Whereas, audiologists, by virtue of academic degree, clinical training, and license to practice, are uniquely qualified to provide services related to the prevention of hearing loss and the audiological diagnosis, identification, assessment, and nonmedical and nonsurgical treatment of impairments of auditory and vestibular function among infants, children and adults, and

Whereas, infants and children present unique differences from adult patients in physical, neurologic, cognitive, language, social and emotional development, and

Whereas, the audiologic assessment and treatment of infants and children requires special knowledge, careful management and attention to the unique physiology and psychology of the pediatric patient, and

Whereas, unidentified hearing loss at birth can adversely affect speech and language development, as well as academic achievement and social-emotional development, and

Whereas, audiologists adhere to procedures consistent with current standards of practice to assess auditory function in infants and children, and

Whereas, audiologists are educated and trained to assess and diagnose hearing loss in infants and children with behavioral special testing techniques, including Behavioral Observation Audiometry (BOA), Visual Reinforcement Audiometry (VRA) and Conditioned Play Audiometry (CPA); and electrophysiologic and physiologic measures, including auditory brainstem response audiometry, auditory steady-state response audiometry, otoacoustic emissions measures, wideband acoustic reflectance measurements and immittance measures, and

Whereas, audiologists are singularly qualified to select and fit multiple forms of amplification for children, including personal hearing aids, frequency-modulated (FM) systems and other assistive listening devices, and

Whereas, audiologists are educated and trained to identify the habilitative and rehabilitative candidacy requirements for cochlear implants and provide post-surgical implant services including mapping, outcomes measures and validation, and

Whereas, audiologists provide family counseling regarding amplification, cochlear implants, assistive listening devices, and auditory training, and
Whereas audiologists collaborate with other healthcare and educational professionals regarding the management and treatment of children with hearing loss, and

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

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

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

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

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

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


