



State of Nevada

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

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### MINUTES OF PUBLIC MEETING

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

#### Board Meeting

March 26, 2025

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<b>Members Present:</b>	Timothy Hunsaker, Lynee Anderson, Shawn Binn, Jennifer Joy-Cornejo, Branden Murphy, Adrienne Williams
<b>Members Absent:</b>	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, Nanci Campbell, William Fox, Lance Greer, Rhett Hepler, Nancy Kuhles, Kim Reddig, Christine Seitz (IHS), Alicia Spoor, Amanda West

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#### Call to Order, Confirmation of Quorum

Vice Chair Hunsaker called the meeting to order at 4:34pm. A roll call confirmed a quorum was present.

#### Public Comment

Vice Chair Hunsaker introduced the agenda item and read the following instructions for a member of the general public to call in to the meeting and provide public comment, pursuant to NRS 241.023(5):

"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 further advised that public comment would also be taken for each matter in agenda item 4, and advised those with public comment specific to agenda item 4 could provide comment at that time. Vice Chair Hunsaker then called for public comment. Two members of the public indicated that they had public comment to give on agenda item 4 and would wait until those items were reached. There was no other public comment.

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

Vice Chair Hunsaker asked if there were any corrections or revisions to the minutes of the meeting of January 22, 2025 and none were noted. Adrienne Williams made a motion to approve the minutes as written and Shawn Binn seconded the motion, which passed unanimously.

**Consideration of Proposed Amendments to AB177 and Delegation of Future Revisions to Board Chair & Executive Director**

Vice Chair Hunsaker introduced this item and summarized the activity and response to the Board's bill, AB177, as introduced and heard in the Assembly Committee on Commerce & Labor on Monday, February 24, 2025. Several sections within the bill have been met with opposition and are included in this agenda item for the Board to consider public comment and potential amendments to the bill.

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

Vice Chair Hunsaker introduced this item and summarized the opposition to the bill draft, specifically Section 18 which removes the exemption from the chapter for anyone holding the Nevada Department of Education (NDE) endorsement to teach pupils with speech-language disorders. Most of the opposition has centered on NDE's regulation change taking effect October 1, 2026 to require a master's degree to obtain endorsement, but current NDE endorsement holders in the Clark County School District who hold a bachelor's degree and post-baccalaureate training will be allowed to remain in their current roles. These professionals do not currently qualify for a license with this Board, but would be required to obtain an SLP Assistant license from this Board under the current version of Section 18.

Executive Director Pierce directed the Board to two amendment options originally included in this packet, and a third option that was emailed to the Board and posted online two days prior to this meeting. The new, third option retains the exclusion language in Section 18 with a revision to clarify that it would only apply to those not licensed with the Board and holding NDE endorsement issued on or before September 30, 2026. The Clark County Education Association has expressed strong opposition to the current bill, but indicated it would be neutral if the bill is amended using this option. Vice Chair Hunsaker called for discussion and there was consensus among members that the third option would be an appropriate compromise to recognize the intent of NDE's regulation and allow the bill to move forward.

Vice Chair Hunsaker called for public comment on this item and the following public comment was heard, which has been summarized/edited from the Zoom closed captioning transcript:

- *Kim Reddig:* "So I just wanted to state for the record, I was on the subcommittee that collaborated and constructed the language for this assembly bill over six sessions that were open meetings with agendas, minutes approved and posted. What's really hard to kind of swallow as a subcommittee member is that we worked on this language with consistent collaboration with the Board of Examiners from January 2024 through January 2025 when the Board approved the language that's now part of this assembly bill. During that year, with subcommittee members taking feedback, considering different practice setting perspectives, and agreeing on the best language for Nevada, there wasn't a lot of input or involvement from SLPs currently working in Nevada schools. When the Assembly bill was presented, that was a very different story. I'm curious as to why those professionals didn't choose to get involved before. We met for a year. We talked a lot about it. All of that stuff came up at lots of meetings going on. I think what's best for Nevada children is to have qualified speech and language providers, which is speech-language pathologists and SLPAs. Bachelor's providers have been and continue to be filling a gap in Nevada as school-based SLPs. As needs for communication services for children increase, it is more important than ever that we expect these qualified speech and language practitioners to be

