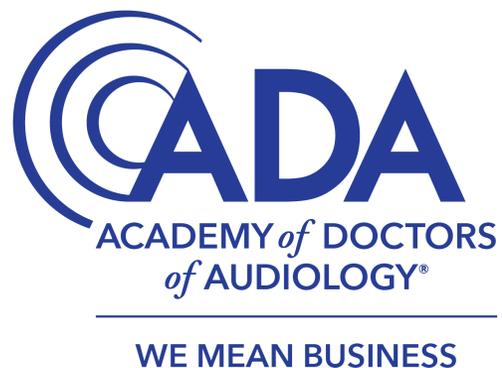


# State Advocacy, Autonomy, and the Future of Audiology Part 1

Stephanie Czuhajewski, MPH, CAE

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# Disclosures

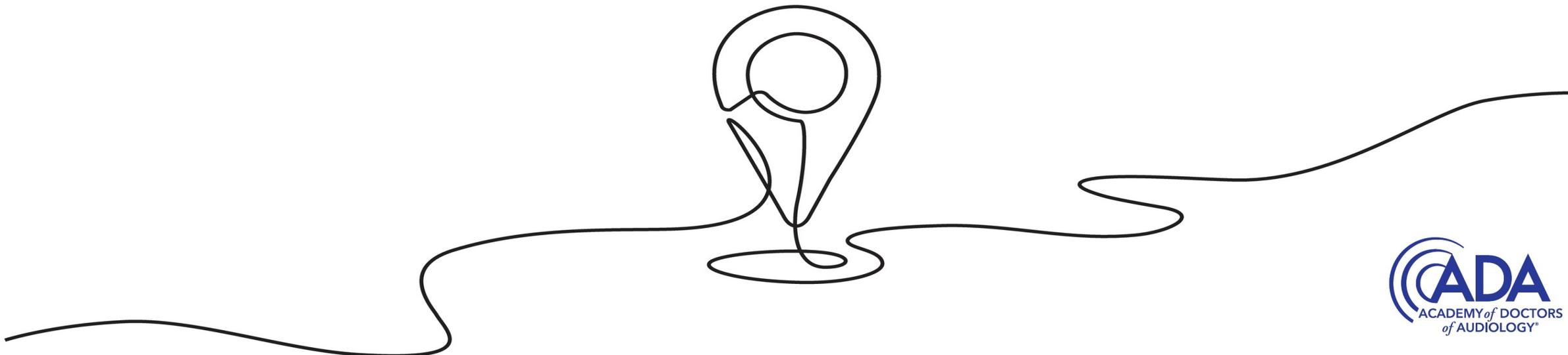
- Financial: Contractor for Academy of Doctors of Audiology
- Financial: Contractor for Kentucky Academy of Audiology
- Non-financial: Audiology association representative for the A-SLP Interstate Compact Commission

# Proposed Agenda

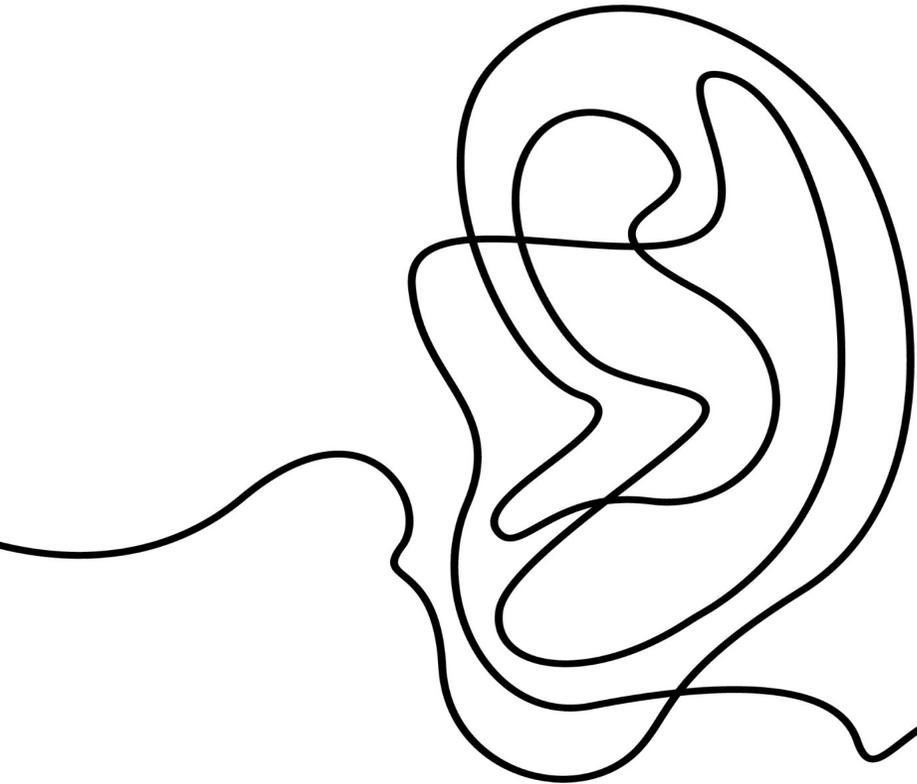
- Background on global audiology landscape
  - Audiology 2050 as a roadmap for the future
  - Why advocate?
  - Scope of Practice: Current state of the states and Kentucky
  - Key state advocacy initiatives to advance the profession
- 

- Description of a Kentucky initiative
- Panel discussion
- Q&A
- Closing Reminders and Remarks

# Background: Current Challenges



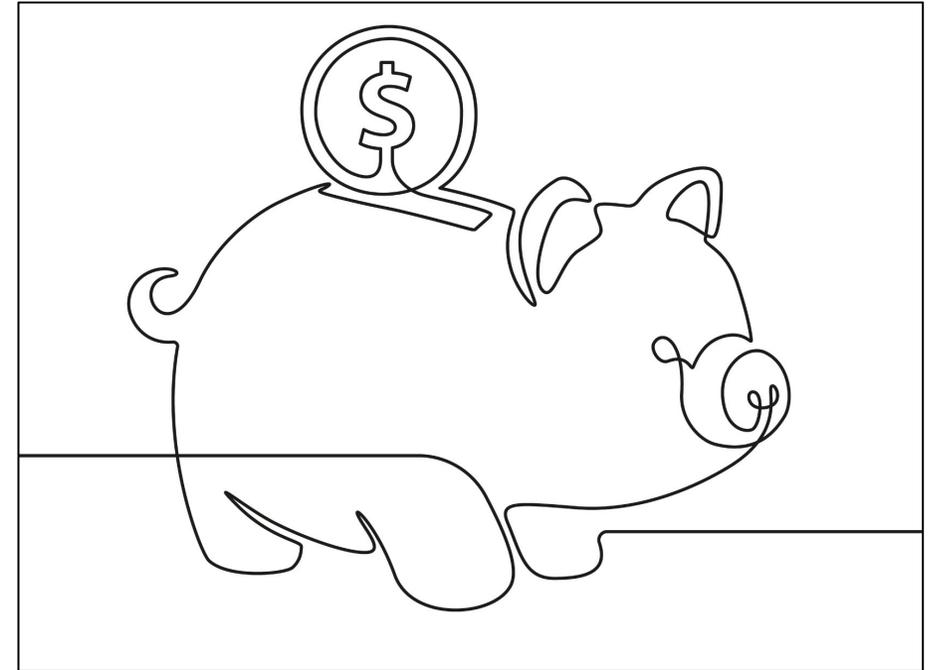
# Auditory and Vestibular Health is Not Prioritized



- Hearing loss is usually slow to progress and slow to be noticed (no pain, can't 'see' the change)
- Both hearing (including tinnitus) and balance issues are often normalized and minimized by health care providers
- Hearing loss is not generally recognized as a “trauma,” as degenerative, or as a debilitating condition

