SB 919 Combined Support Letters.pdf
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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.

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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

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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

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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 severe 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,

Corinne Waterman, Au.D.
Maryland License #01241

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,

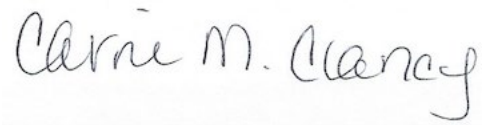
As a constituent and a licensed audiologist in the state of Maryland, I am writing in support of SB919/HB1298. In my view, this bill is an essential step toward full implementation of last year's important legislation updating the Audiology scope of practice in Maryland.

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 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,



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 (MS0). 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.

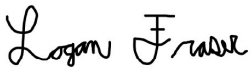
Our practice is currently in the process of establishing connections with imaging centers in order to be able to refer patients for imaging. Our practice is also establishing protocols for referral criteria.

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,



Logan Fraser, Au.D.

Maryland License #: 01632

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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

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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. Last year's legislation modernized the practice of audiology, consistent with other professions and statue 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,

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

Allegany Hearing & Balance, LLC

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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.

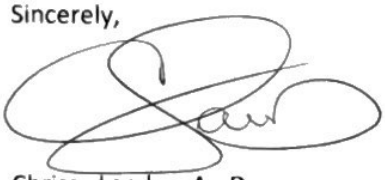
The modernization and harmonization of audiology legislation in 2024 is a significant step forward, and we sincerely appreciate the Senate's work in making this progress a reality. Thanks to these much-needed updates, we are now able to provide better services for our patients by safely and effectively 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,



Chrissy Lemley, Au.D.
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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 manor 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

SB919_AliciaSpoor_FAV
Uploaded by: Alicia D.D. Spoor, Au.D.
Position: FAV

Designer Audiology

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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,

Thank you for your overwhelming support[1] of SB 795[2] in 2024, which modernized and harmonized the practice of audiology Statute.

As a full-time practicing Doctor of Audiology in Howard County and a private practice, small business owner, I am here in full of support for SB 919. The clarification around health screenings and the need to include 'Third Party Payors' is essential to continue to modernize the definition of audiology.

Your leadership in passing SB 795 last year has made a real difference in the lives of Marylanders. In January, 2025, a patient presented to my practice with a chief complaint of decreased hearing acuity in one ear. After a comprehensive audiologic (hearing) evaluation, results suggested the patient may have a benign brain tumor (acoustic neuroma/vestibular schwannoma). However, further medical evaluation was necessary to diagnose or rule-out this pathology. A thorough discussion was completed with the patient about his options, including monitoring his hearing (and balance) issues, referral to his primary care physician (PCP), referral to an ear, nose, and throat (ENT) surgeon, or referral for a Magnetic resonance imaging (MRI) procedure. The patient stated that he was not interested in seeing another provider without a diagnosis and opted to have the MRI ordered. Thanks to your passage of SB 795, I was able to refer him to directly to a radiology center without the need to wait for an intermediate physician's appointment to receive the same order for the MRI. The radiology report came back positive for an acoustic neuroma/vestibular schwannoma. I then directly connected with the patient's primary care physician to corroborate the referral plan. The patient was referred to the neuro-otologists (brain-ear specialty surgeon) at Johns Hopkins Hospital (JHH) for medical/surgical treatment. The entire process- the patient presenting to my practice until the appointment at JHH was completed in less than one month! Prior to passage of SB 795/HB464 in 2024, this process likely would have taken a few months, and given the patient's aversion to seeing another provider without a diagnosis, he may have dropped out of the system altogether.

[1] https://mgaleg.maryland.gov/2024RS/votes_comm/sb0795_fin.pdf
[2] https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0795/?ys=2024rs

In May 2024, Governor Moore allowed HB 464/SB 795 to go into law without his signature or veto. In his letter to President Ferguson and Speaker Jones,[3] Governor Moore mentioned the need to further clarify the modernized and harmonized legislative language. Health screenings seemed to be the major concern. The Maryland Academy of Audiology (MAA) has contacted and been in discussions with the medical society and ear, nose, and throat (ENT) society to further clarify the Statute, as Governor Moore suggested.

