

**SB917\_Audiology\_KennedyKrieger\_Support.pdf**

Uploaded by: Emily Arneson

Position: FAV



DATE: March 3, 2026      COMMITTEE: Senate Finance  
BILL NO: Senate Bill 917  
BILL TITLE: Health Occupations - Practice of Audiology - Definition  
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 917 - Health Occupations - Practice of Audiology - Definition

**Bill Summary:**

Senate Bill 917 alters the definition of “practice audiology.”

**Background:**

Kennedy Krieger provides specialized services to patients nationally and internationally. Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based and community-based programs.

At Kennedy Krieger, our audiologists offer a wide variety of evaluations and services to assess and treat a child’s ability to hear and process sounds at all stages of their development. Our comprehensive approach includes collaboration with specialists in speech language pathology, developmental medicine, and other disciplines to provide specialized care tailored to each patient’s unique set of needs.

**Rationale:**

The American Academy of Audiology (AAA) defines audiologists as, “independent practitioners who, by virtue of their postgraduate education, training, and license to practice, engage in the profession of audiology.” While audiology is one of the youngest health careers it is rapidly progressing; new technologies are developed, implemented, and improved at an accelerated pace. Along with these technological developments, the skillset and requirements of audiology practitioners have grown to match. To become an audiologist, a person must attend an accredited clinical doctoral program, where they obtain education and several hundred hours of hands-on supervised training.

An audiologist’s primary objective is to improve a person’s quality of life by preventing, identifying, diagnosing disorders of hearing and balance, as well as providing evidence-based, nonmedical treatments of those disorders. The American Speech-Language-Hearing Association (ASHA) defines the audiologist’s scope of practice as “complex, dynamic, and constantly evolving.” ASHA acknowledges the audiologist’s roles in patient care including “clinician, educator, consultant, researcher, and administrator.” This care can encompass a number of services such as the prescribing, ordering, and/or management of amplification devices such as hearing aids, osseointegrated devices, and cochlear implants; cerumen management; and/or the removal of foreign bodies from the external auditory canal, in addition to many other skills which are defined as alterations under the proposed bill. This legislation aims to remove barriers (such as needing external referrals for basic, non-invasive, or imaging tests) allowing for faster diagnosis and treatment of conditions like dizziness or hearing loss.

The proposed changes delineated in SB 917 would allow the legal interpretation of an audiologist’s **scope of practice (SOP) to be expanded to include ordering and performing specific diagnostic imaging and in-office procedures for auditory or vestibular conditions, excluding surgery**, such as those defined in AAA’s and ASHA’s



SOP documentation (see below for references). This alteration can support an audiologist in their ability to provide equitable and culturally responsive person-centered care as a licensed professional of the state of Maryland.

**Kennedy Krieger requests a favorable report on Senate Bill 917.**

**References**

1. American Speech-Language-Hearing Association. (2018). *Scope of practice in audiology* [Scope of Practice]. Available from [www.asha.org/policy/](http://www.asha.org/policy/).
2. American Academy of Audiology. (2023). *Scope of Practice*. Available from <https://www.audiology.org/practice-guideline/scope-of-practice/>.

**SB917\_MSHA Audiology\_FAV.pdf**

Uploaded by: Sarah Peters

Position: FAV



February 18, 2026

**Bill: SB 917 -Health Occupations – Practice of Audiology – Definition**

**Position: SUPPORT**

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Speech Language Hearing Association (MSHA) represents speech language pathologists and audiologists across Maryland. Collectively, we elevate and engage members to strive for excellence in serving those impacted by communication and related disorders through advocacy, equity, education, interprofessional collaboration, and leadership development. As the American Speech-Language-Hearing Association (ASHA)-affiliated state association, MSHA represents the professions of audiology and speech language pathology who work in the state.

MSHA **supports SB917**, which would further clarify the scope of practice for audiology in Maryland. Health screenings and the ordering and performing of in-office, nonradiographic scanning and imaging of the external auditory canal as it relates to auditory or vestibular conditions in the human ear are within the ASHA's Scope of Practice in Audiology.

These are skilled services desperately needed by Marylanders and well understood to be included in the practice of audiology. These services are especially important for older patients who may be difficult to communicate with because of hearing loss/risk factors/health inequalities.

For these reasons, **MSHA supports SB917**.

Thank you,

Rachael Caruso MS CCC-SLP  
MSHA Director of Advocacy &  
Public Policy

Sarah Sparks, Au.D., CCC-A, PASC  
MSHA Director of Audiology

Karen Miranda, M.S., CCC-SLP  
MSHA President

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# **SB0917\_FAV\_MedChi\_Health Occs. - Practice Audiolog**

Uploaded by: Steve Wise

Position: FAV



*The Maryland State Medical Society*  
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Senate Finance Committee

March 3, 2026

Senate Bill 917 – *Health Occupations – Practice of Audiology – Definition*

**POSITION: SUPPORT**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 917.

This legislation is rooted in a bill passed two years ago (Senate Bill 795/2024) expanding the scope of practice for audiologists and seeks simply to clarify two provisions of that bill. As background, Governor Moore did not sign Senate Bill 795 and instead allowed it to become law, citing in his bill letter “provisions of the bill that are quite broad and blur the difference between audiologists and otolaryngologists.” *See* Letter attached hereto. The Governor’s letter specifically expresses concern about the bill language allowing audiologists to conduct “health screenings” but not limiting those to conditions of the human ear.

A subsequent Attorney General’s letter states that the likely interpretation of the current statute would be that “health screenings” are, in fact, limited to the evaluation and treatment of conditions of the human ear. *See* Attorney General Letter attached hereto. While this letter is helpful, it is not binding on a court or administrative agency applying the law. Accordingly, Senate Bill 917 is intended to both address the concern expressed by Governor Moore and codifies the interpretation of the Attorney General. It does not diminish the scope expansion enacted intended by the General Assembly in 2024; it merely clarifies it.

