

ASSEMBLY HEALTH & WELFARE COMMITTEE MINUTES

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DATE: March 12, 1975

MEMBERS PRESENT: CHAIRMAN BENNETT
VICE-CHAIRMAN CHRISTENSEN
MR. CRADDOCK
MRS. FORD
MR. LOWMAN
MR. MURPHY
MR. MANN
MR. VERGIELS
MR. BARENGO

MEMBERS ABSENT: NONE

GUESTS: See Attached Guest Register.

Chairman Bennett called the meeting to order at 3:15 p.m. for the purpose of hearing SB-138 and AB-223.

Mr. Bill Isaeff, Deputy Attorney General, appeared in behalf of SB-138 at the request of William Morris, President of the Board of Hearing Aid Specialists.

They are requesting this bill as a result of the experience they have had in the past two years since the Board was established. Section 1 is requested since the last legislature neglected to give the Board injunctive relief and it is necessary in some cases.

Section 2 was requested by the Legislative auditor to make deposit procedures consistent with all other Boards.

Section 4 allows the fees to be doubled at the discretion of the Board. They have to live off the fees they receive and there are no general funds allocated. They find this increase necessary since it is such a small Board.

Section 5 is very important since it gives the Board more flexibility when it comes to disciplining a licensee.

Keith Henriksen, representing the Hearing Aid Dealers, said they endorse the bill 100%.

Robert Dimmick, Audit Division, Legislative Counsel Bureau, explained the sections of the bill they had requested as a result of an audit.

Exhibits
AB-223 was discussed next. Assemblyman Sena stated he was one of the sponsors of the bill but would like to have it presented by Marilyn Costa, President-Elect of the Nevada Speech and Hearing Association.

Ms. Costa stated the Speech and Hearing Association had presented this bill in order to assure the people of Nevada quality care. Sixteen states have passed this legislation, and tennare now attempting to obtain it. She read and explained the amendments the Association is requesting. A copy of such requested amendments is attached to these Minutes.

Mr. Lowman asked how much more the audiologists would be charging the public if this bill were passed as there were a lot of things in the bill that would cost money and this was usually passed on to the consumer. Ms. Costa said she was unable to answer this question since she had made no research. Mrs. Ford inquired as to how many people now doing this work would not be eligible if the bill passed. Ms. Costa knew of none and said the problem would be in the future, not at present.

Mr. Mann asked if they would accept an amendment that would grandfather in all people who had been doing the work for four or five years. Ms. Costa did not wish to answer that question.

Ernest Newton, Director of Nevada Taxpayers Association, spoke in behalf of the bill. It is a fine example of an effort on the part of a profession to provide consumer confidence in the type of service being offered for sale. People who hold themselves out as competent in a certain field should be truly competent, and this bill would guarantee they were qualified. He referred to Mr. Lowman's previous question and said he doubted there would be any increase in cost for services by competent people. It would only prevent incompetent people from charging at all since they could not practice.

In answer to a question from Mr. Craddock, Mr. Newton said he did feel the Board should be required to set a reasonable time in which a person could be heard if there was a complaint filed against him.

In answer to Mr. Mann's question about grandfathering in people who are presently practicing, Mr. Newton said he would reject any proposal to automatically grandfather anyone just because he had been holding himself out as a speech pathologist for a period of year. However, he would have no objection to a provision that a person who had been practicing would be given a period of two years to demonstrate his competency.

Dan Sparkman, Easter Seal Society, appeared in opposition to the bill. He has been a speech therapist in Nevada for 5-1/2 years. 95% of the speech therapists are in schools, and if they are required to have a Master's Degree they would demand more money and thus cost the taxpayers more. There are not enough therapists in the schools now and this requirement would make even less.

The Elks did have a program in the counties, and Mr. Sparkman worked out there 3-1/2 years. He knows the problems there and only two counties have hired therapists. The other counties cannot hire therapists at a Bachelor Degree level, so they certainly couldn't at the Master level. 156

Judith A. Inskip, Doctor's Wives of Washoe County, described the free hearing screening program for four year old children in that county. They feel if AB-223 passes their program will be in jeopardy and children deprived of the opportunity for this free screening. A copy of Mrs. Inskip's statement is attached hereto.

