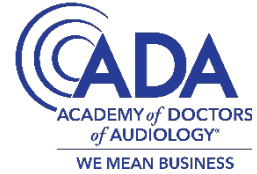


February 15, 2025



Chair Deb Patterson
Vice Chair Cedric Hayden
Senate Committee on Health Care
900 Court St NE, S-411
Salem, OR, 97301

RE: SB 943 Health Practice Audiology (Definition), Audiologist (Definition)
Position: SUPPORT

Madam Chair Patterson, Vice Chair Hayden, and Members of the Senate Committee on Health Care,

I write to you today on behalf of the Academy of Doctors of Audiology (ADA), a professional association representing audiologists and audiology trainees in Oregon and across the United States, to support and endorse SB 943, which will make important updates to Oregon's audiology practice act to bring it into alignment with evidence-based practices in the delivery of hearing and balance care.

Audiologists are clinical doctoring professionals who are trained to evaluate, diagnose, manage, treat, and prevent hearing and balance conditions including hearing disorders, auditory processing disorders, tinnitus, sound tolerance disorders, and vestibular disorders. Audiologists are also trained to identify conditions that require additional diagnostic testing and/or a referral to a physician or another clinical specialist. A Doctor of Audiology (Au.D.) degree is the first professional degree required to become a clinical audiologist in every U.S. State and Territory.

SB 943 will harmonize Oregon statutes with U.S. Food & Drug Administration (FDA) regulations, Oregon statutes for similarly trained clinical doctoring professionals,^{1,2,3} national standards, and educational training requirements for university doctoral training programs including the Doctor of Audiology training program at Pacific University in Hillsboro, Oregon.⁴

In 2022, the FDA issued final regulations reclassifying non-OTC, air conduction hearing aids from restricted devices to prescription devices. The FDA issued letters to state officials, at that time, which stated,

"FDA's intent is that the same professionals who recommended, selected, fitted, and dispensed restricted hearing aids before the effective date would continue to do so for prescription hearing aids after the effective date. Further, the final rule does not require the involvement of an additional licensed practitioner such as a physician. A licensed audiologist, for example, would not need to consult a physician under FDA's final rule."⁵

¹ Oregon Optometry Practice Act. Accessed on February 15, 2025, here: https://oregon.public.law/statutes/ors_683.010

² Oregon Chiropractic Practice Act. Accessed on February 15, 2025, here: https://www.oregonlegislature.gov/bills_laws/ors/ors684.html

³ Oregon Physical Therapy Practice Act. Accessed on February 15, here: https://www.oregonlegislature.gov/bills_laws/ors/ors688.html

⁴ Pacific University Audiology Training Curriculum. Accessed on February 15, 2025, here: <https://pacificu.app.box.com/s/5o4yhh7ayn1va0hc2ntujkya1hynxfsd>

⁵ U.S. Food and Drug Administration. Letter to State Officials RE: Final Rule on OTC and Prescription Hearing Aids. October 13, 2022. Accessed on February 15, 2025, here: <https://www.fda.gov/media/163084/download>

Audiologists’ formal clinical training and education is consistent with, or more advanced than other providers who are authorized to conduct health screenings, order cultures of bloodwork, and order radiographic and non-radiographic imaging under Oregon statutes.^{6,7,8} SB 943 also includes appropriate statutory limitations on audiologists’ scope of practice, by explicitly prohibiting audiologists from performing surgery, which is outside of their education and training.

Audiologists regularly perform non-radiographic imaging and scanning (earmold scanning and video otoscopy), using advanced techniques and technologies to evaluate patients and to create custom-fit hearing protection and amplification products and devices. Audiologists are also already responsible for conducting health screenings under Medicare’s Merit-Based Incentive Payment System (MIPS).⁹

Audiologists routinely encounter and are highly qualified to remove cerumen and foreign bodies such as hearing aid filters, hearing aid domes, insects, rocks, and jewelry from the external auditory canal. According to a recent study, there were more than 600,000 emergency department visits for ear canal foreign body removal in the United States from 2010 to 2019.¹⁰ Improving access to audiologists and codifying their authority to remove foreign bodies in the external auditory canal can help reduce the number of emergency room visits for ear canal foreign body removal, which result in higher cost care, delivered by providers who are less experienced and often less trained in the procedures for safe removal of foreign bodies in the external auditory canal than are audiologists.

