

November 17, 2023

Daniel Rosenthal, PE (Chairperson)
Hearing Care Professionals Technical Review Committee
Nebraska Department of Health and Human Services
Attn: Ron Briel, Credentialing Review
PO Box 94986
Lincoln, NE 68509-4986

To Whom It May Concern:

I am writing this letter on behalf of the Nebraska Audiology/Speech-Language Pathology Licensure Board to express the Board's opposition to a proposed expansion of the scope of practice for Hearing Instrument Specialists (HIS) in Nebraska. Please note that the views expressed herein are those of the Audiology/Speech-Language Pathology Licensure Board and do not necessarily reflect the views of the State of Nebraska.

The proposed scope of practice expansion for HIS would include cerumen management, tinnitus management, and aural rehabilitation. Each of these management/treatment techniques is currently within the scope of practice for licensed Audiologists in Nebraska. Audiology students are required, as part of their doctoral training programs, to complete course work in auditory anatomy and physiology, auditory/vestibular pathology, physio-acoustics, psycho-acoustics, hearing instrumentation, amplification/cochlear implants/auditory Osseo integrated devices, and training in aural rehabilitation across the lifespan. Extensive training in each of these areas ensures that clinical Audiologists are adequately trained and prepared to carry out these procedures and treatments. Most accredited Au.D. training programs also include training specific to cerumen management techniques (procedures, instrumentation, infection control). Au.D. students are required to demonstrate proficiency in the clinical setting and/or through clinical practical assessments in various areas of clinical practice, including cerumen management, tinnitus management, and provision of aural rehabilitation strategies for patients of all ages prior to credentialing/licensure. The proposed licensure scope expansion for HIS fails to identify specific standards, such as those defined by accredited Au.D. programs, that would be implemented as part of supposed enhanced training requirements for HIS that indicate what appropriate training would entail, including minimum training requirements, appropriate training programs, methods and metrics for assessing proficiencies in each of these areas. Such standards exist as protections for consumers of hearing healthcare services. Further, inclusion of a *grandfather clause* for currently licensed HIS, seems to suggest that the current HIS licensure requirements for HIS (21 years of age with a high school diploma) are somehow comparable to the extensive education and training that is required to practice clinical Audiology. Clearly, they are not.

This Board also feels that it is important to highlight that, despite the breadth of knowledge and training that Audiologists have in the management of cerumen, our professional licensure in the State of Nebraska (38-507) places reasonable restrictions on the extent to which we can engage in cerumen removal. Our ability to do so is limited to cerumen removal from only the outer one-third, or the cartilaginous portion, of the external auditory canal (EAC). More extensive cerumen removal of deeply

seated cerumen that occurs in the inner two-thirds, or the bony portion of the EAC, and which can be impacted or adherent, is deferred to licensed physicians (Otolaryngologists or other physicians) due to the increased risk of complication with such procedures. The proposed scope of practice expansion for HIS does not appear to place limitations of the ability of HIS to complete more extensive cerumen removal procedures which present increased risk of complication. The elderly, who constitute a considerable proportion of the population being fit with amplification by HIS, often present with chronic health conditions that increase bleeding risk or result in poor or slow healing. Consideration for expanding scope of practice for HIS to include cerumen management without well-defined training and proficiency standards, and without clearly defined boundaries regarding the extent of allowable practice poses a significant risk to public health.

The Board also has significant concern related to the HIS scope expansion language which proposes to expand HIS scope to include *"All other acts of hearing assessment pertaining to hearing testing or the selling, renting, leasing, and delivery of hearing instruments."* This "blanket" language would permit HIS to perform diagnostic hearing tests for which they do not have appropriate training to administer or interpret, including tympanometry, acoustic reflex and acoustic reflex testing, distortion product otoacoustic emission testing (DPOAE), auditory brainstem testing (ABR). These tests are part of the audiological test battery that may be used in the clinical setting to provide additional or supporting information regarding type, degree, and etiology of hearing loss. Proficiency in the administration and interpretation of these audiological tests should be implicit in their use but is not implicit if completed by hearing care providers, like hearing instrument specialists, who lack the education and training to do so. Licensed Audiology assistants in Nebraska, whose educational requirements for licensure exceed those of HIS (post-secondary education), cannot provide diagnostic hearing testing as part of their scope of practice because they lack the education and training to do so.

The proposed expansion of HIS scope of practice brought forth by the Nebraska Hearing Society lacks merit. The expansion is completely incongruent, even when the proposed *educational enhancements* are taken into consideration, with the education and training required to engage in the practices that the proposal seeks to include within the HIS scope of practice. The Nebraska Audiology/Speech-Language pathology (A/SLP) Licensure Board urges the Hearing Care Professionals Technical Review Committee to reject this proposal in its entirety as part of continued efforts to provide protections for Nebraskans seeking hearing health care. Please feel free to contact me, on behalf of the Nebraska A/SLP Licensure Board if you have any questions.

Respectfully,

Rhonda Dick, Au.D., CCC-A

Doctor of Audiology

Nebraska Audiology/Speech-Language Pathology Licensure Board, Chairperson