

Sherry DuPerier
Licensed Audiologist and Hearing Instrument Specialist

Date: Monday, Feb. 13 Time: 1:30 pm Conference Room #546S
To: House Committee on Health and Human Services
Rep. Daniel Hawkins, Chair
Rep. Susan Conncannon, Vice Chair
From: Sherry DuPerier, Licensed Audiologist and Licensed Hearing Aid Specialist (HIS)

Re: HB 2195 Transfer of board of hearing aid examiners (KBHAE) to secretary of KDADS

In Opposition

Chairs & Committee Members:

I oppose HB 2195 for numerous reasons and will present a summary of subjects in a bulleted format to allow a simpler and clearer picture.

To introduce myself:

- Masters in audiology (1977) Univ. of Texas/Dallas, held hearing aid & Aud licenses 1977-82
- Kansas 1982, licensed by hearing aid board as hearing instrument specialist (H.I.S.)1983
- Licensed H.I.S. (KS) since 1983, licensed audiologist (KS) since inception
- Served on Board of Hearing Aid Examiners (KBHAE) as board member and Executive Officer
- Announced plans to retire from board effective Dec. 31, 2013

Historical perspective:

- KBHAE assisted audiologists/speech pathologists in obtaining licensure. Audiologists stated "single licensure" (dispensing without hearing aid license) would not be pursued.
- Immediately audiology statutory language included a backdoor approach to evade the agreement. That effort did not succeed.
- Later during statutory revisions by KBHAE, an amendment was attached by audiologists to eliminate their requirement to hold a hearing aid dispensing license. This forced KBHAE to testify against our own "housekeeping" bill.
- Repeated attempts at "combining the groups" ended each time with the audiology community walking away from discussions.
- KBHAE has waived the entire licensure exam for audiologists holding an Au.D., an action that has caused serious concern due to subsequent changes in some state audiology programs.
- With the announcement of my retirement, the audiology/speech pathology association noted in print that it was "time to review single licensure".

Arguments and complaints by the audiology community:

- Complaint re: cost of license in order to dispense hearing aids, fee of \$100 annually amounts to \$8.33 per month, a minimal amount for the ability to dispense under a long standing agency (1968) with an excellent history. (Pending change in fee to \$125, \$10.42 mo).
- Complaint re: confusion as to which board should hear consumer complaints. If complaint regards a hearing aid issue, it is heard by the hearing aid board. If a complaint regards any audiometric testing not involving hearing aids, it would be heard by the audiology advisory council, less confusing than 2 different sets of statutes and rules regarding same product.
- Complaint re: persons have trouble contacting board office: this has never been an issue.

Bias and negative portrayal of the H.I.S.:

- Comments that “only” a high school education is necessary for the HIS is extremely misleading...that education allows a person to apply, but in no way prepares one to pass the test. Several programs provide excellent training for applicants.
- Numerous reports exist of HIS (or with ties to HIS) being maligned by audiology professors...an egregious misuse of professorial power and likely an ethical violation.
- Combining professions could very likely result in practical exams being conducted by the university professors. With their negative view of the HIS, bias would be commonplace.
- Terminology and concepts cause one test to be very difficult to conduct, especially if examiner begins with bias and belief that HIS should not be licensed (details available).

Problems facing rural communities (further detail on spreadsheet):

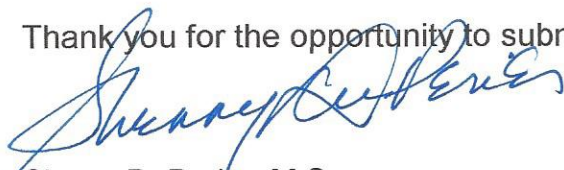
- Audiology and HIS practice models vary significantly - the audiologist’s setting is typically a fixed location, i.e. hospital or ENT clinic with travel issues born by the patient.
- HIS presence in rural areas is 3 times greater than audiologists, 23% vs 8%, thus reducing significant travel hardship issues to metro areas.
- Commonly HIS have multiple offices with rotating schedules to accommodate rural areas...this can double or triple the reach of the HIS to 40-50% vs 8% for audiologists.
- The number of audiologists in the KC area reveals 30% serve children, not adults. This further decreases the number available to serve the older population

The goal today is not to save money, but to remove strength of KBHAE, placing them in a weakened position to advocate for the population they serve and their existence. Change of entry level requirements, biased oral exams, negative portrayal of the HIS to impressionable students, plus serious disdain of the HIS, would be difficult to overcome.

The issue is not consumer protection, that is not a problem. Quite the reverse as noted in the numbers representing rural Kansas plus a lack of consumer complaints or issues of a substantive nature. And obviously the concern is not money. The issue is not new, and currently arises from an opportunity presented by an unrelated matter.

There has been a plan to change the overall make-up of the hearing instrument specialists from their beginning. Their many plans to work together were, and continue to be, deceptive. Their goal is to garner a larger market share and work toward the ultimate extinction of a profession that has served Kansas, and Kansas residents, since the 1940s, and with licensure since 1968. Today, as a person with over 30 years serving the hearing impaired of our state, I ask you to see past the insincere action brought by HB 2195 and in doing so, retain the Kansas Board of Hearing Aid Examiners in their current position.

Thank you for the opportunity to submit this testimony.



Sherry DuPerier, M.S.

CITIES / AREA GROUPINGS	LICENSED HEARING AID SPECIALISTS	PERCENT OF LICENSEES	PERCENT of LICENSEES by SERVICE AREAS	LICENSED AUDIOLOGISTS	PERCENT OF LICENSEES ** reference lines 3 & 4	PERCENT of LICENSEES by SERVICE AREAS	PERCENTAGE DIFFERENCE BETWEEN H.I.S. & AUD. SERVICING SPECIFIED AREAS
WICHITA AREA	36	0.24	Metro Areas	43	0.25	Metro Areas	
TOPEKA	11	0.07		19	0.11		
KC KS AREA	34	0.23	% LINE 1 - 4	58	0.34	% LINE 1 - 4	
KC MO AREA	7	0.05	59	17	0.10	80	AUD 21% MORE
LAWRENCE	5	0.03	% LINE 1 - 6	6	0.03	% LINE 1 - 6	
MANHATTAN	3	0.02	64	6	0.03	86	AUD 22% MORE
HUTCHINSON	6	0.04		3	0.02		
SALINA	6	0.04		3	0.02		
RURAL AREAS *	34	0.23	23	14	0.08	8	H.I.S. 15% MORE
Non-KS Border locations	6	0.04		3	0.02		
	148	1.00		172	1.00		

* Numerous hearing aid specialists serve more than 1 office in rural areas, often 2 or 3 on rotating schedules. This increases rural service to an amount far greater than the 15% difference shown above for H.I.S. vs Audiology practices

**The number of audiologists in the Greater KC area is made up of approximately 30% serving only children, thus further decreasing the number available to serve the older population

Information above does not include unemployed, inactive or distant out-of-state licensees (border locations are included)...H.I.S. /22, AUD /12