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House of Representatives
Harrisburg, Pennsylvania
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Chairpersons Harhart and Readshaw and members of the House Professional Licensure Committee: thank you for the opportunity to speak to you again. The last time I testified before this committee was in 2010 in support of House Bill 1653 regarding the Speech-Language & Hearing Licensure Act. Today I am here to testify in support of Senate Bill 137, a comprehensive rewrite of the earlier bill following discussions, negotiations, and compromise with the Pennsylvania Academy of Otolaryngology and the Pennsylvania Medical Society. I am requesting your support of Senate Bill 137 to bring into the 21st century the licensing of audiologists in Pennsylvania.

I am Dr. Victor Bray, an audiologist, clinician, researcher, educator, administrator and Dean of the Salus University George S. Osborne College of Audiology in Elkins Park, PA. The Osborne College of Audiology is one of the nation's largest Doctor of Audiology (AuD) training programs in the country and one of three AuD programs in Pennsylvania. In response to an expanding knowledge base, improved techniques to assess hearing and balance function, and new technologies to treat hearing loss and balance disorders, our professional academies and accrediting bodies decided in the early 1990's to move forward from a clinical master's degree profession to a clinical doctorate degree profession. All audiology training programs in America now award the Doctor of Audiology degree and there are no longer any accredited programs that award the master's degree in audiology. It is important for me to emphasize that the master's degree in audiology, as specified in our current Pennsylvania licensure act, is no longer available through any accredited training program in the United States. The Pennsylvania law must be updated to reflect the change to the Doctor of Audiology requirement.

Of additional interest in this year's bill is the topic of intraoperative monitoring, intraoperative neuro-monitoring, or intraoperative neurophysiologic monitoring. For today's discussions, these terms are synonymous and I will refer to the procedure as IONM. One definition of IONM¹ is that "it is a technique that is directly aimed at reducing the risk of neurological deficits after operations that involve the nervous system. IONM is a technique that has evolved during the last two decades; it makes use of recordings of electrical potentials from the nervous system during surgical operations."

¹ <http://www.asnm.org/?page=NewIONM>

IONM has been, is, and will continue to be within the nationally recognized scope of practice of audiology. The IONM section from the American Academy of Audiology scope of practice² states “Intraoperative Neurophysiologic Monitoring. Audiologists administer and interpret electrophysiologic measurements of neural function including, but not limited to, sensory and motor evoked potentials, tests of nerve conduction velocity, and electromyography. These measurements are used in differential diagnosis, pre- and postoperative evaluation of neural function, and neurophysiologic intraoperative monitoring of central nervous system, spinal cord, and cranial nerve function.”

IONM “has been part of the professional practice of audiologists for more than two decades and is included in the Scope of Practice documents of our professional organizations.” IONM “is provided for otolaryngology, neurosurgery, and vascular and orthopedic surgical services in academic and private medical institutions by hospital-based audiologists. Moreover, some private practitioners focus their practices on IOM. For instance, in 2002 Surgical Monitoring Associates, Inc. was recognized as one of the fastest growing privately held companies in Philadelphia, PA.”³ Surgical Monitoring Associates “is now a leading provider of intraoperative neuromonitoring (IONM) services serving more than 70 hospitals and surgical groups throughout the northeast.” “SMA was founded by Dr. Daniel Schwarz, DABNM,” an audiologist and “one of the developing pioneers in the rapidly emerging specialty field of intraoperative neuromonitoring.”⁴

The Osborne College of Audiology trains graduates to enter the specialty area of IONM. Our program of study has 130 semester credits, including over 1,000 hours of lecture, 300 hours of laboratory, and 2,500 hours of clinical training. Inside our program, the training for IONM includes at least eight of our sixty-four courses. These courses are first-year (1) Head and Neck Anatomy, and (2) Neurosciences; second-year (3) Instrumentation and Calibration, (4) Auditory Electrodiagnostics 1, (5) Clinical Skills: Auditory Electrodiagnostics Lab; and third-year (6) Auditory Electrodiagnostics 2, (7) Electrophysiological Evaluation of Auditory Processing Disorders, and (8) Intraoperative Neurophysiologic Monitoring. The faculty for these courses are all PhD, AuD, or MD faculty with specializations in anatomy, auditory cognition, auditory neuroscience, computerized instrumentation, and neuroanatomy, with the final IONM course taught by an MD and DABNM who is the cofounder of Bromedicon’s IONM services, a nationwide provider of medical support services, including IONM.

In summary, let me emphasize that our graduates are fully prepared as Doctors of Audiology to safely and effectively perform the hearing and balance services needed by the public of Pennsylvania and an update of the Pennsylvania Speech-Language & Hearing Licensure Act is needed to reflect today’s scope of practice and current standards of care in the profession of audiology.

Thank you for allowing me this opportunity to testify before you.

² <http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx>

³ <http://www.asha.org/Publications/leader/2004/040330/f040330a.htm>

⁴ <http://www.specialtycare.net/en/News/2011-News/Continue-Neuromonitoring-Expansion>

APPENDIX TO TESTIMONY
Course of Study in the OCA AuD Program
Intraoperative Neurophysiologic Monitoring

1. Fall Semester, First Year
 - AU 714 FAB **Head and Neck Anatomy**
 - 26 lecture hours/13 lab hours 2.0 semester credits
 - Faculty: Lorraine Lombardi, PhD Specialization: Neuroanatomy
2. Spring Semester, First Year
 - AU 714 SAB **Neurosciences**
 - 25 lecture hours / 14 lab hours 2.0 semester credits
 - Faculty 1: Lorraine Lombardi, PhD Specialization: Neuroanatomy
 - Faculty 2: Michael Speirs Specialization: Anatomy
3. Summer Term, Second Year
 - AY 826 REE **Instrumentation and Calibration**
 - 15 lecture hours / 15 lab hours 1.5 semester credits
 - Faculty 1: Martin Pienkowski, PhD Specialization: Auditory Neuroscience
 - Faculty 2: Sherman Lord, AuD Specialization: Instrumentation
4. Fall Semester, Second Year
 - AU 725 FEE **Auditory Electrodiagnostics 1**
 - 22 lecture hours 1.0 semester credits
 - Faculty: Martin Pienkowski, PhD Specialization: Auditory Neuroscience
5. Fall Semester, Second Year
 - AU 725 FEE **Clinical Skills: Auditory Electrodiagnostics Lab**
 - 20 lab hours 0.5 semester credits
 - Faculty: Martin Pienkowski, PhD Specialization: Auditory Neuroscience
6. Fall Semester, Third Year
 - AU 735 FCC **Auditory Electrodiagnostics 2**
 - 20 lecture hours / 10 lab hours 1.5 semester credits
 - Faculty: Sherman Lord, AuD Specialization: Instrumentation
7. Fall Semester, Third Year
 - AU 735 FAA **Electrophysiological Evaluation of Auditory Processing Disorders**
 - 10 lecture hours / 8 lab hours 1.0 semester credits
 - Faculty: Radhika Aravamudhan, PhD Specialization: Auditory Cognition
8. Spring Semester, Third Year
 - AU 735 SCC **Intraoperative Neurophysiologic Monitoring**
 - 15 lecture hours 1.0 semester credits
 - Faculty: George Grudziak, MD, DABNM Specialization: IONM