

March 3, 2026

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

RE: SB 917 Health Occupations - Practice Audiology - Definition  
Position: OPPOSE

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

My name is Carrie Clancy, and I am a clinical audiologist practicing at ENTAA Care/Johns Hopkins Regional Physicians. Our practice provides audiologic and vestibular care, including diagnostic evaluation and hearing aid services, to patients across the lifespan using private insurance, Medicare, and self-pay options.

Though I work in an otolaryngology practice where most of my patients are seen by physicians as part of their initial assessments, I strongly valued the Senate's work to enact SB 795/HB 464, which modernized audiology practice in Maryland to better align with audiologists' doctoral-level education and clinical training. Specifically, the legislation allows audiologists, as allied health specialists, to independently practice to the full extent of our licensure and training in an effort to expedite and streamline patient care. The legislation included important provisions for independent audiologic care of conditions within our particular scope of practice, including language explicitly allowing audiologists "to diagnose, manage, and treat auditory and vestibular conditions, order radiographic imaging/bloodwork, remove earwax/foreign bodies without anesthesia, and fit osseointegrated devices."

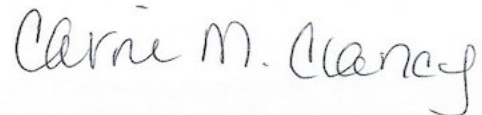
I write to you today with concerns about the current SB 917, which seeks to place unnecessary restrictions on the previously enacted legislation. This new bill is a repeat of SB 919 from 2025, which for good reason did not advance out of committee at that time. The proposed restrictions center around language requiring that health screenings performed by audiologists and non-radiographic imaging ordered by audiologists must be "related to auditory or vestibular conditions in the human ear." However, audiologists are uniquely qualified to perform screenings for *indirectly* related conditions, including fall risk (which may OR may not be related to vestibular dysfunction) and cognitive decline (which may be affected by hearing loss OR may affect assessment and treatment decisions for hearing loss). Private practice audiologists, especially in rural or underserved areas, are often the first health providers to encounter patients with these conditions, and the ability to perform health screenings allows those audiologists to either provide direct treatment or make timely and direct referrals to other providers as needed.

Many, if not most, other health care providers participating with Medicare are required to perform health screenings outside their direct scopes of practice, including hearing and fall risk screenings provided by primary care providers. These screenings allow appropriate

collaboration with and referral to specialists, including audiologists. Allowing audiologists to perform similar health care screenings facilitates the flow of collaboration and referral in both directions, ensuring that patients receive timely and appropriate services. All Marylanders, whether they are Medicare beneficiaries or not, deserve that basic level of evidence-based care from all of their health care providers, to include audiologists.

In closing, I require an **unfavorable** report for SB 917 legislation. Many thanks to the committee for your time and efforts on this issue.

Sincerely,

A handwritten signature in cursive script that reads "Carrie M. Clancy". The signature is written in black ink and is positioned below the word "Sincerely,".

Carrie M. Clancy, AuD, CCC-A, ABAC  
Maryland License #01636

March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

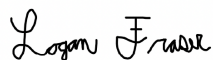
My name is Logan Fraser, and I am a clinical audiologist working in private practice providing services to patients of all ages. I work with pediatric, adult, and the geriatric patient populations on a regular basis. I provide comprehensive audiologic evaluations to children and adults and diagnose hearing loss. I provide cochlear implant candidacy evaluation for adults to determine audiologic candidacy for cochlear implantation. I treat hearing loss by fitting hearing aids and cochlear implants and provide continued follow-up care. Through the hearing aid fitting process, the hearing aids are programmed utilizing real ear measures to ensure the patient is being treated appropriately for their diagnosed hearing loss. I also fit patients with custom hearing protection and educate patients on how to prevent noise induced hearing loss. I frequently perform cerumen management utilizing a variety of methods. In my practice I see patients with a wide range of insurance: Medicare, Medicaid, and several commercial insurance plans.

