March 2, 2026

The Honorable Linda McMahon
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

RE: Notice of Proposed Rulemaking on "Reimagining and Improving Student Education"

Dear Secretary McMahon:

The American Speech-Language-Hearing Association (ASHA) appreciates the opportunity to comment on the U.S. Department of Education's January 30, 2026, Notice of Proposed Rulemaking (NPRM) entitled "Reimagining and Improving Student Education."[1] Our comments specifically focus on the William D. Ford Federal Direct Loan Program and proposed definitional changes of "professional degree" intersecting with 34 CFR § 685.102.[2]

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

Audiologists are complex medical specialists for a range of medical conditions impacting hearing and balance who provide services in clinical and school settings. Audiologists satisfy the operative definition of "professional degree" incorporated by reference from 34 CFR § 668.2 (as in effect July 4, 2025) and clarified in the NPRM. Therefore, audiology should be included among programs eligible for the professional student loan limits established under § 81001(2) of the One Big Beautiful Bill Act.[3,4]

The profession of audiology unequivocally satisfies the three-part operative definition outlined in the Department's proposed rule and meets all the requirements for professional degree designation: (1) signifying completion of academic requirements for beginning practice; (2) requiring professional skills beyond a bachelor's degree; and (3) mandating professional licensure prior to independent practice. Furthermore, audiology demonstrates strong alignment with the illustrative list of enumerated professional degrees and provides exceptional return on investment for a comprehensive range of pediatric and adult health programs—from Medicare and Medicaid to private insurance and school-based services across the lifespan.

Overview of Audiology

Audiology is a health care profession focused on the diagnosis, treatment, and management of hearing, balance, and related disorders. The current entry-level degree for audiology practice is the Doctor of Audiology (AuD), a clinical doctorate degree.

Key characteristics of the AuD include:

- Minimum of three to four years of full-time post-baccalaureate study;
- Comprehensive clinical training, including supervised clinical rotations and externships and a minimum of 12 months' full-time equivalent of supervised clinical experiences;

- Curriculum covering anatomy, physiology of hearing and balance systems, pathophysiology of hearing loss and vestibular dysfunction, diagnostic audiology, and audiologic interventions to include aural rehabilitation, implantable and non-implantable hearing devices, and counseling across the lifespan; and
- Mandatory passage of the national Praxis examination in audiology for licensure.

Audiology cannot be practiced at the undergraduate level. Audiologists independently diagnose and manage hearing loss, vestibular disorders, tinnitus, auditory processing disorders, and related conditions. These responsibilities require advanced clinical judgment, interpretation of diagnostic testing, and autonomous treatment planning. Once an audiologist completes their doctoral program and receives their license, they are fully qualified to practice and do not need supervision to immediately carry out their scope of work in clinical settings.

How Audiology Meets the Operative Definition

The AuD degree is required to begin practice as an audiologist. It is a mandatory prerequisite established by accreditation standards and state licensing boards. Furthermore, every state requires an advanced degree in order to obtain a license to practice audiology.

This situation is directly analogous to the enumerated professional degrees. For instance, just as one cannot practice medicine without an MD or DO, practice law without a JD, or practice pharmacy without a PharmD, a student cannot practice audiology without an AuD. This degree is the mandatory gateway to entering the profession.

Audiology Skills Far Exceed a Bachelor's Degree

The second element of the operative definition requires that "...the profession the graduate enters must require a level of professional skill beyond what is normally required for a bachelor's degree."[5] Audiology unequivocally meets this standard. The complex diagnostic, therapeutic, and clinical decision-making skills required in audiology cannot be acquired through undergraduate education alone.

Examples of Advanced Clinical Skills

Audiologists must master sophisticated clinical skills, including:

- Comprehensive audiometric assessment and diagnostic interpretation of findings;
- Electrophysiological testing (auditory brainstem response, otoacoustic emissions) requiring expert neurophysiological interpretation to evaluate auditory pathway integrity and inform differential diagnosis;
- Comprehensive vestibular assessment including videonystagmography and rotary chair testing to identify underlying physiologic causes of balance disorders followed by evidence-based treatment such as positional maneuvers and vestibular rehabilitation protocols;
- Hearing aid candidacy determination, selection, fitting, programming, and verification, including real ear measurements and outcome validation to ensure appropriate hearing support; and
- Cochlear implant candidacy, selection, programming, and device verification and validation.