The next proponent of the bill was Vincent Knauf, associated with the University of Nevada, Reno, and also in private practice part time. He was first audiologist in State of Nevada. He reviewed the background of the bill and its importance to the profession. The standards of their organization are determined by the American Speech and Hearing Association, and the requirements of this bill are the minimum recommended by them.

The speech pathologists and audiologists must be recognized as professional people not only by the client but also by the Federal Government because more and more services are going to be paid for by third parties, Federal and State agencies. In order for their profession to be recognized by the Federal Government they will have to be licensed. Mr. Mann questioned this last statement and Mr. Knauf said they have no statement from the Federal Government that they cannot receive third party payments now, but as the programs progress the speech pathologists and audiologists will have to be included in the legislation by name to receive such payments. Mr. Mann said this was the witness's assumption that third party claims would not be paid.

Mr. Knauf said he would like to go on record as being unalterably in favor of the principle of licensure. However, he thought there were certain problems in the bill and made numerous suggestions for changes and amendments.

Dr. Richard J. Cavell, physician from Reno, appeared in opposition to the bill. He says it would work a great hardship on the surgeons who use nurses and assistants in the office to give preliminary hearing tests or other tests under the physician's direction. If the bill passes, he would request an exclusion of doctor's nurses and assistants.

Doctor George M. Hemmeter, Las Vegas, specializing in otolaryngology, also opposed the bill. Copies of Dr. Hemmeter's statement, suggested changes, and a list of the bill's flaws are attached hereto.

Bernard A. Anderson, Speech and Hearing specialist, University of Nevada, appeared in support of the bill. He spoke of the 16,000 to 20,000 members of the American Speech and Hearing Association, their background, their invitation to join the American Medical Association, etc.

Mr. Anderson also stated that only a small percentage of their case load is medically oriented. The list of criteria set up in AB-223 is accepted internationally. They have worked long and hard to recognize the boundaries of their profession, and work closely with medical field, and have earned their respect. 157

Mrs. Ford explained that the Committee was not questioning the ability or profession of audiologists, but was merely trying to find out if this bill was needed at this time.

Ruby Duncan, Clark County Welfare Rights Agency, was against the bill because she thought a lot of poor children would be deprived of screening programs now in effect at no charge.

Dr. Curt Weiss, University of Nevada, feels this bill should be supported to protect the rights of the consumer. Some of the recommendations previously made should be incorporated, like the size of the Board. The training they are providing at the University of Nevada corresponds with the kinds of training outlined in this bill. He thinks the bill will protect the consumer, raise standards, and be compatible with the other states that now have licensing boards.

The witnesses were excused, and the Committee took the following action. (See Legislation action sheets attached for detail)

SB-138: Mr. Lowman moved Do Pass, seconded by Mr. Barengo, unanimously passed.

AB-223: Mr. Barengo moved Indefinitely Postpone, Mr. Lowman seconded. Yes vote: 6, No Votes: 3. Indefinitely postponed.

AB-236: Amend and do pass motion by Mr. Mann, second by Mr. Barengo. Yes votes: 5, No. Votes: 2. Amended and passed.

The meeting adjourned at 5:15 p.m.

Respectfully submitted,

Jane Dunne, Secretary

AGENDA FOR COMMITTEE ON HEALTH & WELFARE

Date March 12, 1975 Time 3:00 p.m. Room 240

Bills or Resolutions
to be considered

Subject

Counsel
requested**Agenda
continued*
AB-223Provides for licensing and regulation of
speech pathologists and audiologists.*Passed*
SB-138Increases fees and amends disciplinary
powers of board of hearing aid specialists.