I appreciate the Senate's work for the modernized and harmonized practice of audiology legislation in 2024, which was enacted in October 2024. This work has helped eliminate barriers to hearing healthcare for services that audiologists have the didactic and clinical training to perform. Patient feedback has been overwhelmingly positive for the impact on their hearing health needs. The current legislation is simply a repeat of the 2025 SB 919, which was unable to move past committee.

As a healthcare provider, It is imperative that audiologists are permitted to complete health screenings in order to determine if a referral to another healthcare provider is needed. This is a pass/fail screening which does not require a diagnosis. In order to provide holistic, person-centered care, an interprofessional collaborative team is in the best interest of the patient. Health screenings would allow the audiologist to ensure that the patient has all the members of the team included in their care. Furthermore, as a provider who sees patients with Medicare, we are required to complete health screenings as part of the Merit Based Incentive Payment System.

Thank you to the committee for your time. I require an *unfavorable* report for SB 917 legislation.

Sincerely,

A handwritten signature in cursive script that reads "Logan Fraser".

Logan Fraser, Doctor of Audiology  
Maryland License #01632





# Allegany Hearing & Balance, LLC

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February 18, 2026

Senator Pamela Beidle, Chair

Senate Finance Committee

3 East Miller Senate Office Building

Annapolis, MD 21401

**RE: SB 917 Health Occupation - Practice Audiology – Definition**

**Position: OPPOSE**

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

My name is Dr. Sarah Hart, and I am an audiologist at Allegany Hearing & Balance in LaVale and Oakland, Maryland. The majority of my patients are elderly and have Medicare benefit; however, we do serve all populations, including pediatrics. At Allegany Hearing & Balance we practice using our full scope, which includes audiological evaluations; hearing aid fittings and follow-ups; cochlear implant evaluations, mappings, and troubleshooting; electrophysical examinations; and neurodiagnostic evaluations. We participate with Medicare, Maryland Medicaid, and private insurance companies.

Health screenings have become a required entity in the majority of healthcare. These screenings are required if you participate with Medicare, which my clinic does. If these screenings are not completed, then we fall out of the Merit-based Incentive Payment System which causes us to be penalized on all Medicare payments at a rate of 9%. These health screening enable us to provide appropriate intervention for our patients, such as identifying them as tobacco users and providing the appropriate educational materials. If we are unable to complete these screenings, we are not only being penalized financially, but more importantly our patients are not receiving the screenings that can benefit their overall health and knowledge.

Thank you to the committee for your time. I require an unfavorable report for SB 918 legislation.

Sincerely,

A handwritten signature in black ink that reads 'Sarah F. Hart, Au.D.'.

Sarah F. Hart, Au.D.

# JENNIFER KINCAID, PH.D.

3937 Foxhill Drive | Ellicott City, MD 21042 | jenniferkincaid@gmail.com

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March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

My name is Jennifer Kincaid, and I have been a licensed audiologist in the state of Maryland for 20 years. After completing my fourth-year residency at Bethesda National Naval Medical Center, I moved into the private practice sector and currently work in Ellicott City. My daily caseload includes providing comprehensive diagnostic and treatment of hearing and balance healthcare to pediatric and adults. Currently, I am a Past-President of the Maryland Academy of Audiology.

I would like to commend the work of the Senate in the 2024 legislative session to modernize the definition of “practice audiology.” With the updates, I am able to better serve my patients with immediate in-office cerumen removal, direct referrals for further assessment when diagnostic evaluation suggest potential concerns, and the ability to treatment and manage my patients on a daily basis. Upon passage of the legislation, the audiologists of Maryland began working toward implementing these updates by attending training sessions to review and update our knowledge. We are working to expand the acceptance of direct referrals for radiographic imaging, bloodwork, and cultures to providing facilities and insurance companies. The process is slow, but we are eager to move the profession forward to better care for our patients.

