

JOE LOMBARDO  
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ  
*Director*



PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAERER  
*Deputy Directors*

JENNIFER R. PIERCE  
*Executive Director*

**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY  
AND HEARING AID DISPENSING BOARD**

**NOTICE OF PUBLIC MEETING**

**Wednesday, March 26, 2025 ~ 4:30pm**

**Location:** Board Office ~ 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523

Supporting materials relating to this meeting will be physically available but in an effort to reduce costs and preserve resources, attendees are encouraged to access electronic copies on the Board's website at

<https://www.nvspeechhearing.org/about/Minutes.asp>

**Teleconference Access**

**ZOOM VIDEO & AUDIO:**

<https://us02web.zoom.us/j/89016128427?pwd=jXCFHe0LraEv6zXa01PrnsrqOpta04.1>

**AUDIO ONLY BY TELEPHONE:** (669) 900-6833

**Meeting ID:** 890 1612 8427      **Passcode:** 611325

If you are outside the United States or need **toll-free telephone access**, please contact the Board office at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org) or (775) 787-3421 to request a toll-free number no later than 3:00pm Pacific on the day of the meeting.

**Public Comment**

Any person wishing to make public comment may attend the meeting and provide comment as follows:

- 1) In person at the physical location(s) listed above, 2) Virtually through the Zoom teleconference video link listed above, or 3) Telephonically through the Zoom telephone number listed above. Please see additional public comment instructions at the end of this agenda.

**AGENDA**

The **STATE OF NEVADA SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING BOARD** may: (a) address agenda items out of sequence (b) combine agenda items or (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030).  
Action by the Board on any item may be to approve, deny, amend, or table.

- 1. Call to Order, Confirmation of Quorum**
- 2. Public Comment**

*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)*

3. **Approval of the Minutes: Board Meeting of January 22, 2025** *(for possible action)*
4. **Consideration of Proposed Amendments to AB177 and Delegation of Future Revisions to Board Chair & Executive Director** *(for possible action)*
  - a. SLP Assistants & Exclusions to Chapter: Sections 9 & 18 *(for possible action)*
  - b. Cerumen Management in HAS Scope of Practice: Section 15 *(for possible action)*
  - c. Tinnitus Care in HAS Scope of Practice: Sections 15 & 11 *(for possible action)*
  - d. NBC-HIS Removal from HAS Licensing Requirements: Sections 24 & 25 *(for possible action)*
  - e. Fees: Section 22 with Revision to Military Discount and Authority to Waive Licensing Fees *(for possible action)*
  - f. Other Sections as identified and Delegation to Approve Future Revisions to Board Chair & Executive Director *(for possible action)*
5. **Update On & Consideration for Board Position on Legislative Bills** *(for possible action)*
6. **Reports from Board Chair and Members**
  - a. Report from Board Chair and Board Members *(for possible action)*
  - b. 2025 Proposed Meeting Schedule: Next meeting: Tuesday, April 22, 2025 at 5:00pm, in-person at the Reno Board Office. Board visit to Nevada Legislature on Wednesday, April 23, 2025. *(for possible action)* Future meeting needs may include June 2025 to finalize proposed NAC revisions with subsequent meetings in 2025 for Public Workshop(s)/Public Hearing(s). *(for possible action)*

## 7. Public Comment

*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)*

## 8. Adjournment *(for possible action)*

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### PUBLIC COMMENT

Public comment is welcomed by the Board. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda. At the discretion of the Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion. (NRS 241.020, NRS 241.030). Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126).

### ACCOMMODATIONS

Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 787-3421 or email at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org) no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.

### AGENDA POSTING & DISSEMINATION

This meeting has been properly noticed and posted in the following locations:

- Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board [Website](#) and Office  
6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523
- State of Nevada Public Notices Website: [www.notice.nv.gov](http://www.notice.nv.gov)

This agenda has been sent to all members of the Board and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

### SUPPORTING MATERIALS

Supporting material relating to public meetings of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board is available at the Board's administrative office located at 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523 on the Board's website at <https://www.nvspeechhearing.org/about/Minutes.asp> or by contacting Jennifer R. Pierce, Executive Director by phone at (775) 787-3421 or email at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org). Anyone desiring additional information regarding the meeting is invited to call the Board office at (775) 787-3421 or [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org).



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## AGENDA ITEM 1

### Call to Order, Confirmation of Quorum

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Call to Order, Confirmation of Quorum.

**Action:** Meeting Called to Order

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State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## AGENDA ITEM 2

### Public Comment

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*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020).*

#### **CHAIR/VICE CHAIR: PLEASE READ PRIOR TO CALLING FOR PUBLIC COMMENT:**

I will now review the instructions for providing public comment during this meeting:

Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways:

1. Attend the meeting and provide public comment in-person at the physical location; OR
2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR
3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed at the end of the meeting agenda with additional public comment instructions.

Public comment is welcomed by the Board.

- Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted.
- A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda.
- At the discretion of the Board Chair, additional public comment may be heard when that item is reached.
- The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion.
- Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment.

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**Action:** None – Informational Only



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## AGENDA ITEM 3

### Approval of the Minutes: Board Meeting of January 22, 2025

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The minutes of the Board Meeting of January 22, 2025 are presented for approval.

**Attachment on next page:** *Minutes Not Yet Approved 2025 1 22.*

**Action:** Approve, Table, or Take No Action on the Matter

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State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

**MINUTES OF PUBLIC MEETING**

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

**Board Meeting  
January 22, 2025**

<b>Members Present:</b>	Timothy Hunsaker, Lynee Anderson, Shawn Binn, Jennifer Joy-Cornejo, Adrienne Williams
<b>Members Absent:</b>	Branden Murphy, Vacant SLP
<b>Staff Present:</b>	Jennifer Pierce, Executive Director Stacey Whittaker, Licensing Coordinator Henna Rasul, Sr. Deputy Attorney General, Board Counsel Izack Tenorio, Board Lobbyist
<b>Public Present:</b>	Katie Allen, Laura Fussell, Nancy Kuhles, Shawna Ross

**Call to Order, Confirmation of Quorum**

Vice Chair Hunsaker called the meeting to order at 4:31pm. A roll call confirmed a quorum was present.

**Public Comment**

Vice Chair Hunsaker introduced this agenda item and read the following statement pursuant to AB219 (2023):

"I will now review the instructions for providing public comment during this meeting: Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways: 1. Attend the meeting and provide public comment in-person at the physical location; OR 2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR 3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed above. Please see additional public comment instructions at the end of this agenda. Public comment is welcomed by the Board. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda. At the discretion of the Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment."

Vice Chair Hunsaker then called for public comment, and there was none.

**Approval of the Minutes: Board Meeting of October 23, 2024**

Vice Chair Hunsaker asked if there were any corrections or revisions to the minutes of the meeting of October 23, 2024 and none were noted. Shawn Binn made a motion to approve the minutes of October 23, 2024 as written and Adrienne Williams seconded the motion. The motion passed unanimously.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

### **New Board Member Welcome**

Ms. Pierce confirmed that no appointment has been received from the Governor's Office to fill the vacant SLP seat, but they have indicated that Lynee Anderson's reappointment should be made within the next few weeks.

### **Legislative Update from Strategies 360 and Board Staff with Consideration for Work with Partners and Stakeholders, and/or Approval of Board Position on Proposed Legislation**

Izack Tenorio of Strategies, 360 and Ms. Pierce provided the Board with an update on legislative activities related to the Board's bill and others that may impact the Board in the upcoming 2025 legislative session.

BDR 54-199 is this Board's bill to Revise NRS 637B. The bill text has not been released but a draft has been reviewed by Ms. Pierce and Dr. Tenorio and sent back for corrections. Ms. Pierce reported that she is scheduled to meet with LCB to discuss these tomorrow (January 23) and once released, the bill text will be sent out to the Board. The first committee hearing date is still yet to be determined but it would be helpful if the Board Members appointed to appear before the Legislature are available to attend: Timothy Hunsaker (Dispensing Audiologist), Adrienne Williams (SLP), and Lynee Anderson (Hearing Aid Specialist).

SB 78 is the Governor's Office/Department of Business and Industry Board consolidation bill, which intends to terminate and consolidate various Boards and revise the powers and duties of the Office of Nevada Boards, Commissions and Councils Standards of the Department of Business and Industry. B&I has reported a planned amendment and Dr. Tenorio advised the Board to request that B&I add the proposed revisions from BDR 54-199 to SB 78, in addition to working BDR 54-199 concurrently. A suggestion was made to also request that they add a second SLP to the proposed consolidated Board. Shawn Binn made a motion to support SB78 to include the Board's proposed revisions to NRS 637B, the addition of a second SLP to the "Nevada Board of Rehabilitative Practice and Therapy", and clarification that one SLP represent medical/private practice settings and the second represent educational settings. Adrienne Williams seconded the motion. The motion passed unanimously.

SB 34, from the Patient Protection Commission, seeks to reduce barriers for licensed healthcare providers to practice in Nevada by authorizing the state to join the Audiology and Speech-Language Pathology Interstate Compact, as well as compacts for Physical Therapy, Physician Assistants, Nursing, and Occupational Therapy. Additionally, BDR 54-568 from Assemblymember Marzola would enact the Audiology and Speech-Language Pathology Compact. Vice Chair Hunsaker called for a motion. Jennifer Joy-Cornejo made a motion to take a position in support of these bills and other compact legislation, and Adrienne Williams seconded the motion. The motion passed unanimously.

Other bills of note were discussed but no action was taken. Ms. Pierce and Dr. Tenorio will provide the Board with updates as the legislative session progresses.

### **Consideration to Approve SLP Subcommittee Recommendations for Revisions to NAC 637B, Approve Final SLP Subcommittee Meeting Minutes, and Dissolve SLP Subcommittee**

The Board was provided drafted revisions to NAC 637B recommended by the SLP Subcommittee at its final meeting of January 14, 2025. When/if the Board's Bill passes, the proposed NAC revisions will be pursued through the administrative rulemaking process during the 2025-2026 interim. Vice Chair Hunsaker called for a motion. Shawn Binn made a motion to approve the drafted NAC revisions and Adrienne Williams seconded the motion. The motion passed unanimously.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

Ms. Pierce then explained the need to dissolve the SLP Subcommittee and approve the Subcommittee's final meeting minutes. Vice Chair Hunsaker made a motion to do so, and Adrienne Williams seconded the motion. The motion passed unanimously.

#### **Disciplinary Case H24-02 Recommended for Dismissal**

Ms. Pierce summarized that the Complaint alleged unprofessional conduct, misrepresentation of qualifications, attempting to influence a client to derive benefits, and conduct that is harmful to the public health and safety. After investigation and review of all documentation received on this complaint, it has been determined that there is insufficient evidence to file a formal complaint for hearing before the Board and the facts set forth in the accusations are insufficient to establish a violation of Chapter 637B of the Nevada Revised Statutes or the Nevada Administrative Code. This case was recommended for dismissal. Vice Chair Hunsaker called for a motion. Adrienne Williams made a motion to dismiss Case H24-02, seconded by Shawn Binn. The motion passed unanimously.

#### **Executive Director's Report**

Ms. Pierce directed the Board to the written Executive Director's Report and summarized that FY25 Q2 saw a net increase of eight licenses, which is consistent with data for prior second quarters, which are a slow time for new license applications. FY25 Q2 income was almost equal to budget at 49.02%, with expenses slightly lower at 43.81%, resulting in an expected negative net income of -\$4,672.48. Additionally, a significant amount of revenue is collected in this quarter as over half of Board licenses renew on December 31<sup>st</sup> annually, however that income is reflected as deferred revenue throughout the year. There were no unexpected expenses or deviations from the budget in FY25 Q2. Ms. Pierce reported that there were two open complaint cases following the October 2024 meeting, and one new complaint received to date. One open case was screened out/closed, and one open case was approved for dismissal earlier in this meeting, leaving one open case.

#### **Report from Legal Counsel**

Henna Rasul, Board Counsel had no new information to report on legal matters.

#### **Reports from Board Chair and Board Members**

- a. There were no reports from the Board Chair or members.
- b. 2025 Proposed Meeting Schedule: It was agreed that the next meeting would be an in-person meeting, with Las Vegas members traveling to Reno sometime during the week of April 21, 2025. The planned meeting will also be scheduled to coordinate a visit by the Board to the Legislature in Carson City. Ms. Pierce agreed to send out an email poll to find dates that work for all members.
- c. Future Agenda Items: The following matters were identified for the April 2025 meeting and future agendas:
  - 1) Update and Report Out from Strategies 360 on Board Bill and Related Activities during the 2025 Legislative Session
  - 2) Other Items As Proposed

#### **Public Comment**

Shawna Ross shared an update on NSHA's effort to support legislation, including SB34 and Assemblymember Marzola's BDR to enter Nevada into the Audiology-Speech-Language Pathology Compact and asked for the Board's support. Ms. Pierce confirmed that the Board previously took action to take a position in support of compact legislation.

#### **Adjournment**

Timothy Hunsaker adjourned the meeting at 5:30 pm.





## AGENDA ITEM 4

### Consideration of Proposed Amendments to AB177 and Delegation of Authority to Approve Future Revisions to AB177 to Board Chair & Executive Director

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The [full text of AB177](#) and all other 2025 bills and bill draft requests may be accessed through the [Nevada Legislature's website](#).