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE March 12, 1975

SUBJECT AB-223

MOTION: _____

Do Pass ___ Amend ___ Indefinitely Postpone xx Reconsider ___

Moved By Mr. Barengo Seconded By Mr. Lowman

AMENDMENT _____

Moved By _____ Seconded By _____

AMENDMENT _____

Moved By _____ Seconded By _____

VOTE:	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<u>x</u>	—	—	—	—	—
Christensen	—	<u>x</u>	—	—	—	—
Barengo	<u>x</u>	—	—	—	—	—
Craddock	—	<u>x</u>	—	—	—	—
Mann	<u>x</u>	—	—	—	—	—
Murphy	<u>x</u>	—	—	—	—	—
Vergiels	—	<u>x</u>	—	—	—	—
Ford	<u>x</u>	—	—	—	—	—
Lowman	<u>x</u>	—	—	—	—	—

TALLY: 6 . 3

Original Motion: Passed x Defeated ___ Withdrawn ___
Amended & Passed _____ Amended & Defeated _____
Amended & Passed _____ Amended & Defeated _____

Attach to Minutes March 12, 1975
Date

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE March 12, 1975

SUBJECT SB-138

MOTION: _____

Do Pass Amend _____ Indefinitely Postpone _____ Reconsiderer _____

Moved By Mr. Lowman Seconded By Mr. Barengo

AMENDMENT _____

Moved By _____ Seconded By _____

AMENDMENT _____

Moved By _____ Seconded By _____

VOTE:	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Christensen	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Barengo	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Craddock	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Mann	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Murphy	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Vergiels	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Ford	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____
Lowman	<input checked="" type="checkbox"/>	_____	_____	_____	_____	_____

TALLY: 9 , 0

Original Motion: Passed Defeated _____ Withdrawn _____

Amended & Passed _____ Amended & Defeated _____

Amended & Passed _____ Amended & Defeated _____

Attach to Minutes March 12, 1975
Date

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE March 12, 1975

SUBJECT AB-236

MOTION: Amend and Do Pass

Do Pass Amend Indefinitely Postpone Reconsider

Moved By Mr. Mann Seconded By Mr. Barengo

AMENDMENT _____

Moved By _____ Seconded By _____

AMENDMENT _____

Moved By _____ Seconded By _____

VOTE:	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<u>x</u>	—	—	—	—	—
Christensen	<u>x</u>	—	—	—	—	—
Barengo	<u>x</u>	—	—	—	—	—
Craddock	—	<u>x</u>	—	—	—	—
Mann	<u>x</u>	—	—	—	—	—
Murphy	<u>x</u>	—	—	—	—	—
Vergiels	<u>x</u>	—	—	—	—	—
Ford	<u>x</u>	—	—	—	—	—
Lowman	—	<u>x</u>	—	—	—	—

TALLY: 7 2

Original Motion: Passed x Defeated Withdrawn

Amended & Passed Amended & Defeated

Amended & Passed Amended & Defeated

Attach to Minutes March 12, 1975
Date

Doctor's Wives of Washoe County has been conducting a free hearing screening program for four year old children in that county for the past six years.

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The purpose of the program is to aide parents in the discovery of hearing problems in their youngsters before they begin kindergarten. It has been shown that children with hearing difficulty often become discipline problems. We feel that school should be a positive, happy experience for children and should be started without the handicap of undetected poor hearing.

The screening clinics are held at various locations throughout Washoe County during the month of April and are conducted by members of Doctor's Wives. Most of these women are mothers themselves and enjoy working with young children. They have been trained in the simple use of the screening audiometer under the guidance of local ear, nose and throat specialists, by other doctor's wives who are proficient in its use.

If the results of the screening indicate to the volunteer that the child might have a hearing problem, the parent is so informed and advised to take the child to their family physician or to the Nevada State Speech and Hearing Clinic for further evaluation. The parent is given a copy of the screening form to take with them. As follow up all of the forms of those children referred are sent to the Supervisor of School Nurses in Washoe County. She checks with the parents of these children sometime during their year in kindergarten to see if they have been professionally evaluated.

In the six years we have been conducting our hearing screening program, we have screened over 2,000 four year olds and referred about 4.8 per cent for further evaluation. We feel we are providing a valuable service to the community. If Assembly Bill No. 223 passes, our program will be in jeopardy and hundreds of pre-school children will be deprived of the opportunity for free hearing screening.

Judith A. Inskeip

ASSEMBLY ACTION

SENATE ACTION

ASSEMBLY / SENATE

Adopted
 Lost
 Date: _____
 Initial: _____
 Concurred in
 Not concurred in
 Date: _____
 Initial: _____

Adopted
 Lost
 Date: _____
 Initial: _____
 Concurred in
 Not concurred in
 Date: _____
 Initial: _____

Amendments to Assembly / Senate
 Bill / Joint Resolution No. 223 (BDR 54-223)
 Proposed by Mr. Sana

Amendment N° 4546

Amend sec. 11, page 2, by inserting between lines 27 and 28:

"7. Certified hearing aid audiologists, certified by the National Hearing Society."

Amend sec. 15, page 2, line 45, by deleting "seven" and inserting:

Amend sec. 15, page 2, by deleting lines 48 and 49 and inserting:

"ologists, two audiologists and one member of the general public. The"

Amend sec. 17, page 3, by deleting line 14 and inserting:

THIS IS AMENDMENT BLANK

Drafted 3-5-75 By JNL

"for 1 year, two for 2 years and one for 3 years. Thereafter all members".

Amend sec. 18, page 3, by deleting lines 20 through 22 and inserting:

"Sec. 18. (Deleted by amendment.)".

Amend sec. 19, page 3, line 25, by deleting "Five" and inserting: "Three".

Amend sec. 24, page 4, by inserting ~~xxx~~ between lines 8 and 9:

"5. The board may adopt regulations requiring persons licensed pursuant to this chapter to satisfactorily complete continuing educational courses in the licensees' respective professions.".

Amend sec. 28, page 4, line 40, by deleting "normal".

Amend sec. 31, page 5, line 10, after the period by inserting:

"The board may adopt rules establishing a single license, and fees for such license, permitting a licensee to practice both audiology and speech pathology."

Amend sec. 38, page 6, by deleting lines 3 through 5 and inserting:

"3. The board shall establish the number of speech pathologist's aides that a speech pathologist may employ or supervise.".

Amend sec. 39, page 6, by deleting lines 13 through 15 and inserting:

"3. The board shall establish the number of audiologist's aides that an audiologist may employ or supervise.".

GEORGE MEAD HEMMETER, M.D., CHARTERED

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G. MEAD HEMMETER, M. D.
DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY

AB223's major flaws are to be found in section 7 and section 8

- 1) these sections purport a vastly greater degree of diagnostic capability than truly exists in present day audiologists and speech therapists.

Pursuant to section 7:

- 1) "appraisal, prediction, consultation, and instruction" involves the diagnoses of all ear disease affecting hearing.
 - a) not even the most boastful audiologist would allege the capability of:
 - 1) physical diagnosis
 - 2) histopathology
 - 3) surgical pathology
 - 4) medical ear and general pathology affecting hearing disorders
 - b) yet all of these affect appraisal, prediction, consultation, and instruction.
 - c) the prerogatives of 1) and 1)a)1 can only be fulfilled by an otologist with 9 or 10 years of experience after college education and not by an "audiologist" with one or two years of experience.
- 2) audiologists are essentially technicians who derive a numerical profile of hearing acuity; and after complete medical and surgical audiologic evaluation may work with handicapped persons to aid in the use of residual hearing.
- 3) for audiologists to allege more is unwarranted self-enlargement.
 - a) examples of similar occupations would be EKG technicians and X-ray technicians who derive useful information but are not in a position to synthesize a meaningful total picture of a patient.

Pursuant to AB223:

Section 8 is a self-serving overstatement of capability and should not be given force of law.

- 1) "testing identification production" presupposes an anatomic and histopathologic diagnosis which speech therapists are absolutely unable to make without laryngeal examination and a knowledge of medical and surgical laryngology and of general medicine. This quote defines in part the practice of medical and surgical laryngology, which these so called "masters" of speech pathology have only the vaguest conception and no diagnostic capabilities.
 - a) for example without physical diagnosis, no speech therapist could define early cancers of the larynx and legal license for speech therapists to "identify and predict" would be wanton negligence on the part of the state.
- 2) practice of speech pathology has validity only after accurate physical and pathologic diagnosis has been rendered.
- 3) practice of speech pathology involves technical and practical didactic methods of treating a proscribed body of laryngeal disease amendable to their techniques. As such the speech therapist is adjunctive to the laryngologist and internist and is not a free standing entity, and should not be so defined by force of state law.

Recommended disposition of Senate bill 223: Defeat.

Changes suggested for proposed bill A.B.223:

Section 11/1:

Licensed physicians or surgeons or their assistants or aids working for or under their direction.

