

House Health & Insurance
 02/16/2022 01:30 PM
 HB22-1076 Telehealth For Hearing Aid Providers
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
William DeHaan Against Self	<p>I have been fitting hearing aids in the state of Colorado for over 20 years and I am against this proposed amendment which would eliminate the need for any in-person experience. Otoscopy is a critical part of a hearing evaluation to rule out any number of underlying conditions including cerumen (wax) impaction, an ear infection, a perforated ear drum, or bulging or retraction of the ear drum. None of the above could be discovered via telehealth. In addition, eliminating an in-person experience would allow anyone, anywhere to dispense hearing instruments with zero accountability to the State of Colorado or the consumer.</p>
Nonean Price Against Colorado Hearing Society	<p>I am the Executive Director of the Colorado Hearing Society. I retired in 2015 after working in this profession for 33 years. During my years as a Hearing Aid Provider, one of our main concerns was the health and safety of our clients. I am concerned that medical conditions can easily be missed when there is not in-person contact, at least on one occasion. It is our responsibility to ensure that there are no medical "red flags" before our client is fitted with hearing aids. I don't believe this can be effectively accomplished without an in-person consultation. Although this process is touted as easier access to hearing aids, that is incorrect, as hearing aids are available and accessible in many places, such as over the counter and online. This is about profits, not the proper and appropriate care of our clients. I oppose this amendment. Thank you.</p>
Stephanie Womeldorf Against Self	<p>I am very against 100% telehealth for Hearing Aid Providers because 100% remote healthcare leaves too much room for error when testing a person with hearing loss and fitting them with hearing aids. Some hearing losses can be caused by a life threatening tumor within the ear. For the elderly, this 100% remote healthcare may completely deter them from treating their hearing loss because they will be 100% reliant on bluetooth connection and WiFi, these terms overwhelm most elderly customers. By seeing a customer in person, we are able to physically hook them up to speech testing equipment to ensure the best fit of a hearing aid, able to see if they have earwax blocking the hearing aid, and to keep their hearing test up to date yearly. I believe those wanting 100% remote healthcare want to drive down the cost of hearing aids by decreasing the overall quality of hearing healthcare.</p>
Ariel Kavanagh Against Self	<p>To Whom It May Concern,</p> <p>I am here to express the concern of hearing health care being available via telehealth and remote care services. It is imperative to the success of the client that their hearing health care remains in person to assure a proper physical fit, a proper programming fit, and an overall successful adaptation to the hearing devices from the client. We also have a duty as</p>

	<p>providers to monitor the overall ear health of the client and the risk associated with issues being overlooked due to not being seen in a clinic by a provider is enormous. Lastly, senior citizens in general benefit greatly from the social aspect of in office interactions. Please take into consideration that placing the hurdle of overcoming technology barriers between these clients and their providers could be detrimental to receiving the care they need on a regular basis.</p> <p>Thank you.</p>
<p>Linda Cooper Against Self</p>	<p>o whom it may concern,</p> <p>I had a patient in my office who's otoscopy revealed that something was blocking the left TM. I assumed it was cerumen and didn't perform a test on her that day. She worked on getting the cerumen out at home with ear wax removal drops and water. Came back four days later and reports that she had done the cleaning ritual every day since I saw her last. Otoscopy of the left ear canal was showing the TM still block but with something that now was white instead of the color of ear wax. Performed a Video otoscopy (stronger magnification) which revealed the object appearing to fibrous material, like a cotton swab, stuck in the canal. Asked her to go see her Doctor to have the object removed. She returned three days later and reported that is was in fact a tip of a cotton swab that had come off in her ear and the nurse had a heck of a time getting it out.</p> <p>It took me four times all together to make sure the ear canal was fit for testing alone, not to mention a fitting of a hearing device. At first the cotton swab was covered with cerumen so, it looked like it was just wax in the canal. But further investigation and taking the time to make sure the patients ear health is in good condition, we found it to be something else altogether. This cannot be done by telecommunication. It's hard enough to see what you're looking at with a physical otoscopy, that you worked hard to get certified to even do, than to have a patient perform this task on their own and it be determined through a computer what is going on. I have video otoscopy in my office, I know they can be glitchy even with a top of the line instrument.</p> <p>This is just one case. I have found infections, domes for hearing aids and objects that appear to be tumors in the canals of numerous patient that I have had to referrer to a physician for review. This would have all been missed or not taken care of properly if, myself, or any hearing care provider wasn't physically there to provide counsel.</p>