# Regulatory/Payer/Reimbursement

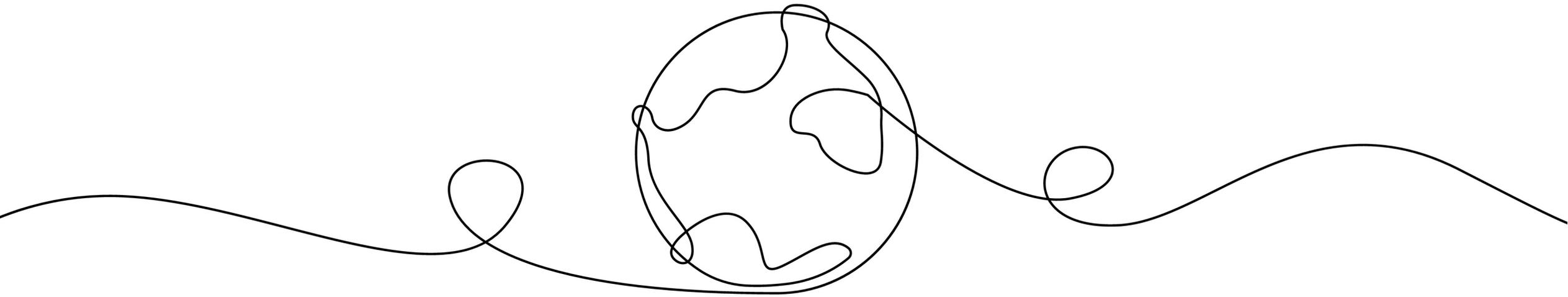
- Cost/coverage of hearing care not aligned with quality and satisfaction
- Many managed care plans lack transparency and impose undue burdens that impede access, affordability, equity, and efficiency
- Bundling devices and services undermines the value of both
- Recently introduced new bundled HA service codes further complicate matters



# Workforce Constraints



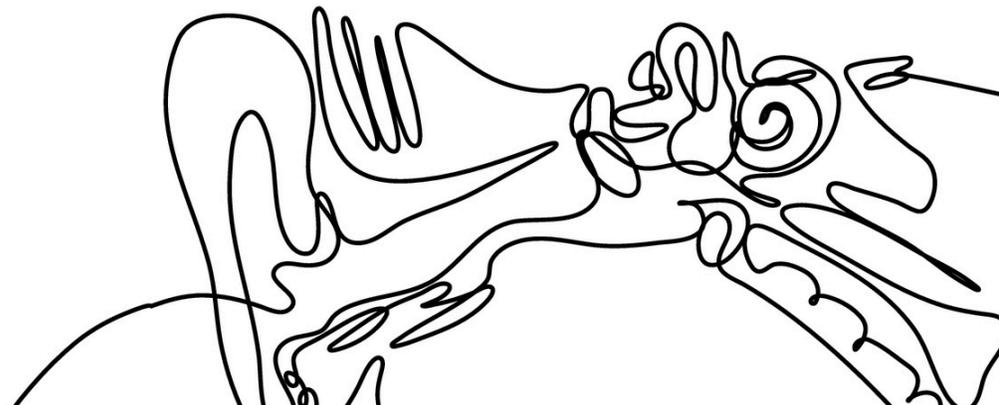
- Workforce is too small to meet demand in existing model of care
- Audiologists are overeducated as hearing aid fitters
- Audiology programs are expensive and take a long time to complete
- HIS training/delivery is inconsistent, and attrition is high



# Background: Trends and Opportunities

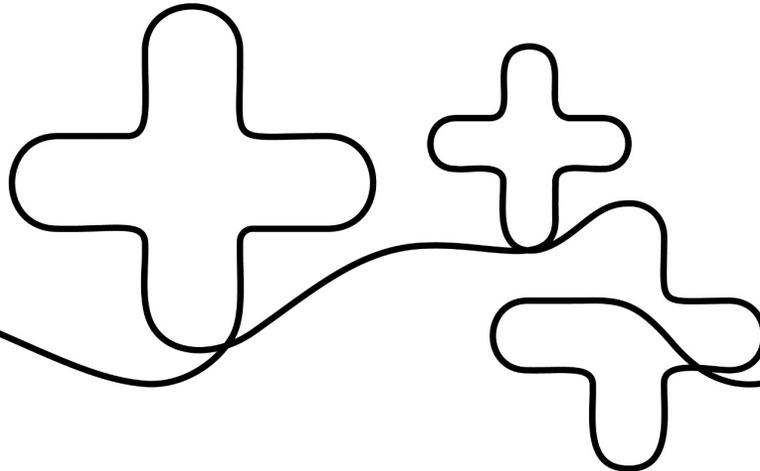
# An Improved Understanding of the Risks Associated with Untreated Hearing Loss

- For the first time, hearing loss is viewed as a controllable risk in its own right
- For the first time, “call to action” messages are targeting middle-aged individuals, many of whom are caring for parents with conditions that are exacerbated by untreated hearing loss
  - Example, AAO-HNS now recommends hearing screening for all adults 50 years and older



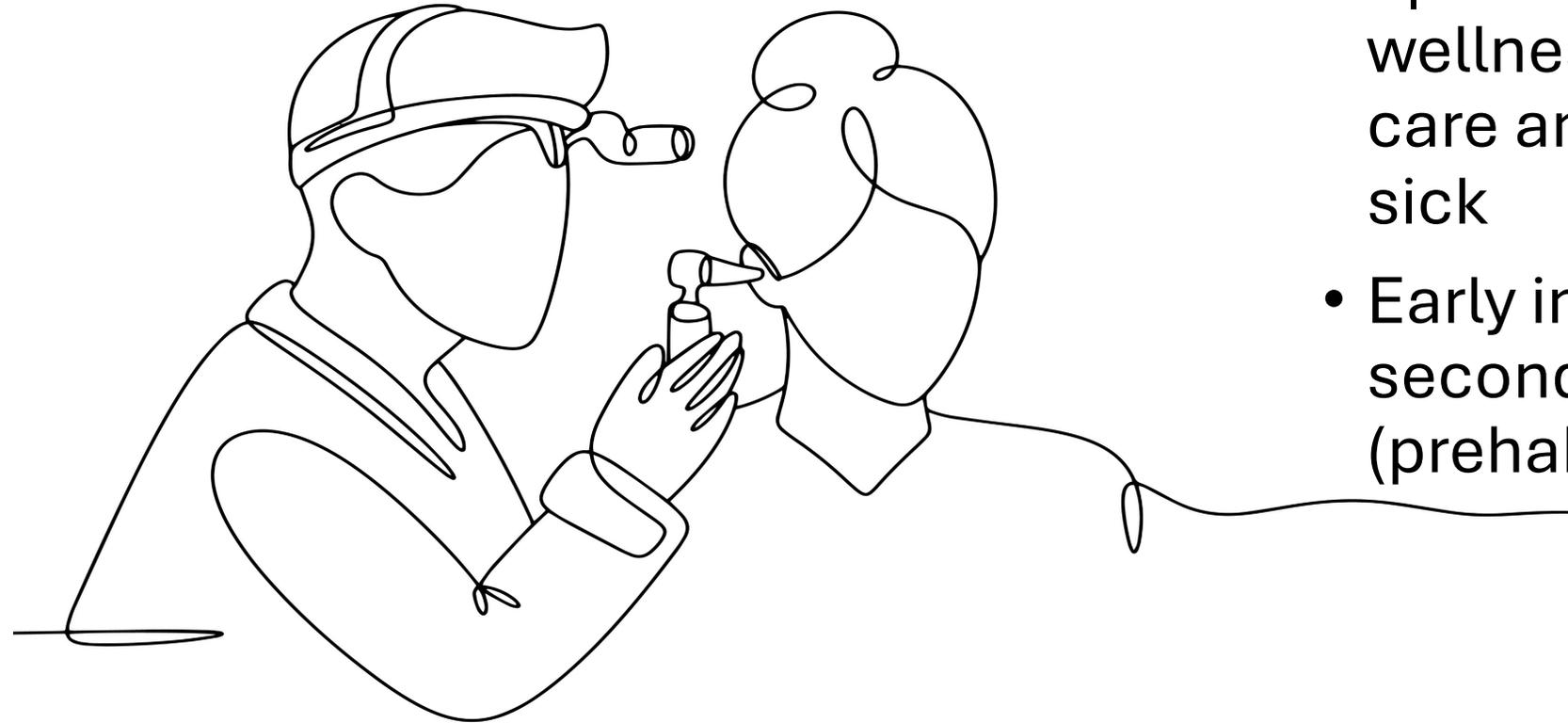
# Melding of Healthcare/Wellness and Traditional/Non-traditional Medicine

