**Maryland Academy of Audiology**

P.O. Box 710

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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,

My name is Briana Bruno Holtan and I am here in strong support of SB 795, Health Occupations – Practice Audiology – Definition. On behalf of the Maryland Academy of Audiology (MAA), we are pleased to be working with Delegate Martinez to modernize the Audiology statute to reflect the audiologist's rigorous didactic and clinical training and provide the most affordable, efficient healthcare to your constituents.

I am a licensed practicing audiologist for over 26 years and am a small business co-owner of one of the largest and oldest private practices in the State of Maryland. I currently have 12 office locations, 10 in Maryland including the Eastern Shore, and have 11 Doctors of Audiology (Au.D.) primary health-care professionals on staff who play a critical role in the screening, evaluating, diagnosis, management, and treatment of hearing, balance and other related disorders to patients of all ages.

Health Screenings of many varieties are located in public shopping centers. Wedged between shelves of cough drops and the pharmacy at Walmart is a screening station that allows shoppers to screen their eyesight, weight, and blood pressure. Hearing screenings can be performed online at home that are far from accurate, yet MSO feels audiologist cannot perform more comprehensive screenings without further 'audiology training'? This simply does not make any sense. Allowing a clinical doctor to complete screenings does not introduce any more harm than a screening that an individual completes themselves. There is no need for audiologists to be further trained to screen.

Screening courses are already required as part of the standards set forth from our two accrediting bodies of Au.D. programs in our country. The Counsel on Academic Accreditation (CAA) and the

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Accreditation Commission of Audiology Education (ACAE) are the two accrediting bodies who ensure Doctor of Audiology programs incorporate all standards that a first professional degree requires, including screenings.

Audiologists currently develop and oversee screening programs to detect changes in hearing and/or balance function. Other screening measures used daily to manage patients are speech understanding, cognitive screenings, and depression screenings. Fall risk screenings are used for dizziness patients to determine the need for ambulatory devices (canes and walkers) to prevent major life change falls. This amendment would not allow me and our audiologists to run a basic falls risk balance screening. Falls are a serious event as they are costly to overall health. Over 800,000 patients a year are hospitalized because of a fall injury and falls are 2.4 times more likely among patients with hearing loss than among those with normal hearing so it is a must that these screenings be performed to identify early problems. We all know that prevention is the best cure so it is critical that there are no more barriers to health screenings.

Screenings can help with referral to appropriate providers for treatment in their area of specialty. The previous Medicare Physician Quality Reporting System (PQRS) and current Merit-Based Incentive Payment System (MIPS) requires qualifying audiologists to conduct multiple health screenings and report the outcomes. It was determined to NOT be a scope of practice issue as it does not require a diagnosis. Health screenings are necessary for the prevention or early detection of an illness or disability. The Johns Hopkins University ACHIEVE trial, a study of the effect of hearing intervention on the brain health in older adults, shows a reduction of cognitive impairment of high-risk patients with hearing aids. The amendment from MSO would add more barriers to obtaining health screenings, including our cognitive function screenings we perform on an almost daily basis, and will cause more harm to your constituents.

Audiologists remove cerumen (ear wax) and other foreign bodies from the external auditory canal (ear canal) on an almost daily basis. Patients will come to the office with multiple hearing aid domes, wax filters, and Q-tip cotton in their ears that need to be removed. Most patients, including my husband, will self-clean their ears using all sorts of objects including pen caps and bobby pins. There are self-care guidelines for my patients posted all over the internet. Portable video otoscopes (a small camera that shows the inside of the external auditory canal otherwise known as the ear canal), that attach to your phone using an app AND INCLUDES self-wax cleaning attachments, are sold online and can be delivered to our patient's home within 1 day. Individuals can self-clean their own external auditory canals with whatever object they have laying around yet MSO is suggesting that

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doctors of audiology cannot use medical micro instrumentation that they have been using for years to manage their patient's excessive wax buildup? Again, this simply does not make any sense. Patients will oftentimes report that they go to Urgent Care, and not otolaryngologists or other physicians, for treatment.

Cerumen management is already part of the Maryland audiology regulations and simply needs to be codified. Once again audiologists receive extensive education and training in cerumen management by our two accrediting bodies. Some audiologists obtain additional certification in completing extensive cerumen management training. The amendment from MSO is redundant and unnecessary. MSO stated in their amendments that audiologists can only remove 'superficial' debris, yet this is already defined in regulations as the 'external auditory canal'. There are no other barriers in that portion of the ear that needs to be cut, broken, or removed to get to the cavity. We are already using 'micro instrumentation', including tweezers, to remove the cerumen. Audiologists utilize sophisticated equipment to measure the ear canal volume indicating the current condition of the external auditory canal in addition to binocular headlamps and/or microscopes to carefully inspect the area. This amendment would not allow us to use the appropriate medical tools and light source to remove the cerumen thus harming our patients and not providing the level of treatment that they deserve.

Thank you for your time and consideration, and to Delegate Martinez for sponsoring this legislation. I ask for a favorable committee report on SB 795 to help your constituents.

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