AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY®

To: Members of the Maryland Senate Finance Committee

From: James Denneny, III, MD, Executive Vice President/CEO, American Academy of Otolaryngology-Head and Neck Surgery

Date: February 26, 2024

Re: Opposition to Senate Bill 795

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery, the nation's largest medical organization representing physician specialists dedicated to the care of patients with disorders of the ears, nose, throat and related structures of the head and neck and leaders of the hearing healthcare team, we oppose Senate Bill (SB) 795 as introduced and offer the following testimony.

With eight years of formal education, a minimum five-year residency, and at least 15,000 hours of clinical training, otolaryngologist-head and neck surgeons are the most qualified providers to diagnose and treat ear, nose, and throat conditions - and are trained to lead a care team.

Expansion of the "scope of practice" related to the diagnosis and treatment of medical conditions should be based on didactic and clinical training followed by rigorous assessment of competence, licensure and privileging related to specific areas of expertise, not legislated in response to the wants of "conflicted" trade associations. SB 795 is an extreme example of expanding scope of practice for all audiologists, whether they trained last year or forty years ago, without requisite education and clinical training. We have become accustomed to the introduction of legislation proposing unreasonable and potentially dangerous expansion of audiology "scope of practice" in other states over the last two decades. To our knowledge, however, no other such legislation has made a similar outrageous and perilous leap to include provisions in audiology's "scope of practice" reserved nationwide for clinicians who are licensed to practice medicine.

In describing what it means to "practice audiology" the bill grants audiologists the ability to "order, evaluate, diagnose, manage, or treat any auditory or vestibular condition in the human ear."

Audiologists are not trained in the diagnosis and treatment of medical disease either didactically or clinically and are therefore not equipped to address the spectrum of medical problems, and inherent interactions, which present in many types of hearing and balance problems. In short, audiologists do not have the prescribing rights necessary to fulfill their requested expansions listed in this bill. This distinction is extremely important in diagnosing and treating hearing and balance disorders, as

T: 1-703-836-4444
F: 1-703-683-5100
W: www.entnet.org
A: 1650 Diagonal Road, Alexandria, VA 22314

many of these are linked to serious medical conditions that also require their own separate diagnosis and management.

The wording of this proposed legislation would allow audiologists to first make medical diagnoses and then manage and treat any disorder of the human ear. The language describing management and treatment implies the ability for audiologists to order non-auditory and non-vestibular testing, write prescriptions and perform surgeries, none of which they have been trained to accomplish or licensed to perform.

There is a vast difference between performing or reviewing auditory and vestibular testing, and interpretating these tests, and making a correct medical diagnosis. An accurate medical diagnosis is a critical first step to subsequently prescribing the most appropriate treatment, which often includes many more options than the straightforward placement of the hearing aid or implantable hearing device or performing balance therapy. A specialty-trained physician, **not an audiologist,** must be the one to make the shared decision in consultation with the patient, as to most appropriate treatment, whether it be pharmaceutical intervention, implantable hearing device(s), other otologic surgery, or observation, based on a complete history and assessment of all risks and benefits for that patient.

Specifically, this bill allows audiologists to:

"*Use any means known in the science of audiology to: evaluate, diagnose, manage, and treat auditory or vestibular conditions in the human ear*."

"Any means known" should not imply requisite training or competence. One's knowledge of something's existence does not mean they have the expertise to safely evaluate, diagnose, manage, and effectively diagnose conditions in that area.

"iii) prescribe, order, sell, dispense, or externally fit a sound processor to an osseo–integrated device for the correction or relief of a condition for which osseo–integrated devices are worn; and (iv) prescribe, order, sell, dispense, or externally fit a sound processor to a cochlear implant for the correction or relief of a condition for which cochlear implants are worn."

The two conditions delineated regarding implantable hearing devices and necessary sound processors do not fall within the sole purview of an audiologist, as these provisions imply. All processors for each device should be fit in conjunction with the implanting surgeon or the physician managing the patient.

"*I) The conducting of health screenings*"

T: 1-703-836-4444
F: 1-703-833-5100
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We see no justification for this clause. Audiologists do not have training or experience in conducting "Health Screenings" unrelated to hearing or balance. This clause could be interpreted to include screening for almost anything (i.e. cardiac, cancer, reproductive, infectious disease, etc.).

"*(II) The removal of a foreign body from the external auditory canal*; (III) *The removal of cerumen from the external auditory canal*"

While audiologists and other members of the hearing healthcare team are capable of removing simple foreign bodies and non-impacted cerumen, they are not trained or qualified to utilize magnification, micro instrumentation and anesthesia if necessary. The bill should be amended to recognize that limitation.

"*(IV) The ordering of cultures and bloodwork testing"*

This provision is a function currently limited to medical practitioners' scope of practice and in no circumstance should the ordering of cultures and bloodwork testing be a part of an audiologist's practice. The ordering clinician must be familiar with possible treatments for the medical problems necessitating the testing and the ability to treat them. As proposed, this provision could be construed as a means for audiologists to obtain backdoor entry into prescribing rights!

"*(vi) The ordering of radiographic imaging*"

Similar to the above clause regarding cultures and blood testing, the ordering of radiographic studies must be limited to medical clinicians who can appropriately choose the correct imaging strategy and act on the results.

In summary, audiology training does not include the necessary didactic and clinical training during their four years of education or post-training competency validation to justify these medical privileges they are requesting or be deemed equivalent to an otolaryngologist-head and neck surgeon, after their nine to eleven years of training. Audiologists have not been granted prescribing or surgical rights in any of the fifty states. Enacting the legislation, as introduced, in Maryland would be detrimental to patient safety, granting such privileges to audiologists without adequate training to appropriately perform them. This bill attempts to expand access without full consideration of the potentially devastating clinical outcomes.

We urge the members of the Finance Committee to defeat this unprecedented attempt to provide the requested medical privileges to audiologists under their current training paradigm.

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Sincerely,

James C Denneny III

James C. Denneny, III, MD
EVP/CEO

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F: 1-703-833-5100
W: www.entnet.org
A: 1650 Diagonal Road, Alexandria, VA 22314

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