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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB0795 - Health Occupations - Practice Audiology - Definition

Madame Chair, Madame Vice Chair, and Fellow Members of the Senate Finance Committee:

First, I want to thank you for your support last year when we gave the Audiologists authority to “prescribe and order hearing aids” as required by the Food and Drug Administration’s (FDA) final rule. That common-sense proposal was not without a fight.

In last year’s bill, the words “diagnose, manage, and treat” auditory and vestibular (balance) conditions in the ear, were included in the bill as-introduced. Due to objections from the same individuals who are in opposition this year, and in the spirit of compromise, those words were struck to pass last year’s bill, notwithstanding the strong evidence we will present this year, to prove those words belong in statute.

Why am I asking for those words, and other essential health care provisions that directly relate to the training and competency of Audiologists, to be inserted in the Practice of Audiology Statute?

The answer begins with the fact that it’s been 20+ years since the basic Audiology Statute was written and the science of audiology - and the technologies related to audiology, have changed. We want to do two things – first, *modernize* the Audiology Statute to reflect those medical technological advances that benefit patients, and secondly, *harmonize* the Audiology Statute with other similar Health Occupation Statutes in Maryland and in other states. I have appended those statutes and regulatory references to my testimony.

In the normal concern of *perceived* scope battles that this committee hears – you should ask yourself, “Why should a profession, which is capable of providing audiologic medical services to the fullest capabilities of their education and training, be prohibited from doing so?”

Our goal here is to provide the most affordable and skilled health care with timely access to our constituents. I want to emphasize the 'affordable and skilled' and timely access aspects as you listen to the testimony.

During my sponsor panel, you will hear directly why patients need the Audiologists to order certain procedures --- not perform --- but order those procedures. You will hear about the misdiagnosis of a tumor by an ear, nose, and throat (ENT) physician that was suspected by the Audiologist and could have been confirmed and treated years earlier, if the Doctor of Audiology could have ordered imaging.

You will also hear from an Audiologist about how her patients are being told they must wait five weeks to see an ENT, when they need immediate care. The opposition will profess that they would take the patient earlier, if called; but they were called. And if you put yourself in this patient's shoes, being told to wait five weeks because you are in a heavily populated area, or the specialized surgeon only comes to the county office once a month, is not only frustrating, but it also jeopardizes your timely access to health care.

In addition, the ever-increasing physician shortage affects patient affordability and clearly impacts timely accessibility.

Appended to my testimony is a detailed and extensive document that supports and justifies every word in this bill and supports the modernization of the Audiology Statute and unarguably harmonizes the Statute with other health care occupational Statutes in Maryland.

Specifically, the words "diagnose, manage, and treat" are used in the Optometry, Podiatry, Chiropractor, and Dentistry Statutes and are cited in the appendix. Are the opponents here challenging the legislatively-approved words in those statutes? I have not seen any other proposed legislation to that affect. If they are not actively trying to limit those doctors' services, why are they opposed to these words being used for Doctors of Audiology, who in many cases have as much or more training as their clinical doctoring counterparts?

More specifically to the bill, health care screenings are part of the Academy of Doctors of Audiology (ADA) licensure requirements and referenced in my appendix with other sources.

Removal of a foreign body or cerumen, (which is the fancy medical term for earwax) from the external ear is absolutely supported by the medical training of these licensed Audiologists, but it is being restricted in their practice by the proposed MSO amendments. Why can't a Doctor of Audiology safely and efficiently clean earwax from a patient's ears? Sometimes we just need to use common-sense.

The ordering of cultures and blood work, as cited in the appendix, is part of the American Speech Language and Hearing Association's (ASHA) Council of Academic Accreditation (CAA) treatment standards required in a Doctor of Audiology program. The proposed MSO amendments strike "for which Audiologists are trained to "ORDER" bloodwork." It's a denial of the right to practice to the full scope of their licensure and to the detriment of our constituents.

As part of a medical team, especially with bone-anchored hearing aids and cochlear implants (both have a surgical internal and external component), radiographic imaging is required **prior** to the surgical procedure. The MSO amendment would increase cost to the patients by requiring **more** appointments with the ENT surgeon. This amendment would require the patient to have at least one additional visit to the ENT surgeon to simply obtain a paper referral to the radiology center.

This also results in the patients being billed for an additional office visit from the ENT surgeon, rather than allowing the Audiologist to directly provide the imaging referral at the original diagnostic appointment. All of this is required **before** the surgeon will schedule surgery. This is a common, but unnecessary, barrier in the audiology profession, affecting the patient's affordability and timely access to health care.

Fellow Members of the Committee, I appreciate your attention to this important bill to modernize the Audiology Statute and to harmonize it with other Maryland Health Occupation statutes and other states with similar Statutes that are cited in my appendix.

Per the Fiscal Note, this bill would not require additional state resources. I therefore respectfully request a favorable report on SB 795.