



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Board of Examiners for Audiologists, Hearing Aid Dispensers & Audiologists**  
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**2021 SESSION  
POSITION PAPER**

**BILL NO: HB 732**  
**COMMITTEE: Health and Government Affairs**  
**POSITION: Support with amendments**

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**TITLE:** Health Care Practitioners – Telehealth – Out-of-State Health Care Practitioners

**BILL ANALYSIS:** This bill authorizes out-of-state health care practitioners to provide telehealth services to patients located in Maryland, provided the health care practitioner is licensed and in good standing in another state and registers with the appropriate health occupations board in Maryland. The bill also determines the requirements that an out-of-state practitioner must meet in order to register with the regulating Board. The bill establishes that an out-of-state health care practitioner must practice in accordance with the laws, rules, regulations, scope of practice, and standard of practice set forth by the Boards and provides a process for responding to potential complaints and discipline of an out-of-state practitioner registered to practice telehealth in Maryland.

**POSITION AND RATIONALE:**

The Maryland Board of Audiologists, Hearing Aid Dispensers and Audiologists (the “Board”) supports the premise of HB 732 which aims to increase access to healthcare through telehealth services for consumers in Maryland. HB 732 addresses this by allowing out-of-state practitioners to provide telehealth by becoming registered practitioners, rather than becoming licensed; our Board currently requires out-of-state practitioners to become licensed. The Board is very aware of access issues to provide care through telehealth by out-of-state providers, particularly continuity of care issues due to the displacement of individuals into Maryland during the current pandemic. The Board has recently issued support to implement and join the Audiology and Speech-Language Pathology Interstate Compact (ASLP – IC), SB183/HB288, which will circumvent these issues and allow for the licensing of out-of-state practitioners who wish to become a part of the compact. Further, the ASLP – IC requires that all states who enter into it, and all practitioners who wish to be a part of it, have equal entry level requirements for practice, whereas registrants from states that are not part of the ASLP – IC, may have lower standards to

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enter into practice. The ASLP – IC also allows for practitioners to become licensed in a significantly reduced amount of time, when already licensed through a home state that is part of the compact. The Board believes that HB 732 is duplicative of the ASLP –IC, and by virtue of HB 732 not requiring licensure, may open up the opportunity for looser adherence to the laws of our Health Occupations, which ultimately may be a concern for the protection of the consumers of Maryland. Accordingly, although the Board supports the goal of HB 732, the Board respectfully requests two amendments to the bill, both of which clarify that it does not apply to Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists.

Amendment Number 1:

On page 6, in line 12, after “1996,” insert:

“(8) THIS SECTION DOES NOT APPLY TO THE BOARD OF AUDIOLOGISTS, HEARING AID DISPENSERS, AND SPEECH-LANGUAGE PATHOLOGISTS IN ACCORDANCE WITH TITLE 2 OF THIS ARTICLE.”

Amendment Number 2:

On page 6, strike lines 29 -32 beginning with “2-301” and ending with “in,” and on page 7, strike lines 1-13, beginning with “this State” and ending with “TELEHEALTH.”

Thank you for your consideration of this testimony. The Board respectfully requests a favorable report on HB 732 including the aforementioned proposed amendments. If you have any additional questions, please contact the Board’s Executive Director, Candace G. Robinson, Au.D., at [candace.robinson@maryland.gov](mailto:candace.robinson@maryland.gov) or (443) 915-7981.

Sincerely,



Candace G. Robinson, Au.D.  
Executive Director

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration*