

Submitter: Kate Allen
On Behalf Of: Pacific University School of Audiology
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB943

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

I'm writing to you in support of SB 943, a new legislation that updates the definition and scope of the audiology practice. I'm a second year student in one of Oregon's audiology programs and a future practicing audiologist. Through my time in the program, I've been educated about the audiologists scope and the role we play in our patient's healthcare journey. One thing that we've been taught and that I've experienced is that, as a healthcare professional trained in the physics, anatomy, and psychology of hearing and balance, an audiologist is usually the first line of defense for many disorders. Vestibular schwannomas, Superior Semicircular Canal Dehiscence, and cochlear ossification from meningitis are some disorders that an audiologist will assess for that no other profession will. Unfortunately, while we test for these disorders, their gold standards for diagnosis includes an additional step: CT and MRI imaging. It is here that we lose many patients and those patients lose precious time that they could be using to work towards recovery.

As a studying audiologist student, this is one of the most frustrating parts of healthcare that I would like to help change in the future. Here we are, with a patient we have just assessed using subjective and objective measures and determined that almost certainly they have a disorder, but we are unable to provide the patient with any definitive proof. Then, with the patient unsure of their diagnosis, they're sent back into the healthcare system to navigate the churning waters of appointments and referrals. They could be sent to their PCP or an ENT, who then refers them on for imaging, and then back to the ENT or to the audiologist to discuss further treatment. Every referral, however, comes with the additional challenge of waiting for an appointment, paying copays, calling out of work or finding alternative child care to attend that appointment, and then paying for the services of that appointment. Each step brings another uncertainty and more risk of losing our patient in the healthcare system. I've personally had this happen to me when I was being treated for multiple slipped discs. I was sent to a PT, who then sent me to a surgeon, who then could order imaging. Then it was waiting three months for an opening in the MRI schedule, paying for the appointment, and then returning to my surgeon to confirm what we already knew. It was an exhausting, frustrating process that took almost 6 months to complete. These were 6 months that I could have been getting treatment or preparing for surgery, rather than waiting in pain to get confirmation. It is something that I would like to change for my future patients that require imaging for diagnosis.

SB 943 would clarify the scope of the audiologists' practice in the state of Oregon. It

would allow us to order imaging directly for our patients, helping them to avoid drowning in the sea of healthcare and quickening their speed towards recovery. It helps other professions as well by allowing an audiologist to send their patients to the specialist they need, and not three others that will be sending them to the same place eventually. It shows our dedication to the patient's treatment and our respect for their time. Most importantly, it shows that the audiologist is serious about the care of their patients. If I have gone through the years of study and assessment, have conducted the tests on my patient, shouldn't it be me who ensures the next steps of my patient's care? By supporting SB 943, you would give audiologists the tools to improve the healthcare system in Oregon, creating a more efficient and effective model for other states to follow.

Thank you for your consideration and support of this bill,

Kate Allen - B.S.
Graduate Student of Audiology