



January 29, 2026

The Honorable Annette Cleveland, Chair
The Honorable Tina Orwall, Vice-Chair
Senate Health & Long-Term Care Committee
Legislative Building
P.O. Box 40466
Olympia, WA 98504

RE: ASHA Comments on SB 6226

Dear Chair Cleveland, Vice-Chair Orwall, and Members of the Committee:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to comment on SB 6226, which seeks to preserve the clinical decision-making autonomy of licensed audiologists in determining appropriate treatment modalities for their patients, including the use of telehealth.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 4,000 ASHA members reside in Washington, including more than 350 audiologists.¹

ASHA strongly supports the goal of SB 6226 to ensure that regulatory frameworks allow audiologists and other providers licensed under RCW 18.35 to use their clinical judgment to determine whether telehealth is appropriate for their patients. Providers should be able to do so without facing unnecessary in-person visit requirements that may delay and impede access to care.

Research demonstrates the equivalence of telehealth to in-person service delivery for a wide range of diagnostic and treatment procedures, including prescribing and fitting hearing aids.^{2,3} Studies consistently show high levels of patient, clinician, and parent satisfaction with telehealth, underscoring its effectiveness as an alternative to in-person care.^{4,5} Telehealth also expands access by eliminating geographic barriers, reducing travel burdens, and improving the timely continuity of services for patients.

While ASHA supports removing unnecessary barriers to telehealth, we have also identified that, as written, the scope of SB 6226 may extend beyond telehealth. The bill could be construed to limit or invalidate other essential elements of professional regulation for audiologists and hearing aid specialists under RCW 18.35. These include the licensing board's ability to establish and enforce standards of care; set supervision and documentation requirements; ensure equipment calibration and consumer disclosures; and recognize circumstances in the prescribing of hearing aids when additional referral and follow-up procedures are clinically necessary for patient safety and diagnostic accuracy. This is particularly important for hearing aid specialists, who do not have the same level of

training and education as audiologists. We encourage the Committee to closely examine this legislation and work with audiologists in Washington to ensure it is implemented as intended.

Finally, we affirm our strong support for the important role of licensing boards in upholding professional standards, ensuring competency, and protecting the public. Licensing boards are essential to maintaining high-quality audiology and hearing health services, including through their oversight of telehealth. In addition to advising the Committee on this legislation, ASHA intends to work through the formal regulatory process at the Board of Hearing and Speech to support expanding statewide access to telehealth while preserving patient safety and clinical efficacy.

Thank you for your continued support of audiologists and the audiology profession. We appreciate your consideration of ASHA's perspective on SB 6226. If you or your staff have questions, please contact Tim Boyd, ASHA's director of state health care and audiology affairs, at tboyd@asha.org.

Sincerely,



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

¹ American Speech-Language-Hearing Association. (2025). *Washington* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/washington-state-flyer.pdf>

² Arun, A. (2024). The Efficacy of Remote Programming and Adjustment of Hearing Aids in Improving Patient Outcomes and Satisfaction: A Systematic Review. *International Journal of Speech and Audiology*, 5(1), 27–31. <https://apps.asha.org/EvidenceMaps/Articles/ArticleSummary/1fc9af6-8e2a-ef11-8151-005056834e2b>

³ American Speech-Language-Hearing Association. (2026). *Telepractice* [Evidence Map]. <https://apps.asha.org/EvidenceMaps/Maps/LandingPage/f8eee3d9-4739-4ba6-b925-5d2f3ad809b6>

⁴ Ba Mashmous, M. H. A. (2022). Efficacy of Remote Hearing Aids Programming Using Teleaudiology: A Systematic Review. *E-Health Telecommunication Systems and Networks*, 11(1), 14–33. <https://apps.asha.org/EvidenceMaps/Articles/ArticleSummary/4d508378-71e8-ee11-814f-005056834e2b>

⁵ La Valle, C., Johnston, E., & Tager-Flusberg, H. (2022). A Systematic Review of the Use of Telehealth to Facilitate a Diagnosis for Children With Developmental Concerns. *Research in Developmental Disabilities*. 2022 Aug;127:104269. <https://apps.asha.org/EvidenceMaps/Articles/ArticleSummary/dcda9aac-0833-ee11-8145-005056834e2b>