- Lifestyle medicine, concierge medicine, and precision medicine are becoming more popular
- More a-la-carte options to build out holistic approaches to care
- “Connectedness” is viewed as a prevention and a treatment
- Aging “in place” is a goal (preventing falls, loneliness, and cognitive decline are critical)



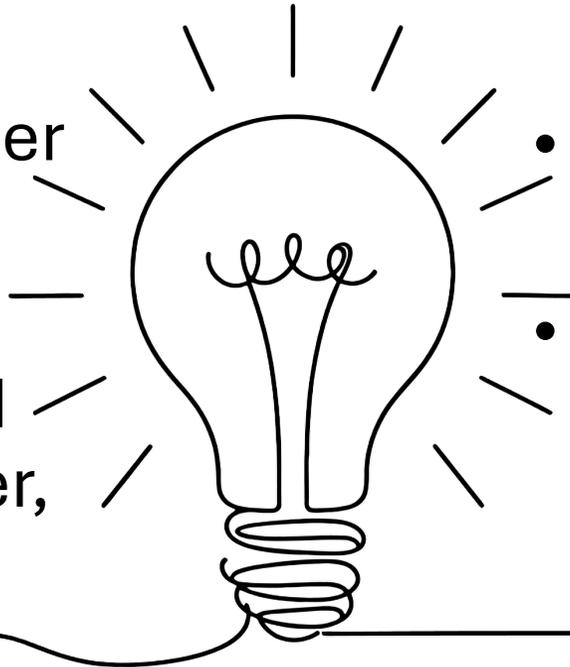
# Greater Focus on Auditory & Vestibular Health as Public Health Issues

- Greater emphasis on optimization of health and wellness over reactive care and treatment of the sick
- Early intervention as secondary prevention (prehabilitation)



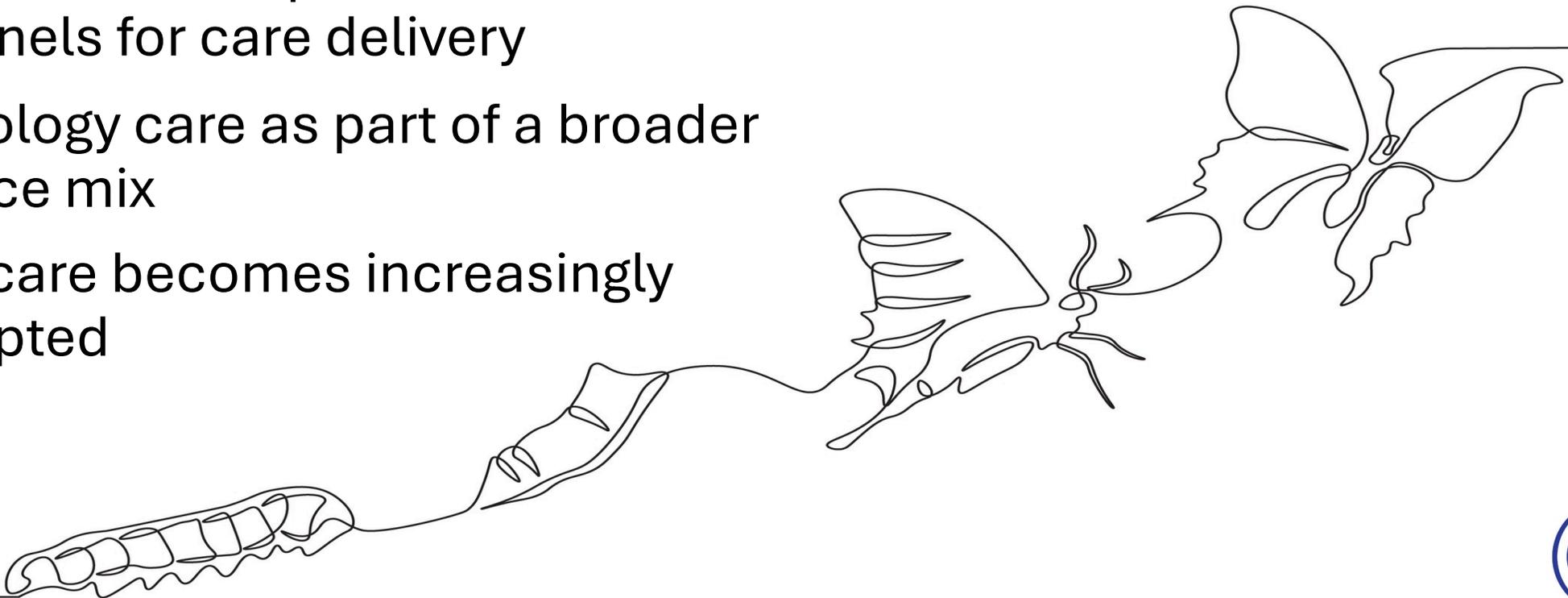
# The Empowered Consumer

- Insistence on greater transparency and control
- View themselves as a partner in care (ownership of the healthcare journey)
- Greater interoperability and portability (records, provider, and medical home)
- Unbundling and hybrid pricing models gain favor
- Demand for subscription-based care may increase
- New private-pay models may emerge

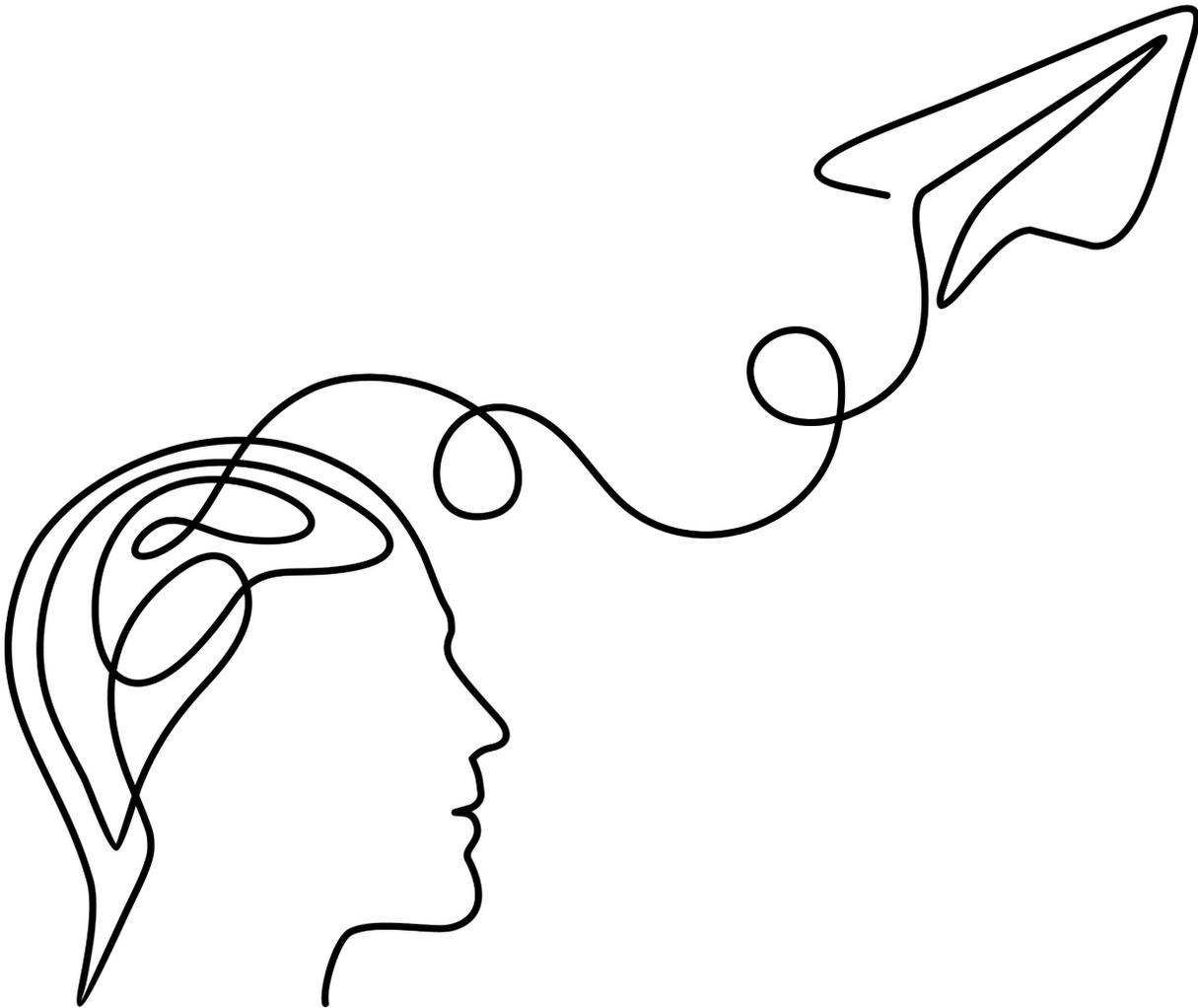


# Emerging Channels/Platforms for Care Delivery

- Teleaudiology (finally) takes off
- Interdisciplinary care models emerge that are novel in provider mix and channels for care delivery
- Audiology care as part of a broader service mix
- Self-care becomes increasingly accepted

