

February 20, 2025

Chair Pamela Beidle

Finance Committee

3 East

Miller Senate Office Building

Annapolis, Maryland 21401

RE: SB 919 Health Occupations - Practice Audiology - Definition

Position: SUPPORT

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

As an audiologist in Maryland for 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 also worked with various disciplines (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 is simply a compromise to alleviate Governor Moore's and the Maryland Society of Otolaryngology's (MSO) concerns with audiologist "Conducting Health Screenings" on Medicare patients. 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. Secondly, the amendment proposed to add "as it relates to auditory or vestibular conditions of the ear," is acceptable, if it serves to clarify and assuage concerns from other providers about the current language.

In closing, I would like to thank Senator Gile, for his ongoing support of audiologists and the Maryland consumers we serve. I ask you for a favorable report of SB 919 legislation.

Sincerely,

Candace G. Robinson, Au.D., CCC-A, CH-TM  
Maryland License #00744

Melissa J. Segev, Au.D.  
Briana Bruno Holtan, Au.D.  
Mikayla Abrams, Au.D.  
Kelly Anne Boylan, Au.D.  
Lindsay Dennison, Au.D.  
Leslie Gilbert, Au.D.  
Logan Fraser, Au.D.



Jennifer Kincaid, Ph.D.  
Jessica Kreidler, Au.D.  
Meredith Kruzits, Au.D.  
Niki Razeghi, Au.D.  
Candace G. Robinson, Au.D.  
Corinne Waterman, Au.D.

February 25, 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition

Position: **SUPPORT**

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

I have been a clinical audiologist for 18 years, receiving my Doctor of Audiology degree (Au.D.) from Central Michigan University. I became an audiologist because I wanted to help people, and I chose audiology because I enjoy the art and science behind treating hearing loss. There is no one size fits all in this field, or when treating hearing loss specifically. There is a wide range of patients with a wide range of needs under our care, and our degree has grown overtime to reflect that. It is now time of our licensure to match our training and current scope of practice as Doctors of Audiology.

Currently I work as an audiologist in a multi-provider private practice. I am the sole clinician in my office and one of the few providers on the Eastern Shore of Maryland, where access to health care is much more limited. I evaluate, diagnose and manage hearing and balance function for the infant to geriatric population. I provide newborn hearing screenings, pediatric evaluations for children with speech delays, cerumen removal, vestibular assessments, tinnitus treatment, hearing aid fittings and cochlear implant evaluations and mapping. Medicare classifies audiologists as a 'Diagnostic Supplier' within the Centers for Medicare and Medicaid System. I am often the first point of contact, and many times the most frequent and consistent point of contact many of my patients have for any concerns related to their hearing health care needs. I appreciate the Senate's work for the modernized and harmonized practice of audiology legislation in 2024. The current legislation is a compromise to alleviate Governor's Moore's and the Maryland Society of Otolaryngology's (MSO) concerns with Conducting Health Screenings.

As included before, the legislation ensures the Statute language is broad enough to encompass services provided now and allows the Board to create Regulations to provide specific rules. Additionally, the language codifies: Health screenings- which are pass/fail to help determine if management (triage) is necessary to another provider who specializes in that area (e.g., vision screening, hypertension, etc.). The Board allows audiologists to complete health care screening, as

Administrative Office: 3615 E. Joppa Road, Suite 210 Parkville, MD 21234 (410) 944-3100

79 Forest Plaza Annapolis, MD 21401 (410) 266-6444

3455 Wilkens Ave., Suite 206 Baltimore, MD 21229 (410) 646-3100

9613-I Harford Road Baltimore, MD 21234 (410) 668-5500

33rd Street Prof. Bldg. 200 E. 33rd St., Ste. 631 Baltimore, MD 21218 (443) 948-7440

