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House Health Committee

March 25, 2026

Senate Bill 917 – *Health Occupations – Practice of Audiology – Definition*

POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 917.

This legislation is rooted in a bill passed two years ago (Senate Bill 795/2024) expanding the scope of practice for audiologists and seeks simply to clarify two provisions of that bill. As background, Governor Moore did not sign Senate Bill 795 and instead allowed it to become law, citing in his bill letter “provisions of the bill that are quite broad and blur the difference between audiologists and otolaryngologists.” *See* Letter attached hereto. The Governor’s letter specifically expresses concern about the bill language allowing audiologists to conduct “health screenings” but not limiting those to conditions of the human ear.

A subsequent Attorney General’s letter states that the likely interpretation of the current statute would be that “health screenings” are, in fact, limited to the evaluation and treatment of conditions of the human ear. *See* Attorney General Letter attached hereto. While this letter is helpful, it is not binding on a court or administrative agency applying the law. Accordingly, Senate Bill 917 is intended to both address the concern expressed by Governor Moore and codifies the interpretation of the Attorney General. It does not diminish the scope expansion enacted intended by the General Assembly in 2024; it merely clarifies it.

For these reasons, MedChi strongly supports Senate Bill 917.

For more information call:

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STATE OF MARYLAND

OFFICE OF THE GOVERNOR
Wes Moore

May 23, 2024

The Honorable Bill Ferguson
President of the Senate of Maryland
H-107 State House
Annapolis, MD 21401

The Honorable Adrienne A. Jones
Speaker of the House of Delegates
H-101 State House
Annapolis, MD 21401

Dear President Ferguson and Speaker Jones:

After close review of House Bill 464/Senate Bill 795 *Health Occupations - Practice Audiology - Definition*, I have decided to allow the bills to pass into law without my signature or veto. I acknowledge and commend the General Assembly, particularly the Finance and Health and Government Operations Committees for their work with advocates to authorize audiologists to practice to the full extent of their training and provide appropriate access to care for Marylanders. However, discussions with proponents and opponents of the bill have made clear that the statute will require further clarification.

House Bill 464/Senate Bill 795 makes notable changes to the statutory definition for practice audiology with the goal of modernizing and updating the practice. I support the intent of the legislation to allow audiologists to practice to the full extent of their training; however, there are provisions of the bill that are quite broad and blur the difference between audiologists and otolaryngologists.

On page 2 of the bills, practice audiology is defined as “evaluating, diagnosing, managing, and treating auditory or vestibular conditions in the human ear.” The provision does not include clarifying language that the express actions should be specific to hearing loss or hearing disorder. In addition on the same page, the definition of practice audiology includes “the conducting of health screenings,” again with no other descriptive clauses to specify that the screenings should

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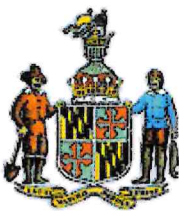
be related to the scope of hearing loss or disorders. Further refinement of these provisions is necessary to clarify the scope of practice audiology.

After hearing from both proponents and opponents, I recommend that all parties meet and collaborate on revisiting these statutes during the interim to ensure that the differences between audiology and otolaryngology are made more clear.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wes Moore', is positioned above the printed name.

Wes Moore
Governor



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CONFIDENTIAL
March 31, 2025

The Honorable Clarence K. Lam
Executive Nominations Committee, Chair
Maryland Senate
420 Miller Senate Office Building
Annapolis, Maryland 21401
Via email

RE: Practice of Audiology – “Health Screenings” in Chapter 1049 of the Acts of 2024

Dear Chair Lam:

You have asked for a letter of advice concerning whether existing State law limits the scope of “health screenings” that are included in the statutory scope of practice for audiology so as to prevent audiologists from conducting health screenings that go beyond hearing loss and disorders, or if additional legislation is required to provide those limitations. In my view, a court is likely to interpret “conducting of health screenings,” as used in Health Occupations Article (“HO”) § 2-101(q)(2)(i), as limited by the preceding definition of “practice audiology” in HO § 2-101(q)(1). Under this understanding, the words “conducting of health screenings” encompasses only those health screenings related to the evaluation, diagnosis, management, and treatment of auditory or vestibular conditions in the human ear, or screenings related to prescribing, ordering, selling, dispensing, or externally fitting hearing aids or sound processors for cochlear implants or osseointegrated devices.¹ I explain how I reached this conclusion below.

