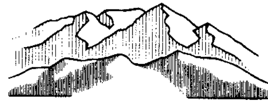

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EXHIBIT 4
DATE 3/16/2011
SB 132

Pat Ingalls, Au.D.
Doctor of Audiology

1369 Harrison Avenue
Butte, Montana 59701
Phone 406-723-6600
Fax 406-723-6660

March 8, 2011

Committee Members
(H) Public Health, Welfare and Safety

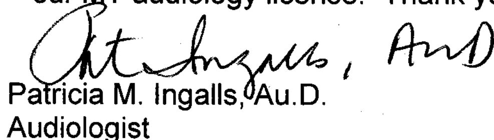
RE: SB 132

Good Afternoon Representatives. I am Dr. Pat Ingalls, and I urge you to support SB 132, which will allow audiologists to dispense hearing aids under their audiology license. I grew up in Bozeman in a ranching family, obtained my BA from Washington State University, MS from University of New Mexico and Au.D. from the Arizona School of Health Sciences. I was fortunate enough to find an audiology position in Montana after completing my MS decree, and have been practicing in Butte for the past 30 years.

The field of Audiology is fairly new on the scene. The term audiology was first introduced in the 1940's. It did not come into general use until 1945 when after WW II the returning soldiers complained of hearing loss. Although there were hearing aid companies and dispensers on the scene at the time, these returning soldiers prompted the scientific research that is the basis for our field today.

I spoke at the Butte Dentists group a year or two ago, and after the presentation one dentist said that the field of audiology was where the field of dentistry had been 100 years ago – finding its way to becoming a fully appreciated specialty on its own. When dentistry was starting to develop into its own field, physicians were in opposition. It is now a fully realized profession. There are several dental specialties, such as orthodontics, periodontics, endodontics, pediatrics and others. They all hold one identical license - from the Montana Board of Dentistry. Their Board and individual professional organizations are responsible for determining the necessary education and requirements enabling them to list themselves as a specialist.

Audiology is following the same pathway. When I started practicing thirty years ago, I had my Master's degree with just minimal training in hearing aids, and a separate license was appropriate. That is no longer the case. There are no universities in the US that offer a masters degree in Audiology – the minimum degree to practice is now the Au.D., a professional doctorate in Audiology. The average student graduates with a student debt of $90,000, compared to $108,000 for optometrists and $82,000 for dentists. Everyone with this degree receives significant training in hearing aids. Many specialties are developing within audiology. There are audiologists who only map or program cochlear implants, and others who are only found in the operating room with the neurosurgeon doing intra-operative monitoring. There are others who just do vestibular testing and diagnostic work, and others who do everything, including working with hearing aids. We do not need separate boards with separate licenses for all of these specialties. We just need one license – our MT audiology license. Thank you.



Patricia M. Ingalls, Au.D.
Audiologist

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The 10 Best (and Worst) Jobs for 2011

By Carla Fried | Jan 6, 2011 | 14 Comments

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This week's surprisingly good news that companies went on a hiring spree in December is sure to raise the spirits of the unemployed, underemployed, and everyone else eager to make a move. And if you're in the market for a new job, CareerCast's just-released 2011 rankings of the best and worst jobs is a useful cheat sheet for where to focus your hunt.

CareerCast ranks 200 jobs from best to worst based on five broad metrics: Physical Demands, Work Environment, Income, Outlook (Job Growth), and Stress. Here are the overall winners based on their cumulative ratings:

2011 Best Jobs

1. Software engineer
2. Mathematician
3. Actuary
4. Statistician
5. Computer systems analyst
6. Meteorologist
7. Biologist
8. Historian
9. Audiologist
10. Dental hygienist

Software engineer landed the top spot on the strength of strong scores for job outlook (5th overall out of 200 jobs rated), work environment (5th), physical demands (12th), stress (15th), and income (23rd). The mid-level income for software engineers was a none-too-shabby $87,000, but that was second to

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Teaching Classes
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Relocation Services

Police & FBI in Dire Need
$84/Hr Job - 117 Openings
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Advertise he

Total employment: 22,425,000**

Best jobs:

1. Public relations manager: $72,452/year***
2. Purchasing agent: $49,401/year
3. Claims adjuster, appraiser, examiner and investigator: $58,219/year
4. Human resources, training and labor relations specialist: $63,577/year
5. Budget analyst: $56,924/year

Industry: Professional and related occupations
Total employment: 30,370,000

Best jobs:

6. Computer programmer: $59,628/year
7. Electrical and electronics engineer: $70,706/year
8. Writer and editor: $42,405/year and $47,386/year, respectively
9. Pharmacist: $88,009/year
10. Audiologist: $57,779/year

Industry: Service occupations
Total employment: 25,114,000

Best jobs:

11. Private detective and investigator: $38,656/year and $34,810/year, respectively
12. Chef and head cook: $44,047/year and $40,794/year, respectively
13. Tour and travel guide: $22,917/year
14. Recreation and fitness worker: $15,101/year and $22,440/year, respectively
15. Grounds maintenance worker: $22,407/year

Industry: Sales and office occupations
Total employment: 35,180,000

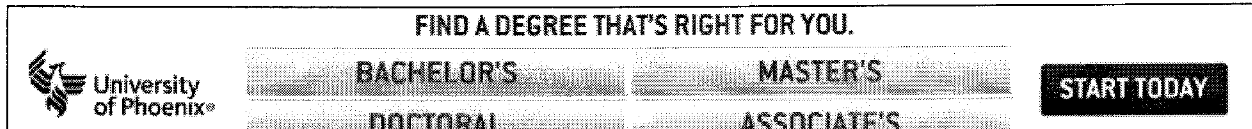
Best jobs:

16. Cashier: $22,931/year
17. Telephone operator: $25,165/year
18. Hotel, motel and resort desk clerk: $19,926/year
19. Cargo and freight agent: $30,143/year and $54,804/year, respectively
20. Statistical assistant: $30,921/year

Industry: Installation, maintenance and repair occupations
Total employment: 5,165,000

Best jobs:

21. Computer, automated teller and office machine repairer: $41,614/year, $34,509/year and $36,077/year, respectively
22. Electric motor, power tool and related repairer: $29,865/year
23. Security and fire alarm systems installer: $35,648/year
24. Telecommunication line installers and repairers: $45,458/year



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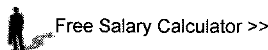

25 Best Jobs for 2009

Printer Friendly Version

Rachel Zupek, CareerBuilder.com writer

Moms Asked to Return to School
Grant Funding May Be Available to Those That Qualify.

$67/Hr Job - 25 Openings
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Unfortunately, not many people are strangers to the downward spiraling economy that began in December 2007 and continued to deplete throughout 2008.

In fact, November 2008 marked some of worst numbers in decades in terms of job loss: The unemployment rate, for example, hit a 14-year high this November at a rate of 6.7 percent. That month also counted 1.9 million jobs lost throughout 2008 alone; two-thirds of those losses occurred in the last three months. The number of unemployed people increased from 10.1 million in October to 10.3 million in November, according to the most recent data from the Bureau of Labor Statistics.

Since 2007, the number of unemployed people has increased by 3.1 million, and the unemployment rate has gone up by 2 percent. For the 10.3 million currently unemployed people, however, there is hope for some reprieve in 2009.

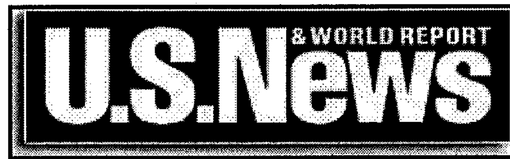
The labor force is expected to increase by 12.8 million workers over the 2006 -2016 period, according to the BLS. Total employment is expected to increase by 10 percent to 166.2 million over that period as well, while an estimated 15.6 million jobs will be added by 2016. While that year seems like a long way off today, a certain number of new jobs will be added each year leading up to 2016 -- including in 2009.

It should be noted, however, that the jobs that will be added won't be evenly distributed across industries and occupational groups. It goes without saying that changes in consumer demand, technology and the like will continue to affect the economic structure.