Section 7:

Practice of Audiology: the assessment of hearing function and research into hearing function and assistance in the development of hearing preservation programs and hearing aid evaluation. This section should not be construed to involve definitive evaluation of ear disease or hearing disorders, which are the province of otolaryngologists.

Section 8:

"Practice of speech pathology" means the measurement and testing of speech functioning after the medical facts and facets of the disease have been defined by physicians competent in laryngology and related disciplines-- . After these facts have been ascertained, the practice of speech pathology involves the use of the principles of speech pathology to ameliorate conditions amenable to the application of these principles.

Assembly Board 223 could be divided really into two sections. The first of these sections tends to define audiologists and the practice of audiology as well as speech pathology. The second portion sets up a Board to govern the licensure and censure of the people defined in the first portion of this bill and is strictly administrative and of little interest to me.

However, the first part is extremely interesting and contains numerous allegations which are contrary to known fact. In point of fact, this first section attempts by legislative fiat to raise certain technicians to the level of practitioners in otology in all disorders save the treatment of bacterial infections and the surgical treatment of ear problems. Speech pathology is defined in such a way as to make them laryngologists without a knife or prescription pad.

In point of fact, the audiologist is little more than a technician who derives information concerning the status of the hearing function of a patient. Their protestations to the contrary notwithstanding these test results represent only a portion of the spectrum of the otologic evaluation and are not single and free-standing entities in and of themselves which have great meaning. These tests begin to have an absolute meaning only when these results are viewed against the perspective of the pathology, histopathology and general medical conditions of the patient.

I believe that audiologists could well be compared to x-ray technicians and EKG technicians. Essentially, they are capable of deriving information which is quite useful and to some extent valid within itself. However, just as an x-ray taken alone cannot distinguish reliably between a tumor or infection in a sinus cavity with any degree of certainty, neither can an audiologist absolutely distinguish between problems relating to tumors of the 8th nerve or such medical

conditions as multiple sclerosis or vascular anomalies within the internal canal or vascular occlusions of the arterial supply to the cochlea, etc. They supply helpful information, often inconclusive and contradictory, but no definite diagnosis can be made. Conductive hearing loss could be many different entities, but only on examination can they be separated, and even then often only with surgery can the correct diagnosis be given. Lacking the capability for physical examination and operation, and therefore lacking the ability to correctly diagnosis ear disease, how could an audiologist "counsel", "appraise" or "predict". In short, the audiologist cannot.

This entire bill presumes the audiologist to have vastly more training and skill in the general practice of otology and otolaryngology and in general medicine than is commonly possessed by them and therefore does exactly the opposite of what it is intended to do. Rather than protect the public from poorly trained audiologists or poor speech pathologists, it really releases audiologists and speech pathologists to practice a poor brand of otology and otolaryngology in a manner in which they are woefully and inadequately trained to do. As such they constitute a health menace to the people of the State and aggrandise their limited credentials by legislative decree; thereby leading the lay public to believe that these people possess greater diagnostic and treatment skills than they in fact do have.

Audiology should be recognised as an adjunctive part of the practice of medicine and of otolaryngology. The information derived therefrom represents only a specific and small phase of the total evaluation of ear disease. The audiologist has no training in terms of the broad general principles of medicine or the specific principles of otology aside from test measures of hearing performances, and some hearing theories. The audiologist has absolutely no surgical expertise of experience and has little or no training regarding the medical disorders that relate to the ear. He has no understanding of the pathology or the

patho-physiology of the ear and in these and other respects is not qualified to practice otologic medicine.

This bill gives autonomy to a group of individuals who do little more than derive certain specific pieces of information in the case of audiology and perform certain adjunctive services in the case of speech pathology and under the direction of a physician, perform certain tasks related to the rehabilitation of speech disorders which may be either functional or physical in nature. As such, they represent a member of the treatment team and are not an isolated or independent entity above it.

Section 7 and 8 has the key and important language in this bill. The term "appraisal" involves diagnosis and as such is certainly the practice of medicine. "Prediction" involves the understanding of the intricacies of the pathology and patho-physiology of the ear, particularly regarding the medical and surgical aspect thereof about which the "audiologist" has little or no understanding or training. It follows from this that if the prediction cannot be adequately made, "consultation" is certainly not in order except under the specific direction of a physician after all aspects of the case have been considered and the audiologist is made aware of the medical intricacies.