Public opinion on AB177 may be viewed in Appendix A of this packet, or on the [AB177 bill overview page in NELIS](#), by navigating to the "public opinion" button toward the top right of the page. Letters submitted in support & opposition are included in this packet as well.

#### a. SLP Assistants & Exclusions to Chapter: Sections 9 & 18

- Section 9 adds new licensing for SLP Assistants.
- Section 18 removes the exemption from this Chapter of NRS for a person holding the NDE endorsement to teach pupils with speech language disorders. This means that anyone practicing or providing SLP services in the state will now be subject to this Board's law & regulations, including current Board licensees employed in NDE-related positions whose practice in those settings are not within the Board's jurisdiction at this time.
- This licensing was formally pursued by the Board after NDE revised its regulations to require a minimum Master's Degree in SLP/CSD to obtain an endorsement to teach pupils with speech language disorders effective October 1, 2026. However, this Board's license will not be required.
- This "sunsetting" ends NDE's historical use of SLP personnel holding a non-SLP related Bachelor's degree, and many of these staff work for Clark County School District. However under NDE's new regulations, anyone holding a current endorsement before 10/1/2026 may maintain that endorsement and remain in their current role. Section 9 was initially drafted to allow NDE staff to obtain an SLPA license.
- Significant public opinion in opposition of the bill claims that current CCSD staff will "demoted" as a result of being required to obtain an SLPA license. A proposed amendment was received suggesting the addition of language to this chapter to call these staff "Under the Direction of SLPs" that would dictate the ongoing terms of employment for these staff and allow them to continue to perform duties beyond the scope of an SLPA, including attending and writing reports for IEP & Multi-Disciplinary Team meetings.
- It would not be advisable for the Board to sanction this role through licensing or take on authority to define, dictate, or reclassify the terms of employment, salary, or benefits provided by a school district.

#### Attachments/References

- [Letters in Support & Opposition Received by the Committee](#)
- Letters in Support & Opposition Received by the Board Office - Appendix B of this packet

a) No amendments

b) Amend bill to revise among the drafted options below or another option as proposed:



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

**OPTION 1 (SLPA – Revise Section 9 / Retain Section 18)**

- Section 9 - Revised as follows with consideration to approve a waiver of the initial application/licensing fees for NDE staff who will be required to obtain an SLPA license. (Note, this may also require approval of an amendment to this bill, or a subsequent regulation/policy change. See Part e. of this agenda item.
- Section 18 - Remains as drafted/no changes.

**Section 9**

1. *An applicant for a license to engage in the practice of speech-language pathology as a speech-language pathology assistant must hold:*

- a. *A bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by:*
  - (1) *An educational institution that is accredited by an accrediting agency recognized by the United States Department of Education; or*
  - (2) *A foreign school which is accredited by an accrediting agency approved by the Board and which provides an educational program that is substantially equivalent to the educational program provided by an institution described in subparagraph (1); or*

**AS DRAFTED IN AB177**

b. *A current endorsement as a speech-language pathology assistant issued on or before September 30, 2026, by the Department of Education pursuant to NRS 391.019 and any regulations adopted pursuant thereto which allows a person to teach pupils who have speech and language impairments.*

**PROPOSED AMENDED**

b. *A current endorsement issued by the Department of Education pursuant to NRS 391.019 and any regulations adopted pursuant thereto, which allows a person to teach pupils who have speech and language impairments and provide speech-language pathology services in accordance with their current licensed personnel classification in the public school district in which they are employed.*

**Section 18**

**AS DRAFTED IN AB177**

*NRS 637B.080 is hereby amended to read as follows:*

*637B.080 The provisions of this chapter do not apply to any person who:*

- 1. ~~[Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto and engages in the practice of audiology or 11 speech-language pathology within the scope of that credential;~~*
- 2. ~~]~~ Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;*
- [3.] 2. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology ~~for speech-language pathology~~ and is clearly designated to the public as a student; or*
- ~~[4.] 3. Holds a current license issued pursuant to chapters 630 19 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS,~~*  
*➔ and who does not engage in the private practice of audiology or 21 speech-language pathology in this State.*



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

**OPTION 2 (SLPA – Revise Sections 9 & 18)**

- Section 9: Revise to remove NDE endorsement as a qualifier for SLPA license.
- Section 18: Revise to retain section originally drafted for repeal, with clarification that this will only apply to NDE staff not licensed by this Board AND holding an endorsement issued on or before 9/30/2026. This will ensure that anyone practicing speech-language pathology in the state after 10/1/2026 must hold a Board SLP or SLPA license and only provide an exception for the approximately 200 current CCSD staff.

**Section 9**

1. *An applicant for a license to engage in the practice of speech-language pathology as a speech-language pathology assistant must hold:*
  - a. *A bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by.....*

**AS DRAFTED IN AB177**

*(b) A current endorsement as a speech-language pathology assistant issued on or before September 30, 2026, by the Department of Education pursuant to NRS 391.019 and any regulations adopted pursuant thereto which allows a person to teach pupils who have speech and language impairments.*

**PROPOSED AMENDED**

*(b) A current endorsement issued by the Department of Education pursuant to NRS 391.019 and any regulations adopted pursuant thereto, which allows a person to teach pupils who have speech and language impairments and provide speech-language pathology services in accordance with their current licensed personnel classification in the public school district in which they are employed.*

**Section 18**

**AS DRAFTED IN AB177**

NRS 637B.080 The provisions of this chapter do not apply to any person who:

1. ~~Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto and engages in the practice of audiology or speech-language pathology within the scope of that credential;~~
- ~~2.]~~ Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;
- ~~[3.]~~ 2. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology ~~for speech-language pathology~~ and is clearly designated to the public as a student; or
- ~~[4.]~~ 3. Holds a current license issued pursuant to chapters 630 19 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS, and who does not engage in the private practice of audiology or speech-language pathology in this State.

**PROPOSED AMENDED**

NRS 637B.080 The provisions of this chapter do not apply to any person who:

1. Holds a current credential issued *on or before September 30, 2026* by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto, *and does not also hold a license issued pursuant to NRS 637B*, and engages in the practice of audiology or speech-language pathology within the scope of that credential;
- ~~2.]~~ Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;
- ~~[3.]~~ 2. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology ~~for speech-language pathology~~ and is clearly designated to the public as a student; or
- ~~[4.]~~ 3. Holds a current license issued pursuant to chapters 630 19 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS, and who does not engage in the private practice of audiology or speech-language pathology in this State.

**Action:** Approve, Table, or Take No Action on the Matter



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board****b. Cerumen Management in HAS Scope of Practice: Section 15**

Section 15 adds cerumen management and tinnitus care to the HAS Scope of practice. Section 11 outlines training requirements to perform tinnitus care. Section 24 removes NBC-HIS as a requirement to obtain an HAS license, instead making it an optional qualifier.

- Significant opposition has been expressed to this part of the bill, with suggestions to remove or amend this section. AB177 intends to just revise the scope of practice, while a regulation change following the legislative session is planned to add the section in blue below to NAC 637B that would enact strict rules around how and when a HAS may perform cerumen management.
- The Advisory Committee & Board began discussing this revision in 2021 and over several public meetings, considered safety issues, patient access, and related concerns.
- Cerumen management is in the IHS scope of practice for Hearing Aid Specialists, which supports this revision. The Advisory Committee made its final recommendation for this revision in April 2024 citing a need for patient access to care, and recommending that sample regulations from Tennessee be adopted to ensure safety. **Attachments/**

**References**

- [Letters in Support & Opposition Received by the Committee](#)
- Letters in Support & Opposition Received by the Board Office – Appendix C of this packet

**Amendment Options**

- a) No amendments
- b) Amend bill to revise in any of the following ways or others as suggested

**OPTION 1 (Cerumen – Per Regulations)**

Revise Section 15, line 9 to include reference to NAC regulations governing practice (see the full regulations below under Option 6:

*Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments, pursuant to regulations established by the Board.*

**OPTION 2 (Cerumen – Delete from Scope)**

Revise Section 15, removing line 9 to not allow the practice:

~~*Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments.*~~

**OPTION 4 (Cerumen – Require NBC-HIS)**

Revise Section 15, line 9 to require NBC-HIS certification:

*Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments, when holding active National Board Certification in Hearing Instrument Sciences.*

**OPTION 5 (Cerumen – Under AUD/MD)**

Revise Section 15, line 9 to require supervision by an AUD, ENT, etc.:

*Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments, only under the supervision of a licensed audiologist or physician.*



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board****OPTION 6 (Cerumen – Add Regs to Bill)**

Revise Section 15, line 9 to add the specific requirements listed below to AB177, noting that this may require consultation with the Legislative Counsel Bureau to ensure this is acceptable:

*Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments, under the circumstances authorized by section XX of this act.*

**NEW SECTION*****NRS 637B.NEW Practice of Cerumen Management by Hearing Aid Specialists (NRS NEW)***

*A licensed hearing aid specialist shall comply with the following regarding the practice of cerumen management:*

- 1. The indications for cerumen management for a licensed hearing aid specialist include:*
  - (a) Enabling audiometric testing;*
  - (b) Making ear impressions;*
  - (c) Fitting hearing protection or prosthetic devices; and*
  - (d) Monitoring continuous use of hearing aids;*
- 2. The licensed hearing aid specialist shall refer a patient who exhibits any of the following contraindications to cerumen removal for medical consultation or medical intervention to an otolaryngologist or a licensed physician:*
  - (a) An age less than twelve (12) years of age;*
  - (b) A perforated tympanic membrane;*
  - (c) History of pain, active drainage, or bleeding from the ear;*
  - (d) Evidence of congenital or traumatic deformity of the ear;*
  - (e) Ear surgery within the last six (6) months;*
  - (f) Tympanostomy tubes, such that irrigation should not be used;*
  - (g) A bleeding disorder;*
  - (h) Actual or suspected foreign body in the ear;*
  - (i) Stenosis or bony exostosis of the ear canal;*
  - (j) Cerumen impaction that totally occludes the ear canal;*
  - (k) Cerumen located medial to the cartilaginous external auditory canal; or*
  - (l) A tympanic membrane that the licensee is unable to see;*
- 3. In performing cerumen removal, a licensed hearing aid specialist shall only remove cerumen lateral to the external auditory canal using the following instruments:*
  - (a) Cerumen loop;*
  - (b) Cerumenolytic liquid;*
  - (c) Irrigation, for patients with intact tympanic membranes and a closed mastoid cavity, no tympanostomy tubes, no recent ear surgery, and no recent dizziness; or*
  - (d) Suction used lateral to the bony canal, only for patients with no recent surgery, intact tympanic membranes and no clear otorrhea;*
- 4. 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 notice the acute onset of dizziness or vertigo or sudden hearing loss, then the licensed hearing aid specialist shall immediately stop the procedure and refer the patient to an otolaryngologist or a licensed physician.*
- 5. The licensed hearing aid specialist shall maintain the following proper infection control practices*



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- (a) Universal health precautions;*
- (b) Decontamination;*
- (c) Cleaning, disinfection, and sterilization of multiple use equipment; and*
- (d) Universal precautions for prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus, and other bloodborne pathogens, as defined by occupational safety and health standards promulgated pursuant to 29 CFR 1910;*
- 6. The licensed hearing aid 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;*
- 7. The licensed hearing aid specialist shall carry appropriate professional liability insurance before performing cerumen removal;*
- 8. The licensed hearing aid specialist is prohibited from requiring patients to sign any form that eliminates liability if the patient is harmed.*
- 9. A licensed hearing aid specialist who engages in cerumen management under NRS 637B.055 must have completed a cerumen management course approved by the International Hearing Society, the American Academy of Otolaryngology-Head and Neck Surgery, or another organization approved by the Board. The course must:*
  - (a) Be overseen by a physician, preferably an otolaryngologist;*
  - (b) Consist of at least six (6) hours of a participant practicing removing cerumen from an ear canal model using a variety of safe techniques; and*
  - (c) Result in a certificate of completion and attestation of competence signed by the overseeing physician.*

---

**Action:** Approve, Table, or Take No Action on the Matter



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**c. Tinnitus Care in HAS Scope of Practice: Sections 15 & 11**

Significant opposition has been expressed to this part of the bill, with suggestions to remove or amend this section.

- The Advisory Committee & Board began discussing this revision in 2023 and over several public meetings, considered safety issues, patient access, and related concerns.
- Tinnitus care is also in the IHS scope of practice for Hearing Aid Specialists, which supports this revision and hearing aids specifically may be used for tinnitus masking.
- The Advisory Committee made its final recommendation for this revision in April 2024 citing a need for patient access to care and language was added to AB177 to ensure practice could only be done by a person who completed an IHS or similar training.