8737 Brooks Dr. Ste. 204 Easton, MD 21601 (410) 820-9826

9338 Baltimore National Pike Ellicott City, MD 21042 (410) 313-9100

7845 Oakwood Road, Suite 303 Glen Burnie, MD 21061 (410) 760-4327

1629 York Road Lutherville, MD 21093 (443) 578-3900

Fairhaven 7200 3rd Ave #1000 Sykesville, MD 21784 (410) 646-3100

2147 York Road Timonium, MD 21093 (410) 252-3100

2021 K Street, NW, Suite 420 Washington, DC 20006 (202) 844-6699

3301 New Mexico Ave., Ste 310, NW Washington, DC 20016 (202) 363-2363

Melissa J. Segev, Au.D.  
Briana Bruno Holtan, Au.D.  
Mikayla Abrams, Au.D.  
Kelly Anne Boylan, Au.D.  
Lindsay Dennison, Au.D.  
Leslie Gilbert, Au.D.  
Logan Fraser, Au.D.



Jennifer Kincaid, Ph.D.  
Jessica Kreidler, Au.D.  
Meredith Kruzits, Au.D.  
Niki Razeghi, Au.D.  
Candace G. Robinson, Au.D.  
Corinne Waterman, Au.D.

they do not require a diagnosis. Individuals obtain screenings in many places, including Walmart, and retail pharmacies, to name a few.

Our office currently provides several different health screenings that fall within the scope of our practice (tinnitus, hearing handicap inventory, balance screenings etc), but we also can provide health screenings to make appropriate referrals for cognitive decline concerns or other health concerns we may pick up on over our frequent visits with these patients. The change of wording will still allow us to provide what is needed without impinging on the scope of practice of other health care providers.

This legislation put through in 2024 was, and is still very much needed. The slight adjustment to the language will not impact our ability to perform to the top scope of our practice. It allows for easier and better access to hearing health care by breaking down many barriers and obstacles patients must currently jump through in order to obtain the treatment they need, and that I am qualified to provide. Because of this legislation I am better able to work to the full scope of my practice including being able to remove cerumen or foreign bodies from the ear canal without anesthesia. Our clinic is also working to set-up protocols for ordering cultures and blood work relevant to pathologies of the ears as well as labs needed to make appropriate referrals. These changes cannot not happen overnight but will make a large impact on accessible timely care, especially for patients on the Eastern Shore where wait times are at an all time high. Many other states currently have similar language and others are following in the footsteps of Maryland's example and modernizing their practice statutes and clearly stating what is NOT in the practice (surgery).

One example where this legislation will make a huge impact is the process involved in determining cochlear implant candidacy. As a provider in a rural area, I partner with a larger hospital in Baltimore to provided cochlear implant evaluations and services. The goal is to minimize the amount of times these patients must travel across the Bay Bridge and into the city, especially when transportation to and from may be a barrier due to age or finances. Upon completion of the evaluation the patient will need a prescription for a CT scan prior to the follow up with the surgeon as part of the pre-surgical procedure. This is something that I was unable to provide, despite the fact that I am the provider determining the candidacy for the cochlear implant. They must obtain this from the surgeon in Baltimore, which is one more barrier for the patient to obtain access to treatment. With the legislation our practice has begun developing protocols for ordering imaging and a comprehensive list of centers that are able to provide what is needed.

Ordering of cultures and blood-work will also save steps in identifying and/or ruling out a syndrome, disease, disorder. If there is a significant asymmetry noted during testing, protocol is for a referral to obtain imaging (MRI) of the internal auditory canal, to rule out retro-cochlear pathology such as an acoustic neuroma. This is something we can ask the primary to order via our report or a phone call

Administrative Office: 3615 E. Joppa Road, Suite 210 Parkville, MD 21234 (410) 944-3100

79 Forest Plaza Annapolis, MD 21401 (410) 266-6444

3455 Wilkens Ave., Suite 206 Baltimore, MD 21229 (410) 646-3100

9613-I Harford Road Baltimore, MD 21234 (410) 668-5500

33rd Street Prof. Bldg. 200 E. 33rd St., Ste. 631 Baltimore, MD 21218 (443) 948-7440

