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February 25, 2025

The Honorable Pamela Beidle
Chair, Senate 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 am testifying today as an individual licensed Doctor of Audiology in the State of Maryland, not as a current member of the Maryland Board of Examiners.

As you know, legislation was passed last year allowing audiologists to order imaging and bloodwork, and perform health screenings as mandated by Medicare/CMS. It is vitally important for this to continue. In my now 42 years of serving my patients, I have countless examples of strongly recommending my patients obtain a magnetic resonance imaging (MRI) or computed tomography (CT) scan based on their history and test results, and to request their ear, nose and throat (ENT) surgeon for the order. If the ENT refused, I would advise my patient to contact me and I would then request their primary care physician (PCP) to write the order. It is imperative that Audiologists continue to be able to order radiographic imaging, especially due to the increasing shortage of physicians and significant wait times for appointments, especially for new patients and those in rural areas.

It is also critical that audiologists continue to be able to administer health screenings as mandated by Medicare/CMS. I am in full support of SB 919 as to the need to include 'Third Party Payors' as part of the health screenings clarification requested in Governor Moore's letter[1], as not all insurance programs are part of a federal or state agency or governmental program.

Audiologists cannot opt out of Medicare[2] and Medicare clearly states health screenings are mandatory. If health screenings are not completed, audiologists are penalized with up to a 9% reduction in reimbursements for all Medicare claims. I am continually perplexed that Community Health Workers, many of which have no college education, can administer health screenings routinely with no objections

[1] https://governor.maryland.gov/Documents/HB%20464_SB%20795%20-%20Special%20Letter%20-%20Enact%20without%20Signature%20-%20Practice%20Audiology.pdf
[2] https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services

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from the medical professionals or societies, yet audiologists, as clinical doctors are being attacked over this requirement. It makes no sense.

Medicare Advantage (MA) plans (known as Medicare, Part C) are privately held and are considered third party payors. They contract with Medicare to provide coverage to individuals who choose a MA plan instead of traditional Medicare, and the federal government pays the third party payor insurance company an agreed upon fee. The MA plan assume the remaining costs for the beneficiaries. All insurance companies, private or not, tend to follow Medicare's lead. MA plans are presumed to have their own quality reporting systems, and many use the value-based care models that offer incentive and penalties based on quality performance.

Therefore, SB 919 must include 'third-party payor' language to ensure audiologists are not penalized under third party payor plans. If the Finance Committee wishes to examine alternative language, the MAA would suggest the language provided by Mr. Gene Ransom of MedChi. The MAA agreed to accept Mr. Ransom's language that would be in a separate section of the bill and the MAA believes the language helps ENTs in their business model.

MedChi suggested language:

'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.'

If the committee wishes to see another alternative, the MAA offers language that accomplishes basically the same purpose. Health Occupations Section 1-208(A)(3)[3] is the definition of a third-party payor.

"(i) The conducting of health screenings RELATED TO AUDITORY OR VESTIBULAR CONDITIONS OR REQUIRED BY FEDERAL, STATE, OR [THIRD–PARTY PAYERS] ANY ENTITY AS DEFINED IN THE HEALTH OCCUPATIONS ARTICLE 1-208(A)(3)."

Audiologists do not want to be physicians; audiologists would have gone to medical school if they wanted to be physicians. Updating the Audiology practice definition will allow Doctors of Audiology to practice at the top of the scope, which will allow the ENTs to also provide the best care for those more complicated patients that need their surgical care. The MAA's goal again, is to reduce costs to the healthcare system and the patients, provide the best possible care as quickly as possible, work as a team with our ENT colleagues, and provide better outcomes for our patients by allowing audologists to

[3] https://mgaleg.maryland.gov/2023RS/Statute_Web/gho/gho.pdf

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evaluate, diagnose, manage, and treat patients per the didactic education and clinical training. Audiologists have been doing for years.

Right now, in my local area, there are two ENT physicians, both located in Allegany County in Western Maryland. One ENT provides care in Garrett County one day per month. His next appointment is weeks away. The second ENT primarily specializes in allergy testing and treatment. Just under 100,000 residents of these two counties now have limited access to 2 ENT physicians. It typically takes a minimum of three (3) weeks to get an appointment. Many patients are now leaving the state and going to West Virginia University (WVU), an hour away, for care.

SB 919 Health Occupations – Practice Audiology – Definition, will maintain the current Statute and will continue to reduce healthcare costs, reduce wait times at physician offices for appointments, enable ENT surgeons to see more new patients that need their specialized care, and result in better outcomes for the patient.

Audiology is the entry point for patients experiencing audiologic and vestibular disorders; less than 5% of adults require ENT or a medical referral. If patients see an ENT prior to an audiologist, the ENT typically orders a hearing test, which is completed by an audiologist. Patients come to our office, a comprehensive audiologic evaluation is complete, then they return to the ENT for follow-up. If necessary, the ENT may order imaging, which means the patient then needs to go back to the ENT again (visit #3) to receive the results. Allowing audiologists to continue 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.

I have been a practicing audiologist for 42 years now. I was also a private practice owner (Allegany Hearing & Balance) for over 20 years until October 2023, when I sold my practice to one of my very talented colleagues. I am now working part-time for this practice. Allegany Hearing & Balance has two office locations; one is in Cumberland and the other in Oakland. I graduated with a Master of Science degree from West Virginia University (WVU) in 1983 and earned 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 practice was a for-profit rehabilitation company which also employed speech-language pathologists (SLP), physical therapists (PT), and occupational therapists (OT). In the early 2000s, company was sold to large rehabilitation company. Approximately

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two years after this sale, due to my disagreements with how they expected patients be treated 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 audiological evaluations and hearing aids, to providing full neurodiagnostic vestibular evaluations, 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 (tinnitus), and had noticed hearing loss in the same ear. I completed a comprehensive diagnostic audiologic evaluation which indicated hearing in her right ear to be slightly worse than her left ear in the mid- to high-frequencies. 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/vestibular schwannoma. This is a typically benign tumor that grows along the acoustic and/or the vestibular nerve beyond the inner ear.

I advised the patient to obtain imaging (an MRI scan) and reiterated that if her ENT would not order an MRI, to contact me know and I would contact her primary care physician (PCP) for the order. 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, 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/vestibular schwannoma. She told me that her physician did not think she needed an MRI as she thought she had a different disorder, namely otosclerosis (middle ear bone dysfunction) as the condition can be exacerbated by pregnancy. Otosclerosis test results look nothing like test results when an individual has an acoustic neuroma/vestibular schwannoma. I then advised her that I thought she had an acoustic tumor/vestibular schwannoma and that she **MUST** have an MRI. Her physician finally ordered the MRI and she did, in fact, have an acoustic neuroma/vestibular schwannoma. She had surgery at Johns Hopkins Hospital to remove the 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. The ENT was not my employee. Regarding imaging, I was NOT permitted to order imaging as it was not in Statute in the State of Maryland for

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audiologists at that time. Had I been able to order an MRI when she initially presented to me, she would have gotten the immediate and appropriate audiologic healthcare that she needed, and her outcome may have been different with regards to salvaging her hearing.

I ask for your favorable report on SB 919.

Best Regards,

Jana Brown, AuD
Board Certified in Audiology