The currently proposed legislation, SB 917 addresses concerns with ‘Conducting Health Screenings.’ Health screenings are provided in a variety of settings daily. In fact, anyone can walk into a drug store and run a blood pressure screening on themselves. As an audiologist, screening for related conditions such as fall risk, cognitive decline, or tobacco use allow me to better serve my patients and offer appropriate referrals and more comprehensive treatment plans. In fact, Medicare requires the use of some screenings under the Merit-based Incentive Program System. Not only is the ability to screen useful to my role as an audiologist, the *inability* to screen could negatively impact my reimbursement from Medicare and other third-party payers in the future.

Audiologists, a doctoral-level profession, have the training and clinical experience to evaluate, diagnose, manage, and treat hearing and balance patients. We are capable of non-surgical removal of a foreign

# JENNIFER KINCAID, PH.D.

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object from the ear canal, non-radiographic imaging, such as video otoscopy, and ordering cultures, bloodwork, and radiographic imaging in the interest of more direct, time-efficient, and cost-efficient management and ultimately treatment. We are certainly capable of performing health screenings. Other non-physician, clinical doctors in Maryland, such as dentists, podiatrists, chiropractors, and optometrists, manage and treat their patients in a similar fashion. The 2024 legislation modernized the practice of audiology, consistent with other professions and statute language of other states, and clearly defined what should not be included in the practice of audiology, such as surgery. The law appropriately aligned the definition with the rigorous didactic and clinical education of licensed audiologists. Please do not reverse the progress we've made to improve accessibility to hearing and balance patients.

Thank you to the committee for your time. I require an **unfavorable** report for SB 917 legislation.

Sincerely,

A handwritten signature in black ink, appearing to read 'JK', with a large, stylized flourish extending to the right.

Jennifer Kincaid, Ph.D.  
Clinical Audiologist  
Maryland License #01084

March 3, 2026

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

RE: SB 917 Health Occupations - Practice Audiology - Definition  
Position: OPPOSE

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

My name is Meredith Kruzits and I am writing in opposition to SB917. I am a licensed audiologist in Maryland and am currently employed at Audiology Associates, Inc, a private practice in Maryland. I am an active member of the Academy of Doctors of Audiology (ADA) and the Maryland Academy of Audiology (MAA), where I have served on the board as Member-At-Large.

I earned my Bachelor of Arts degree from the University of Maryland in Hearing and Speech Sciences with a minor in Human Development, and then earned my Doctorate of Audiology (Au.D.) degree from Towson University.

My clinical interests include hearing aids, cochlear implants, adult and pediatric diagnostics, and tinnitus management. My clinical specialties focus on rehabilitative services for both pediatric and adult patients with hearing loss (e.g. hearing aids, cochlear implants, and assistive listening devices (ALDs)). I currently provide a wide range of services including adult and pediatric diagnostic evaluations, hearing aid fittings, tinnitus management, cerumen removal, fitting of ALDs, and custom hearing protection.

In addition to my clinical work, I have served as an adjunct professor and preceptor at Towson University, and have been published in The Hearing Review journal, focusing on community health workers in audiology.

Our ability to provide health screenings to patients can be life changing. I want to share an experience with a patient that occurred in February 2025.

A patient who I have been seeing for years came into our clinic for a routine hearing aid check visit. I asked him how he was doing and if he was experiencing any problems since his previous visit. He mentioned "spasming" in his left ear and tinnitus that was not there previously. When I looked at him, I immediately noticed that the left side of his face was drooping, and when I asked him to smile, I noted that his mouth was asymmetric. His speech had a "lisp" quality, and his left eye was notably smaller than the right. I performed a stroke screening, that was POSITIVE.

I was immediately concerned that my patient was having a stroke and wanted to call 911. He was initially resistant, as he felt fine, but I finally convinced him to go to the emergency room. Better to be safe, than sorry. When I followed up with him, he informed me that he was in fact having a stroke that was caught before major and life altering damage occurred. He thanked me as the stroke was "caught soon enough that it did not do any lasting damage." A stent was placed in his

carotid artery as it was reportedly 70% occluded. Had I not performed a simple stroke screening, the outcome for this patient would have been far worse.