8737 Brooks Dr. Ste. 204 Easton, MD 21601 (410) 820-9826

9338 Baltimore National. Pike Ellicott City, MD 21042 (410) 313-9100

7845 Oakwood Road, Suite 303 Glen Burnie, MD 21061 (410) 760-4327

1629 York Road Lutherville, MD 21093 (443) 578-3900

Fairhaven 7200 3rd Ave #1000 Sykesville, MD 21784 (410) 646-3100

2147 York Road Timonium, MD 21093 (410) 252-3100

2021 K Street, NW, Suite 420 Washington, DC 20006 (202) 844-6699

3301 New Mexico Ave., Ste 310, NW Washington, DC 20016 (202) 363-2363

Melissa J. Segev, Au.D.  
Briana Bruno Holtan, Au.D.  
Mikayla Abrams, Au.D.  
Kelly Anne Boylan, Au.D.  
Lindsay Dennison, Au.D.  
Leslie Gilbert, Au.D.  
Logan Fraser, Au.D.



Jennifer Kincaid, Ph.D.  
Jessica Kreidler, Au.D.  
Meredith Kruzits, Au.D.  
Niki Razeghi, Au.D.  
Candace G. Robinson, Au.D.  
Corinne Waterman, Au.D.

but cannot order this ourselves. It's another barrier and time delay. When I have called physicians in the past regarding this, they have been shocked it is not something we could just order on our own.

Continuing to allow for a modernization of the language will make the statute more in line with the depth the audiologist didactic and clinical training. It will also coincide better with other non-physician, clinical doctors in Maryland such as doctors of optometry, dentistry, podiatry, chiropractic. Healthcare has long since modernized and Maryland needs to keep pace.

This language does not allow audiologists to practice medicine entailing diagnosis, healing, treatment, or surgery (Osseo or Cochlear implant surgery). It does not allow for preparation, operation, or performance of radiographic imaging.

In conclusion it is time to modernize the definition and scope of practice to remain in line with training and degrees held by audiologists. It has been almost 20 years since the Au.D. became the entry level degree. This will allow our definition to be consistent with other state's definitions of audiology, include but not limited to Colorado (a purple state), Alabama (red state), and Illinois (a blue state) and consistent with Maryland's practice definitions of non-physician, clinical doctors such as dentists and optometrists. This is what is needed to allow us to practice with in the full scope of our degree and training, to better serve our patients and provide the best access and affordability to hearing health care that we can.

Thank you for your continued support of SB 919

Sincerely,

A handwritten signature in cursive script that reads 'Corinne Waterman Au.D.'.

Corinne Waterman, Au.D.  
Maryland License #01241

Administrative Office: 3615 E. Joppa Road, Suite 210 Parkville, MD 21234 (410) 944-3100

79 Forest Plaza Annapolis, MD 21401 (410) 266-6444

3455 Wilkens Ave., Suite 206 Baltimore, MD 21229 (410) 646-3100

9613-I Harford Road Baltimore, MD 21234 (410) 668-5500

33rd Street Prof. Bldg. 200 E. 33rd St., Ste. 631 Baltimore, MD 21218 (443) 948-7440

8737 Brooks Dr. Ste. 204 Easton, MD 21601 (410) 820-9826

9338 Baltimore National Pike Ellicott City, MD 21042 (410) 313-9100

7845 Oakwood Road, Suite 303 Glen Burnie, MD 21061 (410) 760-4327

1629 York Road Lutherville, MD 21093 (443) 578-3900

Fairhaven 7200 3rd Ave #1000 Sykesville, MD 21784 (410) 646-3100

2147 York Road Timonium, MD 21093 (410) 252-3100

2021 K Street, NW, Suite 420 Washington, DC 20006 (202) 844-6699

3301 New Mexico Ave., Ste 310, NW Washington, DC 20016 (202) 363-2363

25 February 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition  
Position: **SUPPORT**

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

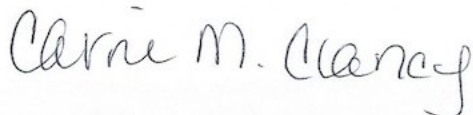
As a constituent and a licensed audiologist in the state of Maryland, I am writing in support of SB919/HB1298. In my view, this bill is an essential step toward full implementation of last year's important legislation updating the Audiology scope of practice in Maryland.