Selected Comparison to Enumerated Professions

The professional skills required in audiology are directly comparable to those in the enumerated professional degree fields:

- Like optometrists (OD), audiologists perform sophisticated diagnostic assessments of sensory systems and prescribe evidence-based interventions (e.g., hearing aids, surgically implanted hearing devices, assistive technology and devices).
- Like doctors of pharmacy (PharmD), audiologists must stay current with rapidly evolving technologies and treatment approaches, requiring continuous medically oriented professional development.
- Like physicians (MD/DO), audiologists directly care for patients with potential for significant harm if practiced incompetently, necessitating rigorous education and licensure.

Professional Licensure

The third element of the operative definition requires that "...the profession that a degree holder would enter after graduating generally requires professional licensure."[6] Audiology unequivocally satisfies this requirement. All 50 states and the District of Columbia require licensure to practice audiology independently.

State licensure for audiology professions requires:

- Graduation from an accredited program;
- Passage of a national examination (the Praxis in audiology);
- Ongoing continuing education requirements to maintain licensure; and
- Adherence to a professional code of ethics with disciplinary consequences for violations.

The Department's proposed rule discussed hesitation to classify as professional degrees those that "...lead to employment that must be supervised by a licensed professional, and cannot be performed independently..."[7] Audiology is fully independent. Once licensed, audiologists practice independently without supervision. Audiologists:

- Make independent diagnostic and treatment decisions;
- Operate independent private practices;
- Bill Medicare, Medicaid, and private insurance independently;
- Supervise assistants and students; and
- Serve as expert witnesses in legal proceedings.

Alignment With Illustrative Enumerated List of Professional Degrees

The Department's proposed rule identifies 11 professional degree fields as an "illustrative list" that provides "contextual clues" for interpreting the operative test. Audiology aligns closely with multiple characteristics of these enumerated professions.

Health Care Focus

Nine of the 11 enumerated professional degrees are health care professions: Medicine (MD), Osteopathic Medicine (DO), Dentistry (DDS/DMD), Pharmacy (PharmD), Optometry (OD), Podiatry (DPM), Veterinary Medicine (DVM), Chiropractic (DC), and Clinical Psychology (PsyD/PhD).

Audiology is unequivocally a health care profession. Audiologists:

- Provide direct patient care for diagnosed medical conditions;
- Diagnose auditory (e.g., hearing loss) and vestibular (e.g., balance) disorders (the vestibular system is located in the ear and helps to regulate the ability to appropriately balance);
- Are recognized as health care providers under Medicare and Medicaid;
- Work collaboratively with physicians and other health care professionals in hospitals, clinics, and rehabilitation settings;
- Use diagnostic medical equipment and maintain patient medical records;
- Are subject to Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and other health care compliance requirements; and
- Require malpractice insurance due to potential for patient harm.

The health care context of the illustrative list strongly supports the inclusion of audiology as a professional degree. The Department noted that the illustrative list suggests professional degrees are "generally" at the doctoral level, with only three exceptions (the now-obsolete LLB and two theology degrees). Audiology meets these characteristics.

First, the complexity of audiology requires advanced education. Audiology involves a sophisticated understanding of acoustics, psychoacoustics, neurophysiology, and electronic instrumentation.

Second, technological advances have dramatically increased the complexity of audiology:

- Digital hearing aids now incorporate advanced signal processing and complex connectivity. Doctoral-level expertise is required to determine candidacy, select appropriate technology, interpret diagnostic data, and integrate patient-specific medical, audiologic, and communication factors into individualized treatment plans.
- Cochlear implants require close coordination among audiologists, ENT surgeons, psychologists, SLPs, and other members of a multidisciplinary care team. Successful outcomes depend on specialized clinical judgement and advanced, longitudinal programming expertise to maximize patient benefit.

Minimum of Six Years of Postsecondary Education

The NPRM states that a professional degree "...requires at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework..."[8]

Audiology meets this requirement:

AuD programs: 4 years of undergraduate + 3-4 years of doctoral study = 7-8 total years.

Strong Return on Investment

Investing in audiology provides substantial returns on investment for the federal government, education, and health care sectors.

Audiologists diagnose and manage hearing loss, tinnitus, and balance disorders. These conditions affect millions of Americans and are often linked to broader health concerns.

Untreated hearing loss, for example, is associated with cognitive decline, social isolation, depression, and increased risk of falls.[9,10] Audiologists are uniquely positioned to intervene early, mitigate these risks, and improve quality of life and meaningful participation in society through personalized care plans, hearing technology, and rehabilitative strategies.

Hearing includes all peripheral and central functional components of sound reception and neural processing. This includes management of symptoms and sequelae of disorders of the auditory system such as tinnitus, hyperacusis, and other auditory perceptual disorders. Balance includes all aspects of equilibrium specific to the vestibular systems, both peripheral and central. This includes management of symptoms and signs consistent with both peripheral and central etiologies.