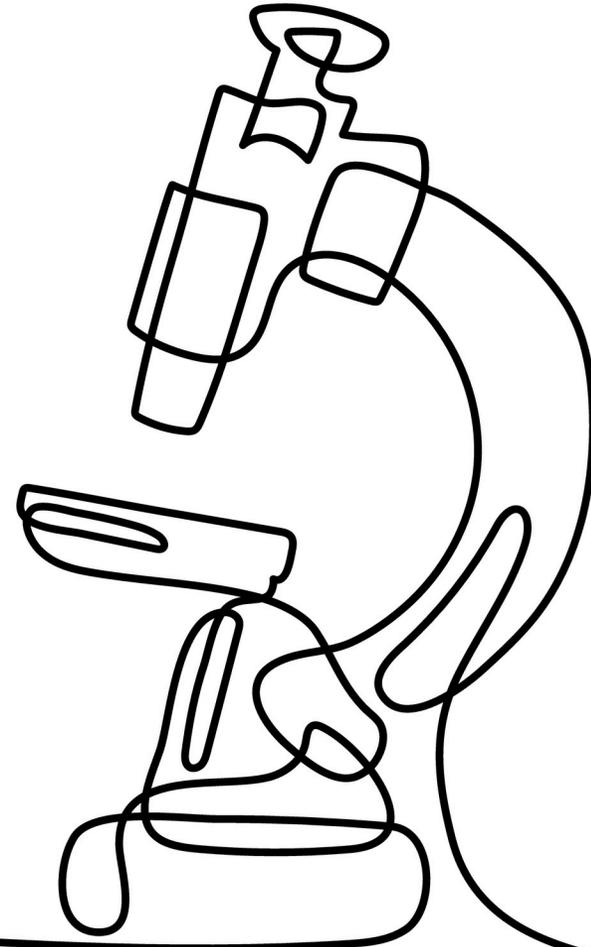


# Use of AI Beyond Hearing Aids



- Improved satisfaction and clinical outcomes in shorter time using customer input and predictive analytics to diagnose and treat
- Use of AI to narrowly target and attract consumers with greater precision at lower cost
- Use of AI to diagnose/treat and increased opportunities for consumers to self-manage

ADA leaders recently undertook extensive research to compare audiology with other clinical doctoring professions to identify similarities and differences in structure, practice, training, and demographics, as well as their nomenclature and classification in laws and statutes. We also talked to audiologists to get their perspectives on needed reforms.



ADA explored how all of those things impact and influence the standing and perception of the profession, access for patients, reimbursement, and prioritization of health conditions for insurance coverage.

We also evaluated new and innovative global healthcare delivery models, predictive and prescriptive models for health and wellness, and overarching trends.

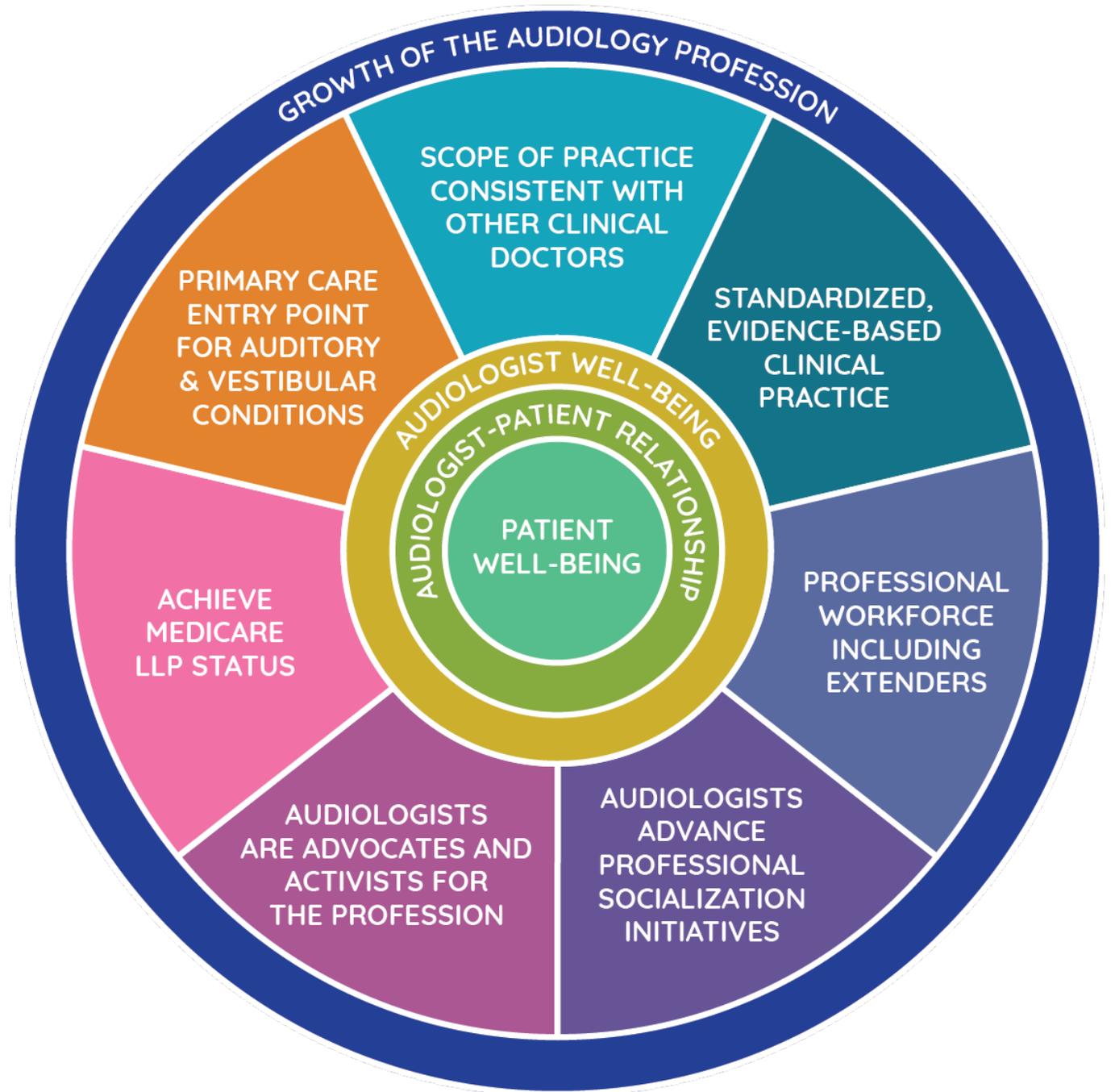


What is your greatest wish, hope, dream, or goal for audiology that will help it achieve its full, intended potential as a clinical doctoring profession—and that will help achieve the best outcomes for patients?