Industries that have seen growth since 2007 (according to the most recent data from the BLS) include management, business and financial operations; professional and related occupations; service occupations; sales and office occupations; and installation, maintenance and repair occupations.

Looking for a job this year? Here are 25 of the best jobs to look for in 2009, defined as jobs that saw growth in the second half of 2008.*

Industry: Management, business and financial operations occupations



Thursday, January 10, 2008

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Best Careers 2008

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7 Great Careers for 2007

Check out these not-so-obvious options.

By Marty Nemko

April 6, 2007

If someone asked me which careers were best, I wouldn't cop out and simply say, "It's a matter of what fits you." But here are seven careers that I believe, for many college-educated people, provide an ideal combination of money, status, sense of fulfillment and good quality of life, and have good job market prospects for the foreseeable future.

Orthodontist. It's one of the few medical specialties in which self-employment remains a possibility, and the average self-employed orthodontist earns more than $200,000 a year. Also, you develop a long-term relationship with most of your patients. And, at the end of treatment, you've succeeded with nearly all -- they walk out with a better smile. For more information, see the American Association of Orthodontists' Web site or William Proffit's book, *Contemporary Orthodontics*, fourth edition.

Optometrist. Same deal: high cure rate, self-employment possibility and six-figure average compensation. Plus, aging boomers mean increased demand for optometrists. See the American Optometric Association Web site or *Primary Care Optometry*, fifth edition, by Theodore Grosvenor.

Audiologist. I rate this just a bit lower than optometrist because, despite ever-improving hearing aids, the success rate is lower. So is the average compensation, but you'll hardly starve. Also, the degree requirement has been ratcheted up: Until recently, a master's would do. Now it's a four-year doctor of audiology. Still, it's an unusually rewarding career. The nation's most famous hearing-aid wearer? Bill Clinton. See the American Academy of Audiology's Web site or *Introduction to Audiology*, ninth edition, by

ViewPoint

David J. Smriga

For audiology, dentistry offers a good model for preserving independent private practice

By David J. Smriga

The clinical audiology profession is well on its way to defining its presence in the United States via the AuD, the professional doctorate degree. According to the most recent data from the Audiology Foundation of America (AFA), 3671 audiologists in the United States have earned the AuD, representing approximately 30% of all active practitioners in the country.[1] At this rate, by 2010 70% of all audiologists will hold the AuD.

The concept of a professional doctorate in healthcare is not unique to audiology. Many other fields also represent their public identity with a professional doctorate, including dentistry and optometry. In these professions, as in audiology, 4 years of post-graduate degree training are generally required. Thus, to enter any of these professions generally requires 8 years of college education and all the expense, effort, and commitment that entails.

Since persons entering audiology must now complete (and pay for) this level of training, the profession needs to be competitive with other doctoral healthcare professions in the financial return it delivers to clinicians for the education required of them. An examination of dentistry and optometry provides some interesting insights into what audiology must compete with for young minds. It also offers some useful insights into how best to deliver an appropriate career reward for the greater upfront investment now required to become an audiologist.

COST VS. RETURN OF THREE DOCTORATES

Table 1 summarizes a cross-profession comparison of the doctoral education requirements and the resulting financial return associated with becoming a doctor of dentistry, optometry, or audiology. Several important elements become apparent when these data are analyzed. Here are some of them.

(1) Doctoral programs in dentistry and optometry both have substantially more students enrolled per school than do AuD programs. The average dental school in the U.S. is training approximately 327 doctoral candidates, while the average university AuD program is training only 16 students.

(2) The average student debt accumulated by a graduating dentist, optometrist, or residential AuD audiologist is roughly the same. In each case, newly minted professionals may be carrying as much as $80,000-$100,000 in student-loan debt upon graduation.

(3) The mean income-earning opportunity for a dentist is three to five times as great as that for a doctor of audiology. And, the mean income of an optometrist is approximately twice as great.

(4) The percentage of doctors entering private practice varies greatly among the three professions. This difference may significantly influence the resulting earning potential of each profession.