**Attachments/References**

- [Letters in Support & Opposition Received by the Committee](#)
- Letters in Support & Opposition Received by the Board Office – Appendix C of this packet

**Amendment Options**

- a) No amendments
- b) Amend bill to remove from scope of practice
- c) Amend bill to revise scope/requirements as suggested

**Action:** Approve, Table, or Take No Action on the Matter

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**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board****d. NBC-HIS Removal from HAS Licensing Requirements: Sections 24 & 25**

Opposition to these sections has been received, with at least one complaint that AB177 is adding to the HAS scope of practice while “lowering requirements” which is a misunderstanding, as the Board’s regulations NAC 637B already address training requirements for those not holding a 2 year degree in Hearing Instrument Sciences. (See Section 25)

- Upon removal, NAC 637B will be revised as recommended by the Advisory Committee to clarify HAS Standard licensing in the regulations that already prescribe Apprentice training requirements.
- The Advisory Committee & Board began discussing this revision in 2021 with approval to revise in 2022, in order to remove requirement for NBC-HIS certification, & instead use it as an optional automatic qualifier.
- This certification is only required for licensure in Nevada and Utah, and NBC-HIS has advised that certification is not appropriate as an entry-level requirement, and is instead an optional pursuit for experienced practitioners.
- NBC-HIS exam candidates must also hold a current state license in addition to other requirements to be eligible to sit for the exam. If the Apprentice license expires before completing all exams, the candidate is no longer eligible to apply to sit for the exam, even if they have completed the apprenticeship and passed the written ILE exam.
- Currently, an applicant for a Provisional HAS license is not required to hold certification if they are 1) licensed in another state but not holding current NBC-HIS certification, AND 2) are completing the NBC-HIS certification requirements.

**Attachments/References**

- [Letters in Support & Opposition Received by the Committee](#)
- Letters in Support & Opposition Received by the Board Office – Appendix C of this packet

**Amendment Options**

- a) No amendments
- b) Amend to revise/delete proposed revision as suggested

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**Action:** Approve, Table, or Take No Action on the Matter





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**e. Fees: Section 22 with Revision to Military Discount and Authority to Waive Licensing Fees**

This section currently allows for a 50% discount on initial application & licensing fees for an applicant seeking a license by endorsement pursuant to NRS 637B.203, but should be revised to clarify that this may be any applicant with any military affiliation.

This section may also provide authority for the Board to waive all or part of a licensing fee.

It should also be noted that if the bill passes, revisions to the actual fees charged in NAC 637B may include lower fees for new licenses and renewals for SLP Assistants and HAS Apprentices, as is common among other Boards that license trainees and support personnel, per the rates below as researched in 2023.

**Attachments/References:** None

**Amendment Considerations**

- a) No amendments
- b) Amend bill to revise as drafted below
- c) Other amendments as suggested

**Sec 22.**

2. *If an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, or a Gold Star family member submits an application for a license ~~by endorsement pursuant to NRS 637B.203~~, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.*
3. *All fees are payable in advance and may not be refunded.*
4. *All or part of a fee for the application, issuance, renewal, conversion, or reinstatement of a license or an examination fee may be waived at a meeting of the Board or pursuant to a policy established by the Board.*
5. *As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.*

**Nevada Board Assistant License Fees (2023)**

Role	INITIAL LICENSE				RENEWAL			
	Standard	Assistant	Difference		Standard	Renewal	Difference	
Chiropractic Assistant	\$425	\$100	\$325	24%	\$350	\$60	\$(290)	17%
Dispensing Optician Apprentice	\$500	\$100	\$(400)	20%	\$300	\$100	\$(200)	33%
Landscape Architect Intern	\$225	\$100	\$(125)	44%	\$200	\$25	\$(75)	63%
LPN/ Nursing Assistant	\$100	\$50	\$(50)	50%	\$100	\$25	\$(75)	25%
Occupational Therapist Assistant	\$250	\$175	\$(75)	70%	\$175	\$125	\$(50)	71%
Physical Therapist Assistant	\$100	\$200	\$(100)	200%	\$150	\$100	\$(50)	67%
Podiatry Hygienist	\$600	\$100	\$(500)	17%	\$400	\$100	\$(300)	25%
Psychological Assistant	\$125	\$125	\$ -	100%	-	Not listed	\$ -	
Licensed Social Worker	\$140	\$140	\$ -	100%	\$150	\$100	\$(50)	67%
<b>Average</b>	<b>\$274</b>	<b>\$121</b>	<b>\$(175)</b>	<b>69%</b>	<b>\$228</b>	<b>\$92</b>	<b>\$(121)</b>	<b>46%</b>

**Action:** Approve, Table, or Take No Action on the Matter



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**f. Other Sections as Identified and Delegation to Approve Future Revisions to Board Chair & Executive Director**

The Board may consider delegating authority for future proposed revisions to AB177 during the 2025 Legislative Session to the Acting Board Chair & Executive Director.

**Action:** Approve, Table, or Take No Action on the Matter

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## AGENDA ITEM 5

### Update On & Consideration for Board Position on Legislative Bills

The following bills may directly impact the Board if passed, while others may be related to licensing of other occupations or related topics. The Board may also opt to take a position of support, opposition, or neutral on any bill.

Bill	BDR	Impact	Keyword(s)	Status	Fiscal Note
AB64	19-445	DIRECT	Open Meeting Law	Heard 2/26/2025	
AB125	18-909	DIRECT	Open Meeting Law	Heard 2/26/2025	
AB128	19-400	DIRECT	Public Records	Heard 2/25/2025	
AB152	19-209	DIRECT	Open Meeting Law	Heard 3/18/2025	No Impact
AB230	54-568	DIRECT	Compact: SLP/AUD	Work Session 3/17/2025 - Do pass	Has Impact
AB247	19-574	DIRECT	Public Mtg Disability Accommodations	Heard 3/12/2025	
AB264	19-926	DIRECT	Criminal History Judicial Reviews	Heard 3/5/2025	Has Impact
AB321	14-1015	DIRECT	Second Chance Licensing	Heard 3/13/2025	No Impact
SB34	54-449	DIRECT	Compact: SLP/AUD, PA, Nursing, OT, PT	None to date	Has Impact
SB78	18-301	DIRECT	Board Consolidation	None to date	
SB129	54-221	DIRECT	Licensing by Endorsement: General	None to date	No Impact
SB274	18-973	DIRECT	Vacancies/Pre-Determination Reports	None to date	No Impact
SB352	57-712	DIRECT	Prohibits Discrimination	None to date	No Impact
-	40-354	DIRECT	Priority License in Underserved Communities	None to date	No Impact
AB56	54-255	INDIRECT	Licensing: Medical Board	Heard 2/10/2025	
AB60	39-434	INDIRECT	Licensing: Peer Recovery	Work Session 3/21/2025 - TBD	
AB106	54-233	INDIRECT	Compact: Occupational Therapy	None to date	
AB127	S-396	INDIRECT	Language Access Plans	None to date	
AB163	54-129	INDIRECT	Compact: Counseling	Work Session 3/17/2025 - Do pass	
AB169	57-735	INDIRECT	SLP Insurance Coverage for Stuttering	Heard 2/28/2025	
AB170	54-840	INDIRECT	Licensing: Physicians	Heard 3/19/2025	
AB183	54-151	INDIRECT	Licensing: Optometry	Heard 3/3/2025	
AB186	54-344	INDIRECT	Licensing: Pharmacy	Heard 3/3/2025	
AB196	54-164	INDIRECT	Licensing: Psychology	Work Session 3/19/2025 - TBD	
AB225	54-858	INDIRECT	Licensing: Barbers, Cosmo, & Massage	None to date	
AB248	54-566	INDIRECT	Compact: Physical Therapy	Work Session 3/19/2025 - TBD	
AB269	18-618	INDIRECT	School Counselor Tuition Repay	Heard 3/10/2025	
AB270	54-773	INDIRECT	Licensing: Engineers	Work Session 3/19/2025 - TBD	
AB371	54-835	INDIRECT	Compact: Cosmetology	Heard 3/17/2025	
AB450	54-335	INDIRECT	Licensing: LBE for MFTs & CPCs	None to date	
SB124	54-38	INDIRECT	Licensing: Medical Board	Heard 2/21/2025	
SB189	54-69	INDIRECT	Licensing: Genetic Counselors	Heard 3/12/2025	
SB227	34-531	INDIRECT	Compact: School Psychologists	None to date	
SB265	19-918	INDIRECT	Collection of Demographic Info	None to date	
SB294	54-965	INDIRECT	Licensing: Physician Assistants	None to date	No Impact
SB340	18-1008	INDIRECT	Leg Commission Nullify Adopted Regs	None to date	
SB348	40-123	INDIRECT	Licensing: Genetic Counselors	None to date	
SB386	54-891	INDIRECT	Licensing: Massage	None to date	
SB397	54-117	INDIRECT	Licensing: Naturopathic Physicians & Assts	None to date	

**Action:** Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## AGENDA ITEM 6

### Reports from Board Chair and Members

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- a. Report from Board Chair and Board Members
- b. 2025 Proposed Meeting Schedule: Next meeting: Tuesday, April 22, 2025 at 5:00pm, in-person at the Reno Board Office. Board visit to Nevada Legislature on Wednesday, April 23, 2025.

Future meeting needs may include June 2025 to finalize proposed NAC revisions with subsequent meetings in 2025 for Public Workshop(s)/Public Hearing(s).

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**Action:** Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## AGENDA ITEM 7

### Public Comment

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*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020).*

**Action:** None – Informational Only

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## AGENDA ITEM 8

### Adjournment

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**Action:** Meeting Adjourned

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# APPENDIX A

## AB177 As Enrolled

REQUIRES TWO-THIRDS MAJORITY VOTE  
(§§ 9, 18, 22)

A.B. 177

ASSEMBLY BILL NO. 177—ASSEMBLYMEMBER GONZÁLEZ

PREFILED FEBRUARY 2, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes relating to audiology, fitting and dispensing hearing aids and speech-language pathology. (BDR 54-199)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to professions; providing for the licensure of speech-language pathology assistants; authorizing certain persons to engage in the supervised practice of speech-language pathology; establishing requirements for hearing aid specialists to provide tinnitus care; revising the scope of practice of audiologists, hearing aid specialists and speech-language pathologists; requiring certain persons to be licensed and regulated as audiologists or speech-language pathologists; increasing the maximum amount of certain fees; revising the required qualifications for and processes for issuing certain licenses; eliminating the requirement for a licensed audiologist to obtain an endorsement before engaging in the practice of fitting and dispensing hearing aids; revising provisions relating to the sale of hearing aids; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law: (1) with certain exceptions, requires a person who engages in the  
2 practice of audiology, fitting and dispensing hearing aids or speech-language  
3 pathology to be licensed by the Speech-Language Pathology, Audiology and  
4 Hearing Aid Dispensing Board; and (2) prescribes the qualifications necessary to  
5 obtain such licenses. (NRS 637B.160, 637B.193-637B.204, 637B.290) **Section 15**  
6 of this bill expands the activities that constitute the practice of fitting and  
7 dispensing hearing aids to include: (1) tinnitus care, when performed by a hearing  
8 aid specialist with the qualifications prescribed in **section 11** of this bill; and (2) the  
9 removal of cerumen in the course of inspecting ears or fitting and maintaining





hearing instruments. **Section 15** thereby authorizes a hearing aid specialist to engage in those activities under the specified conditions. **Section 16** of this bill expands the activities that constitute the practice of speech-language pathology to include the use of stroboscopy, in addition to nasal endoscopy, for evaluating and treating certain disorders. **Section 16** also revises terminology used to refer to certain procedures that currently constitute the practice of speech-language pathology. **Section 22** of this bill increases the maximum amount of certain fees relating to such licensure. **Sections 27-29** of this bill authorize an applicant for certain types of licenses which require the applicant to hold a license in another state to satisfy this requirement by holding the required license in the District of Columbia or any state or territory of the United States. **Section 30** of this bill revises the procedures for issuing an expedited license by endorsement to practice audiology or speech-language pathology. Existing law authorizes the Board to issue a provisional license to practice audiology or speech-language pathology to certain applicants affiliated with the military who are awaiting a decision by the Board on an application for an expedited license by endorsement. (NRS 637B.204) **Section 39** of this bill repeals that authority, thereby making the procedures for issuing an expedited license by endorsement under **section 30** applicable to all applicants for such a license. **Sections 21 and 22** of this bill remove references to the repealed section.

Existing law authorizes a student who is pursuing a degree in speech-language pathology at certain institutions to engage in the unlicensed practice of speech-language pathology. (NRS 637B.080) Existing law authorizes the Board to issue a provisional license to engage in the practice of speech-language pathology to a person in the process of completing certain clinical fellowship requirements. (NRS 637B.201) **Section 3** of this bill defines the term “speech-language pathology provisional licensee” to refer to the holder of such a provisional license. **Section 26** of this bill makes a conforming change to appropriately substitute the term defined by **section 3**. **Section 9** of this bill authorizes the Board to issue a license as a speech-language pathology assistant and prescribes the qualifications for such a license. **Section 9** also requires the Board to adopt regulations governing the licensure and practice of speech-language pathology assistants. **Section 10** of this bill authorizes a speech-language pathology assistant, a speech-language pathology provisional licensee or a speech-language pathology student to engage in the practice of speech-language pathology only under the supervision of a supervising speech-language pathologist. **Section 18** of this bill makes a conforming change to reflect that a student engaged in the supervised practice of speech-language pathology is subject to regulation by the Board pursuant to **section 10**. **Sections 35-38** of this bill make conforming changes to clarify that a student who is engaging in the supervised practice of speech-language pathology pursuant to **section 10** is not engaging in the unauthorized practice of speech-language pathology. **Sections 2 and 4-8** of this bill define certain other terms relating to the supervised practice of speech-language pathology and **section 12** of this bill establishes the applicability of those definitions.