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- Audiologists have knowledge of “whole body”
- Case history that reflects point-of-entry provider
- Public perception of audiology is as the point-of-entry provider for hearing and balance
- Employ/supervise/collaborate with allied health and physicians as part of a multidisciplinary/interprofessional team
- Increase the number of independent private audiology practices
- Audiologists meet patients where they are in their hearing journey



**AUDIOLOGY 2050**

- Move toward unbundled and hybrid service pricing
- Audiologists held to the same standards for ethics and compliance as other LLP providers and clinical doctoring professionals
- Eliminate reliance on profit from devices as a mechanism for profitability/sustainability
- Exceptional students compete for entrance into audiology training programs



**AUDIOLOGY 2050**

- Audiologists are invested members of their state and national associations
- Audiologists give time talent and resources to advocate for the profession



**AUDIOLOGY 2050**

- University curriculum values and encourages private practice
- CAA/ACAE standards encourage students to participate in organizational membership and advocacy for the profession
- Preceptors require universities to meet standards of practice and professionalism as a condition of taking students



**AUDIOLOGY 2050**

- Develop new staffing and service delivery models that improve efficiency and patient outcomes
- Develop new educational models that develop and incorporate qualified extenders into audiology practice
- Create an undergraduate degree that qualifies dispensers in a medical audiology model
- Design and implement interdisciplinary care models in private practice settings
- Incorporate innovative channels for audiology service delivery (telehealth, mobile audiology etc.)



**AUDIOLOGY 2050**

- There are Up-to-Date Standards of Care and Clinical Guidelines for Audiology
- ADA Audiology Practice Accreditation is the norm.
  - Use the QR Code below to learn more about ADA Practice Accreditation Standards.



**AUDIOLOGY 2050**

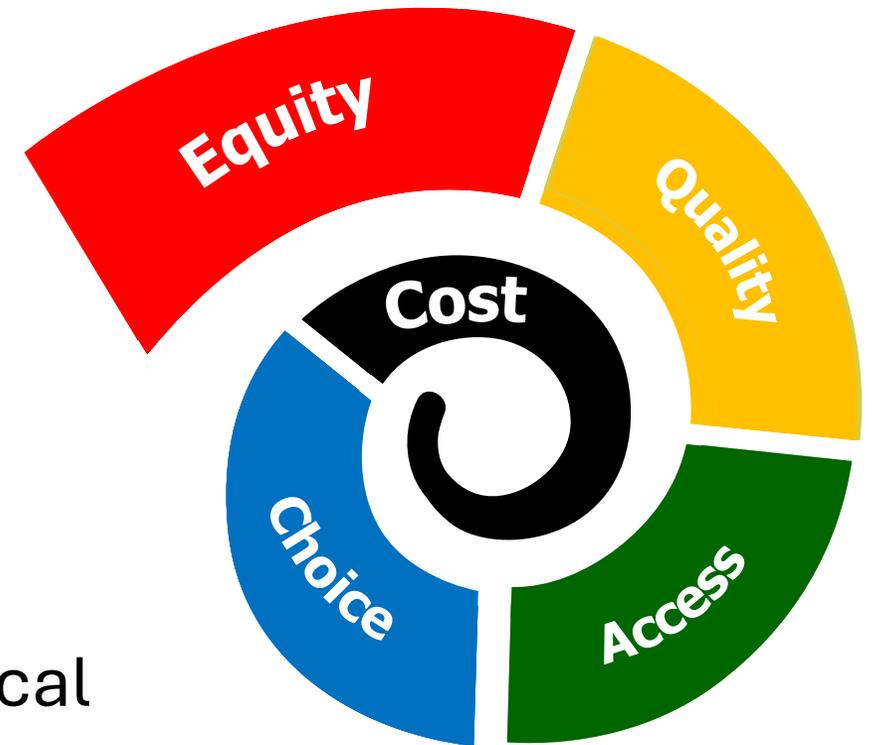
- Strip the term “non-medical” out of state audiology practice laws
- Ensure that state audiology practice laws include “evaluate, diagnose, manage, and treat auditory and vestibular conditions”
- Expand and intensify education and training in pharmacology, imaging, and other areas of clinical focus to ensure provider readiness
- Audiologists practice at the top of scope of practice and across the continuum of care (including prevention)



**AUDIOLOGY 2050**

# Why Advocate for Scope Modernization: The Need and Opportunity for State Policy Updates

- 1** Current laws unfairly limit consumer access, choice, and continuity of care.
- 2** Current statutes have not evolved with the practice of audiology.
- 3** Current audiology statutes are not consistent with the way that other clinical doctoring professions and APPs are categorized and treated under the law



Hmm...let me file that under "not my problem..."

## **THE INSURANCE COMPANY**

**WHEN YOUR  
STATUTES DON'T  
INCLUDE SERVICES  
FOR WHICH YOU  
ARE SEEKING  
REIMBURSEMENT**

som<sup>ee</sup>cards  
user card





# State of the States: Re Scope

- 22 states authorize audiologists to evaluate by statute
- 12 states authorize audiologists to diagnose by statute without a “non-medical” qualifier; 11 additional states allow “non-medical” diagnosis
- 9 states authorize audiologists to manage by statute
- 9 states authorize audiologists to perform health screenings by statute
- Most states authorize audiologists to “treat” by virtue of terms such as habilitate/rehabilitate.
- Several states only address hearing and auditory function, omitting vestibular

# State of the States: Re Scope

- 5 states still require dual licensure for audiologists to dispense hearing aids
- All but 3 states allow online sales/mail order delivery of prescription hearing aids
- Only 13 states have effectively addressed and specifically authorized audiologists and hearing instrument specialists to prescribe and/or order prescription hearing aids
- Every state allows audiologists to deliver telehealth services but with varying requirements and restrictions

# Maryland Legislation Enacted

- **Changes audiology practice statute to include:**

- Evaluate, diagnose, manage, and treat auditory and vestibular conditions in the human ear;
- Conducting health screenings
- Removal of foreign bodies and cerumen management as long as anesthesia not required
- Performing non-radiographic scanning/imaging
- Ordering bloodwork and cultures for auditory or vestibular conditions
- Ordering radiographic imaging



Use this QR Code to  
read the final/adopted  
Maryland bill

# Arkansas Legislation Enacted

- **Changes audiology practice statute to include:**

- Evaluate, diagnose, manage, and treat auditory and vestibular conditions in the human ear;
- Conducting health screenings
- Removal of foreign bodies and cerumen management as long as anesthesia not required
- Performing non-radiographic scanning/imaging
- Ordering bloodwork and cultures for auditory or vestibular conditions
- Ordering radiographic imaging
- Explicitly prohibits interpreting the tests and imaging\*



Use this QR Code to  
read the final/adopted  
Arkansas bill

# Common Practices in AR and MD Advocacy

- Both AR and MD overcame significant physician objections and organized physician advocacy
- Used a core group of die-hard audiology activists
- Prepared evidence and testimony in advance
- Leveraged geographic disparities
- Engaged a legislator champion that was tough, connected, and well respected
- Had to overcome physician legislators
- Had support/endorsement from their state associations and ADA

# Differences Between Execution in AR and MD

- MD legislature is Democrat and AR legislature is Republican
- MD took 2-3 years; AR took one year
- AR had a legislator advisor who is married to an audiologist; MD did not have that advantage
- MD used a lobbyist; AR did not
- AR benefitted from university students and professors coming to support testimony
- MD had stronger and more organized physician opposition
- AR compromised further

# Key Global Modernization Considerations

- Strip the term “non-medical” out of state audiology practice laws
- Ensure that state audiology practice laws include “evaluate, diagnose, manage, and treat auditory and vestibular conditions”
- Ensure that audiologists are explicitly authorized to prescribe and order prescription hearing aids and sound processors for cochlear implants and osseointegrated hearing devices.