For these reasons, MedChi strongly supports Senate Bill 917.

**For more information call:**

J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000



STATE OF MARYLAND

OFFICE OF THE GOVERNOR  
**Wes Moore**

May 23, 2024

The Honorable Bill Ferguson  
President of the Senate of Maryland  
H-107 State House  
Annapolis, MD 21401

The Honorable Adrienne A. Jones  
Speaker of the House of Delegates  
H-101 State House  
Annapolis, MD 21401

Dear President Ferguson and Speaker Jones:

After close review of House Bill 464/Senate Bill 795 *Health Occupations - Practice Audiology - Definition*, I have decided to allow the bills to pass into law without my signature or veto. I acknowledge and commend the General Assembly, particularly the Finance and Health and Government Operations Committees for their work with advocates to authorize audiologists to practice to the full extent of their training and provide appropriate access to care for Marylanders. However, discussions with proponents and opponents of the bill have made clear that the statute will require further clarification.

House Bill 464/Senate Bill 795 makes notable changes to the statutory definition for practice audiology with the goal of modernizing and updating the practice. I support the intent of the legislation to allow audiologists to practice to the full extent of their training; however, there are provisions of the bill that are quite broad and blur the difference between audiologists and otolaryngologists.

On page 2 of the bills, practice audiology is defined as “evaluating, diagnosing, managing, and treating auditory or vestibular conditions in the human ear.” The provision does not include clarifying language that the express actions should be specific to hearing loss or hearing disorder. In addition on the same page, the definition of practice audiology includes “the conducting of health screenings,” again with no other descriptive clauses to specify that the screenings should

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be related to the scope of hearing loss or disorders. Further refinement of these provisions is necessary to clarify the scope of practice audiology.

After hearing from both proponents and opponents, I recommend that all parties meet and collaborate on revisiting these statutes during the interim to ensure that the differences between audiology and otolaryngology are made more clear.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wes Moore', is positioned above the printed name.

Wes Moore  
Governor



**CAROLYN A. QUATTROCKI**  
*Chief Deputy Attorney General*

**LEONARD J. HOWIE III**  
*Deputy Attorney General*

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*Chief, Equity, Policy, and Engagement*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**  
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*Assistant Attorney General*

**CONFIDENTIAL**  
March 31, 2025

The Honorable Clarence K. Lam  
Executive Nominations Committee, Chair  
Maryland Senate  
420 Miller Senate Office Building  
Annapolis, Maryland 21401  
*Via email*

**RE: Practice of Audiology – “Health Screenings” in Chapter 1049 of the Acts of 2024**

Dear Chair Lam:

You have asked for a letter of advice concerning whether existing State law limits the scope of “health screenings” that are included in the statutory scope of practice for audiology so as to prevent audiologists from conducting health screenings that go beyond hearing loss and disorders, or if additional legislation is required to provide those limitations. In my view, a court is likely to interpret “conducting of health screenings,” as used in Health Occupations Article (“HO”) § 2-101(q)(2)(i), as limited by the preceding definition of “practice audiology” in HO § 2-101(q)(1). Under this understanding, the words “conducting of health screenings” encompasses only those health screenings related to the evaluation, diagnosis, management, and treatment of auditory or vestibular conditions in the human ear, or screenings related to prescribing, ordering, selling, dispensing, or externally fitting hearing aids or sound processors for cochlear implants or osseointegrated devices.<sup>1</sup> I explain how I reached this conclusion below.

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<sup>1</sup> The exact scope of what constitutes, for example, evaluation, diagnosis, management, and treatment of “auditory or vestibular conditions in the human ear,” and whether that goes beyond hearing loss and disorders, is a factual and medical question I cannot answer with the information before me. For example, since “vestibular” concerns the inner ear and balance, it would seem to me that the authorized “health screenings” could include screenings for disorders relating to conditions of the inner ear, including

You have presented a question of statutory construction, the goal of which is “to discern and carry out the intent of the Legislature.” *Blue v. Prince George’s County*, 434 Md. 681, 689, (2013).

The first step in determining the intent of the legislature is to examine the statutory language and give effect to the clear, unambiguous and plain meaning of the words of the statute, construed according to their common and every day meaning. We give statutes their “most reasonable interpretation, in accord with logic and common sense” and seek to “avoid a construction not otherwise evident by the words actually used.”

*Comptroller of Treasury v. J/Port, Inc.*, 184 Md. App. 608, 622 (2009) (quoting *Greco v. State*, 347 Md. 423, 429 (1997)) (internal citations removed). Courts will “attempt to give effect to all the words in the statute,” *Morris v. Prince George’s Cnty.*, 319 Md. 597, 603 (1990), neither adding or deleting from the language included by the General Assembly, *Wheeling v. Selene Fin. LP*, 473 Md. 356, 377 (2021). “[T]he plain language must be viewed within the context of the statutory scheme to which it belongs, considering the purpose, aim, or policy of the Legislature in enacting the statute.” *Lockshin v. Semsler*, 412 Md. 257, 276 (2010); *see also Rose v. Fox Pool Corp.*, 335 Md. 351, 358-59 (1994) (A statute “must be construed in accordance with its general purposes and policies.”).