In its 2005 *Compensation and Benefits Report*,[12] the American Academy of Audiology (AAA) summarized survey data collected from 2313 (31%) of its 7783 members. Table 2 displays the compensation by job title data from this report. According to these data, the 54% of AAA members who said they worked as staff audiologists reported a mean income of $61,000 in 2005. Interestingly, this figure roughly matches the mean income reported in 2005 by the 4% of survey respondents who had graduated from a 4-year AuD program.

In contrast, the 13% of respondents who said their job title was "owner" reported a mean income in 2005 of $105,000. It is likely that all 13% of the "owner" respondents work in a private, for-profit audiology practice, which was the primary work setting reported by 19% of working audiologists.

Experience also affects income, and owners are more likely to be experienced than are graduates of 4-year AuD programs. However, it is worth noting that the mean income of 4-year AuD graduates, who report up to 20 years of experience, does not exceed $70,000, according to the AAA data.

With the exception of one respondent group (CEO/executive director), which comprises only 1% of the total full-time work force, owner is the most lucrative job description identified in the AAA survey.

Table 1. *Comparison of doctoral education requirements and resulting income-earning return associated with becoming a doctor of dentistry, optometry, and audiology.*

	Dentistry	Optometry	Audiology
# of Doctoral Programs	56 [2]	17 [5]	69 [9]
Total Student Enrollment	18,000 [2]	5,369 [5]	1,104 [9]
Av. Student Debt	$82,000 [3]	$108,000 [6]	$90,000 [10]
# of Active Practitioners	173,000 [2]	38,000 [7]	12,000 [11]
% in Private Practice	93% [4]	60%* [8]	19% [12]
Mean Annual Income	$180-290K [2]	$75-150K [7]	$61-105K [12]

Table 2. *"Compensation by Job Title" data as published in the 2005 Compensation and Benefits Report, American Academy of Audiology.*[12]

Primary Job Title	Mean Total Compensation	% of Work Force
Staff Audiologist	$61,000	54%
Researcher	$70,000	1%
Faculty	$75,000	6%
Manager/Supervisor	$82,000	10%
Director	$91,000	8%
Owner	$105,000	13%
CEO/Executive Dir.	$115,000	1%

Since private practice represents a larger component of dentistry and optometry than of audiology, it is possible that private practice is also a key determinant in income-earning potential. The following section will explore this possibility.

BABY BOOMERS IMPACT EVERYTHING!

As has been widely reported, the oldest members of the baby boom generation turn 60 this year. They represent the front end of an 18-year population explosion that has been aging over the last six decades. (See Figure 1)

In 1945, there were 2.8 million births in the United States. In 1946, the number soared to 3.4 million, and from 1953 through 1964 more than 4 million births were recorded each year.[13] As the baby boomers move along the bell curve, they will increase the 60+ population by 10% a year for each of the next 15 years, and will then sustain the population at that level for 3 or 4 years more.[14]

This predictable—and inevitable—growth in consumers at different stages of life has significantly influenced much of the nation's economic development over the last 60 years. Financial opportunities of windfall proportions are anticipated every time the boomers enter the age range that particular products and services target.

In hearing care, those opportunities have just begun to materialize. It is predicted that over the next 15 years there will be a 15% a year growth in hearing industry revenues as the wave of baby boomers enters the target market age range for hearing aids and related products and services.[14] And that prediction does not factor in any possible increase in market penetration among the hearing-impaired or in the prevalence of hearing loss in the 60-plus age group. Naturally, such a ready-made growth pattern is attracting great outside interest in the hearing care industry, as it did in other areas of healthcare in the past.

WHAT HAPPENED IN OPTOMETRY

For some insight into how a combination of aging baby boomers and technologic innovation may affect private practitioners in audiology, let's examine what happened to private practitioners in optometry.

In 1980, about 21,900 optometrists were in practice in this country.[15] Almost 90% of them were either sole owners or partners in a private practice.[14] But, as dramatic improvements in technology and production efficiencies took hold, the cost of manufacturing vision care products dropped and both wholesale and retail margins improved. At the same time, the baby boomers started to reach their late 30s and early 40s, with their associated need for vision correction.