# Key Global Modernization Considerations

- Ensure that audiologists are explicitly authorized to conduct health screenings
  - Ensure that audiologists are explicitly authorized to order radiographic imaging and perform non-radiographic imaging
  - Ensure that audiologists are explicitly authorized to order bloodwork and cultures for auditory and vestibular conditions
- \*\* Ensure that audiologists can prescribe and administer topical antibiotics and anti-fungals

# Common General Myths

- Opening state audiology practice act outside of the “sunset” window poses unnecessary risks and should be avoided
- Modernizing scope of practice will require audiologists to perform services for which they are untrained
- Expanding scope of practice will reduce quality of care
- You should wait to modernize your practice act until every clinician is educated and prepared
- Every state legislature functions similarly and with the same processes and protocols for introducing/advancing legislation
- Opposition to state practice act modernization is partisan
- AAO-HNS cannot be out-matched on advocacy

# Kentucky Audiology Statute: Definition of the Practice of Audiology

"Practice of audiology" means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to hearing and disorders of hearing for the purpose of modifying communicative disorders involving speech, language, auditory behavior, or other aberrant behavior related to hearing loss; planning, directing, conducting, or participating in identification and hearing conservation programs; and habilitative and rehabilitative programs, including hearing aid recommendations and evaluation, prescribing, ordering the use of, selling and fitting hearing instruments, including the selling and fitting of both prescription hearing aids and over-the-counter hearing aids, auditory training, or speech reading;

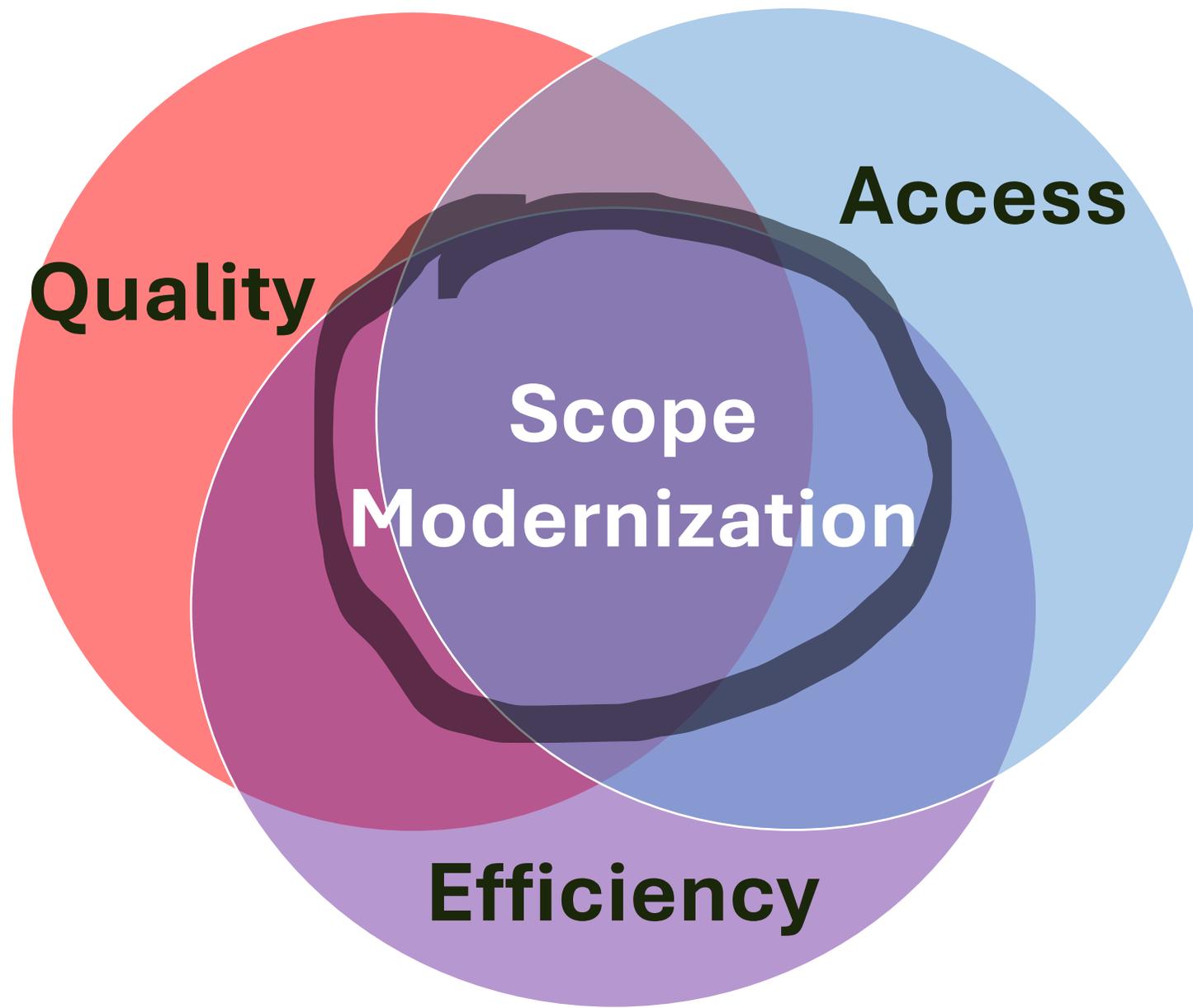
# What's Missing from the KY Statute for Standardization with Minimal Expected Current Scope of Practice for Audiology

- Evaluate, Diagnose, Manage, and Treat Auditory and Vestibular Conditions
  - “Treat” is implied by habilitate/rehabilitate but only for “hearing”
- Tinnitus
- Vestibular
- Intraoperative Monitoring
- Health Screenings
- Conducting non-radiographic imaging (video otoscopy and scans)
- Implants/Osseo-integrated processors

# What Else is Missing from KY Statutes to Align with Advanced Scope Modernization?

- Ordering radiographic imaging for auditory and vestibular conditions
- Ordering bloodwork and cultures for auditory and vestibular conditions
- Applying, dispensing, and prescribing topical antibiotics and antifungals for conditions of the ear

# The Case for Updating KY Statutes





Why was this  
child so afraid  
to go into the  
corn maze?



**Because it was  
“EARIE”**

1. Donate at least \$50 to the KAA PAC Fund if you thought that joke was a-maize-ing!
2. Donate at least \$100 to the KAA PAC Fund, if you thought that joke was lame.

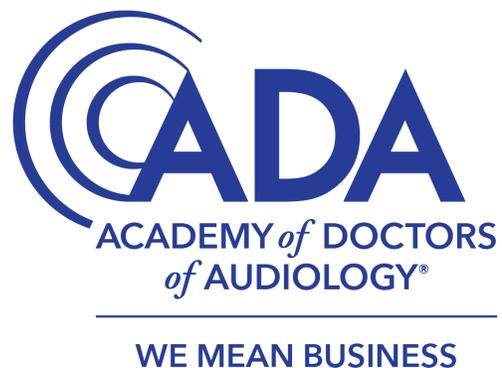


**Use this QR Code to donate to the KAA PAC Fund**

# State Advocacy, Autonomy, and the Future of Audiology Part 1

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BREAK TIME!