providing the services. This may mean that school districts need to consider compensation that meets needs of outside providers, right? As qualified Medicaid health professionals that are eligible for reimbursed services, this should be really important to everybody that we're actual qualified providers and not people that are filling gaps. As the ASHA Co-Seal, something that's been challenging about this situation is that in June 2023, the sunset date was put on the regulation allowing those bachelor's level providers in collaboration with Nevada Department of Education. The last data that was collected by the NSHA Coalition in 2023 showed 50% of the providers in Clark County were bachelor's degree providers, and Washoe County had 10%. Since that regulation changed in 2023, Washoe County is down to close to 4%, but Clark County remains at 50%. So Washoe County has realized that, yes, we have to start hiring these more qualified practitioners and Clark County continues to backfill with those bachelor's level people. It's hard because there's also NSU, which is our new master's level program down in Las Vegas that is turning those bachelor's level people into master's level providers. They are providing the education so that we can meet the gap and meet those needs, in addition to online programs. So there are lots of opportunities for those bachelor's providers to gain their master's degree. It's a little curious to me as to why they're not meeting the same needs. The SLPA license is the next logical step following the sunset of those providers. This targets a shortage area that we all know exists in our state and it ensures that those people that are providing services are qualified, trained, and maintain continuing education related to this field. I think what's challenging about some of those bachelor's providers is they have the same name. And I think that's the last really challenging piece. Is that these people are called SLPs in the school, even though they only have a bachelor's. And so I think that really is my biggest sticking point is that maybe we work with NDE, CCEA, whoever it is, to really designate that those bachelor's level providers are called something different than SLPs because my master's degree really is something different than those bachelor's level providers. Thank you."

- Nancy Kuhles: "Dear Vice Chair Hunsaker and Executive Director Pierce, members of the Nevada Speech-Language Pathology and Hearing Aid Dispensing Board. For the record, my name is Nancy Kuhles. I am a speech-language pathologist licensed by the Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, and I hold the Nevada Department of Education retiree professional license. For the record, I am a member of the Nevada Speech-Language Pathology and Audiology Hearing Aid Dispensing Board SLP Subcommittee, and I worked on AB177. For the record, I'm representing myself and providing this public comment in my role as a practitioner. My public comment addresses agenda item number 4A. I'm in support of AB177 and the following proposed amendments and additions for consideration. Option two, Section 18, as drafted in AB177, and that's item on page 10 of the materials packet that you have. Option three, and this was the additional materials packet Section 9, that includes eligibility clarification for optional assistant license if NDE licensee with a current endorsement issued on or before September 30, 2026 wishes to practice elsewhere as an SLP Assistant. Section 9, item 1B, an addition for the Board to consider. So you have it in blue. I'm going to read B as it currently stands with the blue. And the blue is what was added for this additional piece, right, Jennifer? 'A current endorsement On or before September 30th of 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. And provide speech-language pathology services in accordance with their current licensed professional personnel classification in the public which they are employed.' I would like the Board to consider adding 'a current endorsement 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.' Per the 2022-2020 data collected by the NSHA Coalition to Address Personnel Shortages (and I sent Jennifer the data table and it was attached in that), there were 82 bachelor's level only speech-language therapists working in Nevada school districts and charter schools other than Clark County School District. This addition would allow current

endorsement holders who may not be currently employed by a public school or state charter school the opportunity to pursue and obtain an SLP Assistant license issued by our Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board. Also, I respectfully ask the Board to consider approval of a waiver of the initial application and licensing fees for current NDE license holders who hold an endorsement to teach pupils who have speech and language impairments who wish to pursue and obtain an SLP Assistant license issued by the Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board. I totally understand a timeframe limit on this waiver of this initial application licensing fee would be completely acceptable. Thank you for concerns.”

