AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY®

To: Members of the Oregon Senate Health Care Committee

From: Rahul K. Shah, MD, MBA, Executive Vice-President /CEO, American Academy of Otolaryngology-Head and Neck Surgery

Date: February 14, 2025

Re: AAO-HNS Opposition to SB 943, Relation to Audiology, Creating New Provisions

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery, the nation's largest medical organization representing physician specialists dedicated to the care of patients with disorders of the ears, nose, throat and related structures of the head and neck and leaders of the hearing healthcare team, we oppose **Senate Bill (SB) 943** as introduced and offer the following testimony.

With eight years of formal education, a minimum five-year residency, and at least 15,000 hours of clinical training, otolaryngologist-head and neck surgeons are the most qualified providers to diagnose and treat ear, nose, and throat conditions - and are trained to lead a care team.

Expansion of the "scope of practice" related to the diagnosis and treatment of medical conditions should be based on didactic and clinical training followed by rigorous assessment of competence, licensure and privileging related to specific areas of expertise.

Of particular concern are provisions in Section 2 (3) (a-d) that propose to allow audiologists to conduct health screenings, remove foreign objects from the ear, order cultures and bloodwork, and order non-radiographic scanning and radiographic imaging.

The wording of this proposed legislation would allow audiologists to first make medical diagnoses and then manage and treat any disorder of the human ear. The language describing management and treatment implies the ability for audiologists to order non-auditory and non-vestibular testing, write prescriptions and perform surgeries, none of which they have been trained to accomplish or licensed to perform.

There is a vast difference between performing or reviewing auditory and vestibular testing, interpretating these tests, and making a correct medical diagnosis. An accurate medical diagnosis is a critical first step to subsequently prescribing the most appropriate treatment, which often includes many more options than the straightforward placement of the

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hearing aid or implantable hearing device or performing balance therapy. A specialty-trained physician, not an audiologist, must be the one to make the shared decision in consultation with the patient, as to the most appropriate treatment, whether it be pharmaceutical intervention, implantable hearing device(s), other otologic surgery, or observation, based on a complete history and assessment of all risks and benefits for that patient.

The definition of the practice of audiology as proposed in **SB 943** includes a broad expansion of services audiologists may perform. "Evaluate, diagnose, manage [and] treat" are terminology that traditionally refers to the practice of medicine. When these terms are used in other health occupations, they are limited or qualified by a higher level of education and training within that specialty.

Therefore, we propose language that will clarify these issues to ensure patient safety in the state of Oregon as granted in appropriate scope of practice for audiologists. This includes:

- Adding language to clarify when it is appropriate for a licensed audiologist to have the ability to "evaluate, diagnose, manage and treat" conditions that are within their training and not construed to be the practice of medicine as if by a physician.

- Eliminating or restricting scenarios under which a licensed audiologist can order cultures, bloodwork or other medical tests as listed, and,

- Modifying language to clarify the ordering of cultures, bloodwork or other medical tests does not include the reading, interpretation or assessment of the results of such tests.

In summary, audiology training does not include the necessary didactic and clinical training during their four years of education or post-training competency validation to justify these medical privileges they are requesting or be deemed equivalent to an otolaryngologist-head and neck surgeon, after their nine to eleven years of training. Enacting the legislation, as introduced, in Oregon would be detrimental to patient safety, granting such privileges to audiologists without adequate training to appropriately perform them. This bill attempts to expand access without full consideration of the potentially problematic clinical outcomes.

We urge the members of the Health Care Committee to reject this attempt to provide the requested medical privileges to audiologists under their current training paradigm.

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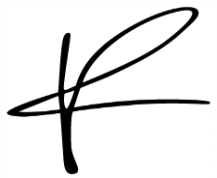
Sincerely,



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