Pursuant to section 8, concerning the practice of speech pathology, this section once again allows the speech pathologist to garner the prerogatives of practicing medicine even though they do not possess sufficient skills, training or expertise to perform this. Specifically, I strongly dispute the capability of the speech pathologist to "identify" many types of speech problems without an adequate knowledge of and the use of physical diagnosis of the larynx (which may even involve the institution of general anesthesia for proper evaluation) or to diagnose or treat myxomatous laryngitis, for speech therapists have no significant understanding of thyroid disease. This is simply not within their talents, their capabilities, their experience or their training.

Therefore, to presume that they have the independent capability, exclusive of physicians specializing in this area, to "prevent, manage..... or modify" such disorders or conditions is entirely falacious and is of itself a contradiction of section 2 pursuant to the practices of speech pathology and audiology being learned professions affecting the public's safety and welfare. In fact, to allow speech therapists to independently practice uncontrolled and unsupervised by physicians competent in these areas of medicine would be to deny that cancer of the larynx modifies speech or that hypothyroidism can produce hoarseness treatable only with thyroid hormones--or it would be an assertion by legislative fiat that these medical or surgical diseases could be ameliorated by the practice of speech pathology - a concept that all would agree is ludicrous.

The performance of audiograms is little more than a technical exercise. The legislative requirement of people with "Masters" degrees to derive this information is entirely superfluous and presumes the tests to be more complicated than they are. The Army uses enlisted personnel to perform these functions quite adequately.

The provisions of this bill unnecessarily interject routinely an additional costly individual into the price scene further driving up the costs of the true care of otologic disorders.

These services are adjunctive to the practice of medicine and should be used under the direction of and at the discretion of physicians. Audiology, despite the definitions of section 7, is useful as one aspect of otologic medicine and constitute only a portion of the audiologic diagnosis. Audiologic tests derive numbers that have a valid meaning only when viewed against the total context of otology and medicine. The test results derived by these technicians do not represent free standing entities of selfsustaining validity and do not necessarily represent valid information unless taken against the overview of the total pathology relating to the ear and to the human body as a whole.

Similar comments can be made pursuant to the practice of speech pathology which also is an adjunctive service to the practice of medicine and is essentially rehabilitative and to a lesser extent diagnostic. Speech therapists or speech pathologists are similar to physical therapists - they are not sufficiently trained in medicine to act as agents separate from physicians; but they perform vital rehabilitative services in those cases properly selected for their techniques; but improperly applied the application of these services either mistreats or delays proper treatment.

Diagnosis and the prescription of treatment is the rightful province of Doctors of Medicine (not just by law) by reason of vastly greater training and because of greater perspective and ability to deal with interrelated disease problems. These services have historically represented, and at the present time do in fact represent, adjunctive services to the practice of medicine and are thereby not separate "learned professions" acting as independent entities. We do not dispute the value of their services correctly applied, we feel they lack medical perspective to judge applicability correctly. They are analogous to EKG technicians and x-ray technicians. They derive specific information and perform useful services without the over-all view necessary to understand and interpret its broader meanings and implications.

Therefore, the bill in the form in which it is submitted represents a menace to the people of the State of Nevada for it purports to describe greater talent and capabilities to certain individuals than does in fact exist and sets a degree of autonomy in their practice which works hard against the patient's better interest. It takes a narrow segment of information in a total patient problem and gives it a degree of autonomy and importance which is unwarranted by the facts.

Audiologists should be restricted primarily to the assessment and measurement of hearing and certain other adjunctive tasks of a technical nature, such as performing tympanometry and electronystagmography, if the audiologist is properly trained. The interpretation of this information without the total over-all view

of the patient's problem is dishonest, misleading, unreliable and unwarranted. The result of this bill is to elevate the status of a handful of people with a "Master's" degree to the status of a Board Certified Otolaryngologic physician and surgeon allowing them to work as an independent consultant rather than as an adjunctive technician in the total care of a specific patient problem, a role they are more properly suited to perform.

This act should be re-written in its entirety to bring the so-called practice of Audiology and the practice of Speech Pathology within the true context of the practice of medicine which is most beneficial to the patient.