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## Testimony before the Assembly Committee on Health, Aging and Long-Term Care

### Assembly Bill 431

October 10, 2023

Thank you Chair Moses and members of the Assembly Committee on Health, Aging and Long-Term Care for holding this hearing on Assembly Bill (AB) 431, relating to practice of fitting and dealing in hearing aids, certification of hearing instrument specialists to engage in cerumen management, and granting rule-making authority.

AB 431 expands the scope of practice for hearing instruments specialists to include the administration of cerumen management. Cerumen is another name for ear wax, which, over time, accumulates within the ear canal. Excess cerumen has negative effects on the results of hearing tests administered by hearing instrument specialists, as well as the fitting of prescription hearing aids. Under current law and the current scope of practice for these professionals, a client must be sent away to another healthcare provider for cerumen extraction. This causes an inconvenience and added expense to patients as they must schedule an extra appointment to see this additional provider, when their hearing instrument specialist is available at the time of their original appointment.

AB 431 does require those hearing instrument specialists who choose to practice cerumen management to complete a certification course identified by the Hearing and Speech Examining Board. Upon certification, hearing instrument specialists will be more than qualified to serve their clients in an effective and efficient manner.

Thank you for your kind consideration of this Bill. I am happy to answer any questions you may have.



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# RACHAEL A. CABRAL-GUEVARA

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STATE SENATOR • 19<sup>TH</sup> SENATE DISTRICT

*Testimony before the Assembly Committee on Health, Aging and Long-Term Care*

*Senator Rachael Cabral-Guevara*

*October 10, 2023*

Hello, members of the Assembly Committee on Health, Aging and Long-Term Care. Thank you for allowing me to provide testimony on Assembly Bill 431, an important bill clarifying who can practice cerumen management.

To briefly explain, cerumen is ear wax. Currently, hearing instrument specialists cannot engage in managing the removal of it, which has resulted in over-burdensome patient referrals and unnecessary delays in fitting and prescribing hearing aids. This bill intends to allow hearing instrument specialists to practice cerumen management as well.

On several occasions, I have been met with this frustrating roadblock while trying to care for patients, resulting in unnecessary delays in them receiving hearing aids for weeks in certain instances.

Additionally, there are currently too many restrictions on fitting and dealing in hearing aids. With new federal regulations surrounding over-the-counter (OTC) hearing aids, it's important we clarify that audiologists and hearing instrument specialists are only needed to prescribe hearing aids. This complements a bill I am working on to remove receipt requirements from audiologists and hearing instrument specialists for OTC hearing aid sales.

I am hopeful you will be able to support this important step in cutting red tape around hearing aid regulations and delays in care for patients.

October 10, 2023

On behalf the Wisconsin Alliance of Hearing Professionals (Alliance) and the International Hearing Society (IHS), which represent hearing instrument professionals in Wisconsin and worldwide, I would like to thank Chair Moses, Vice-Chair Rozar, and Committee members for this opportunity to submit comments on Assembly Bill 431 (An Act to amend 459.01 (5) and 459.10 (1) (intro.); and to create 459.01 (1b) and 459.115 of the statutes; Relating to: practice of fitting and dealing in hearing aids, certification of hearing instrument specialists to engage in cerumen management, and granting rule-making authority).

Additionally, we applaud and thank Vice-Chair Rozar and Senator Chair Cabral-Guevara for their leadership in sponsoring this important bill.

Assembly Bill 431 will make the process of obtaining hearing aids more efficient and seamless for consumers in Wisconsin, as well as less expensive. According to the Centers for Disease Control (CDC) 5 percent (over 290,000) Wisconsin's residents have a hearing disability. This is not just an older adult population's health concern. Younger people are also at risk of hearing loss, with the CDC estimating that about a 20% of Americans 30 and under have had their hearing.

Hearing impaired patients often present with cerumen (earwax), which can cause hearing problems, limit a prescription hearing aid's effectiveness, prevent the assessment of an ear, or all three. Presently, many consumers must be unnecessarily referred to a physician to first clean the outer ear despite licensed hearing instrument specialists with proper training being qualified to do so in a safe and effective manner. This is costly, unnecessary, and time consuming for patients.