To discern the legislative intent, a court would first look to the language of the relevant provision and surrounding text. The pertinent statutory provision provides that “[p]ractice audiology” includes: (i) [t]he conducting of health screenings.” HO § 2-101(q)(2)(i). This language was added to the Maryland Annotated Code in 2024 as part of a larger rewriting of the statutory definition of “practice audiology.” 2024 Md. Laws, ch. 1049 (Senate Bill 795). As a result of that legislation, the Health Occupations Article now states:

(q)(1) “Practice audiology” means to:

- (i) Evaluate, diagnose, manage, and treat auditory or vestibular conditions in the human ear;
- (ii) Prescribe, order, sell, dispense, or fit hearing aids to an individual for the correction or relief of a condition for which hearing aids are worn;
- (iii) Prescribe, order, sell, dispense, or externally fit a sound processor to an osseo-integrated device for the correction or relief of a condition for which osseo-integrated devices are worn; and
- (iv) Prescribe, order, sell, dispense, or externally fit a sound processor to a cochlear implant for the correction or relief of a condition for which cochlear implants are worn.”

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disorders related to balance, which from my layperson’s perspective does not seem to be a “hearing” loss or disorder.

(2) “Practice audiology” includes:

- (i) The conducting of health screenings;
- (ii) The removal of a foreign body from the external auditory canal that is not impacted to the point it requires anesthesia;
- (iii) The removal of cerumen from the external auditory canal that is not impacted to the point it requires anesthesia;
- (iv) The ordering of cultures and bloodwork testing as it relates to the auditory or vestibular conditions in the human ear;
- (v) The ordering and performing of in-office, nonradiographic scanning or imaging of the external auditory canal; and
- (vi) The ordering of radiographic imaging as it relates to the auditory or vestibular conditions in the human ear.

(3) “Practice audiology” does not include:

- (i) Surgery using an instrument, including a laser, a scalpel, a needle, cautery, a cryoprobe, or a suture, in which human tissue is cut, burned, vaporized, removed, or otherwise permanently altered by mechanical means, laser, ionizing radiation, ultrasound, or other means;
- (ii) Osseo-integrated device surgery;
- (iii) Cochlear implant surgery; or
- (iv) The preparation, operation, or performance of radiographic imaging.

HO § 2-101(q).

Although “health screenings” is not defined in Title 2, nor are those words used elsewhere in the Health Occupations Article, I believe the language used in the “practice audiology” definition as a whole provides sufficient guidance here. *See Morris*, 319 Md. at 603-04 (“The ‘meaning of the plainest language’ is controlled by the context in which it appears. Thus, we always are free to look at the context within which statutory language appears.”) (internal citations omitted). When looking at a similar statutory definition that first states the term “means,” followed by a provision that says the term “includes,” the Maryland Supreme Court has stated, “[r]eading these two provisions side by side, it is apparent to us that the General Assembly intended to use ‘means’ as a limiting term and ‘includes’ as a contrasting and, therefore, illustrative term.” *United Bank v. Buckingham*, 472 Md. 407, 425 (2021) (interpreting Commercial Law § 15-201). The Court also pointed to the General Provisions Article, which provides that “[i]ncludes’ or ‘including’ means includes or including by way of illustration and not by way of limitation.” Md. Code Ann., Gen. Prov. § 1-110.

Applying the same principle here, the functions described in HO § 2-101(q)(1) definitionally limit the scope of practice for audiology, whereas “conducting of health screenings” in HO § 2-101(q)(2) is one example in a non-exhaustive list of methods/actions that an audiologist can use in his or her “evaluat[ion], diagnos[is], manage[ment], and treat[ment of] auditory or vestibular conditions in the human ear,” or “[p]rescrib[ing], order[ing], sell[ing], dispens[ing], or

fit[ting] hearing aids” or sound processors. The examples in (q)(2) should thus be interpreted through the lens of the limiting language in (q)(1).<sup>2</sup>

True, a court might consider that the “health screening” provision does not contain any express qualification, unlike HO § 2-101(q)(2)(iv) and (vi), which expressly qualify that ordering of cultures and bloodwork testing and radiographic imaging must “relate[] to the auditory or vestibular conditions in the human ear.”<sup>3</sup> In certain circumstances, the lack of an express qualification in (q)(2)(i) where one was used elsewhere in the statute might indicate an intent to not limit the scope of health screenings an audiologist could conduct. However, when read in the larger context of the definition, the legislative intent appears to be the opposite. All of the other functions or actions authorized under the “practice audiology” definition concern auditory or vestibular conditions in the human ear (or devices related to these conditions). It would not, in my view, be a reasonable or logical interpretation to apply a broad reading to one function in the definition—health screening—where the General Assembly has provided a list of other illustrative examples that are connected specifically to auditory or vestibular conditions in the human ear, as well as an overall limiting definition in HO § 2-101(q)(1), through which the examples in (q)(2) should be viewed.

This understanding makes further sense when considered in connection with the Health Occupations Article as a whole. A purpose of the Health Occupations Article is to regulate different health professions in the State, including by defining the scope of practice for each profession. To read “conducting of health screenings” broadly, so as to cover any and all types of health screenings, even those related to other parts of the body traditionally outside the scope of the practice of audiology and within the defined scope of other professions would not make sense within the larger scope and purpose of the statutory scheme, and could even conflict with the defined scope of practice for other occupations. For example, if audiologists were permitted to conduct health screenings on or pertaining to conditions or diseases of the teeth, feet, or eyes, not only would that screening seem to have no connection to an audiologist’s other authorized functions (not to mention, training), but it would also overlap with the defined practices of dentistry, podiatry, and optometry. *See* HO § 4-101(l); HO § 11-101(g); HO § 16-101. Thus, a “wholistic review” of the language of the definition and wider statutory context point to a limited reading of “conducting health screenings.” *Westminster Mgmt., LLC v. Smith*, 486 Md. 616, 644 (2024).<sup>4</sup>

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<sup>2</sup> *Accord Bickford v. State*, No. 95, Sept. term, 2017, 2018 WL 2215485, at \*14-15 (Md. Ct. Spec. App. May 15, 2018) (interpreting another pair of definitional provisions using “means” and “includes” as meaning that the latter “includes” category provided illustrative methods of “visual surveillance” that still must fit the conditions required under the limiting “means” definitional provision).

