

Subject: Pediatric Assessment and Treatment

1 Whereas, audiologists, by virtue of academic degree, clinical training, and license to practice,
2 are uniquely qualified to provide services related to the prevention of hearing loss and the
3 audiological diagnosis, identification, assessment, and nonmedical and nonsurgical treatment
4 of impairments of auditory and vestibular function among infants, children and adults, and
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6 Whereas, infants and children present unique differences from adult patients in physical,
7 neurologic, cognitive, language, social and emotional development, and
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9 Whereas, the audiologic assessment and treatment of infants and children requires special
10 knowledge, careful management and attention to the unique physiology and psychology of the
11 pediatric patient, and
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13 Whereas, unidentified hearing loss at birth can adversely affect speech and language
14 development, as well as academic achievement and social-emotional development, and
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16 Whereas, audiologists adhere to procedures consistent with current standards of practice to
17 assess auditory function in infants and children, and
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19 Whereas, audiologists are educated and trained to assess and diagnose hearing loss in infants
20 and children with behavioral special testing techniques, including Behavioral Observation
21 Audiometry (BOA), Visual Reinforcement Audiometry (VRA) and Conditioned Play
22 Audiometry (CPA); and electrophysiologic and physiologic measures, including auditory
23 brainstem response audiometry, auditory steady-state response audiometry, otoacoustic
24 emissions measures, wideband acoustic reflectance measurements and immittance measures,
25 and
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27 Whereas, audiologists are singularly qualified to select and fit multiple forms of amplification
28 for children, including personal hearing aids, frequency-modulated (FM) systems and other
29 assistive listening devices, and
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31 Whereas, audiologists are educated and trained to identify the habilitative and rehabilitative
32 candidacy requirements for cochlear implants and provide post-surgical implant services
33 including mapping, outcomes measures and validation, and
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35 Whereas, audiologists provide family counseling regarding amplification, cochlear implants,
36 assistive listening devices, and auditory training, and
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1 Whereas audiologists collaborate with other healthcare and educational professionals
2 regarding the management and treatment of children with hearing loss, and

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4 Whereas audiologists develop, implement and manage hospital newborn hearing screening
5 programs and follow-up services, and

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7 Whereas, audiologists are knowledgeable about federal and state laws and regulations impacting
8 the identification, intervention, and education of children who are deaf and hard of hearing, and

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10 Whereas clinical practice guidelines and applicable evidence-based research in pediatric
11 amplification including the selection, fitting and verification/validation of hearing aids has
12 been conducted and written exclusively by audiologists, and

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14 Whereas, many states authorize only licensed audiologists to provide audiologic diagnosis,
15 case-management and treatment of hearing impairment in children, including selection,
16 evaluation and dispensing of any form of amplification to children receiving government
17 assistance (e.g. Medicaid.)

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19 RESOLVED, that audiologists are the only professionals who are educated and specially
20 trained to audiologically assess and diagnose impairments of auditory function in infants and
21 children, and

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23 RESOLVED, that audiologists are the only licensed professional who should be permitted to
24 evaluate, recommend, dispense, verify and validate hearing aids for children under the age of
25 eighteen (18).

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