Existing law exempts from licensure and regulation by the Board a person who practices audiology or speech-language pathology within the scope of a credential issued by the Department of Education. (NRS 637B.080) **Section 18** eliminates that exemption, thereby requiring such a person to be subject to licensure and regulation by the Board. **Section 9** provides that a person who holds certain credentials issued by the Department on or before September 30, 2026, which allow the holder to teach pupils with speech and language impairments is qualified for licensure as a speech-language pathology assistant.

**Sections 24, 25 and 28** of this bill revise the qualifications required to obtain a license as a hearing aid specialist, a license as an apprentice to engage in the



practice of fitting and dispensing hearing aids or a provisional license to engage in the practice of fitting and dispensing hearing aids.

Existing law authorizes the Board to grant an audiologist who wishes to engage in the practice of fitting and dispensing hearing aids an endorsement to engage in such practice as a dispensing audiologist. (NRS 637B.205) **Section 14** of this bill includes within the practice of audiology certain activities that substantially overlap with the practice of fitting and dispensing hearing aids, including ordering the use of hearing aids. Accordingly, **section 39** repeals the separate endorsement for dispensing audiologists and **sections 17, 19, 20, 22, 23, 25, 27 and 31-33** of this bill make conforming changes to eliminate references to such endorsements and to dispensing audiologists.

Federal law requires the United States Food and Drug Administration to regulate over-the-counter hearing aids. (FDA Reauthorization Act of 2017 Pub. L. No. 115-52, § 709, 131 Stat. 1005, 1065-67) Federal law and regulations prohibit state or local governments from requiring the order, involvement or intervention of a licensed person for a consumer to access an over-the-counter hearing aid. (Pub. L. No. 115-52, § 709; 21 C.F.R. § 800.30) **Sections 13 and 34** of this bill prohibit the Board from regulating or restricting the provision of over-the-counter hearing aids unless a licensee violates federal law applicable to such devices. **Section 34** also updates certain references to related federal regulations.

In 2022, the federal Food and Drug Administration repealed a regulation that prohibited the sale of a hearing aid unless: (1) the person dispensing the hearing aid has received a written statement or waiver stating that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing aid; or (2) the patient waives the medical evaluation in writing. (87 FR 50755) **Section 32** removes conforming requirements from Nevada law governing the sale of hearing aids by catalog, mail or the Internet, thereby authorizing such sales without such a statement or waiver.

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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** Chapter 637B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this act.

**Sec. 2.** *“Speech-language pathology assistant” means a person licensed pursuant to section 9 of this act to engage in the practice of speech-language pathology under the supervision of a supervising speech-language pathologist.*

**Sec. 3.** *“Speech-language pathology provisional licensee” means any person who holds a provisional license issued pursuant to NRS 637B.201 to engage in the practice of speech-language pathology while completing the clinical fellowship requirements for obtaining a Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language-Hearing Association.*

**Sec. 4.** *“Speech-language pathology student” means an unlicensed student who engages in the practice of*



1 *speech-language pathology under the supervision of a supervising*  
2 *speech-language pathologist pursuant to section 10 of this act.*

3 **Sec. 5.** *“Supervising speech-language pathologist” means a*  
4 *speech-language pathologist who supervises a speech-language*  
5 *pathology assistant, speech-language pathology provisional*  
6 *licensee or speech-language pathology student.*

7 **Sec. 6.** *“Supervision” means the provision of direction and*  
8 *the evaluation of the tasks assigned by a supervising speech-*  
9 *language pathologist to a speech-language pathology assistant,*  
10 *speech-language pathology provisional licensee or speech-*  
11 *language pathology student. The term includes, without limitation,*  
12 *direct supervision, indirect supervision and telesupervision.*

13 **Sec. 7.** *“Telesupervision” means the real-time, distance*  
14 *observation by a supervising speech-language pathologist of*  
15 *services delivered by a speech-language pathology assistant,*  
16 *speech-language pathology provisional licensee or speech-*  
17 *language pathology student, with feedback or assistance provided*  
18 *by the supervising speech-language pathologist as needed. The*  
19 *term may include, without limitation, the utilization of technology*  
20 *which allows a supervising speech-language pathologist to view*  
21 *and communicate with the client and speech-language pathology*  
22 *assistant, speech-language pathology provisional licensee or*  
23 *speech-language pathology student in real time through virtual*  
24 *telecommunication software, webcam, telephone or other similar*  
25 *devices and services to provide immediate feedback.*

26 **Sec. 8.** *“Tinnitus care” means the assessment of tinnitus*  
27 *symptoms and advising patients on sound therapy techniques and*  
28 *other strategies to address tinnitus symptoms.*

29 **Sec. 9.** *1. An applicant for a license to engage in the*  
30 *practice of speech-language pathology as a speech-language*  
31 *pathology assistant must hold:*

32 *(a) A bachelor’s degree or master’s degree in speech-language*  
33 *pathology or communication sciences and disorders awarded by:*

34 *(1) An educational institution that is accredited by an*  
35 *accrediting agency recognized by the United States Department of*  
36 *Education; or*

37 *(2) A foreign school which is accredited by an accrediting*  
38 *agency approved by the Board and which provides an educational*  
39 *program that is substantially equivalent to the educational*  
40 *program provided by an institution described in subparagraph (1);*  
41 *or*

42 *(b) A current endorsement issued on or before September 30,*  
43 *2026, by the Department of Education pursuant to NRS 391.019*  
44 *and any regulations adopted pursuant thereto which allows a*



1 *person to teach pupils who have speech and language*  
2 *impairments.*

3 2. *The Board shall adopt regulations regarding speech-*  
4 *language pathology assistants, including, without limitation:*

5 (a) *The licensing of speech-language pathology assistants;*

6 (b) *The educational and training requirements for speech-*  
7 *language pathology assistants, in addition to the requirements*  
8 *prescribed by subsection 1; and*

9 (c) *The practice of speech-language pathology by speech-*  
10 *language pathology assistants.*

11 **Sec. 10. 1.** *A speech-language pathology assistant, speech-*  
12 *language pathology provisional licensee or speech-language*  
13 *pathology student may engage in the practice of speech-language*  
14 *pathology only under the supervision of a supervising speech-*  
15 *language pathologist and in accordance with the provisions of this*  
16 *chapter and any regulations adopted pursuant thereto.*

17 2. *A speech-language pathology student who engages in the*  
18 *practice of speech-language pathology must be enrolled in a*  
19 *program to obtain a bachelor's degree or master's degree in the*  
20 *field of speech-language pathology or communication sciences*  
21 *and disorders at an educational institution that is accredited by a*  
22 *nationally recognized agency under the United States Department*  
23 *of Education.*

24 3. *The Board shall adopt regulations regarding the*  
25 *supervision of speech-language pathology assistants, speech-*  
26 *language pathology provisional licensees and speech-language*  
27 *pathology students.*

28 **Sec. 11.** *A hearing aid specialist shall not provide tinnitus*  
29 *care unless the hearing aid specialist:*

30 1. *Holds a certificate as a Tinnitus Care Provider issued by*  
31 *the International Hearing Society, or its successor organization;*  
32 *or*

33 2. *Has completed a program that is:*

34 (a) *Equivalent to the Tinnitus Care Provider Program offered*  
35 *by the International Hearing Society, or its successor*  
36 *organization; and*

37 (b) *Approved by the Board.*

38 **Sec. 12.** *NRS 637B.020 is hereby amended to read as follows:*

39 637B.020 *As used in this chapter, unless the context otherwise*  
40 *requires, the words and terms defined in NRS 637B.025 to*  
41 *637B.075, inclusive, and sections 2 to 8, inclusive, of this act have*  
42 *the meanings ascribed to them in those sections.*

43 **Sec. 13.** *NRS 637B.044 is hereby amended to read as follows:*

44 637B.044 *"Hearing aid" : ~~{means any:}~~*



1. ~~[Device]~~ *Except as otherwise provided in subsection 2, means:*

(a) *Any device* worn by a person who suffers from impaired hearing for the purpose of amplifying sound to improve hearing or compensate for impaired hearing, including, without limitation, an earmold; and

(b) *Any part, attachment or accessory for a device described in paragraph (a).*

~~2. [Part, attachment or accessory for such a device.] Does not include an over-the-counter hearing aid, as defined in 21 C.F.R. § 800.30.~~

**Sec. 14.** NRS 637B.050 is hereby amended to read as follows:

637B.050 “Practice of audiology” means the application of principles, methods and procedures relating to hearing and balance, hearing disorders and related speech and language disorders and includes, without limitation:

1. The conservation of auditory system functions;

2. Screening, identifying, assessing and interpreting, preventing and rehabilitating auditory and balance system disorders;

3. The selection, fitting, programming , ~~[and]~~ dispensing *and ordering the use* of hearing aids, the programming of ~~[cochlear implants]~~ *implantable hearing devices* and other technology which assists persons with hearing loss and training persons to use such technology;

4. Providing vestibular and auditory rehabilitation, cerumen management and associated counseling services;

5. Conducting research on hearing and hearing disorders for the purpose of modifying disorders in communication involving speech, language and hearing; *and*

6. Providing referral services for medical diagnosis and treatment . ~~[; and]~~

~~7. At the request of a physician, participating in the diagnosis of a person.]~~

**Sec. 15.** NRS 637B.055 is hereby amended to read as follows:

637B.055 “Practice of fitting and dispensing hearing aids” means measuring human hearing and selecting, adapting, distributing , ~~[or]~~ selling *or ordering the use of* hearing aids and includes, without limitation:

1. Making impressions for earmolds;

2. Administering and interpreting tests of human hearing and middle ear functions;

3. Determining whether a person who suffers from impaired hearing would benefit from a hearing aid;

4. Selecting , ~~[and]~~ fitting *and ordering the use of* hearing aids;



5. Providing assistance to a person after the fitting of a hearing aid;

6. Providing services relating to the care and repair of hearing aids;

7. Providing supervision and in-service training concerning measuring human hearing and selecting, adapting, distributing, ~~for~~ selling *or ordering the use of* hearing aids; ~~and~~

8. Providing referral services for clinical evaluation, rehabilitation and medical treatment of hearing impairment ~~;~~;

*9. Removing cerumen in the course of inspecting ears or for the purpose of making ear impressions or fitting and maintaining hearing instruments; and*

*10. Providing tinnitus care under the circumstances authorized by section 11 of this act.*

**Sec. 16.** NRS 637B.060 is hereby amended to read as follows:

637B.060 “Practice of speech-language pathology” means the application of principles, methods and procedures relating to the development and effectiveness of human communication and disorders of human communication, and includes, without limitation:

1. The prevention, screening, consultation, assessment, treatment, counseling, collaboration and referral services for disorders of speech, fluency, resonance voice language, feeding, swallowing and cognitive aspects of communication;

2. Augmentative and alternative communication techniques and strategies;

3. Auditory training, speech reading and speech and language intervention for persons who suffer from hearing loss;

4. The screening of persons for hearing loss and middle ear pathology;

5. The use of *rigid* oral ~~and~~ *endoscopy, flexible* nasal endoscopy *and stroboscopy* for the purpose of ~~[vocal tract imaging and visualization;]~~ *evaluating and treating disorders of speech, voice, resonance and swallowing function;*

6. Selecting, fitting and establishing effective use of prosthetic or adaptive devices for communication, swallowing or other upper respiratory and digestive functions, not including sensory devices used by persons with hearing loss;

7. Providing services to modify or enhance communication;

8. Providing referral services for medical diagnosis and treatment; and

9. At the request of a physician, participating in the diagnosis of a person.



**Sec. 17.** NRS 637B.075 is hereby amended to read as follows:

637B.075 “Sponsor” means a hearing aid specialist or ~~[dispensing]~~ audiologist who is responsible for the direct supervision and in-service training of an apprentice in the practice of fitting and dispensing hearing aids.

**Sec. 18.** NRS 637B.080 is hereby amended to read as follows:

637B.080 The provisions of this chapter do not apply to any person who:

1. ~~[Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto and engages in the practice of audiology or speech language pathology within the scope of that credential;~~

~~—2.]~~ Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;

~~[3.]~~ 2. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology ~~[or speech language pathology]~~ and is clearly designated to the public as a student; or

~~[4.]~~ 3. Holds a current license issued pursuant to chapters 630 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS,

➤ and who does not engage in the private practice of audiology or speech-language pathology in this State.

**Sec. 19.** NRS 637B.100 is hereby amended to read as follows:

637B.100 1. The Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, consisting of seven members appointed by the Governor, is hereby created.

2. The Governor shall appoint:

(a) Three members who are speech-language pathologists, each of whom must practice in a different setting, including, without limitation, a university, public school, hospital or private practice;

(b) Two members who are audiologists ; ~~[, at least one of whom must be a dispensing audiologist;]~~

(c) One member who is a hearing aid specialist; and

(d) One member who is a representative of the general public.

This member must not be:

(1) A speech-language pathologist, a hearing aid specialist or an audiologist; or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a speech-language pathologist, a hearing aid specialist or an audiologist.

3. Each member of the Board who is an audiologist, a speech-language pathologist or a hearing aid specialist must:

(a) Have practiced, taught or conducted research in his or her profession for the 3 years immediately preceding the appointment; and





1 (b) Hold a current license issued pursuant to this chapter.  
2 4. A person who is a stockholder in a manufacturer of hearing  
3 aids may not be selected to or serve as a member of the Board.

4 5. After the initial terms, each member of the Board serves a  
5 term of 3 years.

6 6. A member of the Board shall not serve for more than two  
7 terms.

8 7. If a vacancy occurs during the term of a member, the  
9 Governor shall appoint a person similarly qualified to replace that  
10 member for the remainder of the unexpired term.

11 **Sec. 20.** NRS 637B.132 is hereby amended to read as follows:  
12 637B.132 The Board shall:

13 1. Enforce the provisions of this chapter and any regulations  
14 adopted pursuant thereto;

15 2. Prepare and maintain a record of its proceedings, including,  
16 without limitation, any administrative proceedings;

17 3. Evaluate the qualifications and determine the eligibility of  
18 an applicant for any license ~~for endorsement of a license~~ issued  
19 pursuant to this chapter and, upon payment of the appropriate fee,  
20 issue the appropriate license ~~for endorsement of a license~~ to a  
21 qualified applicant;

22 4. Adopt regulations establishing standards of practice for  
23 persons licensed ~~for endorsed~~ pursuant to this chapter and any other  
24 regulations necessary to carry out the provisions of this chapter;

25 5. Require a person licensed ~~for endorsed~~ pursuant to this  
26 chapter to submit to the Board documentation required by the Board  
27 to determine whether the person has acquired the skills necessary to  
28 engage in the practice of audiology, speech-language pathology or  
29 fitting and dispensing hearing aids;

30 6. Investigate any complaint received by the Board against any  
31 person licensed ~~for endorsed~~ pursuant to this chapter;

32 7. Hold hearings to determine whether any provision of this  
33 chapter or any regulation adopted pursuant to this chapter has been  
34 violated; and

35 8. Unless the Board determines that extenuating circumstances  
36 exist, forward to the appropriate law enforcement agency any  
37 substantiated information submitted to the Board concerning a  
38 person who engages in the practice of or offers to engage in the  
39 practice of audiology, speech-language pathology or fitting and  
40 dispensing hearing aids without the appropriate license ~~for~~  
41 ~~endorsement~~ issued pursuant to the provisions of this chapter.

42 **Sec. 21.** NRS 637B.160 is hereby amended to read as follows:  
43 637B.160 Except as otherwise provided in NRS 637B.195,  
44 637B.200, 637B.201 ~~and~~ and 637B.203 , ~~and 637B.204,~~ to be  
45 eligible for licensing by the Board, an applicant for a license to





engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids must:

1. Be a natural person of good moral character;
2. Pass an examination prescribed by the Board pursuant to NRS 637B.191 or 637B.194, as applicable;
3. Pay the fees provided for in this chapter; and
4. Submit all information required to complete an application for a license.

**Sec. 22.** NRS 637B.175 is hereby amended to read as follows:  
637B.175 1. The Board shall charge and collect only the following fees whose amounts must be determined by the Board, but may not exceed:

Application fee .....	<del>[\$150]</del> \$300
License fee.....	<del>[100]</del> 200
Fee for the renewal of a license .....	<del>[100]</del> 200
Reinstatement fee .....	<del>[100]</del> 300
Examination fee.....	<del>[300]</del> 500
Fee for converting to a different type of license.....	50
Fee for each additional license <del>for endorsement</del> .....	50
Fee for obtaining license information.....	<del>[50]</del> 200

2. If an ~~[applicant]~~ *active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran* submits an application for a license by endorsement pursuant to NRS ~~[637B.204,]~~ *637B.203*, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

3. All fees are payable in advance and may not be refunded.

**4. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.**

**Sec. 23.** NRS 637B.191 is hereby amended to read as follows:  
637B.191 1. The Board shall adopt regulations prescribing:

(a) The examinations required pursuant to NRS 637B.160 and concerning the practice of audiology and the practice of speech-language pathology;

(b) The period for which a license issued pursuant to the provisions of this chapter is valid which, except as otherwise provided in NRS 637B.200 and 637B.202, must be not less than 1 year; and

(c) The manner in which a license ~~for endorsement~~ issued pursuant to this chapter must be renewed, which may include requirements for continuing education.

2. The Board may adopt regulations providing for the late renewal of a license and the reinstatement of an expired license,



except that the Board must not renew or reinstate a license more than 3 years after the license expired.

3. The Board may, at the request of a person licensed pursuant to this chapter, place a license on inactive status if the holder of the license:

(a) Does not engage in, or represent that the person is authorized to engage in, the practice of audiology, speech-language pathology or fitting and dispensing hearing aids in this State; and

(b) Satisfies any requirements for continuing education prescribed by the Board pursuant to this section.

**Sec. 24.** NRS 637B.193 is hereby amended to read as follows:

637B.193 An applicant for a license to engage in the practice of fitting and dispensing hearing aids must:

1. Successfully complete a program of education or training approved by the Board which requires, without limitation, that the applicant:

(a) Hold an associate's degree or bachelor's degree in hearing instrument sciences; ~~for~~

(b) Hold a high school diploma or its equivalent or an associate's degree or bachelor's degree in any field other than hearing instrument sciences, and successfully complete a training program in hearing instrument sciences as prescribed by regulation of the Board ~~[-]; or~~

*(c) Hold a current certification issued by the National Board for Certification in Hearing Instrument Sciences.*

~~2. Except as otherwise provided in NRS 637B.201, be certified by the National Board for Certification in Hearing Instrument Sciences.~~

~~3.]~~ Pass the examination prescribed pursuant to NRS 637B.194.

~~[4.]~~ 3. Comply with the regulations adopted pursuant to NRS 637B.194.

~~[5.]~~ 4. Include in his or her application the complete street address of each location from which the applicant intends to engage in the practice of fitting and dispensing hearing aids.

**Sec. 25.** NRS 637B.194 is hereby amended to read as follows:

637B.194 The Board shall adopt regulations regarding the practice of fitting and dispensing hearing aids, including, without limitation:

1. The licensing of hearing aid specialists and apprentices;

2. The educational and training requirements for hearing aid specialists and apprentices ~~[-]~~ , *which must include, without limitation, on-site training and work experience;*



3. The examination required pursuant to NRS 637B.160, 637B.193 ~~[637B.205]~~ and 637B.238 concerning the practice of fitting and dispensing hearing aids; and

4. A program of in-service training for apprentices.

**Sec. 26.** NRS 637B.197 is hereby amended to read as follows:

637B.197 Except for ~~[the holder of a provisional license issued pursuant to NRS 637B.201]~~ *a speech-language pathology provisional licensee* and in addition to the requirements set forth in NRS 637B.196, a speech-language pathologist must hold a current ~~[certificate of clinical competence]~~ *Certificate of Clinical Competence in Speech-Language Pathology* issued by the American Speech-Language-Hearing Association or its successor organization approved by the Board.

**Sec. 27.** NRS 637B.200 is hereby amended to read as follows:

637B.200 1. The Board may issue a temporary license to engage in the practice of:

(a) Audiology, speech-language pathology or fitting and dispensing hearing aids upon application and the payment of the fee required pursuant to NRS 637B.175 to any person who is so licensed in ~~[another]~~ *the District of Columbia or any state or territory of the United States* and who meets all the qualifications for licensing in this State; and

(b) Fitting and dispensing hearing aids upon application and payment of the fee required pursuant to NRS 637B.175 to any person who meets all the qualifications for licensing as a hearing aid specialist ~~[for an endorsement of a license to engage in the practice of fitting and dispensing hearing aids]~~ other than passing the examination concerning the practice of fitting and dispensing hearing aids prescribed pursuant to NRS 637B.194.

2. The Board may issue a temporary license to engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids upon application and payment of the fee required pursuant to NRS 637B.175 to any spouse of a member of the Armed Forces of the United States who:

(a) Is so licensed in ~~[another state:]~~ *the District of Columbia or any state or territory of the United States;* and

(b) Attests that he or she meets all of the qualifications for licensure in this State.

3. A temporary license issued pursuant to this section:

(a) Is valid for not more than 6 months;

(b) May be renewed not more than once; and

(c) May be converted to ~~[an active]~~ *a standard* license upon the completion of all requirements for a license and payment of the fee required by NRS 637B.175.



**Sec. 28.** NRS 637B.201 is hereby amended to read as follows:

637B.201 1. Upon application and payment of the application fee required pursuant to NRS 637B.175, the Board may issue a provisional license to engage in the practice of:

(a) Speech-language pathology to a person who is completing the clinical fellowship requirements for obtaining a ~~certificate of clinical competence~~ *Certificate of Clinical Competence in Speech-Language Pathology* issued by the American Speech-Language-Hearing Association.

(b) Fitting and dispensing hearing aids to a person who:

(1) Holds a license to engage in the practice of fitting and dispensing hearing aids in ~~another state;~~ *the District of Columbia or any state or territory of the United States;* and

(2) ~~Is completing the training required for certification by the National Board for Certification in Hearing Instrument Sciences;~~ *Meets the requirements of paragraph (a), (b) or (c) of subsection 1 of NRS 637B.193 but has not yet completed the on-site training and work experience required by the regulations adopted pursuant to NRS 637B.194.*

2. A provisional license issued pursuant to this section may be:

(a) Renewed not more than twice; and

(b) Converted to ~~an active~~ *a standard* license upon payment of the fee required pursuant to NRS 637B.175 for converting the license and the ~~award~~ *submission to the Board* of ~~:-~~

~~(1) A certificate of clinical competence~~ *proof that the holder of the provisional license:*

*(1) Holds a current Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language-Hearing Association* ~~;-or~~, *if the provisional license is to engage in the practice of speech-language pathology.*

~~(2) [Certification by the National Board for Certification in Hearing Instrument Sciences.]~~ *Has successfully completed the on-site training and work experience required by the regulations adopted pursuant to NRS 637B.194, if the provisional license is to engage in the practice of fitting and dispensing hearing aids.*

**Sec. 29.** NRS 637B.202 is hereby amended to read as follows:

637B.202 1. Upon application and payment of the application fee required pursuant to NRS 637B.175, the Board may issue a limited license to engage in the practice of audiology or speech-language pathology to a person who:

(a) Holds a current license to engage in the practice of audiology or speech-language pathology in ~~another state;~~ *the District of Columbia or any state or territory of the United States;* and



(b) Engages in the practice of audiology or speech-language pathology in this State for demonstration, instructional or educational purposes.

2. A limited license issued pursuant to this section is valid for not more than 15 days.

**Sec. 30.** NRS 637B.203 is hereby amended to read as follows:

637B.203 1. The Board may issue a license by endorsement to engage in the practice of audiology or speech-language pathology to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to engage in the practice of audiology or speech-language pathology, as applicable, in the District of Columbia or any state or territory of the United States.

2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to engage in the practice of audiology or speech-language pathology, as applicable; and

(3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(c) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to engage in the practice of audiology or speech-language pathology pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to engage in the practice of audiology or speech-language pathology, as applicable, to the applicant not later than 45 days after receiving the application.

~~[4. A license by endorsement to engage in the practice of audiology or speech language pathology may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.]~~



**Sec. 31.** NRS 637B.236 is hereby amended to read as follows:

637B.236 1. All work performed by a licensed apprentice must be directly supervised by a hearing aid specialist or ~~[dispensing]~~ audiologist, and the hearing aid specialist or ~~[dispensing]~~ audiologist is responsible and civilly liable for the negligence or incompetence of the licensed apprentice under his or her supervision.

2. Any selection of a hearing aid for a customer made by a licensed apprentice must be approved by a hearing aid specialist or ~~[dispensing]~~ audiologist.

3. Any audiogram or sales document prepared by a licensed apprentice must be signed by the apprentice and the supervising hearing aid specialist or ~~[dispensing]~~ audiologist.

4. As used in this section:

(a) "Incompetence" means a lack of ability to practice safely and skillfully as a licensed apprentice arising from:

(1) A lack of knowledge or training; or

(2) An impaired physical or mental capability, including an alcohol or other substance use disorder.

(b) "Negligence" means a deviation from the normal standard of professional care exercised generally by apprentices.

**Sec. 32.** NRS 637B.242 is hereby amended to read as follows:

637B.242 1. A hearing aid specialist or ~~[dispensing]~~ audiologist licensed pursuant to this chapter may sell hearing aids by catalog, mail or the Internet if ~~[-~~:

~~—(a) The hearing aid specialist or dispensing audiologist has received:~~

~~—(1) A written statement signed by:~~

~~—(I) A physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS, an advanced practice registered nurse licensed pursuant to NRS 632.237, an audiologist or a hearing aid specialist which verifies that he or she has performed an otoscopic examination of the person to whom the hearing aid will be sold and the results of the examination indicate that the person may benefit from the use of a hearing aid;~~

~~—(II) A physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS, an audiologist or a hearing aid specialist which verifies that he or she has performed an audiometric examination of the person to whom the hearing aid will be sold and the results of the examination indicate that the person may benefit from the use of a hearing aid; and~~

~~—(III) A dispensing audiologist or a hearing aid specialist which verifies that an ear impression has been taken of the person to whom the hearing aid will be sold; or~~



~~— (2) A waiver of the medical evaluation signed by the person to whom the hearing aid will be sold as authorized pursuant to 21 C.F.R. § 801.421(a)(2); and~~

~~— (b) The~~ *the* person to whom the hearing aid will be sold has signed a statement acknowledging that the hearing aid specialist or ~~[dispensing]~~ audiologist is selling him or her the hearing aid by catalog, mail or the Internet . ~~[based upon the information submitted by the person in accordance with this section.]~~

2. A hearing aid specialist or ~~[dispensing]~~ audiologist who sells hearing aids by catalog, mail or the Internet pursuant to this section shall maintain a record of each sale of a hearing aid made pursuant to this section for not less than 5 years.

3. The Board may adopt regulations to carry out the provisions of this section, including, without limitation, the information that must be included in each record required to be maintained pursuant to subsection 2.

**Sec. 33.** NRS 637B.243 is hereby amended to read as follows:

637B.243 A hearing aid specialist or ~~[dispensing]~~ audiologist, upon request by a physician or a member of a related profession specified by the Board, may make audiograms for the physician's or member's use in consultation with a person who suffers from impaired hearing.

**Sec. 34.** NRS 637B.250 is hereby amended to read as follows:

637B.250 1. The grounds for initiating disciplinary action pursuant to this chapter are:

(a) Unprofessional conduct.

(b) Conviction of:

(1) A violation of any federal or state law regarding the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;

(2) A felony or gross misdemeanor relating to the practice of audiology, speech-language pathology or fitting and dispensing hearing aids;

(3) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive; or

(4) Any offense involving moral turpitude.

(c) Gross or repeated malpractice, which may be evidenced by claims of malpractice settled against a practitioner.

(d) Professional incompetence.

(e) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(1) The license of the facility is suspended or revoked; or

(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.





↪ This paragraph applies to an owner or other principal responsible for the operation of the facility.

2. As used in this section, "unprofessional conduct" includes, without limitation:

(a) Conduct that is harmful to the public health or safety;

(b) Obtaining a license through fraud or misrepresentation of a material fact;

(c) Suspension or revocation of a license to engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids; and

(d) A violation of any provision of:

(1) Federal law concerning the practice of audiology, speech-language pathology or fitting and dispensing hearing aids or any regulations adopted pursuant thereto, including, without limitation, 21 C.F.R. §§ ~~[801.420]~~ 800.30 and ~~[801.421-]~~ 801.422;

(2) NRS 597.264 to 597.2667, inclusive, or any regulations adopted pursuant thereto; or

(3) This chapter or any regulations adopted pursuant thereto.

**Sec. 35.** NRS 637B.290 is hereby amended to read as follows:

637B.290 1. ~~[A]~~ *Except as otherwise provided in this chapter,* a person shall not engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids in this State without holding a valid license issued pursuant to the provisions of this chapter.

2. In addition to any other penalty prescribed by law, if the Board determines that a person has engaged in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids in this State without holding a valid license issued pursuant to the provisions of this chapter ~~[I]~~ *in violation of subsection 1,* the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.





(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

**Sec. 36.** NRS 637B.291 is hereby amended to read as follows:

637B.291 Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who engages in the practice of or offers to engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids without the appropriate license issued pursuant to the provisions of this chapter ~~§~~ *in violation of NRS 637B.290.*

**Sec. 37.** NRS 637B.295 is hereby amended to read as follows:

637B.295 A member or any agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter engages in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation, an inspection to determine whether any person at the premises is engaging in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids without the appropriate license issued pursuant to the provisions of this chapter ~~§~~ *in violation of NRS 637B.290.*

**Sec. 38.** NRS 637B.310 is hereby amended to read as follows:

637B.310 1. The Board through its Chair or Vice Chair may maintain in any court of competent jurisdiction a suit for an injunction against any person engaging in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids without a license valid under this chapter ~~§~~ *in violation of NRS 637B.290.*

2. Such an injunction:

(a) May be issued without proof of actual damage sustained by any person, this provision being a preventive as well as a punitive measure.

(b) Shall not relieve such person from criminal prosecution for practicing without a license.

**Sec. 39.** NRS 637B.042, 637B.204 and 637B.205 are hereby repealed.

**Sec. 40.** 1. This section becomes effective upon passage and approval.

2. Sections 1 to 39, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) January 1, 2026, for all other purposes.



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**TEXT OF REPEALED SECTIONS**

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**637B.042 “Dispensing audiologist” defined.** “Dispensing audiologist” means a licensed audiologist who has obtained an endorsement from the Board to engage in the practice of fitting and dispensing hearing aids.

**637B.204 Expedited license by endorsement to practice audiology or speech-language pathology for active member of Armed Forces, member’s spouse, veteran or veteran’s surviving spouse: Requirements; procedure for issuance; provisional license pending action on application.**

1. The Board may issue a license by endorsement to engage in the practice of audiology or speech-language pathology to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to engage in the practice of audiology or speech-language pathology, as applicable, in the District of Columbia or any state or territory of the United States; and

(b) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran.

2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant holds a license to engage in the practice of audiology or speech-language pathology, as applicable; and

(3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(c) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to engage in the practice of audiology or speech-language pathology pursuant to this section, the Board



shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to engage in the practice of audiology or speech-language pathology, as applicable, to the applicant not later than 45 days after receiving all the additional information required by the Board to complete the application.

4. A license by endorsement to engage in the practice of audiology or speech-language pathology may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to engage in the practice of audiology or speech-language pathology, as applicable, in accordance with regulations adopted by the Board.

6. As used in this section, “veteran” has the meaning ascribed to it in NRS 417.005.

**637B.205 Endorsement for certain licensees or applicants to practice fitting and dispensing hearing aids.** An audiologist or an applicant for a license to engage in the practice of audiology who wishes to engage in the practice of fitting and dispensing hearing aids must:

1. Request an endorsement of the license to engage in the practice of fitting and dispensing hearing aids; and

2. Pass an examination prescribed by the Board pursuant to NRS 637B.194. The examination must be identical to the examination required for the licensure of hearing aid specialists.





State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## APPENDIX B

### AB177 SLP Sections Letters in Support & Opposition



## Formal Testimony Regarding Assembly Bill 177

Madam Chair and esteemed members of the Committee,

I am Dr. Katie Allen. I am a Speech-Language Pathologist of 16 years and the President of the Nevada Speech-Language-Hearing Association (or NSHA) supporting AB177. This legislation is vital for addressing two critical issues: an impending workforce shortage of qualified Speech-Language Pathologists (SLPs) and the urgent need to protect the public from misrepresentation by underqualified practitioners.

Speech-Language Pathology is a specialized field requiring a master's degree. Nevada stands as the *last* state in the nation to permit bachelor's-level practitioners, a practice fundamentally misaligned with national standards. A 2026 Nevada Department of Education regulation will eliminate the ability of school districts to hire new bachelor's-level practitioners to meet caseload demands, where they currently comprise a significant 39% of the workforce.

Nevada already faces a severe Speech-Language Pathologist shortage, with the *lowest* Speech-Language Pathologist-to-resident ratio in the nation: 32.7 per 100,000, compared to the national average of 60.8. This bill provides a crucial pathway for current bachelor's-level practitioners to become licensed Speech-Language Pathology Assistants (SLPAs), ensuring continuity of essential services while upholding professional standards.

Currently, both master's and bachelor's-level practitioners are often called "Speech-Language Pathologists" within school districts, misleading the public about bachelor's-level practitioners qualifications and training. NSHA, dedicated to promoting quality Speech, Language, and hearing services, believes this misrepresentation must be addressed to protect the public.

We acknowledge opposition from currently unregulated bachelor's-level practitioners, as this bill will bring them under state regulation.

AB177 is crucial for safeguarding the quality of Speech-Language Pathology services in Nevada, ensuring that all Nevadans receive the highest standard of care. Thank you for your thoughtful consideration of this vital legislation.

## AB177: Increasing Access to Speech-Language Services in Nevada Schools

**Background:** AB177 was developed by a work group of licensed Speech-Language Pathologists (SLPs) in collaboration with the Nevada Board of Examiners of Speech, Language, and Hearing. The bill aims to expand Nevada's workforce in speech-language services and address gaps in the current system by creating a pathway for individuals working in schools who do not yet hold a master's degree in speech-language pathology (SLP).

Currently, Nevada is the **only state** that permits **bachelor's level** practitioners to provide speech-language services in schools. However, this will end in 2026 due to a new regulation passed by the Nevada Department of Education in June 2023, which will sunset bachelor's level practitioners by **October 1, 2026**.

### What AB177 Does:

#### 1. Pathway to Licensure:

- **SLPA License Creation:** AB177 offers a **Speech-Language Pathology Assistant (SLPA)** license, which allows individuals with a **bachelor's degree** to continue working in the field and providing services under the supervision of licensed SLPs.
- These practitioners would maintain their **NDE license** (Teacher of Speech/Language Impairment) and obtain the new **SLPA license**, allowing the state to better regulate and monitor the quality of services provided in schools.

#### 2. Maintaining Workforce Stability:

- Current **bachelor's level practitioners** will **not** be eliminated with the passage of AB177. As long as they maintain their NDE licenses, they can obtain an SLPA license and continue their work in schools, with districts having the discretion to grandfather existing employees.

#### 3. State Oversight & Professional Development:

- The SLPA license ensures **state regulation**, requiring ongoing **professional development** and proper record-keeping of the speech-language services provided, enhancing quality and accountability in all practice settings.

#### 4. Clear Standards for SLPAs:

- AB177 defines the criteria for **SLPAs**, aligning them with current regulations for **SLPs** as outlined in **NRS Chapter 637B**. This ensures that services provided by SLPAs meet professional standards while supporting a sustainable workforce in Nevada.

### Why AB177 is Critical for Nevada:

- **Workforce Shortage:** Nevada currently has the **lowest number of SLPs** in the nation, with only **32.7 SLPs per 100,000 residents** compared to the national average of **60.8 per 100,000**. As **bachelor's level practitioners** retire or leave the field, the shortage of SLPs in schools will only worsen.
  - **Impact of Sunset Regulation:** The **sunsetting of bachelor-level SLPs** in 2026 will create a significant gap in services. If we don't act now, the ability to provide essential speech-language services to students will be compromised, impacting the quality of education for Nevada's children.
  - **Support for CCSD:** While there is some opposition to AB177 from **Clark County School District (CCSD)**, the bill provides a long-term solution to **maintaining a qualified workforce** in the face of upcoming retirements and departures.
- 

### National Context & Comparison:

- **Nationwide:** There are currently **60.8 SLPs per 100,000 people** in the U.S.
  - **In Nevada:** There are only **32.7 SLPs per 100,000**, the lowest rate in the nation, highlighting the need for workforce expansion and support.
- 

### Nevada's Commitment to Education and Quality Services:

- Nevada **licenses PTAs and COTAs**, recognizing the importance of having qualified allied healthcare professionals in the healthcare and education systems.
  - Educational therapists working in schools with a **bachelor's degree** in speech pathology are not yet licensed SLPs, but will be **grandfathered in** until 2026. Licensing **SLPAs** will improve the state's regulatory oversight and ensure better quality services moving forward.
- 

### Real-world Impact:

- Imagine discovering that your child's speech-language services (i.e. speech therapy) were provided by someone with a **bachelor's degree**, not the level of training you expected. AB177 ensures that all speech-language professionals in Nevada schools meet **consistent, high standards**, providing families with peace of mind.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## APPENDIX C

### AB177 HAS Sections Letters in Support & Opposition



February 24, 2025

Dear Assembly Committee on Commerce and Labor Members,

The International Hearing Society (IHS) is the professional membership association representing hearing aid specialists (HAS) across the United States, Canada, and internationally – including 90 licensed HAS and 17 HAS apprentices in the State of Nevada. **IHS strongly supports Assembly Bill 177 (AB 177)**, which revises NRS Chapter 637B on behalf of the Nevada Speech Language-Pathology, Audiology and Hearing Aid Dispensing Board, particularly the provisions related to HAS.

AB 177 is a crucial step toward improving continuity of care and access to quality and safe hearing healthcare for Nevada residents. By addressing key issues such as cerumen removal and tinnitus care, this bill will clarify the scope of practice for HAS, ensuring they can deliver safe, cost-effective care, ensuring hearing healthcare continuity for their patients while meeting statutory requirements.

HAS are trained in ear anatomy and physiology as it relates to providing proper hearing aids and services for their patients. Committed to excellent patient hearing healthcare and safety, they achieve this through a strict code of conduct, adherence to all state and federal regulations (including, but not limited, to U.S. Food and Drug Administration (FDA) red flag identified warning signs), and ongoing education and professional development.

We applaud the Nevada Speech-Language Pathology, Audiology, and Hearing Aid Dispensing Board for being at the forefront of providing continuous, safe hearing healthcare by joining WI and SD, who recently authorized cerumen removal, as well as TN and NC, with NC explicitly authorizing tinnitus care.

### **Cerumen Removal**

It is the position of IHS that cerumen (commonly referred to as ear wax) removal falls within the scope of practice for a HAS. This includes administering cerumen removal when examining ears, taking ear impressions, and/or fitting hearing aids. If, during cerumen removal or an otoscopy a HAS discovers any contraindications or trauma (e.g., continuous bleeding, lacerations), they are trained to refer their patient to an otolaryngologist (ear, nose, and throat (ENT) specialist) as soon as possible.

Numerous patients, particularly seniors, often present with cerumen buildup, which can significantly impact hearing, hearing aid performance, and hearing tests. Cerumen can obstruct

the receiver of hearing aids, leading to diminished amplification, reduced sound quality, unwanted feedback, or even complete device failure. Additionally, cerumen can cause moisture damage to the internal components of hearing aids, compromising their longevity.

Cerumen also interferes with hearing exams by blocking the ear canal, which may prevent accurate assessment of hearing levels or obscure the view of the eardrum. Furthermore, cerumen can obstruct the creation of proper ear mold impressions, which are essential for a comfortable and effective hearing aid fit.

To ensure a properly fitted hearing aid, a HAS uses otoblocks—small foam or cotton barriers that are gently placed in the ear canal. These prevent the impression material from reaching the deeper, more sensitive regions of the ear canal, thus safeguarding the eardrum. The outer one-third of the external ear canal is typically where cerumen is found and is ideal for securing the otoblock, as it is more flexible and accessible for safe mold creation.

A clear ear canal is crucial for accurate ear mold impressions. Improper impressions can result in a hearing aid that doesn't fit correctly, causing discomfort, irritation, and even pain. Long-term, a poor fit can lead to pressure on the ear canal, further affecting comfort and potentially leading to skin irritation. Additionally, a poorly fitted device can cause sound leakage, feedback, or whistling noises, significantly disrupting the user's experience and reducing the device's effectiveness.

Cerumen management, including removal and medical referrals (physician or ENT), is and has always been an essential part of a HAS's scope of practice. A clear ear canal allows for proper fitting and optimal performance of hearing devices, ultimately enhancing the patient's hearing experience. Without a HAS's ability to remove cerumen, you are impeding their scope of practice and, more importantly, their ability to effectively and efficiently service the citizens of NV with hearing loss. In essence, you are creating an unnecessary, burdensome hearing aid delivery system.

If the state continues to prevent a HAS from removing cerumen, the patient must seek help from their physician and then return to their HAS for a hearing test and/or another attempt at ear impression mold. Alternatively, patients may resort to purchasing a do-it-yourself ear cleaning kit to avoid the cost of a doctor's visit. Authorizing HASs to remove cerumen would allow them to address both concerns during a single appointment, streamlining the process for patients - saving them time, money, and better ensuring they follow through with proper hearing healthcare. Additionally, it would free up valuable time for primary care physicians to focus on complex medical issues.

In April 2018, the U.S. Department of Labor (DOL) adopted national guidelines for a hearing aid specialist apprenticeship program. Within the DOL guidelines, the DOL recognized the profession as: "In a manner consistent with the individual licensee's state law" to include "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 patients 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.”

There are many educational courses on cerumen removal available for HASs to ensure safe cerumen removal. Workshops include both theoretical and practical components for effective earwax removal. These courses and workshops are readily available to hearing aid dispensers, audiologists, and ENTs. Courses are offered by AAO-HNS, IHS, AAA, and Ear Care & Cerumen Management (Institute of Otorhinolaryngology). These courses teach students:

- Cerumen classification
- Use of appropriate instruments
- Safe and effective removal techniques
- Identifying complications and contraindications
- Asking for relevant medical history and current medications
- Knowing when to refer a patient to their medical liaison

While regulations in most states do not explicitly mention cerumen management, licensing laws generally authorize the performance of services that involve at least a limited degree of cerumen management, such as otoscopic evaluation, taking ear impressions for ear molds, and cleaning hearing aids. Currently, North Carolina, Tennessee, South Dakota, and Wisconsin explicitly authorize hearing aid specialists to perform cerumen management – marking the growing recognition of this service and need for hearing instrument specialists to fill the need statutorily. With North Carolina having the longest statutory history of allowing hearing aid specialists to perform cerumen removal and tinnitus care, we are unaware of any disciplinary actions taken against a North Carolina hearing aid specialist for improper, patient-harm cerumen removal or tinnitus care.

## **Tinnitus Care**

The position of the IHS is that tinnitus care falls within the scope of practice for hearing aid specialists.

The National Institute on Deafness and Other Communication Disorders (NIDCD) defines tinnitus as the perception of ringing or other noises in one or both ears without an external sound source. The National Council on Aging’s webpage titled “[Hearing Loss Statistics 2025: More Common Than You Might Think](#)” reports:

- Up to 42.7% of the general population experience tinnitus
- Up to 30% of the general population has reported that symptoms affect their daily lives
- Tinnitus and other types of hidden hearing losses are increasingly common in young adults due to recreational noise exposure
- The prevalence of tinnitus generally increases with age

While tinnitus is not a disease that an audiologist or HAS can “cure,” it can be distressing to a patient with the condition, and several management options are available, including tinnitus treatment devices.

There is a strong correlation between tinnitus and hearing loss. According to the [Hearing Health Foundation](#), hearing loss and tinnitus statistics:

- 90 percent of tinnitus cases occur with an underlying hearing loss.
- Tinnitus repeatedly ranks as the number one disability among returning military service members, just ahead of hearing loss.
- 25 million American adults report experiencing tinnitus for five or more continuous minutes in the past year.
- 16 million people seek medical attention for tinnitus annually.

Many individuals with tinnitus also experience some degree of hearing loss, particularly age-related hearing loss (presbycusis) or noise-induced hearing loss. The brain may compensate for the lack of external sound input by generating internal sounds, which manifest as tinnitus. When hearing loss occurs, the auditory system may become more sensitive or "hyperactive," leading to the perception of phantom sounds, such as tinnitus. The brain may also misinterpret or amplify internal sounds due to a lack of normal auditory input.

Both sensorineural hearing loss (damage to the inner ear or auditory nerve) and conductive hearing loss (issues with the middle or outer ear) can be linked to tinnitus. However, sensorineural hearing loss is more commonly associated with chronic tinnitus.

A well-trained HAS should be able to perform extended high-frequency audiometry along with an otoacoustic emissions test to identify cochlear damage, which is often the cause of subjective tinnitus.

HASs play a critical role in identifying and managing tinnitus within the broader hearing healthcare team. It is not in the patient's best interest to prohibit a licensed HAS from discussing treating tinnitus and the correlation between tinnitus, hearing loss, and cognitive difficulties. For complex tinnitus cases, a patient would be referred to an otolaryngologist (also known as an ENT) to ensure appropriate care. A well-trained HAS is able to perform extended high-frequency audiometry along with an otoacoustic emissions test to identify cochlear damage, which is often the reason for subjective tinnitus.

Here's why HASs should be able to identify, use built-in tinnitus maskers in prescription hearing aids, and refer patients with tinnitus:

- HASs are often the first healthcare professionals patients see when they have hearing-related concerns. They are trained to recognize the symptoms of tinnitus and the potential link between it and hearing loss.
- HASs have expertise in assessing auditory function and can evaluate the extent of hearing loss, which is frequently associated with tinnitus. Through audiometric evaluations, they can determine if a patient's tinnitus is related to hearing loss and guide them toward appropriate management options.

- When tinnitus is identified early, effective interventions can be implemented. These may include hearing aids, which can reduce the perception of tinnitus in many patients by amplifying external sounds and making the internal tinnitus sounds less noticeable. If a HAS detects tinnitus early, they can provide immediate support through hearing aids or other auditory-based treatments.

HASs should be integral members of the hearing healthcare team because they are often the frontline professionals who can identify, assess, and manage the auditory aspects of tinnitus. By collaborating with other specialists, they contribute to comprehensive care that addresses both the symptoms and causes of tinnitus, improving outcomes and the quality of life for patients. Education on tinnitus care, such as IHS' Tinnitus Care Provider program, includes training on the degrees of tinnitus and when referral is necessary. HASs have long used a standardized practice for evaluating tinnitus across North America, employing tools like the Tinnitus Handicap Inventory to assess the severity and determine if tinnitus treatment devices could help. Nearly everyone with chronic tinnitus also experiences hearing loss.

It is widely accepted that a HAS can perform "evaluation or measurement of the powers or range of human hearing" and, based on the evaluation, recommend, select, and adapt hearing aids to improve hearing ability. If a HAS is authorized to assess hearing loss, conduct tests to determine its nature and degree, recommend and fit hearing aids, and adjust them for the patient's needs, then it is contradictory and unnecessarily restrictive to prevent a HAS from offering tinnitus treatment devices.

Restrictions and barriers to the availability of tinnitus treatment devices hamper their ability to serve their patients effectively, given that they already recommend, select, and adapt hearing aids. And are unsupported by evidence and would unjustifiably prevent individuals with tinnitus and hearing loss from obtaining the relief they seek. Many people with hearing loss are reluctant to seek help, and imposing a medically unsupported obstacle to treatment contradicts the public interest. Restricting HASs from providing tinnitus treatment devices hampers their ability to serve their patients effectively, given that they already recommend, select, and adapt hearing aids.

### **NBC-HIS Requirement Removal**

One of the current requirements to become a HAS in Nevada is to for an individual to hold a current certification from the National Board for Certification in Hearing Instrument Sciences (NBC-HIS). This requirement is a burdensome barrier to those aspiring to become hearing aid specialists either as an entry into the workforce or change of careers. NBC-HIS candidates must have a current State/Provincial/Jurisdictional dispensing license or certificate of registration, and meet a minimum of two (2) years of full-time dispensing experience within the last five (5) years, or a diploma from one of the following programs to be eligible to take the exam: Grant MacEwan Hearing Aid Practitioner Program, George Brown Hearing Instrument Sciences, Conestoga College Hearing Instrument Sciences, Ozarks Technical Community College Hearing Instrument Sciences, Douglas College Hearing Instrument Practitioner Program, or Spokane Falls Community College Hearing Instrument Sciences. NBC-HIS certification is only required for a HAS licensure in Nevada and Utah. NBC-HIS certification is for advanced practice

practitioners and would be an incompatible requirement for those who are seeking to be licensed to begin their careers.

By removing this requirement, NV AB 177 will encourage more individuals to pursue careers as a HAS, addressing workforce shortages and enhancing the overall quality of care.

### **FDA Final Rule Alignment**

IHS appreciates the bill's alignment with the FDA's OTC hearing aid regulations, which maintains a HAS's historical role as hearing aid providers by explicitly authorizing them to prescribe and/or order Class I and II hearing aids, now classified as prescription medical devices under the FDA's October 2022 regulations. Specifically, the inclusion of the phrase 'order the use of' in the statute governing HAS eliminates ambiguity compared to existing terms like 'selling.'

To alleviate confusion, the FDA affirmed in an October 2022 letter to the States that the reclassification of non-OTC hearing aids should not change who is authorized to prescribe or order these hearing aids. The FDA reiterated that “the final rule defining non-OTC hearing aids as prescription devices is not intended to create barriers to accessing hearing aids, including prescription devices. It does not require the involvement of different or additional healthcare providers or examinations upon the effective date.

The following states have updated their statutes to make the changes recommended herein to ensure alignment with the FDA's 2022 regulatory changes:

- Colorado
- Florida
- Illinois
- Kentucky
- Maryland
- Minnesota
- Montana
- North Carolina
- Oregon
- Rhode Island
- South Dakota
- Texas
- Utah
- Virginia
- Wisconsin

### **Education:**

HASs are licensed in accordance with the state's requirements for safe and effective practice and are recognized providers of hearing healthcare – are committed to providing excellent patient care and safety, they achieve this through training in core knowledge and competencies of the field, a strict code of conduct, and adherence to state and federal regulations.

HASs also receive advanced training and professional development, oftentimes in the same classes as audiologists at professional meetings and through other training opportunities offered by a variety of providers like manufacturers and professional associations. HASs are also educated in best practices and standards related to the delivery of hearing examinations, hearing aids, and related services. These standards are tested via the state licensing examinations and reinforced through continuing education.



To become a HAS in Nevada, an individual must also pass the International Hearing Society's International Licensing Examination (ILE) for Hearing Healthcare Professionals is the minimal competency exam used in the licensing process for 43 U.S. states, including Nevada and five Canadian provinces. The competencies tested include but are not limited to:

Conduct Patient/Patient Assessment. Objectives:

- Apply infection control protocols.
- Apply otoscopic inspection protocols.
- Utilize audiometric testing protocols.

Interpret and Apply Assessment Results. Objectives:

- To Interpret and explain audiometric results.
- Determine candidacy for amplification.

Select Hearing Devices. Objectives:

- Select style and type of hearing instruments.
- Select earmold or another acoustic coupler.

Fit and Dispense Hearing Devices. Objectives:

- Utilize protocols to fit hearing instruments and other devices.
- Verify fitting.
- Validate fitting.

Provide Continuing Care. Objectives:

- Implement aural rehabilitation and counseling.
- Apply instrument maintenance and troubleshooting protocols.
- Interpret electroacoustic analysis results.

Additionally, to maintain a hearing instrument dispenser license in Nevada, HASs must complete a minimum of 10 hours of continuing education annually.

