February 27, 2024

Chair Pamela Beidle
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE**: SB 795** Health Occupations - Practice Audiology - Definition
Position: **SUPPORT**

Madam Chair Beidle, Vice Chair Klausmeier, and Committee Members,

I write to you today on behalf of the Academy of Doctors of Audiology (ADA), a professional association representing audiologists in Maryland and across the United States, to support and endorse SB 795, which will make important updates to Maryland's audiology practice act to bring it into alignment with evidence-based practices in the delivery of hearing and balance care.

Audiologists are clinical doctoring professionals who are trained to evaluate, diagnose, and treat hearing and balance conditions, and to identify conditions that require additional diagnostic testing and/or a referral to a physician or another clinical specialist. A Doctor of Audiology (Au.D.) degree is the first professional degree, required to become a clinical audiologist in all 50 states, including Maryland.

SB 795 will create greater consistency between existing Maryland regulations and statutes. For example, licensed audiologists are already authorized under Maryland regulations to perform cerumen management procedures. Audiologists' formal clinical training and education is consistent with, or more advanced than other providers who are authorized to order cultures, blood tests, and radiographic imaging under Maryland statutes. SB 795 also includes appropriate statutory limitations on audiologists' scope of practice, by explicitly prohibiting audiologists from performing surgery, radiographic imaging, and other services that are outside of their education and training.

Maryland has a documented shortage of both physicians and nursing professionals.[1] In a recent Baltimore Banner article, MedChi reported that the shortage of primary care physicians is the "most acute shortage of healthcare workers statewide." According to Maryland Healthcare Commission data, the ratio of primary care providers to Maryland residents is fewer than 80 providers to every 10,000 residents.[2]

Updating Maryland's audiology practice act to recognize audiologists' full expertise, will help alleviate some of the existing physician and nursing shortages, by better deploying audiologists within the

[1] https://www.thebaltimorebanner.com/community/public-health/maryland-doctors-hard-to-find-TGPPWBIXYFCVBIXYA75ASGMWBY/
[2] See 1 above.

healthcare system and ensuring that patients are able to receive safe, timely access to the care that they need. Audiologists routinely perform non-radiographic imaging and scanning (earmold scanning and video otoscopy), using advanced techniques and technologies.

Audiologists are highly qualified to remove foreign bodies from the external auditory canal. They routinely encounter foreign bodies such as hearing aid filters, hearing aid domes, insects, rocks, and jewelry. Improving access to audiologists and codifying their authority to remove foreign bodies in the outer ear canal can help reduce the number of emergency room visits, which result in higher cost care, delivered by lesser trained providers.

The much-needed updates to Maryland's audiology practice act, as incorporated in SB 795, will improve access to safe effective audiologic care for the citizens of Maryland, provide greater patient choice, reduce cost, and improve outcomes.

SB 795 will assure consistency between regulations and statutes governing the practice of audiology, appropriately reflect the education, training, and skills that audiologists possess, while establishing appropriate consumer protections by limiting the practice of audiology to those services for which audiologists are educated and trained.

ADA encourages swift passage of SB 795. Please contact me at sczuhajewski@audiologist.org if I can provide additional information about the merits of SB 795 or if I can assist you in any way.

Respectfully,

Stephanie Czuhajewski, MPH, CAE
Executive Director

Maryland Academy of Audiology
P.O. Box 710
Parkville, MD 21234
https://maaudiology.org/

February 27, 2024

Chair Pamela Beidle
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE**: SB 795** Health Occupations - Practice Audiology - Definition
Position: **SUPPORT**

Madam Chair Beidle, Vice Chair Klausmeier, and Committee Members,

The Maryland Academy of Audiology (MAA) represents the more than 525 licensed audiologists who practice in the state of Maryland and the patients they serve. The MAA's goal is to enhance the ability of members to achieve career and practice objectives by fostering professional autonomy, providing quality continuing education, and increasing public and consumer awareness of hearing and balance disorders and the value of audiologic services[1]. By virtue of education and licensure, Audiologists are the most qualified professionals to diagnose and treat hearing (auditory) and balance (vestibular) disorders.