Health screenings are no- or minimal-cost procedures required of insurance payors and are often pass/refer criteria. As Dr. Briana Bruno Holtan, Audiologist, testified last year[4], health screening machines are located in public shopping centers and allow your constituents to check their blood pressure, vision, and weight. Doctoral-level trained audiologists have obtained didactic and clinical education by virtue of their accredited degrees to administer the required federal, state, and third party payor health screening requirements.

After earning a Bachelor of Arts degree from Michigan State University, I attended Gallaudet University in Washington, D.C. for my Doctor of Audiology (Au.D.) program. My fourth-year externship (residency) was completed at the Mayo Clinic Arizona. It was there that I saw the entire healthcare system worked efficiently to 'put the needs of the patients first.' Providers at Mayo Clinic do not have egos that need to be inflated by supervising or providing oversight of another provider. Each professional has their specialty, and everyone works together for the best outcome, not for individual income. Providers at the Mayo Clinic focus on the top of their scope of practice to best utilize the expertise of medicine.

Since SB 795 became effective on October 1, 2024 the Maryland Academy of Audiology (MAA) and national audiology associations have provided extensive didactic continuing education (CE) opportunities for audiologists to ensure they have the opportunity to work to the top of the scope of practice. My colleagues and I have (re)learned current standards specifically related to:

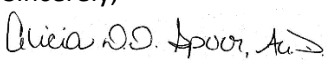
- Evaluate, Diagnose, Manage, and Treat Auditory (hearing) and Vestibular (balance) Conditions in the Human Ear,
- Conducting Health Screenings,
- Removal of Foreign Bodies and Cerumen (earwax) from the External Auditory (ear) Canal,
- Ordering Cultures and Bloodwork Testing related to Auditory and Vestibular Conditions in the Human Ear,
- Ordering and Performing of In-Office, Non-Radiographic Scanning or Imaging of the External Auditory Canal, and
- Ordering of Radiographic Images related to Auditory and Vestibular Conditions in the Human Ear.

This is just one and only the beginning of the positive impacts of this piece of legislation. Removing accessibility and affordability for Marylanders at this time would be extremely harmful to their audiologic and vestibular healthcare.

[3] https://governor.maryland.gov/Documents/HB%20464_SB%20795%20-%20Special%20Letter%20-%20Enact%20without%20Signature%20-%20Practice%20Audiology.pdf
[4] https://mgaleg.maryland.gov/cmte_testimony/2024/fin/1ez5S4npu4DJs7H1NrxJcxc4E1BWuy-pm.pdf

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,



Alicia D.D. Spoor, Au.D.
Maryland License #01145

SB 919 Gil Genn FAVORABLE Written Testimony.pdf
Uploaded by: Gil Genn
Position: FAV

BELLAMY GENN
GROUP

February 25, 2025

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

Re: SB 919 – Audiology Practice – Definitions – FAVORABLE

Dear Chair Beidle, Vice Chair Hayes and Members of the Finance Committee:

On behalf of the Maryland Academy of Audiology, we support SB 919 as drafted.

You had the courage last year to work hard to pass landmark legislation that increased access and affordability for Marylanders to receive timely audiology services. We want to thank Senator Gile for her incredible tenacity and leadership in shepherding this bill though to final passage and into law.

You will hear *since* the passage of your bill how it has literally saved lives by allowing Audiologists to order (not perform) radiographic imaging when a tumor is suspected.

At the request of MedChi and others, the Governor allowed the bill to go into effect but asked that we come back and try and refine the definition of allowing Audiologists to conduct 'health screenings'.

We worked with MedChi and the ENTs and came up with an almost 100% agreement on compromise language. We agreed to clarify that health screenings are "related to auditory or vestibular conditions." We also added "or required by federal state or third-party payors".