- *Amanda West:* “Yes, so I am, I'm a CCSD employee. I hold my NDE license and I also have my CCC's. And I'm one of the people that is just admittedly getting more involved in this. There was some confusion I would say with my colleagues in that things were communicated with the NAC through our district that we kind of all thought things were set in stone and then we're all just kind of figuring out all of this. I will say that I will be more involved in the future. My concerns with this, I understand that we have to compromise. I do agree with everyone who has said that we need a differentiation in title. One thing that I will say with that is I'm also a Medicaid supervisor in CCSD, and there are some conflicting things in the ASHA Code of Ethics that make it difficult. Because it's difficult, our bachelor level therapists who I love, I respect, I know we need them. But they have different education levels and they do not answer to a licensing board. So they are not following a code of ethics like we are. Many, and this is not to insult any of them, I have so much respect and we really need them. But then as, and I realize it's a choice for me to be a Medicaid supervisor but it's tough. It's putting me in a tough position. And not even having that differentiation in title is tough. I understand the concern with waiving the fees. I am also one of those people, I am going on nearly 20 years of practice and I'm on the bachelor level pay scale. Most of the people with bachelor degrees in CCSD get paid more than me. So I'm a little mixed on the option of a waiver. I do like that it would maybe provoke people getting it but that that idea of the cost, I'm looking at it and like, wow, we're paying ASHA dues, we're paying for our state license. So those are some concerns I have. And I know I'm getting involved late in the game, but wanted to be here to voice the concerns of myself and some of my colleagues and that is not meant to degrade any of the bachelor level people I work with, but those are my main concerns with or with the having them answer to some kind of code of ethics and differentiation in title.”

There was additional discussion around Ms. Kuhles' suggestion to waive fees, and Executive Director Pierce explained that this idea came up because the original language would require licensure for all NDE endorsement holders. A later agenda item will address another amendment to provide authority for the Board to waive fees. Ms. Kuhles also clarified that any waiver should be time-limited.

Vice Chair Hunsaker called for a motion and Adrienne Williams motioned to approve an amendment to Assembly Bill 177 per the third option presented, which revises license eligibility in Section 9 and retains exclusion from the chapter for NDE-endorsement holders not also holding a Board license in Section 18. Branden Murphy seconded the motion, which passed unanimously.

**b. Cerumen Management in HAS Scope of Practice: Section 15**

Vice Chair Hunsaker introduced this item and summarized the opposition to the bill language as drafted in Section 15 which proposed adding cerumen management to the scope of practice for fitting and dispensing hearing aids/hearing aid specialists. Opposition cited concerns of risk to patients due to hearing aid specialists' minimal education and training in this area, despite the intent to follow the bill with regulations modeled after language used in Tennessee to strictly outline the practice.

Executive Director Pierce directed the Board to the meeting packet which outlined a number of possible amendment options for consideration in addition to any suggested during the meeting. Options included leaving the section as drafted, or amending the bill in any of the following ways: add a reference to planned regulation language that would prescribe the practice; add this language directly into the bill; delete the section from the bill; add a requirement to hold NBC-HIS certification to engage in the practice; or add language requiring supervision by a licensed audiologist or physician to engage in the practice.

Vice Chair Hunsaker called for discussion and Jennifer Joy-Cornejo reiterated her opposition to the matter from an earlier vote, citing safety risks to patients, citing examples of harm caused from the procedure even in medical settings, and disputing access issues for patients. Shawn Binn concurred that the procedures can include many risks even when performed by medical professionals.

Vice Chair Hunsaker called for public comment on this item and the following public comment was heard, which has been summarized/edited from the Zoom closed captioning transcript:

- *Christine Seitz, International Hearing Society:* “My comments were about for B, C, and D, if that's okay. It talks about tinnitus and what have you. I just want to, again, appreciate this opportunity to speak in support of the bill and to speak to agenda items for B, C, and D. The bill is a crucial step towards improving continuity of care and access to quality and safe Caring Health Care for Nevada residents by clarifying key issues of cerumen removal and tinnitus care within an HAS scope of practice. And removing barriers to entry into the field. We applaud the Board for being at the forefront of providing continuous safe hearing health care by joining Wisconsin and South Dakota, who recently authorized the removal, as well as Tennessee and North Carolina. And North Carolina does have tinnitus language in their statute. HAS’ adhere to high standards and support rigorous education requirements to ensure they provide safe and effective care. Now, without the ability to remove cerumen, HAS’ are impeded in their scope of practice and their ability to effectively and efficiently serve the citizens of Nevada. Cerumen typically found in the outer ear of the internal ear canal can block the receiver of a hearing aid, leading to diminished amplification, reduced sound quality, unwanted feedback, or even resulting in failure of the hearing aid itself. Additionally, cerumen can cause moisture damage to the internal components of the hearing aid, compromising their longevity. And it can also interfere with the hearing exams by blocking the ear canal and it can also obstruct the creation of the proper ear mold impression which are essential for comfortable and effective hearing aids that fit correctly. Hearing aid specialists are 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, particularly when the condition is related to hearing loss. Many individuals with tinnitus also experience some degree of hearing loss and noise induced hearing loss. A well-trained hearing aid specialist should be able to perform extended high frequency audiometric along with audio acoustic emissions tests to identify cochlear damage, which is often the cause of subjective tinnitus. Hearing aid specialists play a critical role in identifying managing tinnitus within the broader hearing healthcare team. It's not in the patient's best interest to prohibit a licensed HAS from just discussing and treating tinnitus. And the correlation between it and hearing loss and cognitive difficulties. It's widely accepted that HAS’ can perform evaluations or measurement of the powers, a range of human hearing, and based on the evaluation recommendations select hearing aids to improve hearing ability. If an HAS is authorized to assess the hearing loss, conduct tests to determine its nature and degree, and recommend and fit hearing aids and adjust them, then it seems to be maybe contradictory and unnecessarily to restrict or prevent them from offering tinnitus treatment devices. Restrictions and barriers to the ability of tentative treatment devices hamper their ability to serve the patients effectively, given they already, again, like I said, select and adopt hearing aids.

The restrictions are unsupported by evidence and would unjustifiably prevent individuals with tinnitus and hearing loss from maintaining the relief that they seek. Many people with hearing loss are reluctant to seek help and imposing a medically unsupported obstacle the treatment contradicts the public interest. In both cerumen and complex tinnitus care, the hearing aid specialists are trained to refer if they encounter issues beyond their scope of practice. They are trained to refer their patient to an ENT as soon as possible. And clarifying that they can remove cerumen and tinnitus, again, will streamline the care process and the hearing aid delivery system., free up valuable time for primary care physicians and ENTs and what have you. So one of the concerns that is usually brought up on this issue is education and the requirements to become an HAS and that is to receive a passing score on the written and practical exams. The ILE is developed and tested regularly with cytometric practices continuously updating it and reviewing it. The practical exam is hands-on with stations for them to learn. Again, we just wanted to respectfully thank you for your support, and we are comfortable with the amendment options in four and six. And that just concludes it. And I am thankful again for being here and am happy to answer any questions.”

- *Nanci Campbell, AUD:* “I just want to thank the Board for letting me speak. I wanted to disclose that I am an audiologist practicing in Nevada. And I also am a former member of the Nevada Advisory Committee on fitting and dispensing hearing aids and I currently still proctor exams for candidates for licensure. I'm also speaking on behalf of the Academy of Doctors of Audiology. And I'd like to just give this statement, if it's all right with you guys. The ADA and its member audiologists strongly oppose provisions within AB 177 that would authorize hearing instrument specialists to perform cerumen management and tinnitus treatment services while simultaneously reducing the licensure requirements. It also ties their training to tinnitus to an online program owned and operated by the International Hearing Society posing an unmanageable conflict of interest that decimates consumer protections. These provisions, if enacted, pose significant risks to public health and safety by allowing individuals without appropriate training, education, and expertise to perform complex medical procedures. I think enough has been said about the cerumen management, so I'm going to skip over that part again. I feel like the dangers are obvious and that I'm not going to duplicate stating what everyone else has about that. I feel like the tinnitus can be a symptom of other medical conditions such as tumors, vascular disorders, medication side effects, and the evaluation and management of this really requires a multidisciplinary approach involving physicians, audiologists, and mental health professionals. Patients that have tinnitus are particularly vulnerable because this condition is frequently associated with depression, other mental health conditions, anxiety, and unremitting tinnitus is known to have resulted in suicide. Allowing hearing instrument specialists to perform both of these services independently without the extensive post-secondary education and clinical training commensurate with audiologists, physicians, and other healthcare providers would lower the standard of care and would increase risks to Nevada's residents. Moreover, AB177's proposal to make the certification by the NBC-IHS optional further erodes critical consumer protections, even for existing services. A high school diploma, limited on-the-job training, and online correspondence training program are not sufficient training to deliver complex audiologic services. And these provisions are really incongruent with the consumer protections that the statute is supposed to uphold. The ADA respectfully recommends that AB177 be amended to remove these provisions authorizing hearing instrument specialists to perform cerumen management and tinnitus treatment. Alternatively, at a minimum, the bill should require hearing instrument specialists to complete at least two years of post-secondary education in hearing sciences from an accredited institution and work under the supervision of an audiologist or physician when performing these services. In closing, we urge the Board to consider the public safety implications of AB177 and to adopt and promote amendments that preserve essential consumer protections. The Academy of

Doctors of Audiology remains committed to working with you and our Nevada members to ensure that evidence-based, high-quality hearing and balanced health care remains accessible and safe for all Nevadans. Thank you for your time and your consideration.”

- *Alicia Spoor, AUD:* “For the record, my name is Alicia Spore. I'm actually a practicing audiologist and the legislative chair of the Maryland Academy of Audiology. So I appreciate the time that you're allowing because as you know, when one state changes something, it can create a trickle effect in other states. So I wanted to bring a couple issues to light, both that I've heard today as well as that we've seen around the country. It's interesting that you're talking about how medical assistants who are often responsible by a medical provider, a physician of some kind are not doing well with cerumen removal and that in the state of Maryland, the hearing aid dispensers have relatively equal education and training as those medical assistants, which I feel like I've heard some board members say you would not want people to clean their ears. In contrast, in the state of Maryland a hearing aid dispenser must have an accredited two-year post-secondary program from a college or university in the United States whose program has been accredited by a national accrediting association recognized by the Council for Higher Education Accreditation or the United States Department of Education. So we have worked very hard to remove any type of secular type of training or education on the job training from a national association. We want to make sure that there is kind of a more similar embedded process from a third party system. The Board, because this question is very similar to what has happened in Nevada in the last three years, the Board had been asked back in 2015-2016 about hearing aid specialists, who again, have an associate's degree in the state of Maryland as to whether or not they could do certain tasks. And the Board and council clearly stated that hearing aid dispensers cannot test pediatric patients, work with prescription hearing aids with pediatric patients, do tinnitus testing, evaluation, counseling, management, device fitting, troubleshooting, programming, follow-up oral rehabilitation or rehabilitation of adults or children, admittance testing (which is a middle ear system, not a cochlear damage system, but a middle ear system) a cochlear implant evaluation, remove cerumen from the external auditory canal, or remove a foreign body from an external auditory canal. And again, these are people who have one of the highest levels of education in the country for those hearing aid dispensers. I would like to kind of give an analogy, which I've given to the Department of Labor. The audiology practice act, at least in Maryland, does not say that I cannot do pressure equalization tube surgery. I've been trained in it. I've had some clinical experience watching my ENT colleagues do it. But if I'm not doing that type of procedure as an apprentice when I was a clinical student. How am I going to know how to do that when I'm licensed? So if the Board doesn't say that I cannot do it, does that mean audiologists can remove that barrier of sending a patient to the ENT to have pressure equalization tubes in when they're doing the diagnostic admittance testing and noting that there is fluid behind the ear? It is a different level of analogy, but it is the same type of analogy. Clinical doctor to medical degree. Hearing aid dispensing certification to a clinical type of doctor or physician assistant or physician doing cerumen and tinnitus management. Last but not least, I'd like to point out that when we talk about lack of providers and this was a very big issue, both in Nebraska last year as well as some other states. I would strongly encourage you to look at a heat map because I hear what you're saying about wanting more providers and we all know there's a healthcare crisis in terms of providers. But as a Board, the safety of your public is more important than how many healthcare providers you have. That being said, when Nebraska was going through this last year and they pulled out a heat map, all of the hearing aid dispensers were in the same area as those audiologists. I don't know Nevada as well, but I would strongly encourage you to look at that to make sure that those patients are getting the services in those rural areas. And this just isn't allowing somebody to do something that they're not trained clinically or didactically for. So thank you for your time and allowing me to attend.

- *Lance Greer:* "I'm a practicing audiologist in Southern Nevada and rural Southern Nevada, part of Clark County but still considered rural, but nonetheless I don't know that I could have stated anything better than Dr. Spoor and the others regarding negative opinion regarding this bill. I guess the one thing that I would like to add that maybe hasn't been touched on is the fact that I'm troubled on behalf of my patients who are consumers. That number one, this program, so to speak, that they're being credentialed through IHS presents a conflict of interest in my opinion but as you click on the website program overview, which is right on their website in terms of what this program is going to do, it gives an "about the program" with three bullet points. The three bullet points are, 'boost your competitive advantage', 'grow your client base', and of course, the third, which I mean, which I appreciate, 'advance your education'. I mean we all appreciate advancing our education but two-thirds of the objectives seems to be a monetary reason. I mean, I've been practicing in the state of Nevada for 25 years and it's just you kind of see these things come and go. And even though it's well intended you get with IHS, whose sole, I don't want to say sole, but a majority of their income comes from hearing aid sales it's an effort to legitimize their marketing to just solely drive hearing aid sales without regard to the perhaps the public interest and perhaps their lack of knowledge. Again, is what's been stated in having apprenticed and done it right through a two-year program or whatever, and I'll just kind of conclude with this. Again, just this last week, I saw a patient who I had seen originally last July, who had come in having asymmetric hearing loss and speech discrimination on the worse side was a little bit suppressed. At the time I had recommended that she go in and get an MRI. As I've thought about this whole issue, I guess I just wonder, would an HAS whose sole source of income is through a hearing aid sale versus being able to bill an insurance to at least maybe recoup a little bit for their time, how many would have been swayed to just said, well, this is just one of those little anomalies and had pushed forward to fit the hearing aid I mean, who knows what the answer to that is but I've reflected on it. Anyway, in my case, I referred her back to her doctor, recommended MRI, she didn't end up following through immediately, but she then eventually began to notice some changes. She came back in, like I said, last week with her MRI results, which again clearly showed a space occupying mass. I retested her hearing again just this last week and what had been maybe a 35 or 40% drop in hearing was now completely gone. So I guess I just, you know, again, I mean, I can appreciate the access to care, to health care because of the lack of numbers. But to me, that's not the sole basis that this decision should be on. I mean, it's to the safety and care of the patients of the state. So anyway, I appreciate the time to at least voice my opposition to the bill. If there were provisions like what has been mentioned, a two-year university degree, apprenticeship, doing these things under a practicing audiologist and/or an Ear Nose and Throat group or a medical professional that can render that training, that speaks to a different story. But I think by just opening it up to any willy nilly HAS practitioner with just a degree that's not a degree, but just an online course provided by the organization that's, you know, that's kind of got their backs to me is short-sighted. So thank you.

Board members weighed in with the options they would be comfortable approving, with most citing amending the bill to remove the practice altogether as their first choice, or requiring the supervision of a licensed audiologist or physician or NBC-HIS certification as alternate choices.

Vice Chair Hunsaker noted that another licensed audiologist was on the call but had not spoken and asked & allowed additional public comment:

- *Rhett Hepler:* "I just kind of feel like I mean, as audiologists, we've gone to school and got our degrees, and why should we allow the hearing aid dispensers to widen their scope of practice when they haven't paid the price get their education, get trained on how to do it? And I just, I kind of feel like at that point, why should we even get our AUD degree? I mean, you can do basically everything else the



audiologist can do, like why not make them sacrifice, go to school, get the degree, and get trained. And to protect the patient, you know? That's my opinion. That's all I have to say."