It is the position of the Alliance and IHS that the removal of cerumen should be within the scope of practice in Wisconsin's licensed hearing instrument specialist as it is in many other states, and it is a necessary component of the practice of licensed hearing aid specialists as proper cerumen management ensures optimal outcomes for the hearing aid user and the operation of a hearing aid.

For example, IHS' "Professional Practice Profile for Hearing Health Professionals" depicts the scope and components of a hearing aid specialists' practice. The basis of the document was the 1999 National Board for Certification in Hearing Instrument Sciences Role Delineation Study of Hearing Aid Dispensers, which surveyed one hundred licensed and active hearing aid specialists to capture the frequency of tasks performed. The results indicated there are sixteen broad procedures that are commonly performed. One of the procedures is "Administer cerumen

management in the course of examining ears, taking ear impressions and/or fitting of hearing instruments.”

Continuing to unnecessarily limit a licensed hearing instrument specialist’s ability to provide these hearing healthcare services continues the unfortunate scenario where a licensed hearing instrument specialist is required to send their patient to another hearing healthcare provider to remove cerumen. Preventing a licensed hearing instrument specialist from providing cerumen management to their patient is highly anti-competition and drastically restricts needed services to patients rather than increase hearing healthcare accessibility. Furthermore, by not authorizing licensed hearing instrument specialists to remove cerumen, Wisconsin’s hearing-impaired patients will suffer by requiring them to schedule additional medical appointments, thus incurring unexpected expenses and adding weeks or months to the process towards attaining hearing healthcare services. Office visit costs range between \$5 and \$75, depending upon one’s health plan. The average insured individual in the U.S. has a \$15 to \$25 office visit copay, in-network.

In April 2018, the U.S. Department of Labor (DOL) adopted national guidelines for a hearing aid specialists apprenticeship program. Within the DOL guidelines, the DOL explained the profession as: “In a manner consistent with the individual licensee’s state law: 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 clients 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, this bill attempts to address training concerns by requiring the examining board to identify cerumen management courses that consist of at least 6 hours of instruction in removing cerumen from an ear canal using a variety of safe techniques and that includes a final examination on proper cerumen management procedures. There are cerumen management programs currently available. With proper training, basic, cerumen management is a skill that should be within the scope of practice for licensed hearing instrument specialists in Wisconsin.

We would be remissive if we didn’t mention the obvious, at any time a licensed hearing instrument specialist encounters a “red flag” circumstance, they will immediately stop what they are doing and refer their patient to an ENT physician (Otolaryngologist).

Most states do not specifically mention cerumen management in their statutes; however, licensing laws, in general, authorize the performance of services that involve at least a limited degree of cerumen management in the performance of said services, such as otoscopic

evaluation, taking ear impressions for ear molds, and cleaning hearing aids. The following states include a specific reference and/or authorize hearing aid specialists to perform cerumen management: Alabama, Arizona, Colorado, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, North Carolina, Tennessee, and Utah.

As previously mentioned, [5 percent](#) (over 290,000) Wisconsin's residents have a hearing disability. Hearing loss can affect a person in three main ways:

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

Additionally, recent research from Johns Hopkins reveals that hearing loss is also linked with walking problems, falls and even dementia. 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. In addition, those who are hesitant about getting hearing aids may give up because of the cost or hassle of seeing a second healthcare provider.

It is for these reasons that we respectfully ask you to vote in support of this bill, which will help thousands of Wisconsin residents with hearing loss receive more efficient and less expensive access to hearing healthcare services and hearing aids. This is a good health care policy for Wisconsin's hearing-impaired residents.

Thank you Chair, Vice-Chair and Committee members for this opportunity and considering Assembly Bill 431 to authorize licensed hearing instrument specialists to provide trained cerumen management for their patients.

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Founded in 1951, IHS represents hearing aid dispensing professionals worldwide, including hearing aid dealers and dispensers (known federally as hearing aid specialists), dispensing audiologists, and dispensing physicians. Hearing aid dealers and dispensers dispense about half of hearing aids delivered in the public market and operate in both urban and rural areas. IHS promotes and maintains the highest possible standards for its members in the best interests of the hearing-impaired population they serve by conducting programs in competency accreditation, testing, education, and training, and encourages continued growth and education for its members through advanced certification programs.