It seems that the only real concern with the bill is whether the phrase should be 'federal or state agencies" or whether it should be "federal, state or third-party payor".

We are respectfully insisting that 'third-party payors' as drafted in the bill be retained for the reasons you will hear. Federal programs such as Medicare and State programs such as Medicaid

do not include private third-party payors. For example, people who use Medicare Advantage – that is a private third-party payor - not a federal or state agency
or program. We must ensure that any 'health screening' requirements under Medicare Advantage or any other similar program will not jeopardize any potential reimbursements we may receive under any other health insurance program.

There is some concern that the use of 'third-party payor" is not used in the Health Occupations Article and in Health Article generally. We believe that no health occupation should be afraid to reference 'third-party payor' as it is all through those relevant sections in those Articles and more. (See attached references below).

In further discussions with MedChi, after we rejected deleting 'third-party payor', we discussed language with MedChi Executive Director, Gene Ransom, and after a back and forth, the Maryland Academy of Audiology agreed to accept his offer of language as an amendment. Subsequently, we were informed that the ENTs would not accept that language even though it actually benefited those ENTs that have Audiologists in their practice.

We still would accept that language to be incorporated in the bill. It says:

"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 countered with another offer of suggested language that accomplishes the same purpose. Section 1-208(A)(3) of the Health Occupations article defines 'Third-Party Payor". We suggested inserting on Page 2, lines 15-16:

"The conducting of health screenings 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).

In sum, we can accept the bill as originally introduced or either amendment above which protects the Audiologists who are performing health screenings and those required by those private plans who are outside of the definition of a federal or state agency.

We thank Senator Gile and the Finance Committee for ensuring the best practices for health care screenings by Audiologists are available and affordable for your constituents appropriately recognized.

Please see the attached references to 'Third-Party Payors' in the Health Occupations, Health General and other related Articles.

Respectfully submitted,
Gil Genn

“THIRD PARTY PAYOR” – USE IN HEALTH OCCUPATIONS ARTICLE

H.O. 1-208 Uniform Claim Forms
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=cb2939e0-4245-4393-9048-684e88c8d2b0&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W23H-00008-00&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&crid=1da39971-ea12-4702-a374-389614134f7b&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&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&crid=2d78ccf2-b961-4258-ad2c-f71240186d55&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&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&crid=3214a885-a24a-4f6c-b699-1c618e6941bf&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W24H-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr12&pditab=allpods&ecomp=6s65kkk&earg=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&crid=4c224684-73cf-4bba-8639-2dd57c5560dc&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W2F7-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr14&pditab=allpods&ecomp=6s65kkk&earg=sr14&prid=85e9e273-0eb4-4300-81d5-b4a354ed53e1

H.O. 14-404 Denials, Probations, Reprimands, Suspensions, Revocations
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=a7181ef7-fe0a-4d55-b5fb-1652dc7a7701&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX91-DYB7-W3GB-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr21&pditab=allpods&ecomp=6s65kkk&earg=sr21&prid=82ea3a71-08aa-40c6-bbbc-1448bcca61be

"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&crid=ae93a85a-3a68-4d58-b392-c482dc943309&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-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

Health General 19-350.1 – Uniform Claims Forms
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=b9e498ff-daa7-46aa-95e8-7aababa8f474&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-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&crid=380ec474-c723-4fb6-aa63-4675178f6c80&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-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&crid=8fe9c255-0ae0-4d95-885c-9e6f74abadde&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-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&crid=e77b6556-67d3-4e29-b9c6-112b66d3fa61&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W092-00008-

00&pdcontentcomponentid=234188&pdteaserkey=sr12&pditab=allpods&ecomp=6s65kkk&earg=sr12&prid=08e88787-1f63-49cc-8583-d1f3802ed637

Health General - 2-803
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=cd18f540-2e02-4acd-8d3f-a726ffaf5b2f&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX01-DYB7-W51P-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr17&pditab=allpods&ecomp=6s65kkk&earg=sr17&prid=08e88787-1f63-49cc-8583-d1f3802ed637

Health General - 19-126 Certificate of Need
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=c057b64a-d2d6-43c3-9502-438d9025cdb6&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VX11-DYB7-W1NC-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr18&pditab=allpods&ecomp=6s65kkk&earg=sr18&prid=08e88787-1f63-49cc-8583-d1f3802ed637

"THIRD-PARTY PAYOR" - USE IN INSURANCE ARTICLE

Insurance – 14-138 Disclosure of Medical & Claims Information
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=a94d7382-953f-4f44-969e-8710801dadee&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W0N0-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr6&pditab=allpods&ecomp=6s65kkk&earg=sr6&prid=c03a4736-2b93-42f5-8c80-fec97781dffd

Insurance – 15-1003 Uniform Claims Forms Required
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=c86cdc5c-af72-45b1-8eda-e5cdc4407b07&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W12K-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr10&pditab=allpods&ecomp=6s65kkk&earg=sr10&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

15-10B-01 Definitions
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=9258a613-0d6e-44e0-8727-74d60a56706f&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W13D-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr15&pditab=allpods&ecomp=6s65kkk&earg=sr15&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

Insurance – 15-10B-05 Certificates – Additional Information
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=d511785d-1529-4367-80e0-f1a98f33112a&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VXT1-DYB7-W13J-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr11&pditab=allpods&ecomp=6s65kkk&earg=sr11&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

"THIRD-PARTY PAYOR" – USE IN TRANSPORTATION ARTICLE

Transportation – 5-415 Ambulance Transport Fees
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=12946763-c9be-4293-b6de-97bebb39e381&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-W1B1-DYB7-W3RH-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr16&pditab=allpods&ecomp=6s65kkk&earg=sr16&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

Transportation – 15-212 Refusal, Suspension, Revocation of License
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=bdfcca49-6175-4c15-94f5-8387243e2b24&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-W1B1-DYB7-W515-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr23&pditab=allpods&ecomp=6s65kkk&earg=sr23&prid=77443d51-96cb-44d5-961f-873c22822424

"THIRD-PARTY PAYOR" – USE IN CORRECTIONAL SERVICES ARTICLE

Correctional Services – 11-203 Health & Welfare of Incarcerated Individuals
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=296e3a23-1ad6-4850-b045-494136d8fa63&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VT71-DYB7-W0TX-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr13&pditab=allpods&ecomp=6s65kkk&earg=sr13&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

"THIRD-PARTY PAYOR" – USE IN ESTATES & TRUSTS ARTICLE

Estates & Trust – 3-410 Payment of Elective Share
https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=55b6b8bd-c803-4d94-98d3-6575407237ef&config=014EJAA2ZmE1OTU3OC0xMGRjLTRlNTctOTQ3Zi0wMDE2MWFhYzAwN2MKAFBvZENhdGFsb2e9wg3LFiffInanDd3V39aA&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A63SM-VW81-DYB7-W0JK-00008-00&pdcontentcomponentid=234188&pdteaserkey=sr19&pditab=allpods&ecomp=6s65kkk&earg=sr19&prid=bd0d7556-e533-4282-9109-db7ba4fc8f71

SB 919 Brown Written Testimony.pdf
Uploaded by: Jana Brown
Position: FAV

938 National Hwy
LaVale, MD 21550

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

SB919_LeighMcCarthy_FAV
Uploaded by: Leigh McCarthy, Au.D.
Position: FAV

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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,

My name is Dr. Leigh McCarthy, Audiologist, and I am in full support of SB 919, as to the need to include 'Third Party Payors' as part of the health screening clarification and to continue to modernize the definition of audiology. I am fortunate enough to be a private practice owner in Leonardtown, Maryland for over 15 years.

Before the implementation of the Medicare Merit-based Incentive Payment System (MIPS), audiologists and other healthcare providers participated in Medicare's earlier programs, notably the Physician Quality Reporting Initiative (PQRI) and Physician Quality Reporting System (PQRS). These programs were designed to encourage healthcare providers to report quality measures, with financial incentives and penalties for those who successfully participated.

