

March 7, 2025

Dear Health and Government Operations.

The International Hearing Society (IHS) is the professional membership association representing hearing aid specialists in the United States, Canada, and internationally. As such, IHS represents the interests of Maryland hearing aid dispensers (HAD). **IHS strongly supports HB 1355 with the clarifying amendment below.** This bill addresses the exclusion of licensed hearing aid dispensers from the insurance mandate to cover hearing aids. This exclusion has created significant issues within the hearing healthcare community, which this bill aims to resolve.

IHS would like to extend our heartfelt thank you to Delegate Reilly and Senator Gallion for introducing this important bill and continued support for HADs. Your dedication to improving hearing healthcare for Maryland is commendable and greatly appreciated.

Currently, the unintentional exclusion of licensed hearing aid dispensers is problematic for several reasons:

- **Limit access to care:** These changes reduce access to prescription hearing aids from licensed HADs for the estimated 1.2 million people in MD who may seek hearing healthcare, including those in rural and underserved areas relying on HADs for care.
- **Increase consumer costs:** Requiring patients to schedule additional medical appointments will result in incurring unexpected expenses and adding weeks or months to the process of attaining prescription hearing aids.
- **Patient Choice:** Allowing patients to choose between HADs and audiologists empowers them to make decisions that best suit their individual needs and circumstances. This flexibility is essential for ensuring all Marylanders have access to the care they require and currently, the law does not provide for that choice.

Hearing aid dispensers are licensed by the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech–Language Pathologists, and Music Therapists and trained to assess hearing loss and order the use of and fit prescriptive hearing aids. They have met state-required educational and examination standards for licensure. They are also required to complete continuing education to stay updated with the latest advancements in hearing aid technology and best practices, which helps maintain high-quality care for patients. They play a crucial role in improving the quality of life for individuals with hearing impairments.

Additionally, IHS recommends an amendment to prevent confusion within managed care and to ensure that both HADs and audiologists have the same authority under the mandatory coverage statute. Without the suggested amendment below in red font, health plans may interpret this to mean a HAD must get a prescription from another healthcare provider.

Suggested amendment:

“(2) ORDERED, FITTED, AND DISPENSED BY A LICENSED HEARING AID DISPENSER, without requiring a prescription or authorization from another healthcare provider except as required by the insurance or health plan.”

In August 2022, the U.S. Food and Drug Administration (FDA) promulgated regulatory changes to increase access to hearing aids, including establishing OTC hearing aids and reclassified all non-OTC hearing aids (i.e., traditional hearing aids that have been dispensed by state-licensed HADs and audiologists for the last 50 years) from “restricted medical devices” to “prescription medical devices” governed by 21 C.F.R. 801.109. Pursuant to 21 C.F.R. §801.109, non-OTC hearing aids may only be dispensed upon “the prescription or other order” of a practitioner licensed by law to direct the use of such device. Under the FDA’s prescription device regulation, “order the use of” is synonymous with “prescribe.”

Additionally, MD Health Occupations Code § 2-101 (2024) ensures that both HADs and audiologists have the authority to “ordering” or “prescribe” prescription hearing aids for their patients as they have always had for prescription hearing aids and would not suddenly be required to obtain a separate prescription from a physician. Audiologists included the term “prescribe” in their “Practice audiology” definition. However, as mentioned above, the terms are interchangeable.

IHS strongly encourages you to support HB 1355 with this amendment, which will help ensure better access to care, lower costs, and provide greater choice for Maryland residents. Thank you for your attention to this important matter, and for your continued efforts to improve healthcare access for all Marylanders. I invite any questions or comments via cseitz@ihsinfo.org or 734-522-7200.

Respectfully,



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International Hearing Society