



Allegany Hearing & Balance, LLC

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The Honorable Heather A. Bagnall
Health Committee
Maryland State House
6 Bladen Street
Annapolis, Maryland 21401

March 25, 2025

RE: SB 917- Health Occupations – Practice of Audiology – Definition **Position: Oppose**

Madam Chair Bagnall, Vice Chair Cullison, and Committee Members,

I am testifying today as an individual licensed Doctor of Audiology in Maryland, not as a current member and Chair of the Maryland Board of Examiners.

As you know, legislation passed 2 years ago which included allowing audiologists to perform health screenings as was mandated by Medicare/CMS 14 years ago.

Audiologists have been administering and reporting health screenings to the Merit Based Incentive Payment System (MIPS), and making appropriate referrals with positive screenings, with no issues to patients since 2012.

Audiologists cannot opt out of Medicare¹ and Medicare clearly states health screenings are mandatory. If health screenings are not completed, audiologists are penalized with up to a 9% reduction in reimbursements for **all** Medicare claims.

CPT billing codes are created solely by the AMA and the group of physicians who serve on the CPT Advisory committee. Audiology representatives make suggestions to the CPT Advisory committee for code creation, retirement, and (work and financial) value, but are ultimately not part of the final process.

Beginning on January 1 of this year, audiologists have been assigned new hearing aid service CPT codes for billing. The AMA decided that several of these codes will require the completion of basic health screenings prior to billing. These screenings include assessment of cognitive and communication status, visual limitations, dexterity limitations, and psychosocial factors. These would not be required if



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the AMA, Medicare, and health insurers did not think these screenings were able to be performed by audiologists. A review of database screening measures shows that almost all have no licensure or educational requirements noted in their test materials in order to perform a specific screening measure. Imposing restrictions, without evidence, is careless and pointless.

SB 917 is addressing a problem that does not exist and rolls back a law that was passed 2 years ago that has done no harm to consumers. If SB 917 passes and audiologists in Maryland are not able to use these codes we will be forced to charge your constituents out of pocket, increasing health care costs to the consumer.

I would ask that you question why only audiology has been targeted? Why is it not a problem for all other health occupations to do these screenings but not audiology, which is a doctoral level profession?

Maryland audiologists will have the singular distinction of being the **only allied health profession in the country** to not be able to do the mandated health screenings. If this passes, audiologists will be forced to choose which law to break in order to provide quality care to your constituents. Do we not do mandated health screenings required by Medicare and then be penalized up to 9% of our billing? Or do we do those screenings and break Maryland law? Audiologists in this state will be put in an impossible situation for no justifiable reason.

I ask for your unfavorable report on SB 917.

Best Regards,

Jana Brown, AuD

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