PQRI was established in 2007 and provided a framework for eligible providers (EP) to report on quality measures related to patient care. Audiologists, for example, could report on hearing evaluations, referrals, and preventative services. Initially, eligible providers who met the minimum reporting requirements received a bonus payment, incentivizing them to focus on quality care.

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 screening procedures. The PQRS system aimed to improve clinical care and reduce healthcare costs by promoting more consistent and compressive quality reporting. Exhibit A is the announcement received from 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. After

confirming audiologists could legally conduct health screenings and report to PQRS, the profession was consistently in the top group of positive reporters.

The transition to MIPS in 2017, as part of the Medicare Access and CHIP Reauthorization Act (MACRA) streamlined and replaced these previous programs. MIPS combined the reporting components of PQRS, the Value-Based Payment Modifier (VM), and the Meaningful Use program (focused on health IT use) into a single, more comprehensive evaluation system. In the new system, audiologists and other eligible providers are assessed based on a variety of performance categories instead of just reporting specific quality measures, as under PQRI and PQRS:

- Quality,
- Cost,
- Improvement Activities, and
- Promoting Interoperability.

This represents a broader shift towards value-based care, with a focus on providers improving patient outcomes, reducing unnecessary costs, and adopting advanced healthcare technologies.

The Merit-Based Incentive Payment System (MIPS) is part of the Quality Payment Program (QPP) under the Centers for Medicare & Medicaid Services (CMS). It affects how healthcare providers are reimbursed for **all** services provided to Medicare patients, based on performance in four-key areas:

- Quality- replacing PQRS, this measures healthcare outcomes and processes,
- Promoting Interoperability – replacing Meaningful Use, this focuses on electronic health records (EHRs),
- Improvement Activities- encouraging care coordination, patient engagement, and safety, and
- Cost- evaluating resource use and efficiency.

Due to the original Medicare Statute,[1] audiologists are mandatory Medicare providers, as either participating or non-participating providers. Therefore, all audiologists across the United States are subject to 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.**

Additionally, many third party payors have moved towards value-based care models, using MIPS-like measures to determine provider payments, incentives, and penalties. Audiologists who choose to participate with third party payors often have to meet data sharing and reporting requirements already in place, as part of their in-network contracts. Finally, providers who

[1] https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services

provide healthcare to patients with Medicare and a third party payor (secondary or supplemental insurance) may receive incentives or penalties for their overall revenue.

I practice in St. Mary's County where we do not have a local Ear, Nose, and Throat (ENT) physician. The nearest ENT is about 45 minutes from my office and has a 3 month wait for an appointment. This means if a patient needs radiographic imaging or bloodwork, they are waiting months for any results or treatment.

For example, I saw a new patient on June 11, 2024. Due to an asymmetry, I referred them to the local, general ENT. The patient immediately called to make an appointment and took the first available appointment, with a Physician Assistant (PA). An Magnetic Resonance Imaging (MRI) was ordered by the PA and completed on October 4, 2024, almost 4 months after my initial referral. The MRI revealed a 7.2mm cyst on the brain. The Physician Assistant called the patient and left a message for them to see a specialist, (otologist) at Washington Hospital Center. The otologist was able to see the patient on December 4, 2024.

In June, 2024 audiologists did not have the ability to order radiographic imaging. If I was able to order the MRI, the patient's 4 month wait would likely have been less than 1 month. Additionally, the patient would not have an additional appointment to see the Physician Assistant as I would have referred directly to the otologist after receiving the radiology report. The patient's access would have been faster and easier and his healthcare costs would have been reduced by eliminating the PA appointment.

Especially in my county and other rural areas, this legislation is vital for access to audiologic and vestibular healthcare.

Thank you to Senator Gile for the ongoing support of audiologists and for ensuring our residents receive affordable and accessible healthcare. I ask for a favorable report for SB 919 legislation.