<sup>3</sup> This limiting language was added by committee amendment. *See* Finance Committee Amendment to Senate Bill 795 (SB0795/163426/1).

<sup>4</sup> A court might also consider evidence of what clinical training in “screening” an audiologist license applicant must complete per current regulation. *See* COMAR 10.41.03.03 B.(4)(b) (requiring that clinical training must include “screening, response to intervention (RTI), or observations of clients”) (emphasis added). A court would also consider any interpretation of the definition of “practice audiology” used by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists & Music Therapists.

Last, even if a court were to determine there was an ambiguity in the language, the legislative history supports, or at least does not contradict, an understanding that the “health screening” language was not intended to bring health screenings of all sorts into the scope of the practice of audiology. *See Westminster Mgmt., LLC*, 486 Md. at 645 (explaining that if a statute is ambiguous, the court seeks to resolve it by searching the history of the legislation, including comments and explanations of the origin of the statute by authoritative sources during the legislative process). Here, the legislative history does not indicate that the intent of the bill was to expand the scope of audiological practice to encompass functions, including health screenings, pertaining to other body parts or health conditions that are unrelated to the ear and hearing. Furthermore, the sponsor of Senate Bill 795 of 2024 (Honorable Dawn D. Gile) submitted written testimony and an appendix that referenced the “health screening” language in the bill and cited to various professional sources that describe the types of screenings that are within the scope of practice for audiologists.<sup>5</sup> It appears to me that the screenings referenced in these resources all relate to hearing or auditory and vestibular function.<sup>6</sup> To the extent these sources provide context for the origin of the statutory language at issue, they do not appear to contradict my above-stated understanding of the legislative intent.

Accordingly, it is my view that a court would interpret the words “conducting of health screenings” in HO § 2-101(q)(2)(i) as being limited by the “practice audiology” definition in (q)(1), thus understanding the statute to authorize only those health screenings that relate to the evaluation, diagnosis, management, and treatment of auditory or vestibular conditions in the human ear, or relate to prescribing, ordering, selling, dispensing, or externally fitting hearing aids and sound processors for cochlear implants or osseointegrated devices. While this is my best

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<sup>5</sup> *See* The Honorable Dawn D. Gile, “Testimony in Support of SB0795 – Health Occupations – Practice Audiology – Definition,” at 1, [https://mgaleg.maryland.gov/cmte\\_testimony/2024/fin/1Y8keVDuJvDTXk0ye2s-SR3J8k3iPo\\_ei.pdf](https://mgaleg.maryland.gov/cmte_testimony/2024/fin/1Y8keVDuJvDTXk0ye2s-SR3J8k3iPo_ei.pdf); “HB 464 / SB 795 Appendix Practice of Audiology Legislation, Rebuttal to Opposition,” at 8, [https://mgaleg.maryland.gov/cmte\\_testimony/2024/fin/1VAnX\\_EHZ5NZAF47hDkC9OO\\_6OquNJSVM.pdf](https://mgaleg.maryland.gov/cmte_testimony/2024/fin/1VAnX_EHZ5NZAF47hDkC9OO_6OquNJSVM.pdf).

<sup>6</sup> *E.g.*, Academy of Doctors of Audiology, “Model Licensure Statute,” <https://www.audiologist.org/about-us/academy-documents/model-licensure-statute> (including “hearing screening”); American Academy of Audiology, Scope of Practice, at 2 (April 2023), [https://www.audiology.org/wp-content/uploads/2023/04/Scope-of-Practice\\_2023.pdf](https://www.audiology.org/wp-content/uploads/2023/04/Scope-of-Practice_2023.pdf) (referencing screening programs “to detect individuals with changes in auditory and/or vestibular function and decide who should undergo a diagnostic evaluation,” as well as “speech/language screening, cognitive screening, or other screening measures as necessary to identify associated comorbid conditions or life circumstances that may impact treatment plans or patient welfare, or for the purpose of identification and referral to appropriate providers”); The Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (Jan. 2023), <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf> (including graduate program accreditation standards that require programs to provide education and training in “the use of screening tools for functional assessment” and “the use of screening protocols, ... to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction”).

The Honorable Clarence K. Lam  
March 31, 2025  
Page 6

prediction of how a court would apply the tools of statutory construction to interpret this provision, it is possible that a court could decide differently based on the lack of express limiting language, and so ultimately it is up to the General Assembly if it wishes to provide any express clarification of the terms.

Sincerely,



Natalie R. Bilbrough  
Assistant Attorney General

# **Spoor- SB 917 Oral Testimony.pdf**

Uploaded by: Advocacy Maryland Academy of Audiology

Position: UNF

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

RE: SB 917 Health Occupations - Practice Audiology – Definition  
Dr. Alicia Spoor, Audiologist Oral Testimony  
Position: UNFAVORABLE

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

My name is Dr. Alicia Spoor, and I am a full-time practicing Doctor of Audiology in Howard County and a private practice, small business owner, I am here in strong opposition of SB 917.

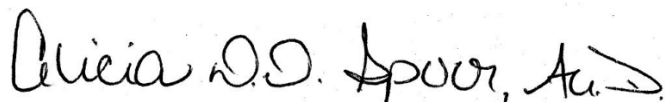
The debate of audiologists conducting health screenings is now in year three. As a participating Medicare provider and having the advice of the Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, & Music Therapists (BoE) legal counsel, I have been providing health screenings to patients, when appropriate and applicable since 2016.

This year (2026), the American Medical Association (AMA) released 12 new audiology codes. The press release<sup>1</sup> comments ‘The patient-centered approaches include assessing visual, dexterity, and psychological factors’. These health screenings expand beyond the auditory and vestibular (hearing and balance) systems.

