

SUBMITTED VIA EMAIL TO: HealthWorkforceComments@help.senate.gov

March 15, 2023

**RE: Senate Committee on Health, Education, Labor, and Pensions Request for Information (RFI):
Health Care Workforce Shortages and Potential Legislative Solutions**

The American Academy of Audiology is pleased to provide our recommendations to the Senate Health, Education, Labor and Pensions Commission as it seeks to identify legislative strategies to remedy current health care workforce shortages.

The American Academy of Audiology (the “Academy”) is the world's largest professional organization of, by and for audiologists. We are dedicated to the provision of quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders. Audiologists are licensed in all fifty states and the District of Columbia and are the primary healthcare professionals who evaluate, diagnose, treat and manage hearing loss and balance disorders in patients of all ages.¹ Audiologists dispense and fit hearing aids and other forms of hearing technology such as cochlear implants, osseointegrated implants and hearing assistance technologies. In addition, audiologists are often heavily involved in the design and implementation of hearing conservation and newborn hearing screening programs.

Prevalence of Hearing Loss, Tinnitus and Balance Disorders in the United States

Audiologists treat a wide array of hearing-related and balance disorders that affect an increasing swath of the US population. As reported by the National Institutes of Health, hearing loss is one of the most common conditions affecting older and elderly adults. Approximately one in three people in the United States between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 have difficulty hearing.² Untreated hearing loss can lead to depression, anxiety and social isolation and individuals with even mild hearing loss are three times more likely to experience a fall- the

¹ <https://www.audiology.org/sites/default/files/publications/resources/WhatIsAnAuD.pdf>

² [Age-Related Hearing Loss \(Presbycusis\) — Causes and Treatment \(nih.gov\)](#)

leading case of fatal injury for Americans over age 65.³ In addition, research is now emerging indicating that Seniors with hearing loss are more likely to develop cognitive decline up to 40% faster than those without hearing loss.⁴ The National Institute on Deafness and Other Communication Disorders (NIDCD) estimates that approximately 10 percent of the U.S. adult population — over 25 million Americans — experience some form of tinnitus—or ringing in the ears and 20% of adults ages 65-75 and 25% of adults ages 75 and older have a balance disorder. Given the prevalence of these hearing-related disorders, increasing the numbers of licensed audiologists will be necessary in the years to come.

HRSA Funding Needed for Recently Enacted Allied Health Workforce Program

The PREVENT Pandemics Act, which passed as part of the Consolidated Appropriations Act of 2023, expanded the allied health workforce program within HRSA to increase educational opportunities for students from disadvantaged backgrounds or individuals who are underrepresented in the field of audiology as well as physical therapy, occupational therapy, speech-language pathology and respiratory therapy. Although this allied health program was expanded, the corresponding funding associated with this endeavor was not included in the legislation. Appropriating the necessary eight million dollars would allow HRSA to provide scholarships and stipends to accredited higher education programs in these allied health fields to recruit qualified individuals from underrepresented backgrounds, including persons with disabilities, students from economically disadvantaged backgrounds, and racial and ethnic minorities. Funding this program would not only increase the number and diversity of providers in these fields but also improve associated outcomes as patients typically experience better outcomes when treated by healthcare providers with whom they identify. Given the disparity between the percentage of individuals from underrepresented backgrounds in audiology and the U.S. population, immediate enactment of the provisions of the PREVENT Pandemics Act is critical to ensuring that the gap does not widen.

³ Centers for Disease Control and Prevention. (May 2018) *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>;

⁴ Lin, Frank and Yaffe, Kristine. *Journal of the American Medical Association: Hearing Loss and Cognitive Decline in Older Adults*. (February 2013) <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452>

Reducing Financial, Operational and Structural Barriers to Career Entry in Audiology

A real concern for the current audiology workforce, as well as for efforts for diversification, is the impact of financial considerations. Audiology, like many other allied health professions, moved to doctoral-level preparation over the last two decades. The audiology profession recognized that its body of knowledge and technology is so great that significant curricular enhancements and professional recognition necessitated expansion beyond the master's degree. Accordingly, the cost to obtain a clinical doctorate degree in audiology (the AuD) increased. Currently there exists a significant gap between the cost of a clinical doctorate in audiology and the average salary for audiologists-- regardless of number of years in the profession. The cost of a doctoral degree in audiology today ranges between \$76K-150K⁵ and the Bureau of Labor Statistics reports that the average median pay is \$78,950.⁶

By and large, federal funding support for audiology education does not exist, although some graduates may be eligible later for a few federal loan repayment programs tied to service commitments. Legislative efforts in the past to address student debt relief for audiologists and other allied health professionals have not advanced (e.g., Access to Frontline Care Act of 2017 - H.R. 2042).

Burnout in the more general sense for the health professions received heightened attention during the COVID-19 pandemic, and, as work demands persist and student debt escalates, we anticipate seeing increased burnout in new professionals due to the stress of financial debt.⁷ Employment decisions by new undergraduates will be driven by pay and growth opportunities, and decisions to enter the profession also will be guided by economic realities. Furthermore, efforts to diversify the profession will stymy as candidates from underrepresented populations and disadvantaged backgrounds shy away from the financial risks of audiology as a career choice.

The financial stressors to audiologists extend beyond individual-level debt to the cost of doing business. Practice expenses are escalating as payments for services remain level, at best, or decrease. Audiology practices also bear additional costs to incorporate new technology, including practice management tools such as electronic health records (EHRs). Unlike medicine, audiology has not had

⁵ [Cost of Audiology School - Education Expenses - CostHelper](#)

⁶ [Audiologists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

⁷ https://journals.lww.com/thehearingjournal/Fulltext/2022/04000/Manage_Student_Loans_to_Avoid_Burnout.3.aspx

access to federal funding opportunities, particularly tied to telehealth, to support EHRs. Consequently, many audiologists have not been able to migrate to an EHR or take other practice modernization steps needed to position their practices for things such as quality measure reporting, funding opportunities, telehealth, and more. Access to federal funding or some efforts to reduce the financial burden to audiologists, both from a business perspective and student debt level, will help to secure better a robust and diverse workforce pipeline.

Lack of Awareness and Career Guidance About Allied Health Professions

Finally, studies have shown that a lack of knowledge or career guidance about allied health professions in general have shown to be a significant barrier to allied health enrollment in general. “Practicing professionals are the primary influences on people making an allied health career choice. Because few allied health professionals teach within K-12 settings, it is not surprising that a lack of mentoring ultimately becomes a detrimental barrier to allied health enrollment.”⁸

Conclusion

The Academy greatly appreciates this opportunity to provide our thoughts on strategies to address the ongoing and expected shortages in the healthcare workforce—and specifically within the profession of audiology. If you have any questions about any of the information provided in this document, please contact Susan Pilch, Senior Director of Government Relations at spilch@audiology.org.

Sincerely,



Virginia Ramachandran, AuD, PhD
President, American Academy of Audiology

⁸ [\(PDF\) Development of a Scale to Determine Enrollment Barriers into Allied Health Programs \(researchgate.net\)](#)