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November 15, 2023

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

Greetings,

This letter is in opposition of the request for Nebraska Hearing Instrument Specialist (HIS) certificate holders the expansion of their scope of practice to include:

- Administer and interpret tests of human hearing and middle-ear function including tympanometry"
- Determine candidacy for cochlear implants
- Conduct communication assessment and speech audiometry
- Provide tinnitus management and "therapy" (with training course)
- Perform cerumen management (with training course)

The difference should not be blurred by the proposal offered with language that leads the consumer to think they are audiologists. HIS certificate owners have minimal educational training and work in offices where their primary goal is to upsell customers (not patients) hearing aids. They are technicians, not professionals. They offer "free hearing evaluations" are not allowed to bill insurance because they lack the education and scope of practice. Their qualification standards for the State of Nebraska include:

- "Graduate from an accredited high school
- Be 21 years of age
- Pass a written and practical examination
- Be supervised the first 90 days of training that includes: (1) Basic physics of sound; (2) Anatomy and physiology of the ear; (3) Function of hearing aids; (4) Pure tone audiometry, including air conduction testing and bone conduction testing; (5) Live voice or recorded voice speech audiometry; (6) Masking; (7) Recording and evaluation of audiograms and speech audiometry to determine proper selection and adaptation of a hearing aid; and (8) Taking earmold impressions.
- Obtain 24 hours of continuing education every two years."

Nebraska DHHS. Hearing Instrument Specialist. https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-075.pdf

Just because they pass two basic examinations does not make them “board certified.” Audiologists pursue minimally six, but typically eight, years of education after high school. They encounter dozens of educators who teach and test them prior to being allowed to work with the patient population. The AuD degree has been the minimal graduating requirement since 2007 for clinical practitioners. Audiologists take courses in anatomy and physiology, communication disorders, diseases of the audiovestibular system and receive 2000 clinical practicum hours prior to graduation.

In review of the requirements at the University of Nebraska-Lincoln, Clinical Doctorate of Audiology (AuD) Program they require a four-year term, 11 semesters of coursework, plus externships with other licensed audiologists within the state. Their prerequisites for admittance to their program include:

- “Statistics
- Research Design
- Anatomy and Physiology of Speech and Hearing Mechanisms
- Hearing Science (physical acoustics and acoustics of speech)
- Introduction to Audiology
- Introduction to Aural Rehabilitation
- Life Science (Human Anatomy, Physiology, Genetics)
- Physical Science (Physics, Organic/Inorganic Chemistry)
- Mathematics (College Algebra or higher)
- Sociology (Psychology, Sociology, Anthropology)
- Letter of intent and desire to enter the program
- Resume
- Cumulative undergraduate GPA of at least 3.0 on a 4.0 scale.
- Three letters of recommendation

Within their department they are trained in the following topics:

- applied audiology
- cochlear implants
- vestibular and balance
- neuroscience
- pharmacology
- psychoacoustics
- speech perception
- electrophysiology
- pediatric audiology
- hearing conservation
- aural rehabilitation
- clinical instrumentation
- hearing aid technology
- amplification fitting/selection
- counseling, multicultural, ethical and legal business issues
- research procedures”

University of Nebraska Lincoln. Special Education and Communication Disorders. Doctor of Audiology. https://cehs.unl.edu/secd/programs/clinical-doctorate-audiology-aud/

The standards of which I am certified by the American Academy of Audiology speak broadly to our scope of practice:

- "Audiologists are responsible for their own professional development and the quality of the services they provide.
- Audiologists promote hearing and balance health-care initiatives to improve public health.
- Audiologists develop, administer, supervise, and monitor screening programs to detect and identify individuals with, or at risk for, auditory and/or vestibular loss, and their associated comorbid conditions.
- Audiologists conduct evaluations that include, but are not limited to, case history (including review of previous assessments and diagnoses, diagnostic impressions and management planning); physical examination of the ears and cranial nerve function, gait, and posture; qualitative and/or quantitative classification of communication abilities; assessment and impact of tinnitus and/or decreased sound tolerance; behavioral (psychometric or psychophysical), physical, and/or electrophysiological tests of hearing, auditory function, balance and vestibular function, and/or auditory processing that result in the formation of a diagnosis and subsequent management and treatment planning.
- Audiologists diagnose type, severity, site of lesion, communicative impact, and possible etiologies of auditory disorders.
- Audiologists design and implement management and/or treatment strategies based on assessment results; need for medical, educational, psychosocial, vocational, or other services; and the needs of patients and their caregivers.
- Audiologists may establish and implement telehealth as an alternative method of service delivery that encompasses identification, diagnostic, and treatment services.
- Audiologists identify individuals exposed to potentially adverse conditions that might result in hearing loss and monitor and assist individuals to lower the risk of developing hearing loss.
- Audiologists provide services in auditory, vestibular, and other related disorders that have a basis in scientific evidence whenever possible."

