EXHIBIT 7
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HB SB 132

I'm Patrick Fournier and am President of the Montana Hearing Society, which is a chapter of the International Hearing Society. I also own a practice selling and fitting hearing aids. I have been a licensed Hearing Aid Dispenser (HAD) for 21 yrs. I don't have education as an audiologist. My background is in computers and electronics. I entered the industry through the IHS course study. Even with my technical background, it took me almost two years to achieve a license.

This bill is a bad idea for the hearing impaired public but I understand the reasons why the dispensing audiologists would want to be regulated by the board of Speech Pathology and Audiology (SP&A). The cost of a HAD license in 2010 $650/yr now $450/yr. The cost of a license from the SP&A is $100/yr. In surrounding states such as WY, ND, SD, and ID, a HAD license costs much less, about $100 to $150.

There is a reason for that. Each professional board, by Montana law, must be financially self sufficient and not take any money from the general fund. In June of 2004 Labor produced the "Performance Audit on Professional & Occupational Licensing relating to House Joint Resolution 20". Labor then changed the way it did charged the boards. Occupations with a small number of members now pay more for their licenses than occupations with more members. For instance, HAD has a total of 91 licenses. SP&A has 666. For comparison, the 106 Naturopathic Physicians and Midwives pay $550 each, and the 1732 Pharmacists pay $110. Within SP&A 666 licenses, there are 73 licensed audiologists. Only 33 audiologists, about half, also hold a HAD license.

For over 30 years HADs and dispensing audiologists have been governed by the same board because the focus is properly on consumer protection, not occupational title. After 2004, HAD licensing costs rose dramatically. Nobody liked the cost increases, but the dispensing audiologists' solution here is neither appropriate nor beneficial for the public.

First, dispensing audiologists hold two licenses, but those licenses are not redundant. The legal scope of practice for an audiologist includes financial reimbursement for medical audiograms, Brain Evoked Acoustic Response testing (newborn hearing tests), cochlear mapping for cochlear implants, BPPV (balance) diagnostics and treatment, industrial hearing exams, school district hearing exams and industrial hearing safety programs. The scope of practice for a HAD does not include any of these things. Audiologists receive income from functions other than from fitting hearing aids.

Second, fitting a hearing aid is an applied science. According to the IHS, audiologists fail the IHS written and practical tests at about the same rate as non audiologists. In my own practice I see many people to reprogram hearing aids that audiologists originally fit. Applied fitting practices of hearing instrument science are different from medical audiology. It's not a lower standard. It's a different standard. I personally see no evidence that their training makes audiologists more effective at fitting hearing aids. Furthermore, the letter from the IHS about results of testing in 38 states indicates that there is not much difference.

Third, this is the very type of business where consumer protection is most important. Usually, a lot of money is exchanged. The consumers are elderly. Technology is exploding with layers of added complexity every year. A licensing board's proper focus is on consumer protection for transactions, independent of the status of licensees doing those transactions. The board of HAD has over 30 years experience to oversee these technical and potentially contentious transactions. Dispensers and Audiologists each bring an important perspective and should work together for the public good

Of course I don't want to have to pay more for a license because of an even smaller licensee pool. Removing 33 audiologists from 91 HADs will do this. One of the concerns of the IHS is that fewer dispensers will practice if this bill passes. Higher license fees for HADs will make it even harder for me to recruit and train new people. These costs are already high. Because of the expanding elder population and the explosion of digital technology, we need more qualified dispensers, not fewer.

More importantly, I believe the effect for the public will be very negative. Audiologists don't travel as much or do house calls. In rural areas and for people with limited mobility, this will cause a handicap. Also, sometimes the best fittings occur when you throw the science book out the window and treat a hearing aid fitting as an art. Not to ignore the science, but even with identical hearing exams there are differences in people. Hearing science still has unanswered questions and still much to learn.

One of the great strengths of American business is flexibility. Today, remarkably few people are employed in the field of their college major. It is important that there is a way for adults to lateralize to the field of dispensing hearing aids. The IHS supplies a proven, high caliber, practical program to do so. Non dispensing Audiologists should be able to take the IHS written and practical tests and pass. We don't need added barriers that would prevent non-audiologists from entering this very needed and growing field.

As of now, there is one area of hearing aid dispensing in the state where audiologists are set apart. That is with the VA contract. The audiologist community helped design the contract parameters so that only audiologists can fit VA hearing aids. Many people have come to me for service because they felt that the VA wasn't serving them. These people feel they have no recourse. I'd like to make a suggestion that the Board of HAD issue a rule requiring a signed document that a VA participant has the right to have the state board of HAD review a fitting if necessary.

In conclusion, dual licensure for dispensing audiologists is not redundant; scope of practice for audiology is different. Equal status for applied hearing instrument science delivers the best possible care for the hearing impaired. The nature of a hearing aid transaction requires the most competent oversight, exactly what the current system provides. The proposed change in licensure will probably cause a shortage of providers. This change could easily reduce rural access to hearing services.

I believe the only people in the state of Montana who will benefit if this bill passes are 33 dispensing audiologists.