An Audiologist is a state-licensed professional who specializes in evaluating, diagnosing, managing, and treating patients with hearing loss, tinnitus, and balance disorders. Audiologists work in a variety of settings including, but not limited to private practices, hospitals, medical centers, universities (teaching and research), the Veterans Administration, and the U.S. Military and work closely with federal, state, and private third-party payers to optimize coverage of services provided for the evaluation and treatment of the patients in their care.

The MAA was founded in the 1990s to offer licensed audiologists a professional home, as they were not being served by other state-professional associations. It is one of the nation's oldest state audiology academies. Dr. Craig W. Johnson, Audiologist, provided a strong foundation for the MAA to be active in state legislative and regulatory initiatives. Additionally, other states often look-to the MAA to be the leader in the profession of audiology and for support when modernizing audiology legislation in their state.

[1] https://www.maaudiology.org/about/

MARYLAND ACADEMY OF AUDIOLOGY

Maryland Academy of Audiology
P.O. Box 710
Parkville, MD 21234
https://maaudiology.org/

At the state level, the MAA provides counseling and advocacy to help members achieve career and practice objectives, offers an annual convention for audiologists to network and continue their education in the profession, and provides resources to patients who are seeking hearing and balance healthcare.

Maryland has two accredited residential Doctor of Audiology (Au.D.) programs, Towson University (TU) and University of Maryland- College Park (UM). After their rigorous didactic instruction, students from these two programs are placed with licensed audiologists around the state to obtain their clinical practicum hours. Audiologists demonstrate and supervise the students' skills. Without the Statute modernization, students are learning skills that cannot be provided to patients. Additionally, after graduating with a Doctor of Audiology degree, individuals often seek states that allow them to practice at a clinical-doctorate level. Maryland is not currently one of those states, which means individuals who are appropriately trained to provide the highest level of audiologic and vestibular care are moving to other states (e.g., Alabama, Colorado, Illinois) to provide healthcare. The loss of these graduates contributes to the state's accessibility issues, especially in rural areas, and is detrimental to the state's overall income and growth.

As clinical doctors, audiologists are well-educated to conduct health screenings. When the Centers for Medicare and Medicaid Services (CMS) added audiologists as eligible providers to the (then) Physician Quality Reporting System, health screenings were required when a certain type of patient was seen for care by an audiologist. The current Merit-Based Incentive System (MIPS) requires audiologists to screen for clinical depression, medication, tobacco use, alcohol, elder maltreatment, and more.[2,3] The CMS recognizes audiologists to complete this level of screening, a pass/fail outcome, as they classify audiologists as 'Diagnostic Suppliers.' Maryland Statute lags behind the CMS' definition!

Cerumen removal is currently within the audiologist's scope of practice, as noted in the Regulations.[4] However, it is not uncommon for audiologists to work with patients who utilize hearing amplification. The small parts of a hearing device can periodically come off. Audiologists are able to visualize foreign objects in the external auditory canal. The removal procedure is non-invasive (no anesthetic) and mirrors the procedure for cerumen removal. However, without a direct statement codifying this procedure, audiologists must refer (manage) their patients to another, often less-trained provider for this removal. Many patients choose Urgent Care as the accessibility and affordability is better compared to surgical specialists (e.g., ear, nose, and throat).

[2] https://audiologyquality.org/about-mips/
[3] https://audiologyquality.org/measures/
[4] https://health.maryland.gov/boardsahs/Pages/regulations.aspx

MARYLAND ACADEMY OF AUDIOLOGY

Maryland Academy of Audiology
P.O. Box 710
Parkville, MD 21234
https://maaudiology.org/

As healthcare learns more about humans, the link to ears and hearing has expanded greatly, even in the past 5-10 years. Comorbidities of hearing loss include, but are not limited to cardiovascular disease, hypertension, elevated glycosylated hemoglobin levels[5], diabetes, kidney disease, and cognitive decline.[6] When evaluating hearing or balance concerns, an audiologist may be the first to identify a disorder that could be linked or caused by another human body system. The ordering of bloodwork testing and cultures would allow a patient to obtain more diagnostic information, without the need to present to another ordering physicians. [Audiologists would NOT be performing the bloodwork.] Removing the extra step would save the patient time and finances.

