

February 12, 2025

Chair Deb Patterson
900 Court St. NE, S-411
Salem, OR 97301

RE: **SB 943** Relating to Audiology; Creating New Provisions
Position: **Support**

Dear Chair Patterson, Vice Chair Hayden, and members of the committee,

My name is Emilie Hart-Hutter and I am writing to you as a licensed audiologist and an Oregonian to ask you to support SB 943. This vital legislation will help alleviate strain on our overloaded medical system by allowing audiologists to practice in a way that is consistent with their education and training. Your support of this bill will ensure that every Oregonian has timely access to quality hearing health care.

Audiologists earn a clinical doctorate as the entry-level degree of our profession, receiving extensive education and training in the evaluation, diagnosis, and treatment of hearing and balance disorders, for patients across the age spectrum and in every community in Oregon. Along with diagnosing and treating an array of conditions, doctors of audiology are also responsible for triaging patients to physicians and other medical specialists when indicated.

SB 943 will provide sensible updates to licensure statutes to ensure patients get the services they need from audiologists and timely referrals to other specialists when their needs fall outside an audiologist's scope of practice. The bill will increase access, affordability, and quality of care for all Oregonians.

Outdated Licensure Statutes

- Oregon's current audiology licensure statutes are outdated and vague, leading to uncertainty and reluctance to perform tests and interventions for which we have received training.
- Even tests like basic health screenings, which are routinely performed by medical assistants and smartphone apps are not expressly in the scope of audiologists. The auditory and vestibular systems are very interconnected with the rest of the body, creating necessity for audiology.
- SB 943 clarifies statute language to ensure health screenings and other procedures which audiologists are trained to perform are clearly written in our scope of practice.

Aligning Scope with Skills

- Like many states, Oregon is facing a shortage of primary care and specialist physicians, leading to burdensome, long wait times to see providers like otolaryngologists (ENTs).
- Through their doctoral education, audiologists are trained in identifying the “red flag” signs of lesions of the central auditory system and triaging which patients require further evaluation.
- Audiologists are also trained extensively in genetic causes of hearing loss, often being the first providers to identify these losses and work with families to create treatment plans.
- SB 943 would grant audiologists ordering rights for medical imaging and lab work would improve patient wait times and reduce the need for redundant appointments by allowing the earlier identification of otologic conditions, beginning treatment planning earlier, and making more accurate referrals to medical specialists.

Better Utilizing Clinic Resources

- Current statutes allow audiology assistants to conduct basic hearing tests under the supervision of physicians or naturopathic physicians, but not audiologists who specialize in assessment of human hearing.
- Allowing audiologists to supervise audiology assistants for basic hearing tests would allow audiologists to spend more of their time focusing on more complex patient cases.
- SB 943 would amend statute language to allow this type of careful supervision of audiology assistants under their license.

Clarification of Investigation Processes

- Current regulations around the investigation of audiologists by the Board of Examiners for Speech-Language Pathology and Audiology are vague and opaque.
- Audiologists often do not know if they are being investigated until late into the process and investigations can take months or longer to close.
- There is no current requirement for the board to alert inquiring state, federal, or interstate licensing authorities of open or closed board investigations, leaving the potential for miscommunications between jurisdictions.
- SB 943 will create standards around notification of licensees of investigations, create reasonable timelines for investigations, and include licensees in their investigations.

SB 943 offers a clear and safe path to improved patient care, reduced burden and cost to the medical system from delayed and unnecessary appointments, and a system where all involved medical professionals are free to practice at the top of their knowledge and training. These impacts will only be amplified for rural and otherwise underserved patients in our communities.

I would like to share a personal experience related to medical imaging in Audiology.

I have been working with an older couple now for close to 15 years. They are both hearing aid patients of mine but the wife has transitioned to a cochlear implant. I had been encouraging

cochlear implantation for years, for the wife. I knew she would do great with the implant. She is motivated, has family support and loves assignments. I knew she and her husband would do all needed aural rehab. Because of her consistent hearing aid uses, I had no concerns for outcome.

CI surgery went great. Impedances were perfect. Within a few months I had perfect thresholds. Word understanding wasn't progressing as I had originally expected but she was working hard so I encouraged her to be patient. I was starting to get concerned by 8 months when we still had no speech understanding. I called the cochlear implant company and together we went over all possible scenarios. Because I knew this family so well from my years and years of working with them I knew we were not looking at cognitive changes or inconsistent use, which could have been the reason. The cochlear implant company said the next step would be to get imaging.

Unfortunately this all happened at a time when our clinic was going through changes with our physicians. We were booked out for months. The soonest I was able to get her in was 6 weeks out. Then that physician suddenly cancelled clinic that week and she was pushed out another two weeks. By this point my patient was nearing one year post-activation doing absolutely everything I asked her to do with zero word understanding. Several weeks later she ended up getting her CT scan which ended up being ordered by her primary care physician as my physicians were too busy.

Within 48 hours of the CT being done we saw her implant had poor insertion with tip roll over. She was going to have to have revision surgery. But by this time our CI surgeon was leaving and no longer doing surgeries and it would take several months for our new CI surgeon to be on-boarded. So a year and half after her implantation my patient had her revision surgery. Unfortunately during the revision surgery it was learned there was significant scarring so a full reinsertion would not be possible.

The revision surgery was almost 8 months after the cochlear implant company had suggested getting imaging to check on electrode placement, 19 months post-op. If I could have just ordered the image when I sensed something was wrong, at that point our CI surgeon was still doing surgeries, she could have possibly had her revision before scar tissue had the potential to permanently set in.

In this situation there is absolutely so reason I could not have ordered the CT and saved this family significant heart ache.

Thank you in advance for your consideration and support of this bill,

Emilie Hart-Hutter
Doctor of Audiology
Central Oregon ENT