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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: **UNFAVORABLE**

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

My name is Dr. Melissa Segev, and I oppose SB 917. I am a doctor of audiology and small business private practice owner with 10 locations in Maryland. I have been practicing audiology for over 18 years and love being able to improve the quality of life for so many Maryland residents.

In 2024, our profession was modernized to include the ability for audiologists to order imaging, and bloodwork for our patients as it relates to the human ear, as well as the ability to perform health screenings. In 2025, the opposition returned, debating our ability to perform health screenings stating we were not trained to manage a positive screening result. And here we are again, debating the same thing. Since 2024, no harm has come from this modernization. In fact, I am going to share 2 patients at our practice whose lives were significantly changed as a result of the 2024 legislation.

In May 2025, I saw a 43-year-old male patient who was referred by his primary care doctor for an audiologic assessment. He was experiencing right sided hearing loss, right sided tinnitus, and when asked, intermittent dizziness that he attributed to just standing too quickly and/or not drinking enough water. Due to his reported right-sided tinnitus and its known association with increased risk of depression and reduced quality of life, a depression screening was administered as part of the evaluation. The depression screening was negative. He is a father of 3 small children and teaches at a local high school. It was not easy for him to take time for the initial appointment. After performing a full audiologic assessment, every red flag was raised that extended beyond just a hearing loss.

Instead of wasting his time referring him to a local ENT physician or back to his primary care doctor, I was able to order an MRI with contrast directly. After 2 weeks, I did not have a report and contacted my patient to inquire about the timing of his imaging. He stated he had an appointment the following day when schools were closed and he was off from work. The day after his MRI, I received a call from the radiologist stating the report was coming stat. I knew this was bad and was prepared to manage the patient. I did not know how bad until the report arrived after the radiologist interpreted the images.

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The report stated he had a 3.5 x 3.3 x 3.0 cm size vestibular schwannoma with extension into the right internal auditory canal and significant mass effect on the adjacent brainstem and cerebellum. This compressed the 4th ventricle which shifted left 5mm. To compare, most vestibular schwannomas found are a few millimeters in size, most under a centimeter in size.

First, I called his primary doctor that day who initially referred him to my office. I shared my plan of care with her and she was more than happy to let me manage his care. I then called the patient to review the results, discuss the recommended referral, and outline how I would be managing his care moving forward.

When a tumor is found, they are not removed or treated by any ENT physician. Patients need a neuro-otologist who specializes in the ear and brain. The next day, I called the neuro-otology department at Johns Hopkins Hospital so he could be seen as soon as possible to discuss his treatment. I was able to schedule his first appointment the following week with a neuro-otologist who stated, "he would not wish this tumor on his worst enemy". Six weeks later, the patient underwent a 14-hour surgery with 2 surgeons, a neuro-otologist and a neurologist to remove the tumor. If left untreated, I believe the tumor would have continue to invade other structures in the brain that may have ultimately ended tragically. Nine months after his surgery, her returned to my office for testing and to discuss hearing treatment. He does not have hearing in the right ear and I am treating him with a special type of hearing aid called a CROS device.

The second case I want to share is of a patient seen by one of our Doctors of Audiology in our Carney office. The patient was a long-time patient who was being seen for a routine hearing aid clean and check. During the visit, the audiologist asked if anything new has occurred since his previous visit. He commented he had tinnitus in the left ear and a spasming feeling. She noticed dropping of his eye, slurred speech, and his mouth was asymmetric. She stopped what she was doing and immediately performed a stroke screening which was positive. She insisted on calling 911 but the patient refused as he said he felt fine. She instructed him to proceed immediately to the emergency department which he did. He was subsequently evaluated at the local hospital, where he was diagnosed with an acute stroke. Because she identified the warning signs early and performed the appropriate screening, he was able to receive prompt diagnostic imaging and treatment before his symptoms became severe and permanent. Imaging revealed a 70% carotid artery stenosis, and a stent was successfully placed. The patient sustained no permanent neurological damage. Without this timely intervention, the outcome could have been catastrophic.

Most health screenings are pass/fail. We are very capable and often have more time than other health care practitioners to have these conversations and notice small changes in patients, given we see them

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routinely ever 6 months. No reports of harm have been reported since the 2024 legislation passed, and I feel strongly the benefits will outweigh any potential harm when performing health screenings.

Last year, the debate over ‘conducting health screenings’ was raised ‘a second time’ and here we are again for a third time. You heard and read a significant amount of information last year and the year before about audiologists requirement to participate in the Medicare (and therefore Medicare Advantage) system.¹ Medicare quality measures also require health screenings as part of the Merit - based Incentive Payment System (MIPS) or audiologists are subjected to a 9% payment penalty on all Medicare claims submitted in a calendar year; we cannot afford to be penalized for not completing a pass/refer screening procedure.

In 2015, the Maryland Academy of Audiology (MAA) contacted the Board of Examiners (for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists (BoE)) asking the legality of audiologists completing the Medicare’s PQRS mandatory health screenings. The BoE’s (then) Executive Director (Mr. Christopher Kelter), expressing the council’s decision that health screenings were within the scope of practice for audiologists. According to the Board’s Disciplinary Action website,² there have been no complaints related to audiologists conducting health screenings.

Audiologists need the ability to make the decision to administer health screenings based on their need for reimbursement incentives or penalties and the best interest of patient care and not be restricted due to vague Statute language. Even more important, we need to be able to administer health screenings to manage our patients for what is best for them. Therefore, I request an unfavorable report on SB 917.

Thank you again for your time.

Sincerely,

A handwritten signature in black ink that reads "Melissa J. Segev".

Melissa Segev, Au.D
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Maryland License 01149

¹ <https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services>

² <https://health.maryland.gov/boardsaahs/Pages/publicorders.aspx>