

October 14, 2024

The Honorable Roger Hanshaw, Chair House Rules Committee Room 228M, Building 1 State Capitol Complex Charleston, WV 25305

RE: Hearing Aid Dealers' Scope of Practice

Dear Chairman Hanshaw and Members of the Committee:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to oppose expanding the scope of practice of hearing aid dealers to include services inconsistent with their education and training, such as tinnitus management, cerumen management, and auditory processing.

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Over 1,100 ASHA members reside in West Virginia.¹

ASHA is dedicated to expanding consumer access to hearing health services, including hearing aids and other wearable instruments that compensate for impaired hearing. For instance, we support the approval of over-the-counter hearing aids, mandated insurance coverage for hearing services and devices, and the expansion of routine hearing screenings by trained providers. We also advocate for reducing unnecessary licensing barriers to hearing services, such as provider referral requirements and restrictions on telehealth.

As part of our commitment to improving access to hearing health, ASHA acknowledges the role of hearing aid dealers in the fitting and selling of these devices. In West Virginia and other states, the statutory scope of hearing aid dealers is limited to measuring hearing solely for making selections, adaptations, or sales of hearing instruments. However, proposals to expand hearing aid dealers' scope of practice include services well beyond their education and training.

Understanding the Implications of Proposed Scope Changes

Under the proposed changes, hearing aid dealers are seeking to be permitted to do the following:

- Determine candidacy for referral for cochlear implants or other rehabilitative or medical interventions
- Provide counseling and aural rehabilitation services
- Provide tinnitus management

- Provide cerumen management
- Perform other acts of hearing assessment related to dispensing hearing instruments.

These duties are inconsistent with the education and training of hearing aid dealers. Dealers are trained only to perform tests in order to select, adapt, or sell hearing devices or to refer patients for medical management. They are not trained to interpret test results beyond that. While dealers can administer screening questionnaires, they should not assess communication measures, and they do not have the training to counsel on communication strategies or make recommendations based on findings. Dealers are not trained in interpreting audiology measures, such as tests, to rule out complex diagnoses of the ear, hearing, or vestibular system.² Nor do dealers receive educational training related to tinnitus, cerumen management, aural rehabilitation, or hearing conservation—all of which are proposed to be added to their scope.

ASHA recognizes that under a proposed scope expansion, hearing aid dealers may only perform aspects of the expanded scope, such as cerumen management, if they receive additional training and certification. However, we do not believe such a requirement ensures the appropriate skills to conduct cerumen management, tinnitus management, and aural rehabilitation services.

If the proposed scope of practice expansion were to be enacted, ASHA maintains it would be detrimental to the health of West Virginians seeking skilled services to address problems with their hearing health. The implications include:

- Inappropriate treatment of cerumen resulting in puncturing an eardrum, which could lead to additional hearing loss and the need for medical management;
- Poor tinnitus management due to a lack of education and training;
- Improper referral for cochlear implants, which requires consultation by an otolaryngologist and audiologist to determine appropriate medical intervention;
- Misdiagnosis of a hearing condition to the detriment of the consumer and undiagnosed underlying conditions causing hearing problems; and
- Provision of inadequate communication assessments and aural rehabilitation services from untrained providers.

Comparing the Qualifications for Audiologists and Hearing Aid Dealers

The competencies included in the proposed scope of practice expansion encompass the education and training of audiologists but not hearing instrument dealers. The education requirement to obtain a hearing aid dealer license in West Virginia is a high school diploma or equivalent. By contrast, an audiologist holds a doctoral degree in audiology and must complete a supervised post-graduate experience. This education includes extensive foundational education for anatomy/physiology, research applications into practice, 1,600+hours of clinical experience, and training to treat complex conditions, including cerumen management. An audiologist completes eight years of schooling between undergraduate and graduate programs to ensure an educational foundation for the best care to meet patients' needs. Audiologists who obtain the Certificate of Clinical Competence in Audiology (CCC-A) must complete ongoing professional development, including at least 30 hours of professional development every three years.

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Thank you for considering ASHA's position on this matter. If you or your staff have questions, please contact Tim Boyd, ASHA's director of state health care and education affairs, at tboyd@asha.org.

Sincerely,

Tena L. McNamara, AuD, CCC-A/SLP

2024 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *West Virginia* [Quick Facts]. https://www.asha.org/siteassets/advocacy/state-fliers/west-virginia-state-flyer.pdf

² American Speech-Language-Hearing Association. (n.d.). *Hearing Loss in Adults*. https://www.asha.org/practice-portal/clinical-topics/hearing-loss