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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,

A handwritten signature in black ink that reads "Leigh McCarthy, AuD". The signature is written in a cursive, flowing style.

Leigh McCarthy, Au.D.
Maryland License #01069

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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 continuing 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 certified 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 Hygiene, 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](#).

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