I received extensive training in anatomy and physiology during my undergraduate and graduate education and am acutely aware that hearing loss is associated with chronic and potentially serious co-morbidities. I encounter patients with chronic conditions which are related to hearing loss, such as cardiovascular disease, diabetes, and cognitive impairment, on a daily basis. I feel confident in performing screenings and referring to appropriate providers as needed.

This example is a testament to my, and my fellow audiologists', ability to perform important and potentially life-saving screenings on our patients. We are trained medical providers who are capable and able to make appropriate referrals which can ultimately alter the course of our patients' lives.

Thank you to the committee for your time. I require an unfavorable report for SB 917 legislation.

Sincerely,

Meredith Kruzits, Au.D.

Doctor of Audiology

Maryland License #01473



# Allegany Hearing & Balance, LLC

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March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

I am the owner of Allegany Hearing & Balance, a private audiology practice with locations in LaVale and Oakland, Maryland. I earned my Doctor of Audiology (Au.D.) degree in 2011 and have proudly served the rural communities of Western Maryland since 2014. Our practice provides comprehensive diagnostic hearing evaluations, hearing aid consultations, fittings and follow-up care, troubleshooting and counseling visits, vestibular and tinnitus evaluations, cochlear implant candidacy testing, activations and follow-ups, as well as on- and off-site industrial hearing testing. We participate with a wide variety of insurance plans, including—but not limited to—Medicare, Maryland Medicaid, State of Maryland and Federal Blue Cross Blue Shield, and UnitedHealthcare.

I appreciate the Senate's work to advance modernized and harmonized audiology practice legislation in 2024, which was enacted in October 2024 and supports high-quality, coordinated patient care.

In regards to SB 917, health screenings are a standard requirement across nearly all areas of medicine and healthcare, including for all providers who participate with Medicare. As a Medicare-participating practice, we are required to complete specific screenings in alignment with the Merit-based Incentive Payment System (MIPS); failure to do so results in a penalty applied to *all* Medicare payments, currently up to 9%.

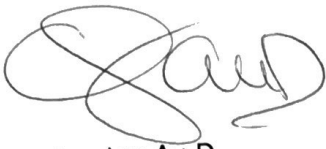
The Board of Examiners' legal counsel has ruled that health screenings performed by licensed audiologists are permitted, as screenings are not diagnostic in nature and only require referral to an appropriate healthcare provider if a screening result is positive; many of these screenings are simple pass/fail measures.

Beyond regulatory compliance, these screenings directly improve patient outcomes. For example, routine cognitive and depression screenings in older adults presenting with hearing loss can identify concerns that warrant referral to primary care, neurology, or behavioral health, ensuring more comprehensive management. Fall-risk screenings performed during vestibular evaluations

allow us to promptly refer patients to physical therapy neurology or their primary provider, potentially preventing serious injury. Similarly, blood pressure or diabetes-related screening data can highlight risk factors that impact hearing and balance health, prompting timely coordination with medical providers. Collectively, these required screenings not only meet Medicare guidelines but also enhance whole-person care through appropriate referrals and interdisciplinary collaboration.

Thank you to the committee for your time and consideration. I respectfully request an unfavorable report on SB 917.

Sincerely,

A handwritten signature in black ink, appearing to read "Chrissy Lemley". The signature is fluid and cursive, with the first name being more prominent.

Chrissy Lemley, Au.D.  
Maryland License #01315



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March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

My name is Caleb McNiece. I am an audiologist in Maryland and resident of Caroline County. I have lived in Maryland since 2014, starting my career and family in this state following graduate school. I provide mobile in home audiology care focusing on hearing aids and diagnostics across the Eastern Shore primarily in Talbot, Caroline, Dorchester, and Queen Anne's Counties and occasionally see patients in Kent and Anne Arundel Counties. My patients range from working individuals who need or want a more flexible schedule to be able to seen in the convenience of their homes to older individuals who struggle making it to doctors' appointments needing the convenience of in home care. I also provide educational audiology services for Talbot, Dorchester, Caroline, and Queen Anne's County Public Schools ensuring that the hearing needs of students with hearing loss are met and they can access their academic instruction and make progress in the classroom.

