

VIA ELECTRONIC SUBMISSION: [anne.p.thompson@state.or.us](mailto:anne.p.thompson@state.or.us)

November 29, 2016

Anne Thompson, Policy Analyst  
Oregon Health Licensing Office  
700 Summer St NE  
Suite 320  
Salem, OR 97301

**Re: Proposed Administrative Rules for the Advisory Council on Hearing Aids**

Dear Ms. Thompson:

The American Academy of Audiology (the "Academy") is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy appreciates the opportunity to offer comments in response to the proposed administrative rule for the Oregon Advisory Council on Hearing Aids. The Academy wishes to raise specific concerns regarding the addition of language that would allow hearing aid dispensers to turn on the tinnitus masking features of hearing aid devices. The concerning proposed language is below and appears on page 15 of the proposed rule:

"(11) A licensee must have a written recommendation from a licensed physician as defined in ORS 694.042(1)(a) prior to activating the masking features of a hearing aid when a client has tinnitus or has signs or symptoms of tinnitus. The licensee must provide services within the scope of the written recommendation only. A licensee must have obtained manufacturer specific training on their equipment as well as a comprehensive course on tinnitus and the masking function of a hearing aid prior to activating the masking function of a hearing aid."

The language above directly contradicts the existing Oregon state policy with regard to hearing aid dispensers diagnosing and treating tinnitus. The state of Oregon, through the Attorney General's office, previously determined that the diagnosis and treatment of tinnitus are not in the scope of practice of hearing aid dispensers. Based on this determination, the Health Licensing Office issued a document entitled "Tinnitus FAQ" outlining these considerations and the rationale behind this decision. That FAQ document is included as an attachment to this letter.

As stated in the FAQ document, hearing aid dispensers are trained to specifically deal with the fitting of hearing aids. The state of Oregon requires that hearing aid dispensers have a high school diploma or General Educational Development (GED) certificate, complete a training program and pass an exam. There are no national standards, qualifications, or dedicated curricula that outline the core

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competencies of a hearing aid dispenser. Comparatively, audiologists are doctoral-level professionals who undergo four years of rigorous post-graduate education. This includes academic education, clinical training, and a required national exam. They are qualified to detect underlying medical conditions; and to diagnose and treat tinnitus, hyperacusis, vestibular issues, auditory processing disorders, and hearing loss.

The training and education received by hearing aid dispensers does not include diagnosis and treatment of underlying diseases and defects, such as tinnitus. The role of any health-care licensing board is first and foremost consumer protection, and we would urge the Health Licensing Office to consider the negative effect this proposed policy change may have on consumers. According to the Academy's "Audiologic Guidelines for the Diagnosis and Management of Tinnitus,"<sup>1</sup> tinnitus may cause or be associated with a wide range of problems including sleep difficulties, fatigue, stress, trouble relaxing, difficulty concentrating, depression, and irritability. There are many factors that can cause and affect tinnitus and its perception. Due to the complex nature of this condition, the Academy believes that audiologists are the most appropriately qualified providers to evaluate, diagnose, develop management strategies, and provide treatment and rehabilitation for tinnitus patients. We also believe that this proposed change could lead to consumers not receiving the proper care for their complex condition, and also could potentially cause confusion for consumers over where to seek hearing-health care services for tinnitus.

On behalf of the Academy's nearly 200 professional and student members in the state of Oregon, and the patients they serve, we urge you not to adopt the proposed rule change that would allow hearing aid dispensers to turn on tinnitus masking devices with referral, training and under other conditions.

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Please contact Kate Thomas, senior director of advocacy and reimbursement, by phone 703-226-1029 or via email at [kthomas@audiology.org](mailto:kthomas@audiology.org) should you have any questions regarding the Academy's comments or position.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Windmill". The signature is fluid and cursive, with a large loop at the end.

Ian Windmill, PhD  
President, American Academy of Audiology

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<sup>1</sup> <http://www.audiology.org/publications-resources/document-library/audiologic-guidelines-diagnosis-management-tinnitus-patients>