Designer Audiology
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March 6, 2025

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

Re: **HB 1298** - Practice of Audiology - Definition
Position: **FAVORABLE**

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

Thank you for your overwhelming support of HB 464 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 HB 1298.

Your leadership in passing HB 464 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 HB 464, 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/HB 464 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.

Since HB 464 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 can 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.

The ordering of cultures and bloodwork testing related to auditory and vestibular conditions in the human ear is now an integral part of the practice of audiology. Due to the lengthy wait times at ear, nose, and throat (ENT) offices and lack of a provider in rural areas, audiologists are often the primary entry point for individuals with hearing (auditory) or balance (vestibular) concerns. After a comprehensive evaluation, an audiologist may order, not perform, bloodwork to rule out an autoimmune inner ear disease (checking for markers), infections that may cause hearing loss (e.g., Lyme disease), thyroid disorders, vitamin deficiencies, especially Vitamin D with individuals who have balance difficulties or are a fall risk, and more.

Additionally, the ordering of cultures can help provide vital diagnostic and treatment information, including patients who have chronic ear infections, drainage from the ear(s) (otorrhea), and mastoiditis concerns.

The MAA is not asking for an expansion of scope to include surgery. SB 795/HB 464 specifically **excludes** surgery from the practice of audiology, including the use of a “scalpel, a needle,” or “suture” and further excludes human tissue being cut, removed, or permanently altered. Audiologists continue to provide timely accessibility by **ordering** bloodwork and cultures, when necessary. The audiologists would not be performing the collection.

Ordering bloodwork and cultures, similar to ordering radiographic imaging, is not a routine event for audiologists. However, when results indicate bloodwork or cultures are necessary to confirm or rule out a diagnosis, timely access to a laboratory with an order can rapidly increase the patient’s diagnosis and treatment. Further, when the audiologist orders the bloodwork or culture, it removes a second appointment with another provider to obtain the order, saving the patient and federal, state, and/or third party payor costs. Striking “ Ordering Cultures and Bloodwork Testing related to Auditory and Vestibular Conditions in the Human Ear” would remove valuable referrals that patients currently have access.

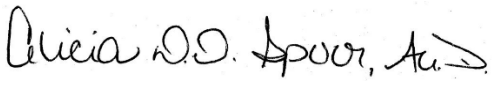
Audiologists are mandatory providers for Medicare Advantage (MA) plans, which are administered by private insurance companies (third party payors) like Blue Cross and United Healthcare (UHC). These plans serve as an alternative to traditional Medicare (Part B), offering additional benefits such as prescription drug coverage and vision care while requiring beneficiaries to use in-network providers for lower costs, similar to HMOs and PPOs. Medicare, Part B has long considered mandating health screenings in MA plans, and UHC already includes mandatory preventative screenings. Third party payors administer MA plans, which may currently use MIPS-related quality measures, or require their own quality valued-based care reporting requirements for reimbursement and provider incentives.

Third party payors administering the MA plan can incentivize or penalize their network providers as they establish in participating provider contracts. If audiologists are not explicitly authorized by Statute to perform health screenings, they risk financial penalties on all claims in a calendar year. The inclusion of "third party payors" in HB 1298 is crucial to protecting audiologists from these penalties. **Therefore, audiologists can't afford to be penalized by not fulfilling the private contract provisions, such as health screenings.**

HB 464/SB 795 has had significant positive impacts since being enacted in October, 2024. Removing accessibility and affordability for Marylanders at this time would be extremely harmful to their audiologic and vestibular healthcare, especially without any concerns of harm being reported. Other states are also modernizing their practice of audiology Statute, including Oregon and Arkansas where legislation was introduced last month.

Thank you to Delegate Martinez for the ongoing support of audiologists and the patients we serve. I ask for a favorable report for HB 1298 legislation.

Sincerely,



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