



**Testimony presented by Samuel N. Bittel, Au.D., FAAA  
Special Committee on Organization of Public Health Boards  
December 14, 2016**

December 11, 2016

Dear Chairman Hawkins and Members of the Committee:

I am an audiologist in the state of Kansas and I have been in private practice since 2008. I currently hold two distinct state licenses, an audiology license through the Kansas Department of Aging and Disability Services (KDADS), and a hearing aid dispensing license through the Kansas Board of Hearing Aid Examiners (KBHAE).

Audiology is the science of preventing, identifying, diagnosing, and managing hearing, balance, and auditory disorders. The primary means an audiologist utilizes to treat hearing loss is through amplification (hearing aids). The field of audiology is intimately tied to dispensing hearing aids, which is reflected in our extensive academic training. The minimum educational requirement for an entering audiologist in the state of Kansas is a doctoral degree. Of note, audiologists are not the only individuals allowed to dispense hearing aids under Kansas state law. Hearing Instrument Specialists (HIS) singularly dispense amplification, but do not practice the other aspects of audiology, so do not have a college degree requirement.

As an audiologist in Kansas, I am currently required to hold two distinct licenses, an audiology license (under KDADS) and a hearing aid dispensing license (under KBHAE). As such, I am familiar with both licenses and boards. I am well aware that the state of Kansas is seeking to reduce governmental redundancy, bloat, and unneeded expenditures. As a professional and dedicated audiologist, I am concerned with upholding high standards for my profession and the patients we serve. I believe that both objectives can be achieved concurrently through the move of the KBHAE under the umbrella of a larger agency, KDADS. I believe this move is beneficial for a number of reasons.

**Greater consumer protection:**

KBHAE does not currently have oversight from a larger umbrella state agency. I believe this oversight is crucial for protecting individuals with hearing loss in Kansas. A board should be held accountable for its actions and not have the appearance of being self serving. This can only be achieved through direct oversight. Conversely, the current audiology board is overseen by KDADS. KDADS is an umbrella agency that oversees a number of boards. The importance of oversight was recently shown in the case *North Carolina State Board of Dental Examiners vs FTC*. The Supreme Court ruled that in order for a state agency to have antitrust immunity, a state agency must be *actively* supervised by the state if, "a controlling number of its decisionmakers are active market participants in the occupation the board regulates." It appears that KBHAE can only have active supervision if placed under an umbrella agency (KDADS).

If a consumer complaint is brought against a Kansas audiologist, there is a real concern that punitive implications (loss or suspension of license, etc), will only occur through one of the two boards. That would allow a violating audiologist to only lose a single license, while maintaining the second. An offending audiologist could continue to dispense hearing aids without an audiology license, or practice audiology without a dispensing license. The two boards are distinct and complaints are typically only brought in front of one board. Additionally, consumers are presented with a confusing choice when trying to file a complaint. If the audiology board and hearing aid dispensing board were both housed within KDADS, these factors would be minimized.

### **Efficiency**

All licensed state audiologists have oversight through KDADS. All hearing aid dispensing audiologists (the vast majority) have oversight through both KDADS and KBHAE. If the regulation and oversight of hearing aid dispensing were moved under KDADS, it would allow one agency to complete what is currently being done by two. This would be a simple and straightforward way to reduce state redundancy, bloat, and cost. As audiologists are already overseen by KDADS, this move would only involve moving hearing instrument specialists under the same agency. You would provide identical (and often more comprehensive) oversight with one less board.

### **Cost**

KDADS and the audiology board (specifically) have a dedicated professional staff. With a move under KDADS, the KBHAE salary line for an executive director could be eliminated. The infrastructure already exists under KDADS. Yearly professional dues for KBHAE are almost twice of those for an audiology license under KDADS, which exemplifies the cost inefficiency of a stand-alone state agency.

In summary, it appears that greater consumer protection can be provided with greater efficiency and less cost through a move of the KBHAE under an umbrella agency- KDADS. Bringing both the audiology and hearing aid dispensing boards under a common state agency (KDADS) will minimize redundancy and bloat, while ensuring appropriate oversight. KDADS is already providing this sort of oversight for audiology, so this move appears fairly straightforward.

If you have any questions, please feel free to contact me directly at [sam.bittel@gmail.com](mailto:sam.bittel@gmail.com) or 816-977-1649.

Sincerely,



Samuel N. Bittel, Au.D., FAAA  
Audiologist