

Good morning, Mr. Chairman, Members of the Committee, my name is Dr. Marin Almer, and I am a licensed Audiologist currently serving on the Audiology and Speech Language Pathology Board. I have been practicing in our state for 17 years, with 10 years in a clinical setting. I am here today with Dr. Krystal Mann, a licensed Audiologist currently serving on the Audiology and Speech Language Pathology Board and Robyn Zeltinger, a licensed Speech Language Pathologist who serves as the President on the Audiology and Speech Language Pathology Board. We are committed to providing a thorough and balanced perspective on the challenges this bill would introduce. It has the potential to disrupt the efficiency of our board, impose barriers for both current and prospective licensed professionals, and compromise the safety and well-being of North Dakota's consumers.

A quick overview of these professions included in these boards are Audiologists, Hearing instrument specialists and speech pathologists. Audiologists are healthcare professionals who diagnose, manage, and treat hearing, balance, or ear problems. Their profession requires a doctoral level degree to practice. A licensed hearing aid specialist is a hearing care specialist who treats hearing loss with hearing aids and requires a certification to dispense hearing aids. A minimum requirement to become a licensed hearing instrument specialist is a high school diploma or GED, and obtain a certificate in hearing aid dispensing. A speech language pathologist treats many types of communication and swallowing problems. They require a master's level degree to practice.

The amendments in Sections 1, 3, and 4, in conjunction with the repeal of Section 5, collectively propose the integration of the Speech-Language Pathology and Audiology Board with the Hearing Instrument Specialist Board. While this effort may aim to streamline governance, we have several concerns.

- First our Board has consistently demonstrated exceptional efficiency. For example, we have an average turnaround time of just two to four days for licensing Speech-Language Pathologists (SLPs) and Audiologists. Adding the responsibilities of another board, including managing additional licensing requirements, would considerably increase our workload. This surge in volunteer responsibilities could divert attention potentially leading to delays and inefficiencies that compromise the current quality of service.
- Integrating the Hearing Instrument Specialist Board introduces steep financial demands. We would have to hire an additional manager, which would add a substantial burden to our operating budget. Furthermore, investments in website expansion would be necessary to accommodate the extra functionalities.
- The Hearing Instrument Specialist Board oversees a complex evaluation process, including an online examination, a written test, and a practical examination—all of which require extensive administrative support. Historically, these tasks were managed by a team of ten individuals. Under the current proposal, only two of those professionals would move to our Board to handle this significant workload. Unfortunately, our existing resources, both in terms of staff and volunteers, are not equipped to shoulder this added responsibility. Attempting to do so would place

substantial operational and financial strain on our Board, jeopardizing efficiency and sustainability.

- To offset this strain, the most apparent path would be an increase in licensing fees, potentially exceeding at least 200%. Such a dramatic hike would be burdensome for all professionals under our umbrella, but especially for Speech-Language Pathologists, who have no direct involvement with the Hearing Instrument Specialist Board. A steep increase in fees would create a significant financial burden for these professionals and could act as a barrier for both current and prospective SLPs to remain or enter practice in this state.
- Additionally, the bill leaves key logistical questions unanswered. For instance, what happens to the current funds of the Hearing Instrument Specialist Board? Will these financial reserves be carried over to our Board, or will they dissolve entirely? Without clear guidance on such issues, the operational feasibility and financial implications of this proposal remain uncertain.
- Finally, the proposed amendment to Section 5 significantly alters the composition of the board by reducing the number of speech-language pathologist (SLP) members from four to two, introducing two hearing instrument specialists, and increasing consumer members from one to two. We firmly oppose this amendment, particularly the reduction in SLP representation. Considering there are 812 licensed SLPs and 22 SLPAs in the state compared to just 100 audiologists and 91 hearing instrument specialists, the proposed changes would create an imbalance, leaving SLPs underrepresented relative to their importance and prevalence in the field. This reduction undermines the voice of a critical majority, diminishing the influence of professionals who are vital to addressing the broader needs of the board.

The second issue we would like to bring to your attention regarding this bill pertains to the amendment outlined in Section 2. Currently, under North Dakota law, Audiologists are prohibited from dispensing hearing aids solely under their audiology license—they are also required to obtain a hearing aid dispenser license. When I was a graduate student, I initially believed the dual licensing requirement was redundant. I was reminded, however, that audiologists often specialize in various fields, such as cochlear implants or balance disorders, and may never encounter hearing aids. Although I didn't believe this was the majority, I understood the point and didn't pursue any changes to the law.

Fast forward 17 years, and I now see the immense value in maintaining dual licensure. This additional layer of regulation has served as an important consumer safeguard, particularly against unanticipated developments like telehealth hearing aid fittings. Should the bill before you today pass, it could open the door for telehealth services. While telehealth itself can offer great benefits, it also introduces risks. Other states without dual licensure have encountered challenges due to the lack of necessary protection for consumers. Our Board is not opposed to telehealth, but we strongly believe that proper safeguards must be implemented before making significant changes to existing licensure

requirements. This is not a simple or straightforward issue, and it demands careful consideration to protect North Dakotans who rely on these services.