I want to express my gratitude for the hard work that went into the recent modernization and harmonization of the practice of audiology legislation in 2024. The recent introduction SB 917 unfortunately seeks to undo some of that hard work. This current bill is a repeat of SB 919 from the 2025 session which did not advance out of committee.

SB 917 seeks to change the legislation around audiologists performing screenings in a more restrictive way that would negatively impact providers across the state. Medicare providers are **required** to provide health screenings consistent with the Merit-based Incentive Payment System (MIPS). If audiologists are prevented by statute for providing these health screenings, there will be a negative financial impact for these small businesses. The current penalty rate is 9% on all Medicare payments. In fact, the Board of Examiners' legal counsel previously ruled that licensed audiologists conducting health screenings are not diagnostic in nature as they are primarily pass/fail, requiring audiologists to make an appropriate referral when necessary. For many individuals, audiologists can be one of their more frequent points of contact with the

healthcare system. As such, audiologists can be a great resource for administering screenings and referring them on to additional members of the greater healthcare community.

Thank you to the committee for your time. I require an ***unfavorable*** report for SB 917 legislation as its passage will be detrimental to patients and audiologists across the state of Maryland.

Sincerely,

A handwritten signature in blue ink, appearing to read 'CM', with a long horizontal flourish extending to the right.

Caleb McNiece, AuD, CCC-A  
Maryland License #01325



## Allegany Hearing & Balance, LLC

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March 3, 2026

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

RE: SB 917 Health Occupation-Practice Audiology – Definition  
Position: OPPOSE

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

My name is Dr. Alex Murray, and I am an audiologist at Allegany Hearing & Balance in LaVale, Maryland. While we serve patients of all ages, the majority of our patients are considered geriatric. At Allegany Hearing & Balance, we are passionate about using best practices and utilizing our doctoral degree and continuing education in order to practice our full scope of audiology which includes: audiologic hearing evaluations, cerumen removal, prescription hearing aid fittings and follow-ups, cochlear implant evaluations, cochlear implant mappings, electrophysiologic examinations, and vestibular/neurodiagnostic evaluations. We accept Medicare, Maryland Medicaid, and private insurance companies at our practice.

I would like to acknowledge the work that has been done by the Senate in order to modernize the practice of audiology with the legislation that was passed in 2024. This legislation was able to align what we as audiologists do, and have done, every day in our clinics for decades. The current 2026 legislation is a repeat of the 2025 legislation (SB 919).

Health screenings have become a required entity in the majority of healthcare. Our clinic completes health screenings every day, the most frequent being for tobacco, depression, fall risk, and cognition. Some of these screenings must be completed if you participate with Medicare, which Allegany Hearing & Balance does. The screenings that are completed are not diagnostic. For example, if an individual scores very poorly on our cognition screener (Cognivue), we are not diagnosing them with dementia or cognitive decline in our clinic. We are simply referring to their PCP due to the pass/fail nature of many screeners. These screeners are a great stepping stone to getting patients the care that they need by the correct provider. The screeners that we have been routinely using in clinic help us provide a more holistic approach to patient care.

I would like to thank the committee for your time. I require an unfavorable report for SB 917 legislation.

Sincerely,

*Alex Murray Au.D.*

Alex Murray, Au.D.

Maryland License #01553

February 19, 2026

TOWSON.EDU



Department of Speech-  
Language Pathology &  
Audiology

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8000 York Road  
Towson, MD 21252-0001

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

My name is Dr. Julie Norin, and I am an audiologist. I am currently a Clinical Assistant Professor at Towson University, where I teach both graduate- and undergraduate-level coursework and supervise graduate students in our Doctor of Audiology (AuD) program. I am also on the Board of the Maryland Academy of Audiology. Across my career, I have worked with a broad patient population in diagnostics and hearing aid services, and I have been credentialed with several insurance companies, including Medicare and Medicaid.