The result, according to Steve W. Henson, PhD, associate professor of marketing at Western Carolina University and a former vision industry executive, was rapid industry consolidation.[14] First, the manufacturing sector was quickly pared down to a few large corporate producers, which were able to reduce their costs through economies of scale while increasing their market share.

Second, large retail corporations saw the financial opportunity associated with distributing vision products to the burgeoning boomer population. They began bringing discount vision care direct to the consumer through their retail stores.

As large retail corporations opened vision care stores across the country, these chains competed directly with private practitioners in optometry. Since these corporations could buy in large quantity, they drove retail prices down, further stressing the private distribution channel in optometry. The result, according to

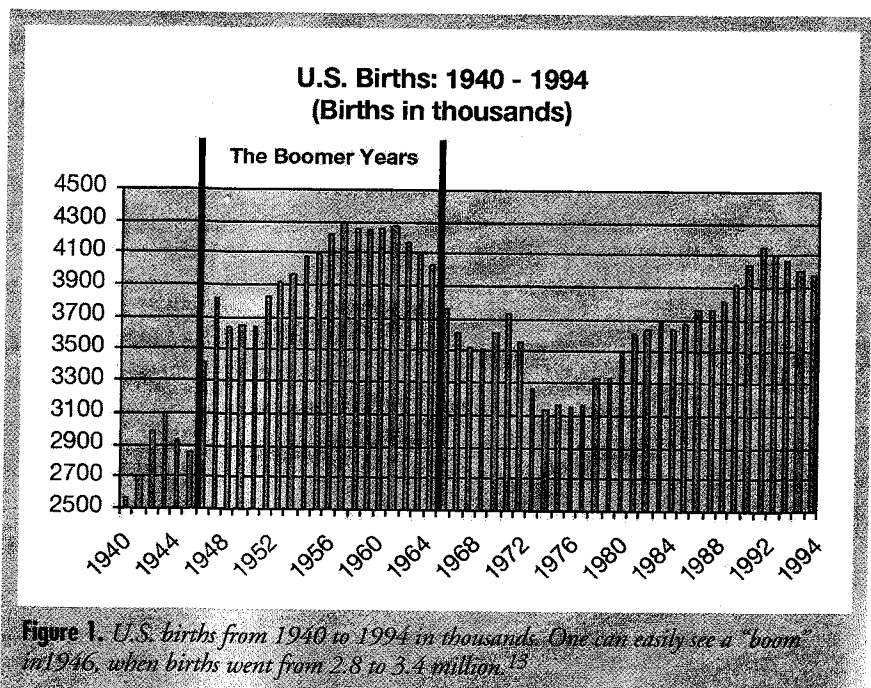

Figure 1. *U.S. births from 1940 to 1994 in thousands. One can easily see a "boom" in 1946, when births went from 2.8 to 3.4 million.*[13]

Henson, is that today, even though data suggest that 60% of optometrists are in private practice, only about 10% of the 38,000 practicing optometrists earn their living entirely through ownership of a practice. Most optometrists are now working either part-time or full-time for retail corporations.

Most candidates of a doctorate in optometry (OD) anticipate that their future should be in private practice.[16] However, some seasoned practitioners have begun advising recent optometry graduates (especially those carrying student loan debt) to seek out jobs in commercial/corporate optometry so they can earn an income without the additional debt associated with starting or buying a private practice.[16]

In a recent article, Samuel Spoto, OD, states, "The dilemma now facing optometry is that private practices are just not bringing in enough profits to make expenses trivial, especially if burdened by additional debt from education."[16] As a result, he says, new ODs are now faced with potentially relinquishing control of their income-producing destiny by working for commercial/corporate employers in an effort to avoid the additional debt associated with starting or purchasing a private practice.

Lawrence McClure, PhD, associate dean for financial affairs at Pennsylvania College of Optometry, disagrees that more young optometrists are "going commercial" because of their debt,[17] but he does acknowledge that more of them are going commercial. Since *The Princeton Review* reported that the average salary of a doctor of optometry in 2002 was $60,000 while that of an optometrist in an independent practice was $110,000,[18] it may be that this path does not lead to a long-term solution for the practitioner of the future.