The national association, AMA, recognizes that doctors of audiology can conduct health screenings by codifying them in billing codes. The physician associations in Maryland should follow their national associations lead and not prohibit audiologists from providing patient-centered healthcare.

The practice of audiology Statute language should remain ‘conducting health screenings’ to allow audiologists the ability to use their didactic and clinical expertise and care for patients are the highest level possible. I urge an unfavorable report on SB 917.

Sincerely,

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

Alicia D.D. Spoor, Au.D.  
Doctor of Audiology

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<sup>1</sup> <https://www.ama-assn.org/press-center/ama-press-releases/ama-releases-cpt-2026-code-set>

# **Spoor- SB 917 Opposition Letter.pdf**

Uploaded by: Dr. Alan Oshinsky

Position: UNF



# Designer Audiology

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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. Alicia Spoor and I am writing to respectfully urge an unfavorable report on SB 917. I am a Doctor of Audiology and small business, private practice owner in Howard County. At my practice, I see patients of all ages for evaluation and diagnostic testing. Many patients find my office in Highland, Maryland more accessible for tinnitus evaluations and treatment, auditory implantable pre- and post-surgical diagnostic and treatment services, and occupational and recreational hearing protection management and treatment. I earned a Doctor of Audiology degree from Gallaudet University in Washington, D.C. and stated my professional career after residency (externship) at the Mayo Clinic Arizona. I have been providing patient care in Maryland for more than 16 years. As an audiologist, I am a mandatory provider (either participating or non-participating, but I cannot opt-out) of Medicare and also choose to participate with BlueCross/BlueShield insurance.

SB 917 would restrict audiologists from conducting health screenings. The legislation is unnecessary, unsupported by evidence, and contrary to the direction of national healthcare standards. This is the third time this debate has been brought before the legislature, and I hope that the weight of evidence presented will finally lead to a decisive and favorable resolution for patients and providers alike.

The question of whether audiologists may conduct health screenings is not new — nor has it ever been legitimately in dispute. In 2015, the Maryland Academy of Audiology (MAA) formally sought guidance from the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists (“Board”) regarding the legality of completing mandatory health screenings required under the (then) Medicare’s Physician Quality Reporting System (PQRS). The Board’s then-Executive Director, Mr. Christopher Kelter, conveyed the legal counsel’s decision that health screenings are within the scope of practice for audiologists. Appropriate training to provide health screenings and follow-up referral was strongly emphasized with this decision. Acting on that guidance, and with the continued advice of the BoE’s legal

counsel, I have been providing health screenings to patients — when appropriate and applicable — since 2016.

Importantly, the Board's own Disciplinary Action website<sup>1</sup> confirms that no complaints related to audiologists conducting health screenings has required disciplinary action since that guidance was issued. There have been no reports of patient harm following the passage of the 2024 legislation, and I am confident the benefits of permitting this practice will continue to outweigh any speculative risks, as I have experienced first-hand in my practice.

Additionally, in 2026, the American Medical Association (AMA) released twelve new audiology billing codes as part of its Current Procedural Terminology (CPT) 2026 code set. In its press release,<sup>2</sup> the AMA noted that these patient-centered approaches include "assessing visual, dexterity, and psychological factors" — health screenings that extend beyond the auditory and vestibular systems traditionally associated with audiology.

This is a significant development. The AMA — the preeminent national physician and healthcare association — has formally codified audiologists' ability to conduct broader health screenings by creating reimbursable billing codes incorporating these services. When a national body of this stature takes such a step, it signals that the profession has the training, clinical expertise, and patient-centered rationale to perform these functions. Maryland's physician associations should follow the lead of their national counterpart on this issue, rather than seek to prohibit audiologists from providing care that is already recognized at the federal level.

Audiologists who participate in Medicare — as I do — are subject to the Merit-Based Incentive Payment System (MIPS), which requires health screenings as part of its quality measures. Failure to complete these screening procedures exposes providers to a 9% payment penalty on all Medicare claims submitted in a given calendar year. For small audiology practices, this is not a theoretical concern — it is a serious financial consequence that would directly harm our ability to serve patients and employ members of the community.

The Centers for Medicare & Medicaid Services (CMS) has made participation in these quality measures a condition of doing business under Medicare.<sup>3</sup> Restricting audiologists from conducting health screenings through vague or overly narrow statutory language would place Maryland providers in an untenable position: comply with federal requirements and risk violating state law or comply with state law and face significant federal financial penalties. This is an outcome the legislature should seek to avoid.

Audiologists hold doctoral-level degrees and possess both didactic training and clinical expertise to conduct health screenings responsibly. Moreover, the nature of our practice places us in a unique position to identify changes in patient health. We see patients routinely — often every six months — which means we develop longitudinal familiarity with each individual and are well-positioned to notice subtle changes that might otherwise go undetected. Most health screenings are pass/refer in nature, straightforward in their administration, and do not involve diagnosis or treatment.

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<sup>1</sup> <https://health.maryland.gov/boardsahs/Pages/publicorders.aspx>

<sup>2</sup> <https://www.ama-assn.org/press-center/ama-press-releases/ama-releases-cpt-2026-code-set>

<sup>3</sup> <https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services>

Audiologists are more than capable — and often have more time than other healthcare practitioners — to have meaningful conversations with patients about their overall health and wellbeing.

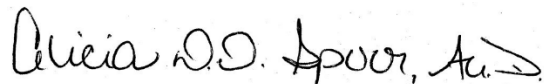
It is also worth noting that Maryland is simultaneously moving forward with legislation that expands the role of health professionals in identifying and responding to public health concerns. In 2026, the General Assembly is actively strengthening Maryland's anti-sex trafficking framework through measures including HB 1348, which enables reports to regional navigators; HB 771, which mandates health professional training by October 2026; and SB 254/HB 355, which integrates trafficking awareness into school curricula for grades 6 through 8. These efforts reflect a legislative commitment to empowering healthcare providers to serve as frontline resources for vulnerable populations.