I very much appreciate the Senate's work on modernizing and harmonizing audiology legislation in 2024, which was enacted in October of that year. However, I am writing to address the current 2026 legislation (SB 919). This legislation seeks to modify the definition of "*Practice of Audiology*," which was passed in 2024, to limit "health screenings" by defining them as only related to audiology and vestibular conditions. Health screenings are required in (almost) all parts of medicine/healthcare, including all Medicare providers. As a participating Medicare provider, I am **required** to provide hearing screenings consistent with the Merit-based Incentive Payment System or face a 9% penalty on ALL Medicare payments.

This modification could have significant negative consequences for audiologists and the overall quality of patient care. The Board of Examiners' legal counsel ruled that health screenings performed by licensed audiologists are not diagnostic and require referral to an appropriate provider only if positive. Most screening tools take little time to complete and are "pass/fail." As practicing audiologists, we have screening tools at our disposal to identify patients struggling with their mental health, particularly depression and anxiety, which often accompany hearing loss. The results of those screening tools provide Audiologists with a mechanism for making appropriate mental health referrals for professional mental healthcare for patients who would have otherwise gone undetected or untreated for their declining mental health, placing themselves and others at risk.

Thank you to the committee for your time. I require an **unfavorable** report for SB 917 legislation.

Sincerely,

A handwritten signature in black ink that reads "Julie Norin".

Julie A. Norin, AuD, ABA, CCC-A  
Maryland License #01198

[jnorin@towson.edu](mailto:jnorin@towson.edu)  
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March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology - Definition  
Position: **OPPOSE**

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

My name is Dr. Arifa Qureshi and I am an audiologist in the state of Maryland. I'm a Maryland native and obtained my Bachelor's Degree in hearing and communication sciences from the University of Maryland, College Park in 2010. I graduated with my Doctorate in Audiology from the University of Pittsburgh in 2014. I worked in private practice for almost six years and served a variety of patients, including the elderly who had Medicare. I provided comprehensive audiological evaluations for adults and pediatric patients, as well as vestibular evaluations and tinnitus management via hearing aids. Currently, I work as a government military contract audiologist serving our nation's veterans and active duty military service members of all branches.

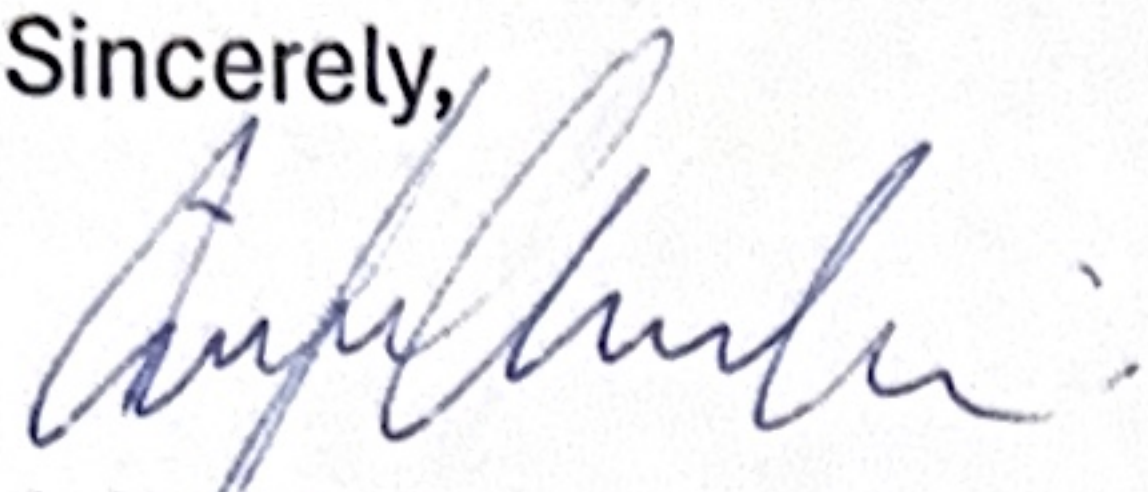
I appreciate the Senate's work for the modernized and harmonized practice of audiology legislation, which was enacted in October 2024. That legislation has been invaluable in many ways, notably in serving patients as best as we can. Audiologists can now directly refer patients for imaging studies or any necessary blood work without the patient having to get unnecessary referrals. This leads to efficient patient care without unnecessary doctor visits, especially for the elderly population.

