus Care Provider Certificate Program is a comprehensive, workshop and assessment curriculum focused on tinnitus patient care involving physiology, psychology, measurement, management, and practice organization. This program is accredited by an independent third-party, the Institute for Credentialing Excellence.

Learning Objectives:

- Identify the common causes and mechanisms of tinnitus
- Explain the relationships between hearing loss and tinnitus
- Describe the impacts tinnitus can have on patients' lives
- Explain the measurement and evaluation of tinnitus
- Explain the counseling techniques and approaches used to manage tinnitus
- Give examples of how hearing instruments may help mitigate some of the adverse impacts of tinnitus
- Explain how an intervention with background noise and/or sound therapy devices can help a patient with tinnitus
- Describe how to implement tinnitus treatment as part of a practice

Based on licensed hearing instrument specialists' educational backgrounds, they should be considered qualified to safely remove ear wax or turn on a masker to help manage tinnitus. They may also collaborate with a manufacturer's audiologist, who holds a license to practice in Nebraska through the Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC).

Hearing Loss, Cerumen, and Tinnitus Data

Hearing loss is not just a concern for older adults. Young people are also at risk of hearing loss. According to the [Center for Disease Control](#) (CDC) about 15% of American children aged 6-19

have experienced hearing impairment. Additionally, the [NIDCD](#) reports roughly 10% of the U.S. adult population, or about 25 million Americans, has experienced tinnitus lasting at least 5 minutes in the past year. And, according to a 2020 [National Center for Biotechnology](#) study, 18.6% of people 12 and older, and 32.4% of people 70 and older, have cerumen impaction and it is common for up to 57% of older people in nursing homes.

Specific to Nebraska, about 16% of individuals aged 65 and older and just over 2% of individuals aged 18 to 64 had a hearing difficulty, per a 2021 [NE Department of Health & Human Services Division of Public Health Office of Health Disparities and Health Equity report](#).

Focusing on older adults, according to the [National Council on Aging](#) (NCA) 2024 statistics, of people aged 65 and older, 31.1% experience hearing loss, while 40.3% of adults aged 75 and older experience hearing loss. Studies also indicate that approximately 28.8 million American adults could significantly benefit from wearing a hearing aid. Furthermore, hearing loss is on the rise in the United States and is expected to almost double by the year 2060.

Untreated hearing loss can affect a person in many ways, including:

- Emotional problems caused by a drop in self-esteem and confidence.
- Social withdrawal due to reduced access to services and difficulties communicating with others.
- Fewer educational and job opportunities because of communication difficulties.

A January 10, 2023, research paper titled [“Hearing Loss and Dementia Prevalence in Older Adults in the US”](#) from Johns Hopkins linked hearing loss to walking problems, falls, and even dementia, with a fivefold increased risk for severe hearing impairment. Additionally, the Johns Hopkins research found that mild hearing loss doubled dementia risk. Moderate loss tripled dementia risk, and people with a severe hearing impairment were five times more likely to develop dementia. Furthermore, the additional cost and inconvenience of seeing a second healthcare provider is a barrier for some individuals seeking hearing aids. In other words, attaining timely hearing healthcare and removing unnecessary barriers to care is critically important.

In Conclusion

Nebraskans with hearing loss currently face unnecessary barriers to receiving timely and efficient care. Limitations on licensed hearing instrument specialists’ ability to remove cerumen impeding hearing tests or earmold impressions, and to activate tinnitus maskers in hearing aids, force patients to wait for appointments with additional providers. This can increase healthcare costs, delay and disrupt care, and limit access to essential services. These limitations disproportionately impact vulnerable populations like rural Nebraskans, seniors, and low-income individuals.

Streamlining safe hearing healthcare in Nebraska by authorizing licensed hearing instrument specialists to perform cerumen removal and manage tinnitus using existing hearing aid technology would significantly benefit the state and Nebraskans with hearing loss and tinnitus.

This would free up medical professionals to address complex healthcare needs while licensed hearing instrument specialists continue to provide quality, safe hearing healthcare.

IHS respectfully requests your approval of the Nebraska Hearing Society's 407 credential review application, which would allow patients to access safe, cost-effective, and comprehensive hearing healthcare through their local hearing instrument specialist.

Thank you for your consideration. I invite any questions or comments via advocacy@ihinfo.org or 734-522-7200.

Sincerely,



Alissa Parady
Executive Director

Section Page Break activates page two of the letterhead, do not remove the section page break.