Besides the improvement in healthcare knowledge, technology has also vastly improved. Audiologists are now able to utilize non-radiographic scanning and imaging equipment in their offices. The scans and images provide better documentation of a patient's auditory/vestibular concern and give better details to assist the audiologist in creating a treatment plan or making a referral. Maryland Statute is currently unclear if these safe, in-office procedures are accessible by audiologists. SB 795 would confirm that technology advancements are able to be purchased and utilized, when medically necessary, by audiologists. It also conforms the Statute language to other non-physician providers who provide non-radiographic imaging and scanning, such as optometrists.

Finally, in the most extreme cases, patients may present to audiologists with complaints and evaluation results consistent with a retrocochlear (beyond the ear) pathology. This possible diagnosis requires the individual to obtain radiographic imaging to confirm/rule-out the finding. Johns Hopkins University's website indicates that a hearing test (audiometry), speech reception thresholds, speech discrimination, and imaging scans of the head are required to diagnose retrocochlear pathologies.[7] Audiologists are providing all of this evaluation, except the ordering of the images. Currently, audiologists work closely with primary care physicians (PCPs) to obtain an order for this type of procedure. [Audiologists are NOT performing or interpreting the procedure.] If imaging confirms a retrocochlear site of lesion, the patient is then referred to a sub-specialist in the area of ear/brain surgery, neuro-otology. The Mayo Clinic estimated that 2-4 in 100,000 Americans will be diagnosed this type of retrocochlear pathology.[8] Due to the low incidence of positive cases, waiting for a highly specialized surgeon for an order is ludicrous. SB 795 would provide access to the ordering of the radiographic imaging for patients with this suspected cause.

[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6439817/
[6] https://www.asha.org/siteassets/ais/ais-comorbidities-and-hearing-loss.pdf
[7] https://www.hopkinsmedicine.org/health/conditions-and-diseases/brain-tumor/vestibular-schwannoma
[8] https://www.mayoclinic.org/medical-professionals/neurology-neurosurgery/news/acoustic-neuroma-treatment-and-quality-of-life/mac-20429300

MARYLAND ACADEMY OF AUDIOLOGY

Maryland Academy of Audiology
P.O. Box 710
Parkville, MD 21234
https://maaudiology.org/

SB 795 makes the desperate updates to modernize the Audiology Practice Definition and harmonizes it with other non-physician clinical doctors in Maryland. Audiologists are trained in both didactic and clinical skills and have been shown to be safe providers in the management of even the most extreme cases.[9] Ultimately, the modernization completed with the passage of SB 795 provides better access to auditory and vestibular healthcare, and affordability of healthcare to patients across the entire state.

Thank you for your support of SB 795 legislation.

Jennifer Kincaid, Ph.D.
President

Alicia D.D. Spoor, Au.D.
Legislative Chair

[9] https://pubmed.ncbi.nlm.nih.gov/20701834/

ILAA
ILLINOIS
ACADEMY of
AUDIOLOGY

February 27, 2024

Chair Pamela Beidle
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE**: SB 795** Health Occupations - Practice Audiology - Definition
Position: **SUPPORT**

Madam Chair Beidle, Vice Chair Klausmeier, and Committee Members,

On behalf of the audiologists in the Illinois Academy of Audiology, we are writing to pledge our strong support for SB795.

The Illinois Academy has been advocating for audiologists in Illinois and colleagues across the United States since its inception in November 1992. Our first on-site hearing screening campaign for Illinois legislators at our Capitol building was in 1995! Since then we have continued to successfully partner with the legislature to inform and lobby for instrumental changes in the laws and rules regarding the field of audiology, often leading the way for other states as an example. We work hard to stay up-to-date with the changing landscape in order to continue to provide access and affordability to our patients and community. Our own Speech-Language Pathology and Audiology Practice Act was recently reviewed and revised to keep up with the Federal changes that were made to the classification of hearing aids and the approved delivery models.