The Practice of Audiology definition bill is now coming under scrutiny again. SB 917 is trying to limit the "health screenings" by defining them as only related to audiology or vestibular conditions. This could have significant negative consequences for not only the audiologists who bill Medicare, but also the quality of care for the patients we serve. Many of those health screenings are pass/fail and are not diagnostic; they only require a referral to an appropriate provider if positive. We must realize that whenever you work in healthcare and whatever sector you work in, the optimal way to provide patient care is to look at the whole patient, and not just one part of the patient. Not only is it common knowledge, but research also indicates correlations between hearing loss and depression, hearing loss and cognitive decline etc. I could go on and give more examples. Those health screening questions can prove to be invaluable for some of our patients and let us know when it is appropriate to refer to an appropriate provider.

I believe that a multidisciplinary approach, within your scope and professional expertise, is essential to providing the best care. By limiting the "health screenings" definition as only pertaining to audiology or vestibular conditions will be a disservice to our patients.

Thank you to the committee for your time. I require an **unfavorable** report for SB 917 legislation.

Sincerely,



Arifa M. Qureshi, Au.D.

Maryland License # 01319

March 3, 2026

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

RE: SB 917 Health Occupations - Practice Audiology - Definition  
Position: OPPOSE

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

As an educator and audiologist in Maryland for over 30 years, I have served many consumers for their hearing and balance needs including treating hearing loss, tinnitus, and dizziness. My passion for providing audiological care has extended beyond the clinic, having previously served on the Maryland Board of Examiners and as the Executive Director of the Board of Audiology, Speech-Language Pathology, Hearing Aid Dispensers & Music Therapists, to ensure ethical practice from all licensees. I have worked with various disciplines including otolaryngologists, physical therapists, dentists, neurologists, and primary care physicians as partners in hearing and balance care, with the goal being to provide the best outcome for our patients.

During the 2024 legislative session, it was outstanding to receive the Senate's support of SB 795 which modernized and harmonized the definition of the practice of Audiology. Doing so has enabled us to begin the long overdue need to streamline patient care, decreasing unnecessary wait times for differential diagnoses. This has also led other states to follow Maryland as an example to modernize their practice Statutes and as we have, clearly state what is not in our scope of audiology practice (surgical management and treatment).

The current legislation, once again, as during the 2025 legislation (SB 919, which didn't advance out of committee), aims to force audiologists to “limit health screenings,” they complete on Medicare patients, by defining them as only related to audiology and vestibular conditions. Doing so only creates a barrier to these patients from getting needed referrals sooner than later. Health screenings are part of a comprehensive approach to validate patient symptoms and serve to triage patients to be directed to appropriate evaluation and treatment.

In closing, if Medicare patients are in our care during an audiologic evaluation, and a screening indicates they should be referred for additional work-up by their primary care physician, or another specialist, it would be unethical not to do so. To go backwards in the progress made to ensure best practice of healthcare, at the expense of Medicare patients is truly unacceptable. On behalf of audiologists and the Maryland consumers we serve. I ask you to please oppose SB 917 legislation.

Sincerely,

A handwritten signature in black ink that reads "Candace G. Robinson, Au.D." The signature is written in a cursive, flowing style.

Candace G. Robinson, Au.D., CCC-A, CH-TM  
Assistant Clinical Professor  
Loyola University Maryland  
Maryland License #00744