American Academy of Audiology. 2023, April. Scope of Practice. https://www.audiology.org/practice-guideline/scope-of-practice/

Could the standards for practice be any clearer? How, with a few hours of training courses, do HIS believe that this will put them in the same classification as an Audiologist? In the proposal they use the term "audioprosthologist,' which is a confusing misnomer to hearing instrument specialist. I have passed examinations as required for certification by the American Speech-Language Hearing Association, and am also certified by the American Academy of Audiology who defines the standard for diagnosis and treatment for hearing and vestibular disorders belongs solely with audiologists. I have been in private practice in both Virginia and Nebraska for twenty years. I have taught audiology courses as an adjunct faculty member for five years. The public, and other medical professionals, should not be confused as to who is able to provide hearing healthcare services.

Expanding cerumen management and tinnitus treatment is observed to be another way to bypass medical referral and intervention with physicians. They report this as an inconvenience in scheduling and delays in completing sales. They view such services as marketing strategies to legitimize hearing aid sales when true harm can be incurred for incorrectly performing these procedures.

Audiometric documents reviewed from HIS offices have air conduction thresholds of the most basic frequency channels, rarely bone conduction thresholds, rare use of masking, and generally do not list word recognition test data. If they take a case history they do not understand the health conditions, medications taken, possible contraindications and medical diagnoses connected with the audiovestibular system. Their customers are not provided adequate information regarding hearing loss in terms of anatomy and physiology or how hearing aids function. Without these classes how would they understand what the audiometric and middle ear impedance results mean in terms of differential diagnosis and treatment options?

Verification procedures, such as probe microphone measurements, are not completed to prove to the patient that they have been fit correctly. The consumer does not know that programming with the manufacturer software adjusts hearing aids to an “average” ear, and acoustics that encompass the fit and person’s head and ear impact acoustics and frequency response of the hearing aids. With these users being poorly fit and it provides a bad reputation to prescription hearing aids. Those who come here for second opinion, often thinking they need a cochlear implant assessment, are typically not even wearing the devices fit daily. They believe that hearing aids cannot help them due to poor benefit received. I have yet to have one individual fit from one of these facilities with hearing aids be properly tested, educated, or fit.

This is even more dangerous if HIS are enabled the ability to fit children. Testing with objective and behavioral measures is ever more challenging (auditory brainstem response, otoacoustic emissions testing, high frequency tympanometry, visual reinforcement audiometry, etc.), and hearing instrument fitting with verification conformity measurements MUST be exact or these children will not have the opportunity to develop speech-language by their developmental milestones with increasing age.

Given that they are not fitting prescription hearing aids with evidence-based measurements, how can a HIS determine if their instruments are sufficiently fitted to determine if an individual is a cochlear implant candidate? Candidacy is based on tests performed in the sound booth with properly fitted hearing aids. Assessment of medically implantable hearing devices requires the use of a certified, calibrated sound booth with speakers, which many of these HIS facilities lack.

This office has been performing cochlear and bone-conduction implant examinations and fittings since 2015. The are two qualified audiologists in this clinic who work with physicians across the state in these services. As far as “Central and Western Nebraska” implant services there are two other audiologists in Kearney, and one in David City. Testing is laborious, criterion is specific, and the decisions by physicians and insurance companies are dependent on the accuracy of these results. Aural rehabilitation with these specialized devices is dependent on extensive education of the patient in their hearing health before, and after, implantation.

They specifically state in their proposal that they are capable to:

“Assess the patient's level of hearing loss and communication needs. Perform and evaluate the appropriate audiometric tests. Evaluate the potential impact of the patient’s health, family, and occupational history along with other psychosocial factors (e.g., lifestyle). Determine the appropriate treatment including hearing instruments and other assistive devices. We counsel patients and others regarding aural rehabilitation. Refer to other health care professionals when appropriate. We are not expected to give medical diagnoses.”

Nebraska Credentialing Review of the Nebraska Hearing Society. 2023, October. https://dhhs.ne.gov/licensure/Credentialing%20Review%20Docs/HCNebraskaHearingSocietyApplicationRevised.pdf

Why should their expansion of services be approved if they cannot give a medical diagnosis? The public often does not have adequate knowledge of the difference between HIS and Audiologists. HIS advertise “hearing assessment” and fitting of hearing aids, but medical offices do, which is they refer to our clinics for diagnostic testing and treatment recommendations. This is why we are reimbursed by insurance companies for our services that include cochlear implantation, tinnitus therapy, cerumen management and the sales of hearing instruments. A high school diploma, a certificate of completion and on-the-job training is not sufficient, even under a physician’s supervision. To even read the letters from HIS requesting to include these services in their scope of practice in Nebraska is appalling. If an individual with an HIS license desires to have the ability to perform these services they should obtain eight years of college education like the rest of us.

Please consider the letters of the many extensively educated, medically qualified, licensed audiologists and credentialing organizations who have the best interests of hearing healthcare in practice. Do not approve expansion of HIS services in any form as requested with any degree of revision. Protect the consumers of Nebraska from potential harm.

Sincerely,

Kimberly J. Andresen, Au.D., CCC-A, F-AAA