In the State of Illinois' Speech-Language Pathology and Audiology Practice Act, we define the practice of audiology as:

> "The practice of audiology" is the application of nonsurgical methods and procedures for the screening, identification, measurement, monitoring, testing, appraisal, prediction, interpretation, habilitation, rehabilitation, or instruction related to audiologic or vestibular disorders, including hearing and disorders of hearing. These procedures are for the purpose of counseling, consulting and rendering or offering to render services or for participating in the planning,

275 N. York Street, Suite 401, Elmhurst, IL 60126-2752
Telephone: (630) 833-4220
E-Mail: Info@ILAudiology.org | Web: www.ILAudiology.org

directing or conducting of programs that are designed to modify communicative disorders involving speech, language, auditory, or vestibular function related to hearing loss. The practice of audiology may include, but shall not be limited to, the following:

(1) any task, procedure, act, or practice that is necessary for the **evaluation** and **management** of audiologist, hearing, or vestibular function, including, but not limited to, neurophysiologic intraoperative monitoring of the seventh or eighth cranial nerve function;

(2) training in the use of amplification devices;

(3) the **evaluation**, fitting, dispensing, or servicing of hearing instruments and auditory prosthetic devices, such as cochlear implants, auditory osseointegrated devices, and brainstem implants;

(4) **cerumen removal**;

(5) performing basic speech and language screening tests and procedures consistent with audiology training; and

(6) performing **basic health screenings** in accordance with Section 8.3 of this Act.

We understand that your Statute has not been updated since at least 2009 and the current Practice definition does not reflect the rigorous didactic and clinical education of licensed audiologists. SB 795 modernizes the practice definition of audiology to do just that. The legislation ensures the Statute language is broad enough to encompass services provided now and allows the Board to create Regulations to provide specific rules.

Additionally, the language codifies:

- Health screenings which are pass/fail to help determine if management is necessary to another provider who specializes in that area (e.g., vision screening, hypertension); and
- Cerumen removal, which is already in Maryland's Regulations.

The language also modernizes:

- Removal of foreign bodies from the ear canal. It is not uncommon for hearing aid users to have a dome or wax guard (small part) become loose or lodge in the external auditory canal. Children are also seen with objects (e.g., toys, rocks, food) stuck in their ear canal. Currently, Maryland Statute only allows patients to receive a referral to their primary care physician, Urgent Care, ear, nose, and throat (ENT), and/or emergency room for this procedure, which is typically a more costly and time consuming option.
- Ordering of cultures and blood work. Many patients present with comorbid conditions and examination results indicate the need for further evaluation to identify or rule-out a

ILAA
ILLINOIS ACADEMY of AUDIOLOGY

syndrome, disease, or disorder. Currently, patients may only have access to this through their primary care physician or a specialist, adding more cost and time.

- Ordering and performing non-radiographic imaging and scanning. With great advancements in technology audiologists now have equipment available that allows for images and video of the ear canal as well as 3D scanning of the external ear for custom built parts. This is consistent with other non-physician, clinical doctors of optometry that provide retina imaging or dentists that provide teeth straightening scans.
- Ordering radiographic imaging only. This does not include the performance or interpretation of the procedure. By having ordering privileges it allows the patient to proceed with their evaluation without having to wait to see another ordering physician. Dentists already have the ability to order **and** perform (radiographic) x-rays.

These changes do NOT allow audiologists to practice medicine. Practicing medicine includes diagnosis, healing, treatment, or surgery. This language specifically does not allow for healing, surgery, or the preparation/operation/performance of radiographic imaging.

It is very challenging to keep up with the changing landscape of medicine and the needs of the patient community at large while maintaining access and affordability. Audiology as a profession has evolved to become a doctoring profession in order to keep up with the science and discovery surrounding hearing and balance healthcare, as well as its relationship to our mind and the rest of the body. By allowing for these changes, you will be providing Maryland residents with better access to add the extremely skilled, qualified, and caring audiologists to their medical teams.

Thank you for your support of SB 795 legislation.

Sincerely,

Joshua Sevier, Au.D., LL.M.

President, Illinois Academy of Audiology

275 N. York Street, Suite 401, Elmhurst, IL 60126-2752
Telephone: (630) 833-4220
E-Mail: Info@ILAudiology.org | Web: www.ILAudiology.org

February 22, 2024

Chair Pamela Beidle
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE**: SB 795** Health Occupations - Practice Audiology - Definition
Position: **SUPPORT**

Madam Chair Beidle, Vice Chair Klausmeier, and Committee Members,

On behalf of the audiologists in the South Carolina Academy of Audiology, we are writing to pledge our support for SB795.