Audiologists, who see patients regularly and build trusting long-term relationships with them, are exactly the kind of healthcare providers that expanded public health initiatives depend upon. Restricting our ability to conduct health or general screenings, runs directly counter to the spirit of these concurrent legislative priorities.

The current statutory language permitting audiologists to conduct health screenings reflects sound policy, is consistent with federal requirements, has been affirmed by the BoE's legal counsel, and has caused no documented harm. The AMA's 2026 CPT code expansion further validates that this is the appropriate and evolving standard of care nationally.

Thank you sincerely for your time and continued commitment to thoughtful, evidence-based healthcare policy. I request an unfavorable report for SB 917.

Sincerely,

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

Alicia D.D. Spoor, Au.D.  
Doctor of Audiology  
Maryland #01145

**Gil Genn SB 917 UNFAVORABLE.pdf**

Uploaded by: Gil Genn

Position: UNF



March 3, 2026

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

RE: **SB 917** Health Occupations - Practice Audiology – Definition – UNFAVORABLE

Dear Madame Chair Beidle, Vice Chair Hayes, and Committee Members,

On behalf of the Maryland Academy of Audiology, we are strongly opposed to SB 917, which would alter the ‘health screening’ language that this Committee approved in landmark legislation sponsored by Senator Gile in 2024.

Arkansas has adopted Senator Gile’s bill with the exact language of “conducting health screening”. Wisconsin and Kentucky are actively legislating this language, too. For the third year, we are here to discuss the clause of ‘Conducting Health Screenings’ and why it’s important to retain that language.

Why MedChi would want to redefine the “Hippocratic Oath” to do no harm is beyond us as trying to limit what Audiologists are mandated to do would cause harm to the patient as well as to the Audiologists who are clinical health care providers.

In 2025, the Maryland Academy of Audiology worked extensively with the physician groups (MedChi and the ear, nose, and throat (ENT) sub-specialty’s lobbyists) over many months to find a compromise if the ‘health screenings’ language needed to be amended. Since 2015, the MD Health Occupation Board of Examiners for Audiologists, stated that ‘health care screening’ under the then-Physician Quality Reporting Initiative (PQRI) required Audiologists to perform health screenings. The Board then updated its guidance in 2016 indicating that Audiologists had to report suspected child abuse and neglect as part of health care screenings.

Under the original Medicare Statute, audiologists are mandatory Medicare providers, as either participating or non-participating providers. Therefore, all audiologists across the

United States are subject to the Merit Based Incentive Program (MIPS) and the screening requirements.

The federal MIPS program relates to state agencies and third-party payors (e.g., BlueCross/BlueShield, United Healthcare, Cigna, Aetna), as well. Third party payors administer Medicare Advantage (MA) plans, which may currently use MIPS-related quality measures for reimbursement and provider incentives. Third party payors can incentivize or penalize their plans as they see fit, via individual provider contracts.

**Therefore, audiologists can't afford to be penalized by not fulfilling the contract provisions, such as health screenings. Reimbursement penalties can be up to 9% to the amount owed to Audiologists if they do not perform the health care screenings required by these third-party payors, such as Medicare Advantage.**

So in discussion with Gene Ransom last year, we agreed with his written language to use as a compromise but was later rejected by MedChi as a whole because they were concerned about incorporating the term third-party payor into the statute.

That language was:

**"NOTHING IN THIS SECTION SHALL PRECLUDE AN AUDIOLOGIST FROM PERFORMING HEALTH SCREENINGS MANDATED BY THIRD-PARTY PAYORS, NOR SHALL AN INSURER OR THIRD-PARTY PAYOR DENY PAYMENT FOR ANY MANDATED HEALTH SCREENINGS OR RELATED SERVICES."**

We then made another offer of suggested language that accomplishes the same purpose. Section 1-208(A)(3) of the Health Occupations article defines 'Third-Party Payor'. If you chose, we suggest inserting in SB 917 on Page 2, after 'screenings' on line 12:

**"RELATED TO AUDITORY OR VESTIBULAR CONDITIONS OR REQUIRED BY FEDERAL, STATE OR ANY ENTITY AS DEFINED IN THE HEALTH OCCUPATIONS ARTICLE, 1-208(A)(3)."**

Very simply, an amendment is not needed – "if it ain't broke, don't fix it!". *Do no harm.* I request an unfavorable report on SB 917.

Respectfully submitted,  
Gil Genn

## **APPENDIX TO STATUTES THAT USE “THIRD PARTY PAYOR” LANGUAGE**

### **“THIRD PARTY PAYOR” – USE IN HEALTH OCCUPATIONS ARTICLE**

#### **H.O. 1-208 Uniform Claim Forms**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=cb2939e0-4245-4393-9048684e88c8d2b0&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W23H-0000800&pdcontentcomponentid=234188&pdteaserkey=sr5&pditab=allpods&ecomp=6s65kkk&earg=sr5&prid=0dc982aa-9555-41fe-a69b-89b34f271a92>

#### **H.O. 1-302 – Prohibited Referrals**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=1da39971-ea12-4702-a374-389614134f7b&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A661B-70Y3-CGX8-01FK-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr14&pditab=allpods&ecomp=6s65kkk&earg=sr14&prid=07438077-9a6c-406e-b85c-be9800429b4a>

#### **H.O. 1-304 – Disclosure to Third Party Payors**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=2d78ccf2-b961-4258-ad2c-f71240186d55&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W24F-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr0&pditab=allpods&ecomp=6s65kkk&earg=sr0&prid=62a842cb-7a02-45a1-a848-091e6ddd6300>

