

Testimony before Pennsylvania House of Representatives
Professional Licensure Committee
Senate Bill 137 (Sen. Gordner)
Sherman G. Lord, Doctor of Audiology (Au.D.)
Vice-President, Governmental Affairs
Pennsylvania Academy of Audiology

Good Morning, my name is Sherman Lord. As Vice-President of Governmental Affairs for the Pennsylvania Academy of Audiology, I am here representing that professional organization and the more than 800 licensed audiologists in the Commonwealth. To Chairwoman Harhart, Chairman Readshaw and all members of the Committee, thank you for the opportunity to speak before you today in support of SB137, known as the Speech-Language Pathologists and Audiologists Licensure Act.

Our current licensure act is nearly thirty years old, having been enacted on December 21, 1984. Since that time, the practice of audiology has evolved into a much more specialized profession, with increased and demanding academic requirements and continuing education. In 1977, I obtained a Master's Degree in Audiology. At that time this graduate degree required only one year of post-baccalaureate study. With advancements in assessment and treatment methods for consumers with disorders of hearing and balance, the need to expand the educational requirements for audiologists became increasingly evident. As far back as 1983, the American Speech-Language-Hearing Association, one of three national professional organizations that serve audiologists, concluded that "the master's degree did not provide adequate professional preparation" and recommended that a professional doctorate degree be the entry level degree for the privilege to practice audiology in a clinical setting. The degree designator chosen was the "Au.D."

Unlike the Ph.D., which is awarded to students interested in pursuing careers in research and academia, the professional doctorate is the highest post-baccalaureate degree awarded in a profession for the purpose of clinical practice.

This movement towards establishing a professional doctorate gathered significant momentum over the next decade and in 1994 the first Au.D. training program was established at the Baylor College of Medicine. There are now over seventy Au.D. training programs throughout the country including three in Pennsylvania (Bloomsburg University, the University of Pittsburgh and the Osborne College of Audiology at Salus University in Elkins Park, PA). Each provides a four-year course of study, the final year being a 12-month externship. I will allow my colleagues from Bloomsburg University and the Osborne College of Audiology to provide details about their respective programs.

Approximately thirteen years ago, the Board of Directors of the Pennsylvania Academy of Audiology recognized the need to amend our licensure law with respect to this new professional doctorate degree requirement. In fact, the target date established to fully convert the profession of audiology to a doctoring level was set for January 1, 2007. Yet, almost seven years later, we, in Pennsylvania, have a law that does not require new audiology licensure applicants to hold a doctoral degree. Therefore, it is conceivable that a new applicant could be undertrained and still be granted a license to practice audiology in the Commonwealth.

I am sorry to say that Pennsylvania is only one of eleven states that still does not recognize the Au.D. as the minimum degree required to apply for a new license. Therefore, it is essential that SB137 be enacted into law so that this serious credentialing issue is resolved as soon as possible. The consumer protection implications are clear.

Another important outcome of passage of SB137 is that it will amend the current law to make it consistent with the manner in which audiology is currently practiced. As previously stated, there have been significant changes in the technology available to assess hearing and balance function and provide treatment to those who do not require either medical and/or surgical intervention. Audiologists receive extensive instructional and practical training in assessment and treatment methods for the purpose of diagnosing and managing the needs of these consumers. The law, in its present form, is not consistent with current methods and procedures that audiologists are providing and performing every day in a variety of practice settings. Our goal is to put into statute what currently exists in regulation and is consistent with our current scope of practice.

Finally, I want to briefly mention the primary focus of today's hearing, and that is audiologists who provide intraoperative neurophysiological monitoring. Over the past few years, we have worked closely with representatives of the Pennsylvania Academy of Otolaryngology and Head-Neck Surgery (ENT physicians) to draft a bill that was in the best interest of consumers in Pennsylvania seeking services for hearing and balance disorders. In the spring of 2012 we agreed to the language contained in SB137. Eventually, that bill (SB1352) was unanimously passed by the Senate only to have eleventh hour objections raised by the neurology community concerning the intraoperative neurophysiological monitoring aspect of our scope of practice. I will defer to my colleagues who join me today on this panel to provide detailed information on the role audiologists play in the delivery of this specialized service. Suffice to say that audiologists are not only extremely competent in the provision of this important service, but have been the pioneers and leaders in the field of intraoperative neurophysiological monitoring for over thirty years.

I respectfully ask that you vote in favor of SB137. Thank you for your attention and consideration of this bill.

Respectfully yours,

Sherman G. Lord, Au.D.
Doctor of Audiology
Vice-President, Governmental Affairs
Pennsylvania Academy of Audiology
Vice-President
Midlantic Technologies Group
Colmar, PA