¹ The exact scope of what constitutes, for example, evaluation, diagnosis, management, and treatment of “auditory or vestibular conditions in the human ear,” and whether that goes beyond hearing loss and disorders, is a factual and medical question I cannot answer with the information before me. For example, since “vestibular” concerns the inner ear and balance, it would seem to me that the authorized “health screenings” could include screenings for disorders relating to conditions of the inner ear, including

You have presented a question of statutory construction, the goal of which is “to discern and carry out the intent of the Legislature.” *Blue v. Prince George’s County*, 434 Md. 681, 689, (2013).

The first step in determining the intent of the legislature is to examine the statutory language and give effect to the clear, unambiguous and plain meaning of the words of the statute, construed according to their common and every day meaning. We give statutes their “most reasonable interpretation, in accord with logic and common sense” and seek to “avoid a construction not otherwise evident by the words actually used.”

Comptroller of Treasury v. J/Port, Inc., 184 Md. App. 608, 622 (2009) (quoting *Greco v. State*, 347 Md. 423, 429 (1997)) (internal citations removed). Courts will “attempt to give effect to all the words in the statute,” *Morris v. Prince George’s Cnty.*, 319 Md. 597, 603 (1990), neither adding or deleting from the language included by the General Assembly, *Wheeling v. Selene Fin. LP*, 473 Md. 356, 377 (2021). “[T]he plain language must be viewed within the context of the statutory scheme to which it belongs, considering the purpose, aim, or policy of the Legislature in enacting the statute.” *Lockshin v. Semsler*, 412 Md. 257, 276 (2010); *see also Rose v. Fox Pool Corp.*, 335 Md. 351, 358-59 (1994) (A statute “must be construed in accordance with its general purposes and policies.”).

To discern the legislative intent, a court would first look to the language of the relevant provision and surrounding text. The pertinent statutory provision provides that “[p]ractice audiology” includes: (i) [t]he conducting of health screenings.” HO § 2-101(q)(2)(i). This language was added to the Maryland Annotated Code in 2024 as part of a larger rewriting of the statutory definition of “practice audiology.” 2024 Md. Laws, ch. 1049 (Senate Bill 795). As a result of that legislation, the Health Occupations Article now states:

(q)(1) “Practice audiology” means to:

- (i) Evaluate, diagnose, manage, and treat auditory or vestibular conditions in the human ear;
- (ii) Prescribe, order, sell, dispense, or fit hearing aids to an individual for the correction or relief of a condition for which hearing aids are worn;
- (iii) Prescribe, order, sell, dispense, or externally fit a sound processor to an osseointegrated device for the correction or relief of a condition for which osseointegrated devices are worn; and
- (iv) Prescribe, order, sell, dispense, or externally fit a sound processor to a cochlear implant for the correction or relief of a condition for which cochlear implants are worn.”

disorders related to balance, which from my layperson’s perspective does not seem to be a “hearing” loss or disorder.

(2) “Practice audiology” includes:

- (i) The conducting of health screenings;
- (ii) The removal of a foreign body from the external auditory canal that is not impacted to the point it requires anesthesia;
- (iii) The removal of cerumen from the external auditory canal that is not impacted to the point it requires anesthesia;
- (iv) The ordering of cultures and bloodwork testing as it relates to the auditory or vestibular conditions in the human ear;
- (v) The ordering and performing of in-office, nonradiographic scanning or imaging of the external auditory canal; and
- (vi) The ordering of radiographic imaging as it relates to the auditory or vestibular conditions in the human ear.

(3) “Practice audiology” does not include:

- (i) Surgery using an instrument, including a laser, a scalpel, a needle, cautery, a cryoprobe, or a suture, in which human tissue is cut, burned, vaporized, removed, or otherwise permanently altered by mechanical means, laser, ionizing radiation, ultrasound, or other means;
- (ii) Osseo-integrated device surgery;
- (iii) Cochlear implant surgery; or
- (iv) The preparation, operation, or performance of radiographic imaging.