#### **H.O. 1-306 – Direct Billing of Anatomic Pathology Services**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=3214a885-a24a-4f6c-b699-1c618e6941bf&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W24H-00008->

00&pdcontentcomponentid=234188&pdteaserkey=sr12&pditab=allpods&ecomp=6s65k  
kk&ear  
g=sr12&prid=07438077-9a6c-406e-b85c-be9800429b4a

#### **H.O. 4-103 Dental Practice to Be Owned by Dental Practice**

[https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=4c224684-73cf-4bba-8639-2dd57c5560dc&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst  
atutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W2F7-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr14&pditab=allpods&ecomp=6s65k  
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g=sr14&prid=85e9e273-0eb4-4300-81d5-b4a354ed53e1](https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=4c224684-73cf-4bba-8639-2dd57c5560dc&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst<br/>atutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W2F7-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr14&pditab=allpods&ecomp=6s65k<br/>kk&ear<br/>g=sr14&prid=85e9e273-0eb4-4300-81d5-b4a354ed53e1)

#### **H.O. 14-404 Denials, Probations, Reprimands, Suspensions, Revocations**

[https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=a7181ef7-fe0a-4d55-b5fb-1652dc7a7701&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst  
atutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W3GB-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr21&pditab=allpods&ecomp=6s65k  
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g=sr21&prid=82ea3a71-08aa-40c6-bbbc-1448bcc61be](https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=a7181ef7-fe0a-4d55-b5fb-1652dc7a7701&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst<br/>atutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W3GB-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr21&pditab=allpods&ecomp=6s65k<br/>kk&ear<br/>g=sr21&prid=82ea3a71-08aa-40c6-bbbc-1448bcc61be)

### **“THIRD PARTY PAYOR” – USE IN HEALTH GENERAL ARTICLE**

#### **Health General 19-4A-10 Reimbursement By Third Party Payor**

[https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=ae93a85a-3a68-4d58-b392-c482dc943309&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst  
atutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1YS-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr1&pditab=allpods&ecomp=6s65kkk  
&earg  
=sr1&prid=86e8fc80-c3ef-48b6-a03f-cc06642c140e](https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=ae93a85a-3a68-4d58-b392-c482dc943309&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst<br/>atutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1YS-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr1&pditab=allpods&ecomp=6s65kkk<br/>&earg<br/>=sr1&prid=86e8fc80-c3ef-48b6-a03f-cc06642c140e)

#### **Health General 19-350.1 – Uniform Claims Forms**

[https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=b9e498ff-daa7-46aa-95e8-7aababa8f474&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst  
atutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1VT-00008-](https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=b9e498ff-daa7-46aa-95e8-7aababa8f474&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fst<br/>atutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1VT-00008-)

00&pdcontentcomponentid=234188&pdteaserkey=sr4&pditab=allpods&ecomp=6s65kkk&earg=sr4&prid=995ebc65-fff8-4ba8-919d-1502a82bc271

### **Health General 19-319 - Qualification of Licenses**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=380ec474-c723-4fb6-aa63-4675178f6c80&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A6893-0Y63-CGX8-01M3-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr7&pditab=allpods&ecomp=6s65kkk&earg=sr7&prid=995ebc65-fff8-4ba8-919d-1502a82bc271>

### **Health General 4-305 - Disclosures Without Authorization of Persons of Interest**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=8fe9c255-0ae0-4d95-885c-9e6f74abadde&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A688G-7CY3-CGX8-04KS-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr8&pditab=allpods&ecomp=6s65kkk&earg=sr8&prid=995ebc65-fff8-4ba8-919d-1502a82bc271>

### **Health General - 7.5-501 Establishment of Hotline**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=e77b6556-67d3-4e29-b9c6-112b66d3fa61&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W092-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr12&pditab=allpods&ecomp=6s65kk&earg=sr12&prid=08e88787-1f63-49cc-8583-d1f3802ed637>

### **Health General - 2-803**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=cd18f540-2e02-4acd-8d3f-a726ffaf5b2f&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VX01-DYB7-W51P-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr17&pditab=allpods&ecomp=6s65kk&earg=sr17&prid=08e88787-1f63-49cc-8583-d1f3802ed637>

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### **Health General - 19-126 Certificate of Need**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c057b64a-d2d6-43c3-9502-438d9025cdb6&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1NC-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr18&pditab=allpods&ecomp=6s65k&ear>  
[g=sr18&prid=08e88787-1f63-49cc-8583-d1f3802ed637](https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c057b64a-d2d6-43c3-9502-438d9025cdb6&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1NC-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr18&pditab=allpods&ecomp=6s65k&ear)

## **“THIRD-PARTY PAYOR” - USE IN INSURANCE ARTICLE**

### **Insurance – 14-138 Disclosure of Medical & Claims Information**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=a94d7382-953f-4f44-969e-8710801dadee&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W0N0-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr6&pditab=allpods&ecomp=6s65k&earg=sr6&prid=c03a4736-2b93-42f5-8c80-fec97781dffd>

### **Insurance – 15-1003 Uniform Claims Forms Required**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c86cdc5c-af72-45b1-8eda-e5cdc4407b07&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W12K-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr10&pditab=allpods&ecomp=6s65k&earg=sr10&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71>

### **15-10B-01 Definitions**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=9258a613-0d6e-44e0-8727-74d60a56706f&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatures-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W13D-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr15&pditab=allpods&ecomp=6s65k&ear>

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**Insurance – 15-10B-05 Certificates – Additional Information**

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=d511785d-1529-4367-80e0-f1a98f33112a&config=014EJAA2ZmE1OTU3OC0xMGRjLTRINTctOTQ3Zi0wMDE2MW FhYzAwN2 MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W13J-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr11&pditab=allpods&ecomp=6s65k kk&ear>  
g=sr11&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

**“THIRD-PARTY PAYOR” – USE IN TRANSPORTATION ARTICLE**

**Transportation – 5-415 Ambulance Transport Fees**

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**Transportation – 15-212 Refusal, Suspension, Revocation of License**

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**“THIRD-PARTY PAYOR” – USE IN CORRECTIONAL SERVICES ARTICLE**

**Correctional Services – 11-203 Health & Welfare of Incarcerated Individuals**

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## **“THIRD-PARTY PAYOR” – USE IN ESTATES & TRUSTS ARTICLE**

### **Estates & Trust – 3-410 Payment of Elective Share**

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# **SB 917 Opposition.pdf**

Uploaded by: Maryland Academy of Audiology

Position: UNF

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."