I am a relatively new audiologist, having graduated from the Doctor of Audiology program at the University of Arizona in May 2022 before moving to Maryland in July 2023, due to my spouse's active duty U.S. Air Force reassignment. In the process of obtaining my initial Maryland Audiology license, I became familiar with what was then HB 464/SB 796, which expanded the scope of practice for Maryland audiologists. I was immediately impressed and encouraged by this legislation, as it allows audiologists in Maryland to practice to the full extent of our doctoral-level training and enables us to provide more timely and efficient comprehensive care to patients with a variety of auditory and vestibular conditions. I hope that other states may be motivated to follow suit with similar legislation once they see evidence of Maryland's successful implementation and positive outcomes.

The current bill, SB919/HB1298, would clarify language in last year's legislation that could potentially impede full implementation of the Audiology scope of practice update. As an active member of the Maryland Academy of Audiology, I supported last year's legislation, and I support the language to be included in the new bill, with the hope of clearing a path for the intended scope of practice expansion. I look forward to continuing my own professional growth under the new legislation and further developing my ability to provide thorough audiologic care to Marylanders across the lifespan.

In closing, I would like to thank you and your colleagues for your continued support of Maryland audiologists and your advocacy for the best interests of our patients. Your work, as always, is much appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Carrie M. Clancy". The ink is dark and the signature is fluid, with a large, stylized 'C' at the beginning.

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

February 20, 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition  
Position: **SUPPORT**

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

My name is Logan Fraser, and I am an audiologist working in a private practice setting, serving patients of all ages and socioeconomic backgrounds. I received my clinical doctoral degree from University of Maryland, College Park.

I appreciate the work of the Senate in 2024 to help modernize and harmonize the practice of audiology. The current legislation acts as a compromise to address concerns regarding “Conducting Health Screenings” raised by Maryland Society of Otolaryngology (MSO). I work with many Medicare patients on a daily basis. For all of our patients we perform the Patient Health Questionnaire -2 PHQ-2 to screen for depression. This allows us to have a conversation with the patient to determine if a patient should discuss their mental health with their primary care provider and potentially seek an evaluation with a mental health care provider. The screening aids in ensuring that patients struggling with mental health are able to receive resources and care that may not be treated otherwise.

An integral part of my daily practice includes the ability to use my full scope of practice to remove cerumen and foreign bodies from the external auditory canal (EAC) without anesthesia. Patients frequently have cerumen in the ear canal that prevents consistent functioning of their hearing aids. As I am able to address this during the patient’s hearing aid check appointment, it saves the patient time, money, and resources to be able to manage their cerumen without making a separate appointment with another provider. I frequently receive positive feedback from patients that their cerumen can be removed in our office rather than scheduling with another provider. Patients also express relief when a dome or a wax guard from their hearing aid gets stuck in their ear canal, and that it can be removed easily in office and save them a trip to the emergency room or urgent care and the associated copayments.

Our practice is currently in the process of establishing connections with imaging centers in order to be able to refer patients for imaging. Our practice is also establishing protocols for referral criteria.

This has been an ongoing process with much thought in place. Patients often ask if we are able to give them the referral for the imaging they need, as current protocols with primary care providers or ENT providers giving referrals results in delayed imaging due to the need to wait for an appointment for another provider, as well as add a burden onto patients (time, copayments, time off of work, etc).

SB 919 aims to help make Maryland a leader in healthcare by modernizing audiology to include our full scope of practice given our clinical and didactic training completed to better service patients in our community. SB 919 will provide improved access to hearing healthcare to patients in the state of Maryland and remove barriers that are currently facing our community. Improving affordability and access to healthcare will empower patients of all backgrounds to improve their hearing and balance health.

Thank you to Senator Gile for the ongoing support of audiologists and the patients that we serve. I ask for a favorable report for SB 919 legislation.