Currently, there are 77 (76 accredited, including five consortia, and one in candidacy) programs accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and three additional programs accredited by the Accreditation Commission for Audiology Education (ACAE) offering the clinical doctoral degree in audiology (the AuD). Fourteen states do not have an audiology program, which leads many audiology students to more expensive out-of-state options for their education.

Audiologists' work yields measurable public savings. Early Hearing Detection and Intervention (EHDI) programs administered through the U.S. Department of Health and Human Services, which depend on audiologists for diagnosis and follow-up, have been shown to reduce special education costs for each child identified.[11] EHDI programs coordinate with vital early intervention programs administered through the U.S. Department of Education such as those through Part C of the Individuals with Disabilities Education Act (IDEA) for infants and toddlers.

Audiologists provide essential access to crucial hearing interventions such as those identified in the Aging and Cognitive Health Evaluation in Elders (ACHIEVE) Randomized Trial, funded by the National Institutes of Health, which reported reduced cognitive decline by 48% over three years in older adults at increased risk for cognitive decline because of certain comorbidities, including untreated hearing loss.[12] The study's authors also reported that such interventions likely would slow cognitive decline in seniors without such risk factors over a longer period. Timely and robust access to audiology services is critical for Americans of all ages. Early identification and treatment of hearing and vestibular conditions reduce the long-term costs of untreated care. This is especially important given the direct and indirect costs of dementia—which some estimates place as high as $781 billion annually—at a time when demand for audiologists nationwide is surging.[13]

Audiologists Help the Department of Veterans Affairs: Hearing loss and tinnitus (e.g., ringing in the ear) remain the two most common service-connected disabilities within the Department of Veterans Affairs, affecting millions of veterans nationwide.[14,15] Audiologists play a central role in addressing these conditions through cochlear implant programming, vestibular rehabilitation, and comprehensive hearing aid management. By restoring function and improving communication ability, these services reduce disability compensation expenditures and decrease long-term health care utilization. These are precisely the measurable outcomes that directly lower public costs while improving veterans' quality of life.

Audiologist's Role in Pediatric Hearing Health: More than 6,000 U.S. infants born in 2022 were identified with permanent hearing loss.[16] When a baby is identified with hearing loss, audiologists are essential to ensuring timely diagnosis, intervention, and support for both the child and their family. Through follow-up screenings, diagnostic evaluations, and early

intervention, audiologists bring specialized expertise in pediatric hearing health care. These professionals not only determine the nature and severity of the hearing loss but also provide critical education and intervention services, laying the foundation for the child's communication development. Audiologic-supported interventions (such as cochlear implants) that provide a baby with consistent access to sound save hundreds of thousands of dollars per child.[17]

The Bureau of Labor Statistics projects that demand for audiologists will increase by 9% through 2034—much faster than average—reflecting the prevalence of hearing loss, which affects approximately 15% of Americans.[18] If students cannot finance the clinical doctorate degrees they need to obtain the professional license required to serve this population, it will ultimately result in untreated conditions that raise health care costs, which will be passed on to all health care consumers. That will force policymakers to make difficult decisions about the future of publicly financed health care programs.

Conclusion

Audiology unambiguously satisfies all three elements of the Department's operative definition for professional degrees:

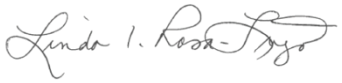
1. The audiology doctoral degree signifies completion of the academic requirements for beginning practice in a licensed profession where the specified degree is mandatory for entry.
2. Audiology requires advanced professional medical skills substantially beyond those acquired in bachelor's degree programs, involving complex clinical decision-making, sophisticated diagnostic procedures, and evidence-based therapeutic interventions.
3. Audiology requires professional licensure in all 50 states and the District of Columbia before practitioners can engage in independent practice.

Moreover, audiology aligns closely with the Department's illustrative list of professional degrees. Audiology is a health care profession like nine of the 11 enumerated fields and merits inclusion as a professional health care degree.

Audiology demonstrates an excellent return on investment for the federal government by providing high-acuity, medically necessary care that reduces long-term health care costs across the lifespan. The scope for this professional continuum of care ranges from pediatrics to long-term adult care. Examples of highly specialized and medically complex pediatric interventions include, but are not limited to, supporting the communication needs of autistic children or children who are hearing for the first time with cochlear implants. Long-term adult care may involve highly complex medical interventions such as vestibular (e.g., balance disorders) rehabilitation or tinnitus (e.g., ringing in the ears). For these reasons—and many more—we urge the Department to include audiology within the definition of "professional degree" in the final rule.

Thank you for the opportunity to provide feedback. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

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