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AMENDMENTS TO LB593

Introduced by Health and Human Services.

1. Strike original section 7 and insert the following new section:

Sec. 7. (1) Prior to engaging in cerumen management, a licensed hearing instrument specialist shall provide the board with evidence of (a) completion of an approved cerumen management course, (b) professional liability insurance, and (c) an arrangement with a medical liaison. The licensee shall annually thereafter provide evidence to the board of professional liability insurance and an arrangement with a medical liaison.

(2) Prior to engaging in cerumen management, a licensed hearing instrument specialist shall have an arrangement with a medical liaison. If a licensee engaged in routine cerumen management discovers any trauma, including, but not limited to, continuous uncontrolled bleeding, lacerations, or other traumatic injuries, the licensee shall, as soon as practicable, refer the patient to the medical liaison.

(3)(a) Prior to entering into an arrangement with a medical liaison, a licensed hearing instrument specialist shall complete a cerumen management course approved by the board. In order to be approved by the board, the course shall be approved by the International Hearing Society or another organization approved by the board and shall:

(i) Consist of at least six hours of a participant practicing removing cerumen from an ear canal model using a variety of safe techniques with at least two hours of focus on infection control;

(ii) Result in a certificate of completion and attestation of competence; and

(iii) Provide the board with evidence of such completion and competence.

(b) The board may, only after consultation with the Board of

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Medicine and Surgery, adopt rules and regulations as provided in section 38-126 to provide requirements for the initial cerumen management course.

(4) A licensed hearing instrument specialist engaged in cerumen management shall comply with the following requirements:

(a) The indications for cerumen management for a licensed hearing instrument specialist shall include:

(i) Enabling audiometric testing;

(ii) Making ear impressions;

(iii) Fitting ear protection or prosthetic devices; and

(iv) Monitoring continuous use of hearing aids;

(b) The licensed hearing instrument specialist shall refer a patient to the medical liaison, an otolaryngologist, or a licensed physician for medical consultation or medical intervention if the patient exhibits any of the following contraindications to cerumen removal:

(i) An age younger than eighteen years of age;

(ii) A perforated tympanic membrane;

(iii) A history of pain, active drainage, or bleeding from the ear;

(iv) Evidence of congenital or traumatic deformity of the ear;

(v) Ear surgery within the last six months;

(vi) Tympanostomy tubes, such that irrigation should not be used;

(vii) A bleeding disorder;

(viii) Actual or suspected foreign body in the ear;

(ix) Stenosis or bony exostosis of the ear canal;

(x) Cerumen located medial to the cartilaginous external auditory canal;

(xi) A tympanic membrane that the licensed hearing instrument specialist is unable to see; or

(xii) Any other contraindication to cerumen removal that requires medical consultation or medical intervention;

(c) The licensed hearing instrument specialist shall perform cerumen management using the customary removal techniques that are commensurate

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with the licensee's training and experience;

(d) If the patient, while undergoing cerumen management that did not present contraindications, complains of significant pain, exhibits uncontrolled bleeding or a laceration of the external auditory canal, or notices the acute onset of dizziness or vertigo or sudden hearing loss, the licensed hearing instrument specialist shall immediately stop the procedure and refer the patient to the medical liaison, an otolaryngologist, or a licensed physician;

(e) The licensed hearing instrument specialist shall maintain the following proper infection control practices:

(i) Universal health precautions;

(ii) Decontamination;

(iii) Cleaning, disinfection, and sterilization of multiple use equipment; and

(iv) Universal precautions for prevention and the transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens, as defined by occupational safety and health standards promulgated pursuant to 29 C.F.R. 1910, as such regulations existed on January 1, 2023;

(f) The licensed hearing instrument specialist who performs cerumen management shall maintain a case history for every patient and informed consent signed by the patient as part of the patient's records;

(g) The licensed hearing instrument specialist shall carry appropriate professional liability insurance before engaging in cerumen management; and

(h) The licensed hearing instrument specialist is prohibited from requiring patients to sign any form that eliminates liability if the patient is harmed.