Sincerely,

A handwritten signature in black ink that reads "Logan Fraser". The signature is written in a cursive, flowing style.

Logan Fraser, Au.D.

Maryland License #: 01632



# Allegany Hearing & Balance, LLC

938 National Highway, LaVale, MD 21502    265 Glass Drive, Suite A, Mt. Lake Park, MD 21550  
Phone: 301-729-1635 • Fax: 301-729-1697    Phone: 301-334-1018 • Fax: 301-533-9100

Email: [ahb@ahbhearing.com](mailto:ahb@ahbhearing.com)

February 25, 2025

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

RE: SB 919 Health Occupations - Practice Audiology - Definition  
Position: SUPPORT

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

My name is Dr. Sarah Hart and I am an audiologist at Allegany Hearing & Balance which has two offices in western Maryland. I attended West Virginia University for my bachelor and doctoral degrees. Working at Allegany Hearing & Balance enables me to served adult and pediatric populations. Not only do I complete audiological evaluations and program hearing aids, but I complete vestibular evaluations and treatments. I am also a part of our cochlear implant team, which includes evaluating patients for a cochlear implant as well as performing cochlear implant mapping.

The modernization and harmonized practice that occurred with the audiology legislation of 2024 has enabled me to better serve my patients in rural Maryland. The legislation has allowed me to provide cerumen removal and foreign body removal from the external auditory canal to a larger population. By removing cerumen and foreign objects, without anesthesia, I no longer have to send patients to a different provider and then have them to return to my office to complete testing. It is not only saving patients' time, but resources of the patients and their insurance companies.

Health screenings are currently required by Medicare to screen the patient's medicinal history as well as screenings related to fall risks, cognitive decline, and tobacco use. It has allowed me to better serve my Medicare patients by obtaining a more accurate view of their quality of life.

Legislation from 2024 has enabled audiologists to order bloodwork, cultures, and MRIs/CTs. This will allow my patients to have quicker access to scans and results as they follow-up with their primary care provider or ear, nose, and throat specialist. Scans and bloodwork will only be ordered as they pertain to the human ear and ear related disorders. This access is already available to optometrists and dentists as it pertains to their fields. While these changes will take time to set up, the end result will save time and money for our patients and their insurance companies.



This current bill is a continuation of 2024. It is allowing audiologists to modernize our practice Statutes, but not changing our scope of practice. Other states, such as Colorado and Alabama, have similar language in their practice Statutes.

Thank you to Senator Gile for the ongoing support of audiologists and the patients we serve. I ask for a favorable report for SB 919 legislation.

Sincerely,

Sarah F Hart, AuD  
Maryland License MD01529

# JENNIFER KINCAID, PH.D.

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

---

February 25, 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition  
Position: **SUPPORT**

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 19 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 serve as the 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 919, is a compromise to alleviate Governor’s Moore’s and the Maryland Society of Otolaryngology’s (MSO) 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 required the use of some screenings under the PQRS 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)**

---

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. Last year's 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 Senator Gile for the ongoing support of audiologists and the patients we serve. I ask for a favorable report for SB 919 legislation.

Sincerely,

A handwritten signature in black ink, appearing to read 'JK' with a large, stylized loop at the end.

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



# 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

Email: [ahb@ahbhearing.com](mailto:ahb@ahbhearing.com)

February 25, 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition  
Position: **SUPPORT**

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

My name is Chrissy Lemley and I am a Doctor of Audiology and the owner of Allegany Hearing & Balance Center, with locations in LaVale and Oakland, MD. I earned my doctorate degree from West Virginia University in 2011 and have been serving the Western Maryland communities as a private practice audiologist since 2014. I'm passionate about helping patients in our rural communities improve their quality of life through better hearing and balance. Our clinic strives to provide efficient and personalized care to each patient by working at the full scope of our medical practice. This allows our patients to get the highest quality of care with the fewest appointments necessary, lessening their burden for transportation and missed work among other possible complications.