## **Hearing Loss, Cerumen, and Tinnitus Data**

Hearing loss can affect a person in several ways, including but not limited to:

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

Hearing loss is not just a concern for older adults. Young people are also at risk of hearing loss. According to the Center for Disease Control (CDC) about 15% of American children aged 6-19 have experienced hearing impairment. Additionally, the NIDCD reports roughly 10% of the U.S. adult population, or about 25 million Americans, has experienced tinnitus lasting at least 5 minutes in the past year. And, according to a 2020 National Center for Biotechnology study, 18.6% of people 12 and older, and 32.4% of people 70 and older, have cerumen impaction and it is common for up to 57% of older people in nursing homes.

According to the most recent data, approximately 14.2% of adults in Nevada report having some level of hearing difficulty.

Focusing on older adults, according to the National Council on Aging (NCA) 2024 statistics, of people aged 65 and older, 31.1% experience hearing loss, while 40.3% of adults aged 75 and older experience hearing loss. Studies also indicate that approximately 28.8 million American adults could significantly benefit from wearing a hearing aid. Furthermore, hearing loss is on the rise in the United States and is expected to almost double by the year 2060.

A January 10, 2023, research paper titled “Hearing Loss and Dementia Prevalence in Older Adults in the US” from Johns Hopkins linked hearing loss to walking problems, falls, and even dementia, with a fivefold increased risk for severe hearing impairment. Additionally, 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. Furthermore, the additional cost and inconvenience of seeing more than one healthcare provider is a potential one of many barriers for some individuals seeking hearing aids. In other words, attaining timely hearing healthcare and removing unnecessary barriers to care is critically important.

In addition, it takes about five years for someone to accept help from the time they suspect they need hearing healthcare services, and someone may opt to forgo care, seek other avenues of care that are not clinically proven, and revert to the beginning of the long acceptance cycle.

### **In Conclusion**

IHS respectfully requests your support of AB 177. This bill is a crucial step toward improving access to quality hearing healthcare for Nevada residents. Nevada residents with hearing loss currently face unnecessary barriers to receiving timely and efficient care. Limitations on HAS’ ability to remove cerumen impeding hearing tests or earmold impressions, and to provide tinnitus care, force patients to wait for appointments with additional providers. This can increase healthcare costs, delay and disrupt care, and limit access to essential services. These limitations disproportionately impact vulnerable populations like rural Nevada residents, seniors, and low-income individuals.

Streamlining safe hearing healthcare in Nevada by clarifying HAS can perform cerumen removal and provide tinnitus care would significantly benefit Nevada residents with hearing loss and tinnitus. This would also free up medical professionals to address complex healthcare needs while HASs continues to provide streamlined, quality, safe hearing healthcare.

Thank you for your consideration. I invite any questions or comments via [cseitz@ihsinfo.org](mailto:cseitz@ihsinfo.org) or 734-522-7200.

Respectfully,



Christine Seitz  
Manager of Government Affairs  
International Hearing Society



February 21, 2025

Nevada State Legislature  
The Honorable Elaine Marzola, Chairman  
The Honorable Sandra Jauregui, Vice Chairman  
Assembly Committee on Commerce and Labor  
401 South Carson Street  
Carson City, Nevada 89701-4747



**RE: AB 177**

**POSITION: OPPOSED, RECOMMENDS AMENDMENTS**

Dear Chairman Marzola, Vice Chairman Jauregui, and Members of the Assembly Committee on Commerce and Labor,

The Academy of Doctors of Audiology (ADA), a leading national organization representing audiologists in Nevada and across the United States, appreciates the opportunity to provide information to inform your position on AB 177. ADA strongly opposes certain provisions contained in AB 177, which if enacted, will authorize hearing instrument specialists (HIS) to perform cerumen management services and tinnitus treatment services, while eliminating licensure requirements, subjecting Nevadans to unnecessary, significant risks of harm. ADA recommends amendments to either remove those ill-thought provisions or to increase training and add supervision requirements in order to preserve the consumer protections that the statute was created to assure.

### **Cerumen Management and Tinnitus Treatment are Complex**

Cerumen management is the removal of earwax from the ear canal that impedes its visualization or that of the tympanic membrane. Cerumen removal requires comprehensive training in the anatomy and physiology of the ear canal, pathologies of the ear, visual inspection techniques, as well as extensive experience in the use of curettes, irrigation equipment, and suctioning equipment. In addition, a deep understanding of infection control procedures is essential. Complications associated with cerumen removal include damage to the external auditory canal, including bleeding, acute otitis externa, pain, dizziness, syncope, tinnitus, tympanic membrane perforation, nausea and vomiting, and even cardiac arrest<sup>1</sup>. Cerumen removal is among the most common procedures to result in otology malpractice complaints, and cerumen removal malpractice complaints are the most likely to lead to payment of the malpractice claim.<sup>2</sup>

Tinnitus, commonly referred to as “ringing in the ears,” is the perception of sound when there is not an external source. Tinnitus carries a complex pathophysiology and is almost always a symptom of an underlying condition such as hearing loss, vascular disorder, tumor, disease, or injury to the head, neck, or inner ear, or a dental or joint problem<sup>3</sup>. Tinnitus can also be a side effect of ototoxic medications including certain antibiotics, chemotherapy, and non-steroidal anti-inflammatory drugs. However, in many cases, an underlying physical cause for tinnitus is not identified<sup>4</sup>. Tinnitus is associated with increased depression,

<sup>1</sup> McCarter, Daniel F. Courtney, A. Ursulla. Pollart, Susan M. Cerumen Impaction. Am Fam Physician. 2007;75 10 :1523-1528. <https://www.aafp.org/pubs/afp/issues/2007/0515/p1523.html>

<sup>2</sup> Blake DM, Svider PF, Carniol ET, Mauro AC, Eloy JA. Malpractice in Otolaryngology. Otolaryngology Head and Neck Surgery. 2013;149 4 :554-561.

<sup>3</sup> Han, B. I., Lee, H. W., Kim, T. Y., Lim, J. S., & Shin, K. S. (2009). Tinnitus: characteristics, causes, mechanisms, and treatments. *Journal of clinical neurology (Seoul, Korea)*, 5(1), 11–19. <https://doi.org/10.3988/jcn.2009.5.1.11>

<sup>4</sup> Swain S.K, Nayak, S., Ravan J.R., Sahu M.C. (2016). Tinnitus and its current treatment—Still an enigma in medicine. *Journal of the Formosan Medical Association*, Volume 115, Issue 3. Pages 139-144. ISSN 0929-6646.

anxiety, and somatic symptom disorder, and patients who seek medical treatment for tinnitus are particularly vulnerable<sup>5</sup>. The evaluation and management of tinnitus requires a multi-faceted, interdisciplinary approach that often includes a physician, audiologist, and psychologist/psychiatrist.

### **HIS Licensure and Training Requirements are Inadequate to Support AB 177**

AB 177 would allow HIS to perform services outside of their current training, education, and expertise, while simultaneously reducing requirements for licensure, by making certification through the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) optional rather than mandatory. If AB 177 is passed as written, it will reduce the minimum statutory requirements for the practice of hearing aid dispensing to merely holding a high school diploma, or its equivalent, and completing some on the job training.

Further, AB 177 contains a provision that would authorize HIS tinnitus training to be governed by the International Hearing Society (IHS), the trade association representing HIS. This provision presents a clear and unmanageable conflict of interest that will undermine transparency, quality, and standardization in care delivery, and serves no legitimate public interest. The IHS-owned [Tinnitus Care Provider Program](#)<sup>6</sup> is nothing more than a glorified correspondence course offered online, for the stated purpose of assisting HIS “Boost Your Competitive Advantage” and “Increase Your Client Base.”

In contrast, audiologists licensed to practice in the State of Nevada who deliver cerumen management and tinnitus treatment services must hold a master’s or doctorate degree. Since 2007, audiologists entering clinical practice and licensed in Nevada and across the United States hold the Doctor of Audiology (Au.D.) degree. Other healthcare providers who independently perform cerumen management and/or tinnitus treatment services in Nevada, such as physicians, physician assistants, psychologists, and advanced practice nurses, also receive extensive post-secondary education and clinical training.

### **Proposed Amendments to Remedy AB 177**

ADA proposes that AB 177 be amended to eliminate provisions and all references that would authorize HIS to perform cerumen removal and tinnitus treatment services. Alternately, provisions should be added to meaningfully require post-secondary training and education from an accredited university as a condition of licensure as an HIS, as well as provisions to require an HIS to be supervised by an audiologist or physician for the performance of tinnitus care or cerumen removal. These amendments will help maintain the consumer protections that the statute is intended to uphold. ADA and its Nevada audiologist members are committed to evidence-based practices in the delivery of hearing and balance health care. Please contact me at [sczuhajewski@audiologist.org](mailto:sczuhajewski@audiologist.org) if you have any questions or if I can assist you in any way.

Thank you,



Stephanie Czuhajewski, MPH, CAE  
Executive Director

<sup>5</sup>Hackenberg, B., Döge, J., O'Brien, K., Bohnert, A., Lackner, K. J., Beutel, M. E., Michal, M., Münzel, T., Wild, P. S., Pfeiffer, N., Schulz, A., Schmidtman, I., Matthias, C., & Bahr, K. (2023). Tinnitus and Its Relation to Depression, Anxiety, and Stress-A Population-Based Cohort Study. *Journal of clinical medicine*, 12(3), 1169. <https://doi.org/10.3390/jcm12031169>

<sup>6</sup> International Hearing Society Tinnitus Care Provider Program webpage: <https://www.ihsinfo.org/professional-development/tcp>. Accessed on February 21, 2025.



11480 Commerce Park Drive tel 800-AAA-2336  
Suite 220 fax 703-790-8631  
Reston, VA 20191 www.audiology.org

March 7, 2025

The Honorable Elaine Marzola  
2920 North Green Valley Parkway  
Suite 219  
Henderson, NV 89014-0407

**Submitted Via Email: [Elaine.Marzola@asm.state.nv.us](mailto:Elaine.Marzola@asm.state.nv.us)**

**RE: Oppose Hearing Instrument Specialists Scope of Practice Expansion**

Dear Chairwoman Marzola,

The American Academy of Audiology appreciates the opportunity to provide our feedback on Assembly Bill 177. The Academy is the largest organization of, by, and for audiologists. We are dedicated to providing quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

On behalf of the Academy, I want to express our strong opposition to AB 177, legislation that would dangerously expand the scope of practice for Hearing Instrument Specialists (HIS). This bill threatens consumer safety by allowing individuals with insufficient education and training to provide services beyond their expertise, increasing the risk of inappropriate treatment and lower-quality hearing healthcare for the citizens of Nevada.

To become a hearing instrument specialist in Nevada, the current requirements raise concerns about the depth of training and expertise in the field. Concerningly, individuals can enter this profession with as little as a high school diploma and a brief Board-approved training program. Even those pursuing an associate's degree in hearing instrument sciences can complete their education in just two years. This is an insufficient training period to prepare for dealing with complex auditory health issues,

In comparison, audiologists are doctoral-level professionals who undergo four years of rigorous postgraduate education. This includes academic education, clinical training, and a required national exam. They are qualified to detect underlying medical conditions; perform cerumen management; and diagnose and treat tinnitus, hyperacusis, vestibular issues, auditory processing disorders, and hearing loss. Audiologists undergo extensive training and work with hundreds of patients before they can obtain a professional license and practice independently.

Expanding the scope of practice for HIS to include invasive and complex procedures—such as cerumen removal or tinnitus management—based solely on the completion of a short-term certificate course - is both inappropriate and unsafe for patients. Cerumen removal requires

straining in the anatomy and physiology of the ear canal, pathologies of the ear, and visual inspection techniques. The procedure requires extensive experience using metal curettes, stainless steel alligator forceps, irrigation equipment, and/or suctioning equipment. Current educational and training requirements for HIS do not typically include cerumen management. Allowing this procedure to be performed by individuals without proper training puts the patient at an increased risk of sustaining harm.

Tinnitus care, in particular, requires extensive clinical knowledge for audiologists in partnership with a patient's physician and mental health professionals. The Mayo Clinic estimates that tinnitus affects about 15% to 20% of Americans and is especially common in older adults<sup>1</sup>. Tinnitus is when a patient experiences ringing or other noises in one or both ears. Tinnitus is usually caused by an underlying condition, such as hearing loss, an ear injury or a problem with the circulatory system. Tinnitus management is a complex balance between audiology testing, counseling, and listening device selection. HIS professionals do not have the requisite training to care for tinnitus patients.

The proposed expansion of the scope of practice for Hearing Instrument Specialists (HIS) in Nevada lacks support from the current education and training standards for these professionals. The expertise required for these specialized services cannot be achieved through short-term education. Allowing HIS to include cerumen management and tinnitus within their scope of practice would not serve the best interests of Nevada's citizens, as it compromises the health, safety, and welfare of individuals seeking assistance with hearing loss. For these reasons, the Academy strongly urges the removal of the language authorizing HIS to perform these services. For further information, please contact Vice President of Government Relations and Policy, Joanne Zurcher, MPP, at [jzurcher@audiology.org](mailto:jzurcher@audiology.org).

Sincerely,



Patricia Gaffney, AuD, MPH

President, American Academy of Audiology

cc: Assemblymember Cecilia Gonzolez

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<sup>1</sup> Mayo Clinic, *Tinnitus - Symptoms and Causes*, Mayo Clinic, August 31, 2023, <https://www.mayoclinic.org/diseases-conditions/tinnitus/symptoms-causes/syc-20350156>.