

First, I want to thank you for listening to the testimonies today. My name is Ken Stallons and I am an audiologist. I work at an Ear, Nose and Throat clinic in Omaha. The number one thing I want to stress here is, this is about how to provide the best possible hearing health care for the Nebraska population.

I want to address the two different levels of professionals that are here today. You have both audiologists and hearing instrument specialists and they both have licenses to dispense hearing instruments in the state of Nebraska. Nebraska residents have two choices of who they want to go see. For some people, they care about the title of their profession that they have achieved. For others it doesn't matter to them. The quality of care that is provided to the general public, is more important than the title that the professional holds. There are audiologists here today that feel that I'm not qualified as much as they are, just because I don't have the title of Doctor of Audiology.

I've been in this field for 40 years, starting February of 1984. I'm a second generation audiologist so I've been around this profession my whole life. At the time I went to school the degree requirements were different. The field has expanded and so have the requirements. Just because you graduate doesn't mean you don't keep learning and expanding your knowledge as things change in the field. That's why the degree has changed from a Master's Degree in Audiology to a Doctor of Audiology. Audiologists have had the right to go back and obtain the Doctor of Audiology title if they wished. It's been available to complete online as a number of Audiologists have done. I personally chose not to. They boast that they even have to take a business class in the program. I personally have an undergraduate degree in Business Administration in Accounting. I've had to take business policy classes that analyze different businesses in different industries; examining systems, research and development, production, marketing, advertising, sales, demographics, etc... The Doctor of Audiology looks at one industry only, to design a business model. It doesn't necessarily make you a better hearing health care provider. I've had to keep up with the changes in Audiology over the years, whether or not I went back to get the Doctor title. Even a cerumen management class online doesn't provide actual physical hands-on experience with patients.

Which brings me to the real topic today; Cerumen Management. Who should do it and who shouldn't. I have an example that may best explain this concept. So I have had to maintain 4 Million dollars in malpractice liability insurance. The most risky thing that I do is make this kind of impression. It requires placement of an oto block deep down in the ear canal, and insertion of silicone impression material deep into the ear. The impression goes down past the second bend in the ear canal. This kind of impression is required for CIC (completely in the canal) and IIC (invisible in the canal) hearing aids, Musician earplugs and In-Ear Monitors. I do this on a regular basis, and every licensed hearing health care professional in this room is allowed to perform this task. When I obtained my license 40 years ago, no one made impressions this deep. I had an hour class and one hour of hands-on demonstration and then practice over the years. If every licensed healthcare provider can make this kind of impression, then you need to ask yourself, why can't those same individuals go half as far into the ear to remove wax.

This task is not for everyone. I have two audiologists in our practice and they don't want to have to remove wax, and they shouldn't, because they aren't comfortable doing it. Some Hearing Instrument Specialists won't want to do it and shouldn't as well. I remove wax everyday, and I was able to start doing it with no training just because my scope of practice said I could. I got some instruction from my physicians in my practice, but it's hands-on techniques and practice that make you better at it. You need to be able to see well and have proper lighting and tools.

We have a shortage of hearing healthcare providers in this state and in the whole country for that matter. Nebraskans need more access to providers, especially in more rural areas, to help with their hearing needs. Nebraskans have spent thousands of dollars on hearing aids, but can't always get the benefits from the devices, because they repeatedly get plugged with wax.

I'm suggesting that you allow more providers the opportunity to help these people. I'd suggest that those that want to participate in cerumen management be made to maintain 4 million dollars in malpractice liability insurance. They should also be required to take a 4 hour training class. Audiologists don't even have that requirement. I know that there are a lot of Audiology students here today, that may think that this is going to affect their job security, but let me assure you it will not. Wax removal just provides a hearing service to our patients. After doing this for a while, you will spend more time on this task than you desire, however it is a necessary service. It's why a lot of doctors don't mind others providing this service. As I said at the outset, this is about providing the best hearing health care for the Nebraska population.

Tinnitus management: In the mid-1970's, tinnitus maskers were developed. They looked just like hearing aids, but they just produced "white noise" which was used to help coverup a patient's tinnitus. A patient would purchase these devices in Hearing Instrument specialists offices. For years, ASHA - the American Speech and Hearing Association had deemed that any audiologist that dispensed any devices for a profit was unethical. Those audiologists were told to stop this practice or relinquish their ASHA certification. My father was one of those individuals. He chose to resign from ASHA and dispense devices legally per the state licensing laws. Eight years after he had resigned from ASHA, he received a letter from ASHA declaring that dispensing products for a profit was now deemed ethical. So only the Hearing Instrument Specialists and a few rebel audiologists were dispensing hearing aids and masking devices, but somehow now they aren't proficient enough to do anything with Tinnitus. The hearing aid manufacturers have included this ability for years in their hearing instruments to help patients. It's ridiculous that Hearing Instrument Specialists can't perform any bare minimum help, when it comes to Tinnitus management. Again, this needs to be about providing the best hearing health care for the Nebraska population.

ASHA has dictated to the Audiologists for decades. I have not paid one cent to ASHA. I was certified under my father when he wasn't a part of ASHA, so I've been certified, but never ASHA certified. Therefore, I can not supervise students. It doesn't matter that I have 40 years of audiology experience, it's that my supervisor and now myself, haven't paid money to ASHA. ASHA deems that I have nothing of value to offer students. That's their loss.

I think it's great that the programs have elevated individuals to be a Doctor of Audiology. Audiologists have gotten to increase their knowledge and scope of practice as time has progressed. So why can't other Audiologists that don't have that title and/or the Hearing Instrument Specialists, also not have the opportunity to expand their knowledge and scope of practice as well. The reason is it comes back to those that want to have control of it all. Now that they are allowed to make a profit, they want to dictate by using the highest degree obtainable, to control everyone else, and to make those professionals look less capable, within the profession. It's shameful that the Audiologists can't get along with the Hearing Instrument Specialists, to provide unified care for the general public. This continues to be about providing the best hearing health care for Nebraskans.