# State Advocacy, Autonomy, and the Future of Audiology Part 2

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Emily Childers

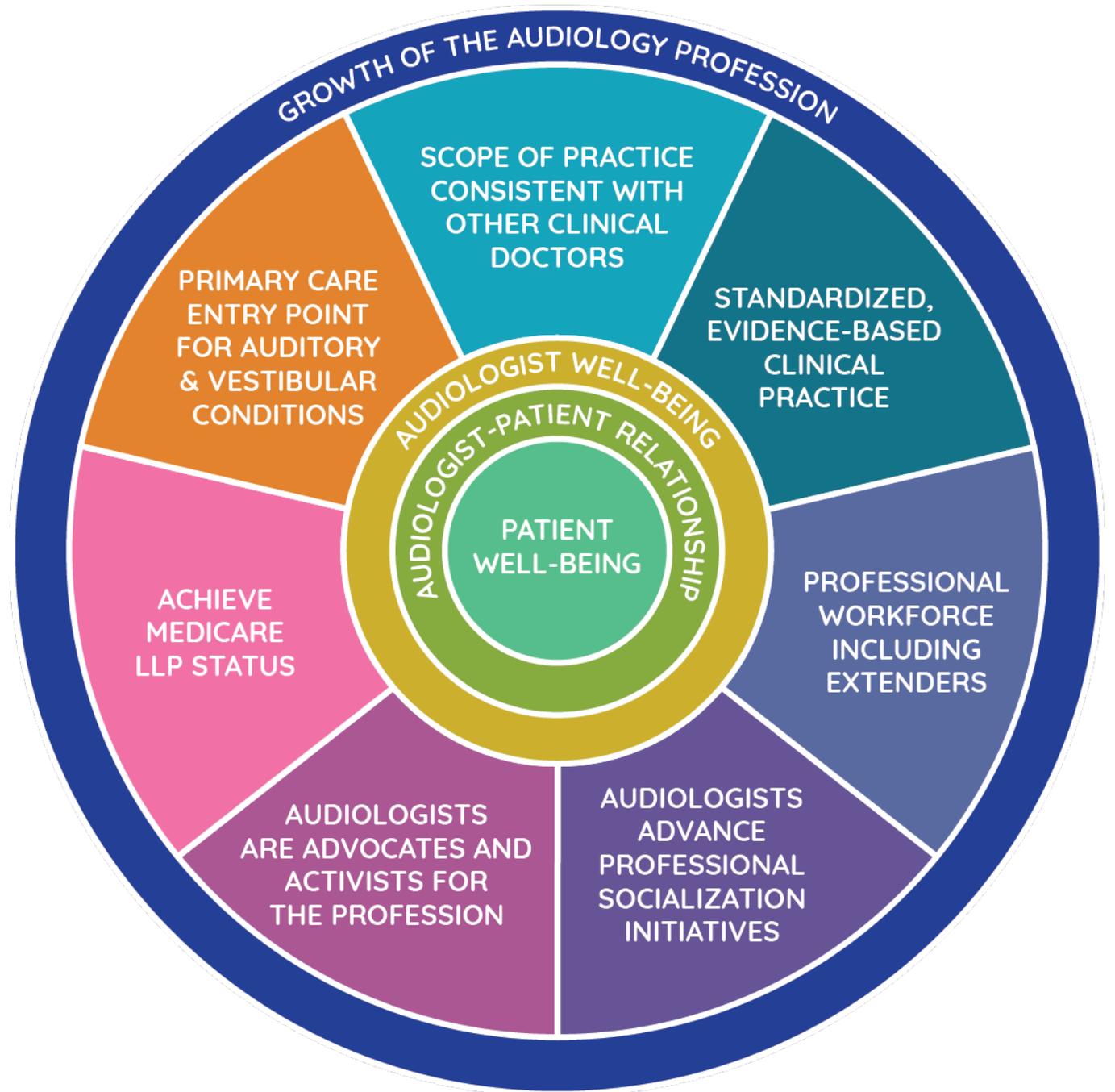
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(859) 321-1595 (mobile)



# A Kentucky Advocacy Plan

- KAA seeks to modernize audiology's scope of practice under Kentucky statutes, in 2026
- Scope modernization consistent with and slightly advanced from MD and AR
- Why Kentucky? What are the advantages?
  - Optometrists are authorized to perform surgery in Kentucky
  - University of Louisville has a forward-thinking program
  - ADA Headquartered in Kentucky
  - Dr. Deanna Gordon, a KY legislator can provide help, advice and guidance

# A Kentucky Advocacy Plan

- KAA Partnered with ADA and Agentis Mgt. to pilot a plan for 2026
  - ADA and Agentis Management each provided \$12,000 grants to KAA
  - KAA investing remaining \$12,000 - \$16,000
  - KAA used grant funding to hire a lobbyist

# KY Bill Planned Provisions

- Evaluate, diagnose, manage, and treat auditory or vestibular conditions
- Ordering and performing in-office non-radiographic imaging
- Removal of cerumen
- Removal of foreign bodies
- Prescribe, order, sell, dispense, or externally fit a sound processor to a cochlear implant for the correction or relieve of a condition for which cochlear implants are worn

# KY Bill Planned Provisions

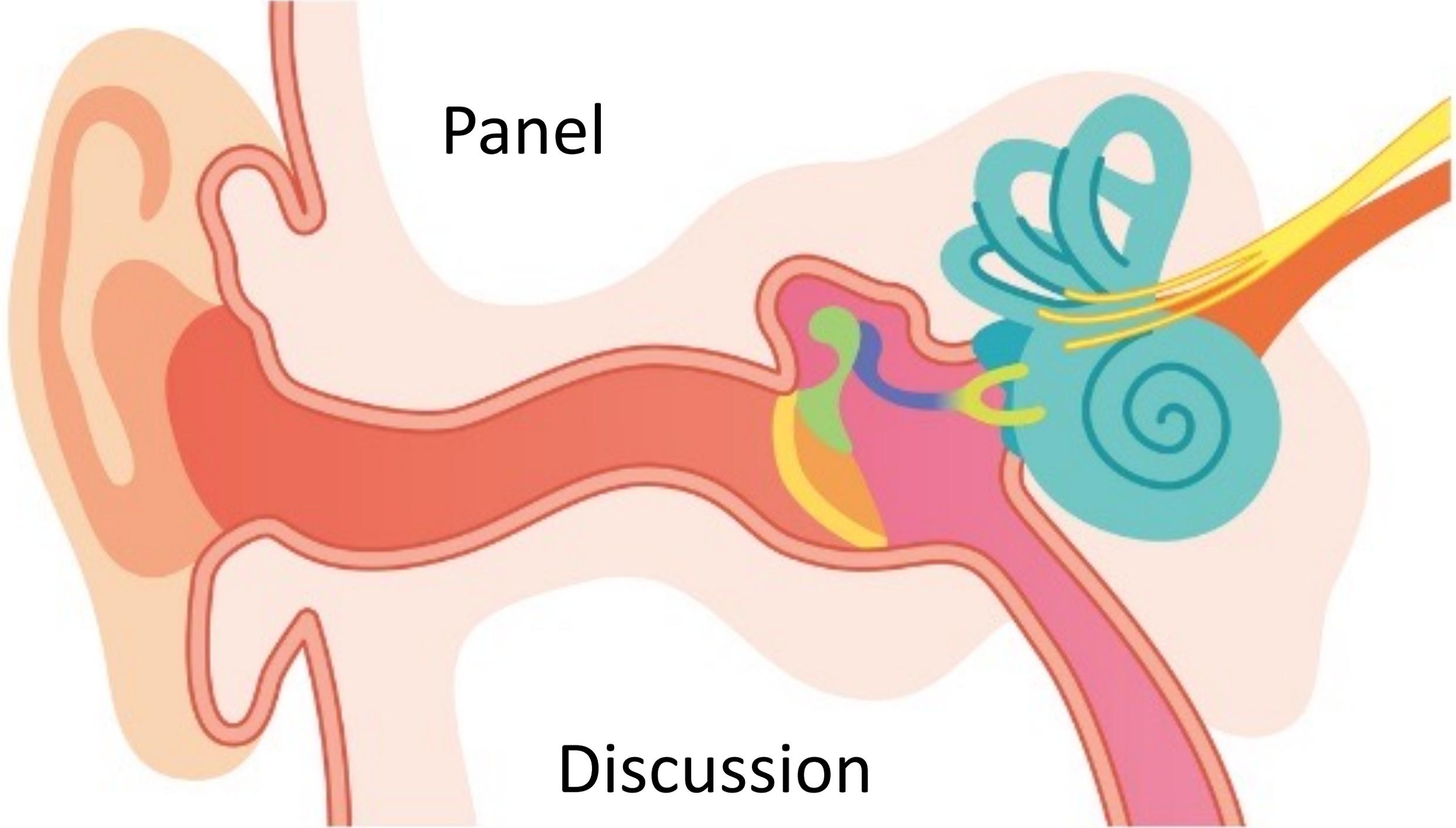
- Prescribe, order, sell, dispense, or externally fit a sound processor to an osseo-integrated device for the correction or relieve of a condition for which osseo-integrated devices are worn
- Conducting health screenings
- Ordering radiographic imaging as it relates to auditory or vestibular conditions
- Ordering cultures and bloodwork
- Prescribing, using, dispensing topical antibiotics to treat conditions of the ear

# KY Scope Modernization Bill Timeline

- **Timeline**

- April/May 2025 MOU between ADA/KAA/Agentis Management
- May/June 2025 Lobbyists interviews and hire
- July 2025 identify bill sponsor
- June – November 2025, bill development & issue socialization
- January 2026, bill introduction & issue socialization
- January – February 2026, KAA Lobby Day (stay tuned)
- 2026 KY Legislative session is January 6th – April 15th