Sincerely,

Leigh McCarthy, AuD

Leigh McCarthy, Au.D.
Maryland License #01069

Exhibit A

Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists

AHS Home
Contact Us

QUICK LINKS

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License Renewal
Change of Address
Forms
FAQ

Announcements

- **PQRS for Audiologists**

  The Centers for Medicare & Medicaid Services (CMS) is a unit of the United States' Department of Health & Human Services. Physicians Quality Reporting System (PQRS) promotes reporting of quality information for covered services that are provided to original Medicare Part B Fee-for-service beneficiaries. CMS issues eligible measures reporting information and screening protocols for PQRS annually. Audiologists have been required to report to the CMS since its inception in 2009.

  Licensed audiologists in Maryland have raised concerns on whether or not recently amended

CMS-determined screening protocols are within the scope of practice for audiologists in Maryland.

The Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists ("the Board") has determined that a licensed audiologist may perform the screening protocols as required by PQRS as health care *screenings* are not a scope of practice matter since screenings do not require diagnosis, only referral to an appropriate healthcare provider.

As a best practice, the Board encourages licensed audiologists to seek additional training in the area of the eligible measures to ensure ongoing compliance with CMS screening protocols.

For more information regarding PQRS please visit the CMS webpage for guidance:
https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/measurescodes.html

Board responses to concerns and inquiries are intended for guidance purposes only. As these positions do not necessarily reflect a discussion of all material considerations required to reach the conclusions stated, they are not intended to be rules, regulations or official statements of the Board. Accordingly, due to their highly informal nature, these responses are not considered binding upon the Board and should not be relied on as definitive.

- **Renewal for Licenses Expiring May 31, 2016**

  Renewal notices were mailed in late March 2016 to individuals with a license expiring on May 31, 2016. The Board will issue e-mail reminders issued after the online renewal system is open.

  Continuing education audit notices for SLPs were issued in **January 2016.**

  Continuing education audit notices for AUDs and SLP-As were issued in **late March 2016**.

  Do not send contining education documentation to the Board unless instructed to do so as part of an audit.

- **Suspicion of Child Abuse/Neglect - Health Care Providers Are Mandated Reporters**
  The Maryland Family Law Article requires health care practioners to report suspicion of child abuse and child neglect. To report abuse:
  In Baltimore City call the police at 911 or Child Protective Services at 410-361-2235;
  In Baltimore County call Child Protective Services at 410-853-3000;
  In all other counties call 800-332-6347.

- **ASHA Certification Not Required For Medicare Billing**

The U.S. Department of Health & Human Services has determined that a licensed speech-language pathologist does not need to be certifed by the American Speech-Language Hearing Association to be eligible to bill for Medicare. The U.S. Department of Health & Human Services is review all federal regulations to ensure that no confusion exists regarding this topic. This Board has nor jurisdiction in billing matters unless fraud has been committed. Accordingly, any questions and need for clarification regarding Medicare billing and ASHA certification should be directed to the U.S. Department of Health & Human Services and ASHA.

- **MDResponds**
  MDResponds is a a web-based system where licensed health care professionals in Maryland can volunteer to assist in the aftermath of a disaster, emergency, public health crisis or with other public health needs. MDResponds is administered by the Department of Health and Mental Hygine, Office of Preparedness and Response.
  More information about MDResponds.

- **FDA Consumer Warning - Simply Thick**
  The FDA has issued a warning to consumers regarding the use of Simply Thick - this information is also of interest to speech-language pathologists that may have patients that use Simply Thick.
  Read the FDA's warning to consumers.

201 W. Preston Street, Baltimore, MD 21201-2399

(410) 767-6500 or 1-877-463-3464

SB919_MelissaSegev_FAV
Uploaded by: Melissa Segev, Au.D.
Position: FAV

Audiology Associates
INCORPORATED

aaiaudiology.com

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,

My name is Dr. Melissa Segev, Audiologist, and I am in full support of SB 919 which needs to include 'Third Party Payors' as part of the health screenings clarification, per Governor Moore's letter. See SB 919, Page 2, Lines 15-16.

