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February 27, 2024

Chair Joseline A. Pena-Melnyk
Health, Government Operations (HGO)
Room 241
House Office Building
Annapolis, 21401

RE: **HB 464** Health Occupations – Practice Audiology – Definition

Position: **Support**

Madam Chair Pena-Melnyk, Vice Chair Cullison, and Committee Members,

I am testifying today as an individual licensed Doctor of Audiology in the State of Maryland, not as a current member of the Board of Examiners.

I have been a practicing audiologist for over 40 years now. I was also a private practice owner (Allegany Hearing & Balance) for over 20 years until this past October when I sold my practice to one of my very talented colleagues. I am now working part-time for this practice and am semi-retired. We have two office locations. One is in Cumberland and the other is in Oakland. I graduated with a Master of Science degree from West Virginia University in 1983 and received my Doctor of Audiology degree in 2006, from the Arizona School of Health Sciences at A.T. Still University in Mesa, Arizona. I worked at a steel mill and then a nuclear shipyard as an industrial audiologist for the first 7 years of my career. I performed hearing screenings, diagnostic testing, managed our employees by referring to appropriate physicians when necessary, and treated their hearing loss with amplification when appropriate.

I then accepted a job with Allegany Hearing & Speech, which was owned by two individuals who were dually certified in Audiology and Speech Pathology. This company was a for profit rehabilitation company which also employed speech pathologists, physical therapists, and occupational therapists. In the early 2000's, they sold the company to a now large rehabilitation company. About two years after this sale, due to my disagreements with how they expected me to treat our patients and their lack of concern about patient outcomes, I bought the Audiology portion of the business in late 2003.

I grew the practice from three audiologists seeing roughly 30 patients per day to six audiologists in our two locations seeing anywhere from 60 to roughly 80 patients per day. I also expanded our services from doing audiological evaluations and fitting hearing aids, to also providing full neurodiagnostic evaluations,

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cochlear implant activations and programming, fitting bone anchored hearing devices, and auditory processing evaluations.

I saw a 32 year old female for an audiological evaluation in September 2007. She was pregnant and was referred to our office by an ENT physician. She was experiencing vertigo, ringing in one ear and had begun to notice hearing loss in the same ear. I did a full diagnostic hearing evaluation which showed hearing in her right ear to be slightly worse than her left ear in the mid to high pitches. Her word understanding test also showed a slightly reduced score in her right ear compared to the left ear. After doing further specialized audiological testing, and based on her history and results, and my education and training, I was extremely suspicious that she was suffering from a tumor called an acoustic neuroma. This is a tumor that typically grows along the acoustic and/or the vestibular nerve in the inner ear.

I advised the patient to make sure she got an MRI and that if her ENT would not order an MRI, to let me know as I would then contact her primary care physician and have them order one. I did not want to tell the patient that I was 95% sure she had a tumor, but wanted to express the urgency of her getting an MRI.

She did not return to my office for another hearing test until May of 2008, again referred by an ENT. Her hearing in the right ear had deteriorated from a mild hearing loss to a total profound permanent hearing loss with 0% word understanding. I was now 100% certain that she had an acoustic neuroma. She told me that her physician did not think she needed an MRI as she thought she had a different disorder, namely otosclerosis. Otosclerosis is a condition that can be exacerbated by pregnancy. Otosclerosis test results look nothing like test results with an acoustic neuroma. I then advised her that I thought she had an acoustic tumor and that she HAD to have an MRI. Her physician finally ordered one and she did, in fact, have an acoustic neuroma. She had surgery at Johns Hopkins Hospital to remove her tumor.

About two years later I was sued by this patient for two reasons. One, because I had not ordered an MRI. Two, because she thought the ENT was my employee. I was NOT permitted to order imaging as it is not currently permitted in the State of Maryland for audiologists. Had I been able to order an MRI when she initially presented to me, she would have gotten the appropriate health care that she needed and her outcome may have been different with regards to salvaging her hearing.

In my now 41 years of serving my patients, I have countless times strongly urged my patients that I felt needed an MRI or CT scan based on their history and test results, to ask their ENT for one if they did not order one. If the ENT refused, I advised my patient to contact me and I would then ask their primary care physician to place the order.

Right now in my local area, there are two ENT physicians, both located in Allegany County in Western Maryland. One of them takes appointments in Garrett County one day per month. His next appointment is in mid April. Just under 100,000 residents of these two counties have access to 2 ENT physicians. It takes a minimum of three weeks to get an appointment.

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Updating **HB 464** Health Occupations – Practice Audiology – Definition, will bring our profession up to date with our current educational and licensure requirements. It will also result in a reduction of healthcare costs, reduce wait times at physician offices for appointments, enable to ENTs to see those patients that truly need to see them for the more severe pathologies, and result in better outcomes for the patient.

If the patient comes to Audiology first, less than 5% are shown to need an ENT or medical referral. Most do not need to see a physician for their hearing loss. If they see the ENT first, the ENT will typically order a hearing test. They come to our office, get the evaluation, then we send them back to the ENT for the follow up appointment. The ENT then orders imaging if necessary, which means they then need to go back to the ENT again to get those results. Allowing audiologists to order imaging will reduce office visits for the patients, reduce health care costs, and most importantly, provide better outcomes and healthcare for the patient.

We are not interested in a turf war. We want to evaluate, diagnose, manage, and treat our patients as our education and training have prepared us. Updating definition will allow us to practice at the top of our scope, which will allow the ENTs to also provide the best care for those patients that need their care. Our goal again, is to reduce costs to the healthcare system and the patients, provide the best possible care as quickly as possible, and provide better outcomes for our patients by allowing us to evaluate, diagnose, manage, and treat our patients as our education and training have prepared us for and as we have been doing for years.

I ask for your favorable report on HB 464.

Best Regards,

Jana Brown, AuD, FAAA

Jana Brown, AuD
Board Certified in Audiology