Adding to the burden of the private practitioner in optometry is insurance. Spoto observes that "because of rising insurance costs, routine eye care may be an early casualty of insurance reform, as cost-cutting measures are instituted throughout the healthcare insurance industry. If this kind of reform occurs in the eye care field, expect it to have a tremendously deleterious effect on solo practice, as many private-practice optometrists are heavily involved in and depend on government-sponsored insurance [Medicare and Medicaid], and other insurance/managed care programs. The obvious winners if this reform occurs will be optical chains."[16]

REMAINING INDEPENDENT HAS HELPED DENTISTRY

Unlike optometry, dentistry has for the most part successfully fought off incorporation into larger systems of managed care.[19] Participation by dentists in Medicaid is not robust (just 0.8% of active dentists were in public health near the turn of the century[20]) and Medicare offers no dental coverage.[19] Thus, when government-driven healthcare cost-containment efforts began in the early 1990s, and when HMOs began pushing cost risk down to the participating healthcare provider through capitation, the dental profession was largely unaffected. As a result, says Elizabeth Mertz, MPA, a health policy researcher at the University of California, San Francisco, "In comparison to physicians, dentists work more independently, have a higher rate of solo practice, and in some cases, their earnings have surpassed the net income of physicians."[21]

"...private-practice audiologists must work to sustain independent ownership in the face of growing commercial/corporate involvement in hearing care distribution.."

According to the American Dental Association, nearly 93% of the 174,000 active practicing dentists in the United States are in private practice.[4] Of these, 90% own their own practice, either as a sole proprietor or as a partner, with the majority of these (75%) being sole proprietors.

Preserving independent practice ownership in dentistry has not only insulated the profession from outside forces trying to control fees, but has left each individual dentist/owner with the authority to select the type of services and the charges for these services he or she provides. This has had a huge positive impact on income. As the baby boomers have fueled a dramatic increase in demand for highly lucrative cosmetic dentistry, the average practicing dentist in the U.S. today earns between $175,000 and $300,000 a year, depending on experience and specialty.[2]

Meeting the skyrocketing demand for high-margin surgical procedures has left few dentists available or inclined to offer standard dental care services, including preventive care, to underserved populations.[19] Although the number of dentists is increasing, the rate of growth has not kept pace with gains in the overall U.S. population. That has led to a shortage of dentists, which is felt particularly acutely in populations without dental insurance or other means to afford dental care.

Opportunities are now emerging in many states for dental hygienists to become entry-level providers. Showdowns at the state legislative level are already starting to occur. But since dentists can afford well-funded lobbying efforts, the legislative battles are likely to be decided in their favor.

PRIVATE PRACTICE AND AUDIOLOGY

As indicated in Table 1, 19% of audiologists are in private practice, and 13% of all audiologists, or about two-thirds of the private practitioners, are owners, either sole proprietors or partners. As was also reported earlier, the mean income of owners is nearly 60% greater than that earned by over half of the remaining audiology work force. Thus, private practice, and private practice ownership in particular, is the best income-earning career path for an audiologist. Therefore, it is also the best career path to support the up-front investment in an AuD degree.

In the midst of the profession's need to sustain and grow the percentage of audiologists who own private practices, large retail corporations have introduced a key distribution variable. By acquiring hundreds of independent audiology and traditional dispensing practices in the United

States, and converting them into retail chain stores under one or another corporate brand name, these corporate retailers are competing directly with independent owners.[22] This well-funded competition is challenging the future viability of independent private practice in audiology.

LESSONS AND OPPORTUNITIES

The experiences of optometry and dentistry offer some interesting guideposts for evaluating and subsequently managing the income-earning side of an audiology career.

Private-practice audiologists must work to sustain independent ownership in the face of growing commercial/corporate involvement in hearing care distribution. This requires analyzing how their buying decisions impact the infrastructure of distribution in the U.S., and preparing thriving practices for purchase by another independent practitioner.

Accomplishing the latter may not be easy. Many private-practice owners struggle to locate a potential independent buyer. In addition, newly graduated audiologists may have student loan debt as well as limited collateral, making it difficult for them to secure the financing necessary to purchase an existing practice. However, with the recent creation of a national online registry of audiology practice buyers and sellers, finding new potential audiology owners has become more likely.[23] In addition, options for practice transition financing outside the retail corporation avenue have also improved.[24] Audiologists and traditional hearing aid dispensers seriously interested in keeping their practices independent can explore these alternatives as part of their exit strategy.

To help audiology emulate the successes of the dental profession, audiology should be working to increase the percentage of practitioners who work in and own private practices. Specifically, the profession should target having 50% of the audiology workforce in private practice by the year 2016. This requires not only ensuring that existing private practices transition to new, independent audiologist owners, but it also requires directing and preparing audiologists-in-training to make private practice ownership their career choice.

In addition, private-practice audiologists should minimize the amount of income they derive from government-funded insurance programs. Doing so will put private practitioners in the best position to control their fees and income potential. Audiologists should also consider specialization, including such areas as tinnitus treatment, neurophysiologic testing, balance testing/treatment, and hearing preservation services, for example. Through specialized diagnostic and treatment services, audiologists can expand their scope of practice, while also creating greater opportunities for unique "touch-points" that appeal to the baby-boom generation.

Audiology must also establish a direct link between its unique skills and service set and the needs of the population it serves. Advertising, marketing, community relations, and public service should always be focused on creating demand for audiology care. Too often, audiolo-

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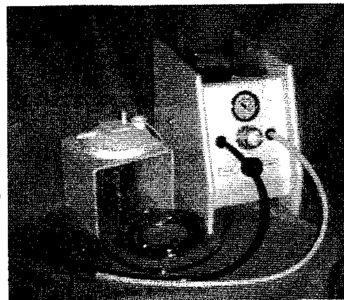

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gists diminish the value of their unique skills and training by promoting products and/or prices or by using competitive advertising/promotional tactics that devalue audiology care by homogenizing it with non-audiology providers.

Unlike in dentistry or optometry, no state requires a person to hold an AuD or any other university degree to be licensed to dispense hearing aids and perform related tests. Moreover, most audiologists in private practice derive the largest portion of their income from hearing aid dispensing.[25]

Under these circumstances, completing and paying for 4 years of post-graduate training place the dispensing audiologist in no better position legally to earn the majority of his or her income than the non-audiologist dispenser who may have no college education at all.

This circumstance further underlines the need for audiologists to create their own professional identity and link between the consumer and the profession, rather than relying on hearing aids as that link. Audiology must expand its scope of practice, embrace the unbundled fee-for-service model, and underwrite legislative lobbying efforts to gain better recognition of audiology credentials at the licensing level.

SUMMARY

Learning from the experience of the doctoral professions of dentistry and optometry, doctors of audiology can build a strong professional future with an acceptable financial return by focusing on these key objectives:

❖ Work together to sustain and grow private-practice ownership and en-courage the profession's leaders to set as a goal that half of all audiologists work in private practices by the year 2016.

❖ Create a direct professional identity link between the baby boom generation of consumers and audiology, rather than relying on hearing aids. Create direct demand for audiology care.

❖ Exploit your unique credentials and skills as a doctor of audiology by the way you structure your practice (including specialization), the way you market, the way you charge for services, and the way you attend to legislative issues.

> "Audiology should always establish a direct link between its unique skills and service set and the need of the population it serves... Marketing...should always be focused on creating demand for audiology care."

❖ Demand more from your professional associations and academia. It is not enough simply to create the AuD degree. It is necessary also to nurture a resulting career reward sufficient to justify the greater up-front investment of time and money to become a doctor of audiology.

Make the "big picture" issues of the audiology profession your issues. Be passionate about *your* profession's future and *do* something about it regardless of where you are in your audiology career.

As is true with just about any transitional experience, opportunity is what you create, not what is handed to you. Audiology has chosen to create a new and more appropriate educational process/credential. It is now up to all audiologists to learn from other healthcare professions, and work together to nurture a strong profession by insuring an appropriate back-end reward.

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