I am a Doctor of Audiology (Au.D.) and small business, private practice owner in Maryland. I have been practicing audiology for over 15 years and love being able to improve the quality of life for so many Maryland residents.

The reasons that 'Third Party Payor' is essential is because not all insurance programs are part of a federal or state agency or governmental program.

My colleague, Dr. Leigh McCarthy's written testimony explains in-detail the health screening requirements audiologists are subject to complete when providing audiologic (hearing) and vestibular (balance) services to patients with federal and state payors (e.g., Medicare and Medicaid). The clear, explicit language necessary in Statute to complete health screenings for these patients is mandatory as audiologists cannot opt-out of Medicare.[1]

The Maryland Academy of Audiology (MAA) has been working with MedChi and the ear, nose, and throat (ENT) sub-specialty's lobbyists over many months to amend the health screenings language. The clause around 'federal and state' payors seems to have agreement between all groups. However, as you likely will see/hear, the clause 'third party

[1] https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services

payors' is still being debated. The MAA looks to your legislative decision to ensure Maryland patients can be seen for audiologic and vestibular concerns without audiologists being penalized via payment reductions (if health screenings cannot be completed).

Medicare Advantage is a third-party payor and many Maryland audiologists participate in the program. Medicare Advantage (also called Medicare, Part C) is a type of health insurance plan offered by private insurance companies (third party payors) that contract with Medicare to provide coverage. It serves as an alternative to traditional Medicare (Medicare, Part B) and often includes additional benefits.

Medicare Advantage (MA) plans are run by private insurance companies approved by Medicare. These plans must minimally cover same medical services as traditional Medicare; however, many MA plans offer extra benefits, including prescription drug coverage, vision benefits, and fitness programs. The MA plans require beneficiaries to use providers and hospitals in *their* network to get the lowest costs, similar to a Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO).

Individuals may choose a third party Medicare Advantage plan over Medicare, Part B for several reasons, depending on their healthcare needs, budget, and lifestyle. Factors include, but are not limited to lower overall cost, extra benefits not included in traditional Medicare, convenience of all-in-one coverage, coordinated care, and managed networks. Individuals who choose a MA plan waive their Medicare, Part B rights for the MA plan. The federal government pays the third party insurance company a certain amount to provide care for the beneficiaries and the third party payor assumed the remainder of the cost for the beneficiaries' coverage, if any.

Currently, the Medicare Merit-Based Incentive Payment System (MIPS) program does not apply to Medicare Advantage. However, MA plans may have their own quality reporting requirements, separate from MIPS imitating a value-based care model. Third party payors administer Medicare Advantage (MA) plans, which may currently use MIPS-related quality measures for reimbursement and provider incentives. Third party payors (e.g., BCBS, Aetna, UHC) administering the MA plan can incentivize or penalize their network providers as they see fit, per participating provider contracts. **Therefore, audiologists can't afford to be penalized by not fulfilling the private contract provisions, such as health screenings.**

If the Committee wishes to look at alternative language, the MAA would suggest a review of the language provided by Mr. Gene Ransom of MedChi. The MAA agreed to accept Mr. Ransom's

language that should be in a separate section of the bill and the MAA believes this suggested language assists ENTs in their business model, also.

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 review other language, the MAA would offer this language that accomplishes basically the same purpose. Section 1-208(a)(3)[2] is the definition of a third party payor. In this option, the phrase third party payor is not as obvious.

"(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 must have clear, unambiguous language in the Practice of Audiology Statute to guarantee they are not penalized for participating in the third party payor's network and providing audiologic and vestibular services. Including the clause 'third party payors' confirms audiologists can complete the health screenings required by the MA plans and any future requirement for individuals under the age of 65 years.

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,

Melissa J. Segev

Melissa Segev, Au.D.
Maryland License #01149

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Uploaded by: Melissa Segev, Au.D.
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