The South Carolina Academy has been advocating for audiologists in South Carolina and colleagues across the United States since its inception in 1989. As the first state academy, we have continued to successfully partner with the legislature to inform and lobby for instrumental changes in the laws and rules regarding the field of audiology, often leading the way for other states as an example. We work with our lobbyists to keep up with the changing landscape in order to continue to provide access and affordability to our patients and community. Our own practice act is actively being revised alongside our speech pathology colleagues to keep up with the Federal changes that were made to the classification of hearing aids and the approved delivery models.

While we are working on updating the language in the State of South Carolina' Speech-Language Pathology and Audiology Practice Act, we currently define the practice of audiology as:

> "Audiology" or "audiology service" means screening, identifying, assessing, diagnosing, habilitating, and rehabilitating individuals with peripheral and central auditory and vestibular disorders; preventing hearing loss; researching normal and disordered auditory and vestibular functions; administering and interpreting

behavioral and physiological measures of the peripheral and central auditory and vestibular systems; selecting, fitting, programming, and dispensing all types of amplification and assistive listening devices including hearing aids, and providing training in their use; providing aural habilitation, rehabilitation, and counseling to hearing impaired individuals and their families; designing, implementing, and coordinating industrial and community hearing conservation programs; training and supervising individuals not licensed in accordance with this chapter who perform air conduction threshold testing in the industrial setting; designing and coordinating infant hearing screening and supervising individuals not licensed in accordance with this chapter who perform infant hearing screenings; performing speech or language screening, limited to a pass-fail determination; screening of other skills for the purpose of audiological evaluation; and identifying individuals with other communication disorders.

We understand that your statute has not been updated since at least 2005 and the current Practice definition does not reflect the current rigorous didactic and clinical education of licensed audiologists. SB 795 modernizes the practice definition of audiology to do just that. The legislation ensures the Statute language is broad enough to encompass services provided now and allows the Board to create Regulations to provide specific rules.

Additionally, the language codifies:

- Health screenings which are pass/fail to help determine if management is necessary to another provider who specializes in that area (e.g., vision screening, hypertension, etc.).
- Cerumen removal; already in Regulations.

The language also modernizes:

- Removal of foreign bodies from the ear canal. It is not uncommon for hearing aid wearers to have a dome or wax guard (small part) become loose or lodge in the canal. Children are also seen with objects (toys, rocks, food) stuck in their ear canal. Currently, patients may only receive a referral to their primary care physician, ENT, and/or emergency room for this which are typically more costly and time consuming options.
- Ordering of cultures and blood work. Many patients present with comorbid conditions and exam results indicate further evaluation to identify or rule out a syndrome, disease, or disorder are needed. Currently, patients may only have access to this through their primary care physician or a specialist adding more cost and time.
- Ordering and performing non-radiographic imaging and scanning. With great advancements in technology we now have equipment available that allows for images and video of the ear canal as well as 3D scanning of the ear for custom built parts. This is consistent with other non-physician, clinical doctors of optometry that provide retina imaging or dentists that provide teeth straightening scans.
- Ordering radiographic imaging only. This does not include the performance or interpretation of the procedure. By having ordering privileges it allows the patient to

proceed with their evaluation without having to wait to see another ordering physician. Dentists already have the ability to order and perform x-rays.

These changes do NOT allow audiologists to practice medicine. Practicing medicine includes diagnosis, healing, treatment, or surgery. This language specifically does not allow for healing, surgery, or the preparation/operation/performance of radiographic imaging.

It is very challenging to keep up with the changing landscape of medicine and the needs of the patient community at large while maintaining access and affordability. Audiology as a profession has evolved to become a doctoring profession in order to keep up with the science and discovery surrounding our hearing and balance as well as its relationship to our mind and the rest of the body. By allowing for these changes, you will be providing Maryland residents with better access to add the extremely skilled, qualified, and caring audiologists to their medical teams.

Thank you for your support of SB 795 legislation.

Sincerely,

Alexandra Tarvin, Au.D.

SCAA Professional Liaison, Former SCAA President, Technology Chair and Webmaster
South Carolina license AUD.4004