The modernization and harmonization of audiology legislation in 2024 is a significant step forward, and we sincerely appreciate the Senate's work in making this progress a reality. Thanks to these much-needed updates, we are now able to provide better services for our patients by safely and effectively removing cerumen and foreign bodies from the ear (without the use of anesthesia). This change prevents patients from having to reschedule critical hearing tests due to cerumen blockages and eliminates the need for additional appointments with their primary care physician or an ENT specialist. By allowing audiologists to manage these issues in-office, we not only improve patient care but also help lessen the burden on other medical professionals. For example, I recently treated a patient who had waited several weeks for a hearing test and hearing aid adjustments due to transportation challenges. Upon performing otoscopy, I discovered excessive cerumen bilaterally—something that, under prior regulations, I would not have been permitted to address. Previously, this patient would have had to delay their care further to see another provider for cerumen removal before rescheduling their hearing exam, potentially waiting another month or more. However, thanks to these legislative updates, I was

able to remove the cerumen immediately, complete the hearing test as scheduled, and adjust the patient's hearing aids appropriately. He left our office hearing better than he had in months.

In addition, I am working to implement a referral system in our clinic for ordering culture/bloodwork labs and imaging related to auditory or vestibular conditions. This will streamline patient care by reducing the need for separate medical visits just to obtain a referral, ensuring that necessary testing is completed before specialist appointments. While these improvements will take time to fully integrate, proper staff training and education will allow us to make meaningful contributions to patient-centered care. The updates to Maryland's Audiologist scope of practice are long overdue and reflect the extensive didactic and clinical training audiologists undergo. These changes also align Maryland with other states, such as Illinois, Colorado, and Alabama, that are prioritizing patient-centered care. Importantly, this modernization clearly delineates what is not within our scope—such as surgery—while affirming our ability to practice to the full extent of our training. We are not seeking to expand beyond our expertise but rather to use our qualifications in a way that prioritizes patient care and improves quality of life. Since these legislative updates, more states are following Maryland's lead, further ensuring that audiology practice statutes reflect the evolving needs of patients and providers alike.

Thank you to Senator Gile for the ongoing support of audiologists and the patients we serve. I respectfully ask for a favorable report for SB 919 to ensure we can continue providing high-quality, patient-centered care while reducing unnecessary barriers to treatment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chrissy Lemley', with a large, stylized loop at the beginning and end.

Chrissy Lemley, Au.D.  
Maryland License 01315



# 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

Email: [ahb@ahbhearing.com](mailto:ahb@ahbhearing.com)

February 25, 2025

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

RE: **SB 919** Health Occupations - Practice Audiology - Definition  
Position: **SUPPORT**

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

My name is Chelsea Lambie and I am a doctor of audiology in LaVale and Oakland, MD. I have been practicing audiology for nearly 5 years and serve patients of all backgrounds in Allegany and Garrett counties. We provide audiological care to all ages ensuring our patients are able to effectively communicate with those around them. I also work to ensure that our patients are able to get the hearing health care they need in as concise a manner as possible.

We are entirely grateful for the senate's work in 2024 to help modernize and harmonize the practice of audiology. Allowing us to be able to perform the services we are trained to do has been extremely beneficial for our patients. Previously for patients with diabetes and other contraindications, we would have to first see the patient in our office, refer to their primary care provider for cerumen removal, and then see them back in our office to be able to perform hearing evaluations. Now, we are able to provide a more seamless experience for our patients to receive the hearing healthcare they deserve. This applies as well to ordering bloodwork or imaging as it relates to the auditory system. Having the ability to assess for vitamin D deficiencies in our dizzy patients or requesting imaging to rule out acoustic neuromas allows our patients to receive the answers they are desperately seeking much more quickly.

With your support of SB 919, we would be able to continue to provide our patients with the most appropriate care and practice at our full scope. Permitting us to order imaging as it pertains to the auditory system can only benefit our patients as they take their journey toward better hearing health. Thank you to Senator Gile for the ongoing support of audiologists and the patients we serve. I ask for a favorable report for SB 919 legislation.

Sincerely,

Chelsea Lambie, Au.D.  
Maryland License #01520