CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 6226

Chapter 185, Laws of 2026

69th Legislature
2026 Regular Session

AUDIOLOGISTS—TREATMENT MODALITY CLINICAL AUTONOMY

EFFECTIVE DATE: June 11, 2026

Passed by the Senate March 10, 2026
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Passed by the House March 3, 2026
Yeas 90 Nays 3

LAURIE JINKINS

Speaker of the House of Representatives

Approved March 24, 2026 10:49 AM

BOB FERGUSON

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6226** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

March 25, 2026

Secretary of State
State of Washington

SUBSTITUTE SENATE BILL 6226

AS AMENDED BY THE HOUSE

Passed Legislature - 2026 Regular Session

State of Washington 69th Legislature 2026 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Harris, Orwall, and Nobles)

READ FIRST TIME 02/04/26.

AN ACT Relating to protecting the clinical autonomy of audiologists; amending RCW 18.35.161; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** (1) Telehealth, including teleaudiology, is an increasingly vital modality for delivering cost-effective, patient-centered health care services that increase quality and expand access to care, as recognized by industry leaders such as the United States department of health and human services, the veterans administration, the American academy of audiology, the American speech-language-hearing association, and the Washington state department of health.

(2) As a growing number of Washingtonians come to rely upon telehealth to access essential health care services, regulatory frameworks should support the clinical judgment and autonomy of licensed professionals to determine whether telehealth or in-person treatment is the best solution for a specific patient.

(3) Regulation of professional health care services should not create different professional practice standards for telehealth and in-person services. Instead, efforts to regulate professional services should be modality-agnostic and focus on ensuring the applicable standard of care is met.

(4) Therefore, it is the legislature's intent to ensure audiologists, speech-language pathologists, and hearing aid specialists maintain autonomy in clinical decision making and determining the appropriate modality for care.

Sec. 2. RCW 18.35.161 and 2014 c 189 s 13 are each amended to read as follows:

(1) The board shall have the following powers and duties:

((~~(1)~~)) (a) To establish by rule such minimum standards and procedures in the fitting and dispensing of hearing instruments as deemed appropriate and in the public interest, except that the board shall not make any rule that prevents licensed professionals from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient;

((~~(2)~~)) (b) To adopt any other rules necessary to implement this chapter and which are not inconsistent with it;

((~~(3)~~)) (c) To develop, approve, and administer or supervise the administration of examinations to applicants for licensure under this chapter;

((~~(4)~~)) (d) To require a licensee or interim permit holder to make restitution to any individual injured by a violation of this chapter or chapter 18.130 RCW, the uniform disciplinary act. The authority to require restitution does not limit the board's authority to take other action deemed appropriate and provided for in this chapter or chapter 18.130 RCW;

((~~(5)~~)) (e) To pass upon the qualifications of applicants for licensure or interim permits and to certify to the secretary;

((~~(6)~~)) (f) To recommend requirements for continuing education and continuing competency requirements as a prerequisite to renewing a license or certification under this chapter;

((~~(7)~~)) (g) To keep an official record of all its proceedings. The record is evidence of all proceedings of the board that are set forth in this record;

((~~(8)~~)) (h) To adopt rules, if the board finds it appropriate, in response to questions put to it by professional health associations, hearing aid specialists, audiologists, speech-language pathologists, interim permit holders, and consumers in this state; and

((~~(9)~~)) (i) To adopt rules relating to standards of care relating to hearing aid specialists or audiologists, including the dispensing

of hearing instruments, and relating to speech-language pathologists, including dispensing of communication devices, except that the board shall not make any rule that prevents licensed professionals from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient.

(2) Nothing in this section shall be construed to limit the authority of the board to establish by rule and enforce standards of care, including competency requirements, supervision requirements, documentation standards, equipment calibration requirements, consumer protection disclosures, evidence-based safety-related procedures for the fitting and dispensing of prescription hearing aids, or referral and follow-up procedures for audiologists, hearing aid specialists, or speech language pathologists, so long as such rules do not prevent licensed practitioners from using their clinical judgment to determine whether telehealth or in-person care is the appropriate treatment modality for a given patient.

Passed by the Senate March 10, 2026.
Passed by the House March 3, 2026.
Approved by the Governor March 24, 2026.
Filed in Office of Secretary of State March 25, 2026.

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