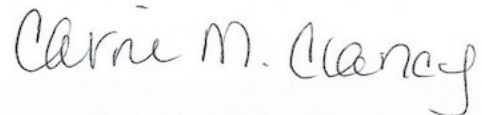
I write to you today with concerns about the current SB 917, which seeks to place unnecessary restrictions on the previously enacted legislation. This new bill is a repeat of SB 919 from 2025, which for good reason did not advance out of committee at that time. The proposed restrictions center around 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,

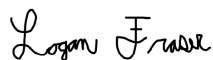
My name is Logan Fraser, and I am a clinical audiologist working in private practice providing services to patients of all ages. I work with pediatric, adult, and the geriatric patient populations on a regular basis. I provide comprehensive audiologic evaluations to children and adults and diagnose hearing 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,



Logan Fraser, Doctor of Audiology  
Maryland License #01632





# Allegany Hearing & Balance, LLC

938 National Hwy, LaVale MD 21502  
Phone: 301-729-1635 Fax: 301-729-1697  
E-mail: ahb@ahbhearing.com

265 Glass Drive, Suite A, Mt. Lake Park, MD 21550  
Phone: 301-334-1018 Fax: 301-533-9100

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.**

**3937 Foxhill Drive | Ellicott City, MD 21042 | [jenniferkincaid@gmail.com](mailto:jenniferkincaid@gmail.com)**

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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

938 National Highway, LaVale, MD 21502  
Phone: 301-729-1635 • Fax: 301-729-1697

265 Glass Drive, Suite A, Mt. Lake Park, MD 21550  
Phone: 301-334-1018 • Fax: 301-533-9100

E-mail: [ahb@ahbhearing.com](mailto:ahb@ahbhearing.com)

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%.

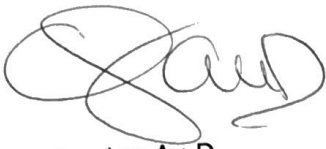
The Board of Examiners' legal counsel has ruled that health screenings performed by licensed audiologists are permitted, as screenings are not diagnostic in nature and only require referral to an appropriate healthcare provider if a screening result is positive; many of these screenings are simple pass/fail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



25455 Adams Landing Rd  
Denton, MD 21629  
p 443-499-EARS (3277)  
f 443-972-9833

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

938 National Hwy, LaVale MD 21502

Phone: 301-729-1635 Fax: 301-729-1697

E-mail: ahb@ahbhearing.com

265 Glass Drive, Suite A, Mt. Lake Park, MD 21550

Phone: 301-334-1018 Fax: 301-533-9100

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

Towson University

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)  
[www.towson.edu/chp/departments/asld/](http://www.towson.edu/chp/departments/asld/)



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.

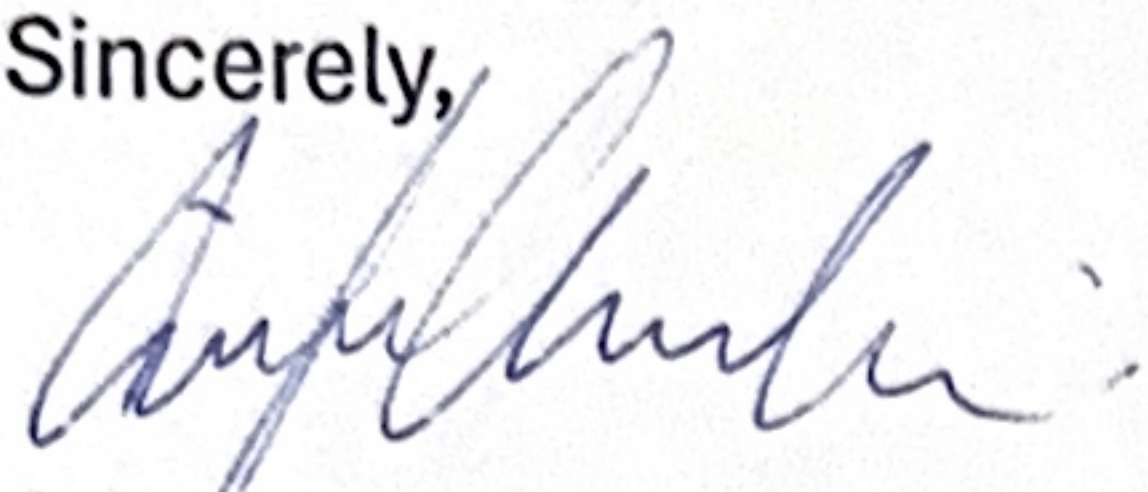
I appreciate the Senate's work for the modernized and harmonized practice of audiology legislation, which was enacted in October 2024. That legislation has been invaluable in many ways, notably in serving patients as best as we can. Audiologists can now directly refer patients for imaging studies or 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

# **SB917\_MelissaSegev\_UNF**

Uploaded by: Melissa Segev, Au.D

Position: UNF



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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 4<sup>th</sup> 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.<sup>1</sup> 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,<sup>2</sup> 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  
Doctor of Audiology  
Maryland License 01149

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

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