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March 10, 2025

Chair Joseline A. Pena-Melnyk
Health, Government Operations (HGO)
Room 241
House Office Building
Annapolis, Maryland 21401

RE: HB 1298 Health Occupations - Practice Audiology – Definition
Position: SUPPORT

Madam Chair Pena-Melnyk, Vice Chair Cullison, and Committee Members,

My name is Dr. Melissa Segev, and I am in full support of HB 1298 to continue to modernization the definition of audiology. I am a doctor of audiology and small business private practice owner in Maryland. I have been practicing audiology for over 16 years and love being able to improve the quality of life for so many Maryland residents.

Last year, the MAA successfully passed HB 464, which modernized our profession, giving audiologist the ability to order bloodwork testing and cultures for patients as it relates to the auditory and vestibular system. This bill took effect in October 2024. Concerns have not been raised by the Maryland Society of Otolaryngology (MSO) regarding the ability of audiologists to order bloodwork and cultures. Audiologists are improving patient care, with negligible risk by ordering bloodwork and cultures, when appropriate. Not having the privilege to order is very inconvenience to patients, as they need on average four extra appointments for the referral appointment and results, causing extra money at each provider visit. This can also put a financial strain on patients, as well as their care team who may need to take time off of work to accompany the patient.

Ordering bloodwork during a medical history assessment can show underlying conditions that may impact hearing and balance. Hearing loss or dizziness may be associated with autoimmune disorders, diabetes, heart problems, neuropathy, infections, medications, etc. Additionally, certain medications are ototoxic- causing hearing loss, tinnitus (ringing in the ears), and/or dizziness. Medications such as antibiotics, chemotherapy agents, erectile dysfunction medicines, or even high doses of over the counter (OTC) pain relievers, like ibuprofen and aspirin are ototoxic to certain individuals. Monitoring blood levels of patients taking ototoxic medication is exceedingly important as the dosage or duration between taking the medicines can often be adjusted to mitigate further damage. Many patients using ototoxic medication are not patients of ear, nose, and throat (ENT) surgeons. Furthermore, they are referred from primary care, oncologists, cardiologist, dermatologist, dentists etc. Referrals to an ENT provider are not always necessary since the prescribing physician is often the one managing treatment.

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Bloodwork can often aid in screening for systemic diseases that can manifest in the ear, either with hearing loss or dizziness. Balance disorders may be caused from metabolic or hormonal disorders. Having those results while evaluating, diagnosing, managing, and treating patients with hearing loss, tinnitus, and/or dizziness can aid in differential diagnoses. Bloodwork results provide a plethora of information and assist in collaborating with other health care professions. Continuing to allow the audiologist to order, not perform, bloodwork results in lower costs and increase patient care.

Performing cultures is rare and not something routinely performed for ear-related pathologies. This also applies to medical physicians (e.g. pediatricians and internist) when treating ear infections. However, if a patient is not healing from standard medical treatment, cultures are an important part of differential diagnoses. For those patients, having test results ordered in conjunction with an appropriate referral, can save the patient time and provide a more exact medical treatment plan for the managing physician.

As clearly stated in the legislation in 2024, audiologists do not perform surgery, nor utilize a scalpel, anesthesia, or needles. Unless someone is not healing from an infection, rarely are middle ear culture even performed. The middle ear is not accessible unless you use the instruments which are carved out in the current bill. And they would not be performed by audiologists, as this is not in scope nor is it permitted per the proposed legislation. HB 1298 specifically lists what audiologists cannot do, surgery. The area audiologist would culture, if necessary, is accessible from the tympanic membrane (ear drum) to the outer ear canal. This portion of the ear canal is what patients touch when using a Q-Tip and is non-invasive and does not cause harm to patients.

Another concern raised by MSO during the Senate hearing was the use of third party payors in regards to health screening audiologists can perform. 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 seem to have agreement between the groups. However, as you likely will see/hear, the clause 'third party 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).

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 we believe even helps ENTs in their business model.

That language is:

"NOTHING IN THIS SECTION SHALL PRECLUDE AN AUDIOLOGIST FROM

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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 alternative language, the MAA would offer the language suggested by Mr. Genn, that accomplishes basically the same purpose. Health Occupations (H.O.) Section 1-208(A)(3) 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.

Health screenings are important and life-saving. One of the audiologist at my practice was assessing a patient and noticed some facial drooping and slurred speech. The audiologist completed a stroke screening, which indicated positive results. The provider immediately referred the patient to the Emergency Department (ED); however, the patient felt fine and initially declined. The patient’s wife and audiologist pressured him to go to the ED, which confirmed he was having a stroke. The health screening completed by the audiologist drastically improved his outcome, as the stroke most likely would have caused permanent damage if he was not treated urgently.

Allowing audiologists to continue completing health screenings and ordering bloodwork and cultures is a vast improvement for Maryland residents, as is the ability to perform health screenings for patients. Maryland has laid the groundwork for the future of healthcare, which several other states are now following.

Thank you to Delegate Martinez for the continued leadership and support. I ask for your favorable report on HB 1298.

Sincerely,

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