Vice Chair Hunsaker called for a motion and Jennifer Joy-Cornejo motioned to approve an amendment to Assembly Bill 177 per the second option presented, which would delete cerumen management from the scope of practice for fitting & dispensing hearing aids as originally drafted in section 15 of AB 177.

Adrienne Williams seconded the motion, which passed, but not unanimously, as Timothy Hunsaker and Lynee Anderson voted against.

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

Vice Chair Hunsaker introduced the item and noted that the discussion in the last agenda item regarding cerumen management included references to similar concerns regarding tinnitus care. Vice Chair Hunsaker called for discussion and public comment and there was none.

Vice Chair Hunsaker called for a motion, and Shawn Binn motioned to approve an amendment to Assembly Bill 177 to delete tinnitus care from the scope of practice for fitting & dispensing hearing aids as originally drafted in sections 15 and 11 of AB 177. Jennifer Joy-Cornejo seconded the motion, which passed unanimously.

**d. NBC-HIS Removal from HAS Licensing Requirements: Sections 24 & 25**

Vice Chair Hunsaker introduced the item and called for discussion. Lynee Anderson noted that HAS applicants already must pass both written and practical dispensing examinations, and the examination required to earn NBC-HIS certification is redundant in many ways. Vice Chair Hunsaker called for public comment and there was none.

Vice Chair Hunsaker made a motion to retain sections 24 and 25 as originally drafted in AB177 to remove the requirement for a HAS applicant to hold certification from NBC-HIS. Jennifer Joy-Cornejo seconded the motion, which passed unanimously.

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

Vice Chair Hunsaker introduced the item, and Executive Director Pierce explained the proposed amendments, including revision to allow a 50% military discount on initial application & licensing fees for any applicant, including a Gold Star family member, rather than just those applying for Expedited License by Endorsement pursuant to NRS 637B.203 which is limited to standard audiology & speech-language pathology licenses. The proposed revision also provides authority for the Board to waive all or part of a licensing or examination fee. Ms. Pierce reminded the Board of the earlier discussion regarding fees for NDE staff who may wish to seek obtain an SLP Assistant license, and stated that future meeting agenda items may include consideration for this, as well as revisions to the actual fees charged in NAC 637B, which 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.

Vice Chair Hunsaker made a motion to approve an amendment to Assembly Bill 177 to incorporate revisions to this section to expand the military discount to any military-affiliated applicant or Gold Star Family member, and add authority for the Board to waive fees. Adrienne Williams seconded the motion, which passed unanimously.

**f. Delegation to Approve Future Revisions to AB177 to Board Chair & Executive Director**

Vice Chair Hunsaker introduced the item noting that as the legislative session progresses, additional amendments to AB 177 may be proposed and rather than calling a formal Board meeting, the Board

*FINAL - Minutes approved at the April 22, 2025 Board Meeting.*

may delegate authority to himself and Executive Director Pierce to approve these. Vice Chair Hunsaker and Ms. Pierce clarified that this would only apply to minor changes or language revisions, but not amendments that would conflict with the Board's prior actions, which would be brought back to the whole Board. Discussion resulted in consensus that members were comfortable with delegating this authority, and Vice Chair Hunsaker called for a motion. Branden Murphy made a motion to delegate authority to approve future minor amendments to Assembly Bill 177, and Shawn Binn seconded the motion, which passed unanimously.

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

Executive Director Pierce directed the Board to the list of tracked legislation that may impact the Bill if passed. There was no discussion and no action was taken.

**Reports from Board Chair and Board Members**

There were no reports from the Board Chair or members. Executive Director Pierce summarized the plan for the April 22, 2025 Board Meeting and visit by the Board to the Legislature in Carson City the following day, and advised that more information would be sent out in advance of that meeting.

**Public Comment**

There was no public comment.

**Adjournment**

Vice Chair Hunsaker adjourned the meeting at 6:38pm.