Panel

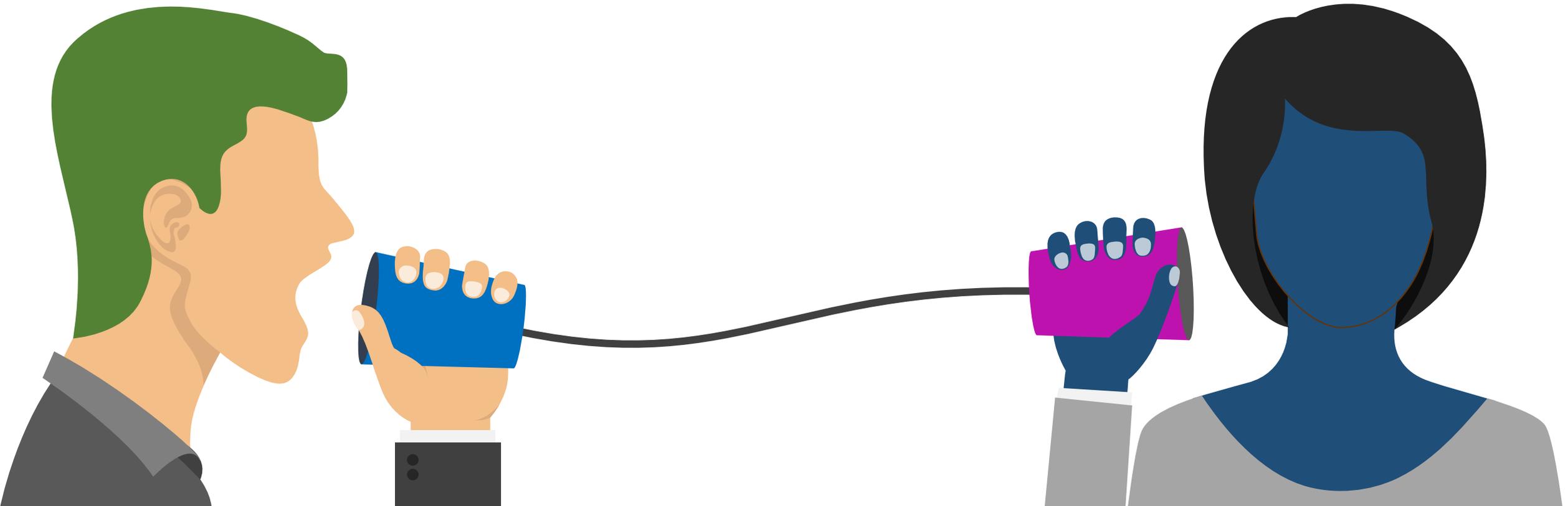


Discussion



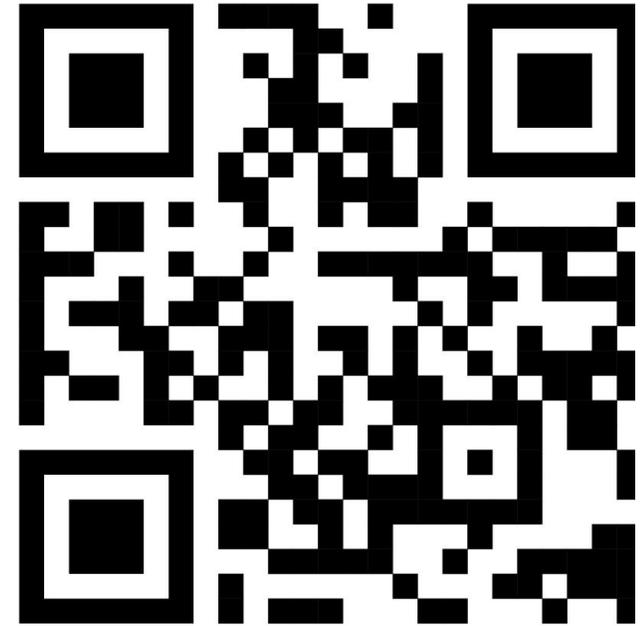


**You are the best messenger  
to tell audiology's story.**



# ACTION NEEDED

- Donate to the KAA PAC Fund
- Identify your state legislators (Representative and Senator)
- Connect with patients, providers, and other stakeholders.
- Seek continuing education in imaging, pharmacology, bloodwork, cultures, comorbidities and etc.



**Use this QR Code to donate to the KAA PAC Fund**

**AUDIOLOGISTS**

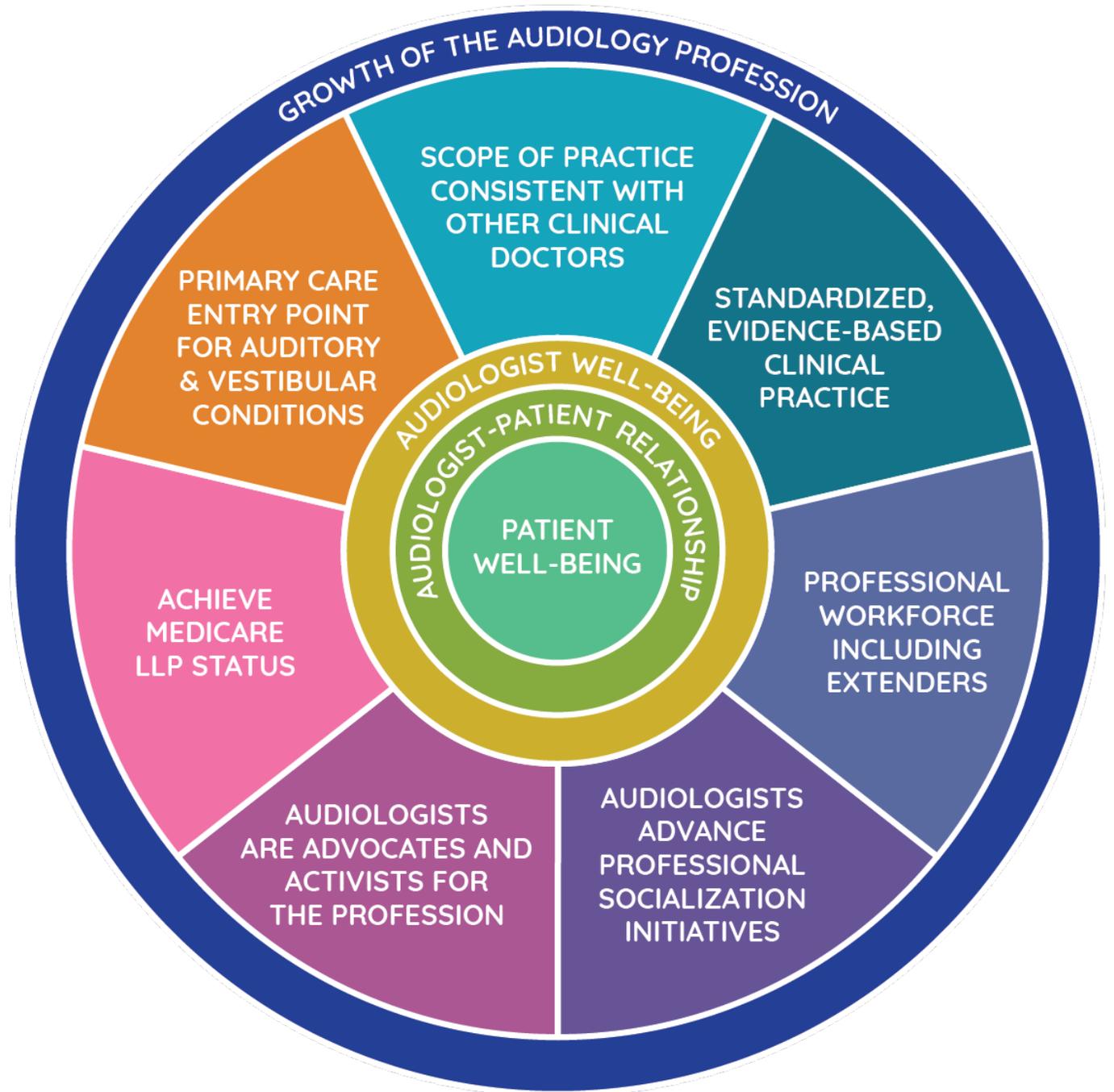
**RELIABLE SOURCES  
(INCLUDING KAA  
and ADA)**

**AUDIOLOGY  
FACEBOOK  
PAGES**





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# References

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<https://www.audiologist.org/resources/communicate/latest-news/latest-release-of-the-audiology-practice-accreditation-standards-september-2025>

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