



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>

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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

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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,

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² https://mgaleg.maryland.gov/2023RS/Statute_Web/gho/gho.pdf

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