



February 21, 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,

I write to you today on behalf of the Northwest Academy of Audiology (NWAA) in support of SB 943. NWAA represents over 150 audiologists and doctor of audiology students in Oregon and Washington and advocates for patients and audiologists across the region. I am asking for your support of this vital legislation to improve timely access to care for Oregon patients through modernization of audiology's scope of practice.

Audiologist Training and Expertise

Audiologists specialists in the evaluation and management of medical conditions related to the ears and hearing. The entry level degree for a clinical audiologist today is the Au.D., a clinical doctorate which includes extensive didactic and clinical training in the diagnosis and treatment of hearing loss, peripheral balance disorders, tinnitus, auditory processing disorders, and other conditions related to the auditory and vestibular system.

Through their doctoral education, audiologists receive extensive training in anatomy and physiology of the full auditory and balance system. Course work at every institution includes classes on pathophysiology and differential diagnosis, which includes developing an understanding of imaging and labs as a tool for diagnosing conditions. Many institutions like Pacific University in Oregon have otolaryngologists (ENTs) give lectures on imaging and other advanced medical tests.

Many people think of hearing aids when they think of audiology, and that is included in the scope of practice. However, it is one treatment tool audiologists are trained on and represents a relatively small portion of the scope of education they receive. In some states, the practice of audiology is even licensed separately from the practice of dispensing hearing aids (so-called dual licensure). This further shows the scope of audiology beyond the common devices many audiologists dispense.

Modernizing Scope to Include Health Screenings

There is a strong connection between the auditory and vestibular systems and nearly every other system in the human body. Because of this, audiologists have strong relationships with other medical professionals across the health spectrum. The ability to conduct basic screening (not diagnostic) tests would allow audiologists to better triage patients to the professionals they need to see, ensuring timely access to the most appropriate medical specialists.

Currently, health screenings are available from a wide range of other sources, from medical assistants to automated systems in pharmacies to screeners on smartphones and watches. Audiologists who have gone through the training to administer a health screener and has the appropriate referrals in place are better equipped to serve patients than many of these other sources of screeners. Additionally, some audiologists are required to take part in the Medicare system's Merit-based Incentive Payment System (MIPS), which requires some health screeners in order to be considered providing good care for patients.

Modernizing Scope to Include Imaging and Bloodwork

One of the main concerns we have seen regarding the language of SB 943 has been around the inclusion of ordering rights for medical imaging and bloodwork. The inclusion of these diagnostic tools would allow audiologists to better triage patients and lighten the burden on ENTs and other specialist physicians. As NWAA has worked on this legislation, we have heard stories from many audiologists and patients that highlight the benefit of adding ordering rights to audiology's scope of practice.

From investigating cochlear implantation failures to checking for tumors on the vestibulocochlear nerve, audiologists could quickly determine the best next steps for patients. Audiologists complete the majority of patient interview and testing which indicate the need for imaging for auditory system pathologies. Under the current system, once this testing is complete, patients must then see an ENT to receive imaging. In the best case scenario this means a direct referral and waiting for an appointment. Under some insurance plans, patients must go back through their primary care provider to get an ENT referral, then onto the ENT. Once the imaging is complete, the patient must again see the ENT for the results and next steps.

Likewise with bloodwork, audiologists are at the center of treatment planning and intervention for patients with congenital and genetic hearing disorders, especially children. The ability to order genetic testing through bloodwork will allow audiologists to provide families answers about prognosis and start effective, evidence-based treatment plans weeks earlier than under the current system. Additionally, there are a number of

conditions detectable through bloodwork which are connected to hearing and balance disorders. Shortages of vitamin D3 and vitamin B12 are currently known to have links to such disorders, as just two examples.

To see the real-world implications of these delays, I encourage you to review testimony submitted by Dr. Emilie Hart-Hutter, Dr. Shelby Atwill, and Ms. Jennifer Arguinzoni-Ward, specifically. This is a real and present issue in our medical system and SB 943 offers a clear and safe solution.

Safety and Workload Concerns

NWAA absolutely hears and understands the concerns of physicians and other medical providers as around the modernization of audiology's scope of practice. Patient safety is at the core of the practice of audiology. However, patient safety also means ensuring as few patients fall through the cracks as possible. Under the current system, every audiologist has stories about such patients.

To address the concern raised by the AAO-HNS in their written testimony that audiologists do not receive the same level of training as ENTs, we fully agree. However, this bill is not asking for the addition of any practices that are solely held by ENTs. On the contrary, under Oregon law, imaging can be ordered by physician associates, nurse practitioners, optometrists, and chiropractors. Audiologists have the same or more training than each of these professions, especially around matters of the ear. When it comes to the ordering of labs, even more professions are on that list. Audiologists are well trained in anatomy, physiology, and pathophysiology of the auditory and vestibular system.

Audiology's licensing statutes also already state that audiologists are only able to engage in diagnostic and treatment activities for which they, as individuals, are trained and capable of. No audiologist who lacks the training to order testing will be permitted by Rules to order that testing (OAR 335-005-0015a and b). Audiologists will also not, by this bill, be able to perform imaging or draw blood, nor will they be completing the initial interpretation. Lab reports and reports by radiologists will be used for patient triage, just as they would be used by primary care providers and other providers engaged in differential diagnosis.

A Concern of Access and Affordability

I hope through this letter and the other testimony received, the committee will see that this bill is about improving a stressed medical system. Audiologists will not see increased pay or more patients coming through their doors after this bill passes. Instead it will allow them to serve the patients they already see better by getting

answers sooner, reducing unnecessary ENT appointments, and moving to the best professionals for treatment. While we hear the concerns of our physician partners, we truly believe this is a pro-ENT bill. By ensuring all providers are practicing at the top of their training and expertise, we will help see that ENTs are only seeing the patients who actually need their specialist expertise, rather than having them triage all patients who have red flags that indicate the need for imaging.

I think you for your time and attention on this critical matter. I, and everyone at NWAA, are at the committee's disposal as this bill goes to a work session to ensure the best version of it possible is passed. We look forward to working with you and our physician partners to improve hearing health care for all patients in Oregon.

Thank you for your support of this critical legislation,

A handwritten signature in black ink, appearing to read "By Bryan Greenaway, Au.D." The signature is written in a cursive, flowing style.

Bryan Greenaway, Au.D.
Legislation and Policy Chair
Northwest Academy of Audiology