Oregon has a documented shortage of both physicians and nursing professionals.^{11,12} According to a January 2025 Oregon Health Authority Bulletin,

“Demand for primary care providers – including physicians, nurse practitioners, physician associates and naturopathic physicians – outpaces supply given population growth and an aging society. The distribution of Oregon’s estimated 9,584 total primary care providers was uneven in 2024, with rural and remote areas having fewer providers to meet demand. The state also has a smaller portion of primary care medical residents, or new physicians who are training in primary care, than the nationwide average.”

Further, according to Becker’s Hospital Review, there are only approximately 150 primary care providers available to serve every 100,000 Oregonians.¹³ Updating Oregon’s audiology practice act to recognize audiologists’ full expertise will help alleviate some existing physician, physician assistant, and nursing shortages, by better deploying audiologists within the healthcare system.

⁶ State of Oregon statute reference on laboratory ordering providers. Accessed on February 13, 2025 at

<https://www.oregon.gov/oha/PH/LABORATORYSERVICES/CLINICALLABORATORYREGULATION/Documents/order.pdf>

⁷ Oregon Board of Dentistry. Clarification on Radiographs. Accessed on February 15, 2025, here:

https://www.oregon.gov/dentistry/documents/clarification_on_radiographs.pdf

⁸ Oregon Board of Chiropractic Examiners. Guide to Policy and Practice Questions. Accessed on February 15, 2025, here:

https://www.oregon.gov/obce/Documents/Guide_to_Policy_Practice.pdf

⁹ Audiology Quality Consortium website. Accessed on February 15, 2025, here: <https://audiologyquality.org/measures/>

¹⁰ Helbing AHB, Straughan AJ, Pasick LJ, Benito DA, Zapanta PE. I’m All Ears: A Population-Based Analysis of Consumer Product Foreign Bodies of the Ear. *Ann Otol Rhinol Laryngol*. 2022 Aug;131(8):829-833. Doi: 10.1177/00034894211045638. Epub 2021 Sep 11. PMID: 34514851.

¹¹ Oregon Longitudinal Data Collaborative (OLDC) 2023 Study. Accessed on February 12, 2025 at www.oregon.gov/highered/strategy-research/Documents/SLDS/SUMMARY-Oregon-Healthcare-Education-Shortage-Study-Findings-and-Recommendations.pdf

¹² Oregon Health Authority. Press release dated January 14, 2025. Accessed on February 15, 2025, here:

<https://content.govdelivery.com/accounts/ORHA/bulletins/3cc98a1>

¹³ Becker’s Hospital Review Primary Care Rankings by State. 2024. Accessed on February 12, 2025 at

<https://www.beckershospitalreview.com/rankings-and-ratings/states-ranked-by-total-primary-care-physicians-in-2024.html>

SB 943 will assure that Oregon statutes governing the practice of audiology appropriately reflect the education, training, and skills that audiologists possess and establish appropriate consumer protections by limiting the practice of audiology to those services for which audiologists are educated and trained. SB 943 will improve access to safe, effective audiologic care for the citizens of Oregon, while reducing the cost of care and delays in treatment.

ADA encourages swift passage of SB 943. Please contact me at sczuhajewski@audiologist.org if I can provide additional information about the merits of this legislation, or if I can assist you in any way.

Respectfully,

A handwritten signature in cursive script that reads "Stephanie Czuhajewski". The ink is dark and the signature is fluid and legible.

Stephanie Czuhajewski, MPH, CAE
Executive Director