HO § 2-101(q).

Although “health screenings” is not defined in Title 2, nor are those words used elsewhere in the Health Occupations Article, I believe the language used in the “practice audiology” definition as a whole provides sufficient guidance here. *See Morris*, 319 Md. at 603-04 (“The ‘meaning of the plainest language’ is controlled by the context in which it appears. Thus, we always are free to look at the context within which statutory language appears.”) (internal citations omitted). When looking at a similar statutory definition that first states the term “means,” followed by a provision that says the term “includes,” the Maryland Supreme Court has stated, “[r]eading these two provisions side by side, it is apparent to us that the General Assembly intended to use ‘means’ as a limiting term and ‘includes’ as a contrasting and, therefore, illustrative term.” *United Bank v. Buckingham*, 472 Md. 407, 425 (2021) (interpreting Commercial Law § 15-201). The Court also pointed to the General Provisions Article, which provides that “[i]ncludes’ or ‘including’ means includes or including by way of illustration and not by way of limitation.” Md. Code Ann., Gen. Prov. § 1-110.

Applying the same principle here, the functions described in HO § 2-101(q)(1) definitionally limit the scope of practice for audiology, whereas “conducting of health screenings” in HO § 2-101(q)(2) is one example in a non-exhaustive list of methods/actions that an audiologist can use in his or her “evaluat[ion], diagnos[is], manage[ment], and treat[ment of] auditory or vestibular conditions in the human ear,” or “[p]rescrib[ing], order[ing], sell[ing], dispens[ing], or

fit[ting] hearing aids” or sound processors. The examples in (q)(2) should thus be interpreted through the lens of the limiting language in (q)(1).²

True, a court might consider that the “health screening” provision does not contain any express qualification, unlike HO § 2-101(q)(2)(iv) and (vi), which expressly qualify that ordering of cultures and bloodwork testing and radiographic imaging must “relate[] to the auditory or vestibular conditions in the human ear.”³ In certain circumstances, the lack of an express qualification in (q)(2)(i) where one was used elsewhere in the statute might indicate an intent to not limit the scope of health screenings an audiologist could conduct. However, when read in the larger context of the definition, the legislative intent appears to be the opposite. All of the other functions or actions authorized under the “practice audiology” definition concern auditory or vestibular conditions in the human ear (or devices related to these conditions). It would not, in my view, be a reasonable or logical interpretation to apply a broad reading to one function in the definition—health screening—where the General Assembly has provided a list of other illustrative examples that are connected specifically to auditory or vestibular conditions in the human ear, as well as an overall limiting definition in HO § 2-101(q)(1), through which the examples in (q)(2) should be viewed.

This understanding makes further sense when considered in connection with the Health Occupations Article as a whole. A purpose of the Health Occupations Article is to regulate different health professions in the State, including by defining the scope of practice for each profession. To read “conducting of health screenings” broadly, so as to cover any and all types of health screenings, even those related to other parts of the body traditionally outside the scope of the practice of audiology and within the defined scope of other professions would not make sense within the larger scope and purpose of the statutory scheme, and could even conflict with the defined scope of practice for other occupations. For example, if audiologists were permitted to conduct health screenings on or pertaining to conditions or diseases of the teeth, feet, or eyes, not only would that screening seem to have no connection to an audiologist’s other authorized functions (not to mention, training), but it would also overlap with the defined practices of dentistry, podiatry, and optometry. *See* HO § 4-101(l); HO § 11-101(g); HO § 16-101. Thus, a “wholistic review” of the language of the definition and wider statutory context point to a limited reading of “conducting health screenings.” *Westminster Mgmt., LLC v. Smith*, 486 Md. 616, 644 (2024).⁴

² *Accord Bickford v. State*, No. 95, Sept. term, 2017, 2018 WL 2215485, at *14-15 (Md. Ct. Spec. App. May 15, 2018) (interpreting another pair of definitional provisions using “means” and “includes” as meaning that the latter “includes” category provided illustrative methods of “visual surveillance” that still must fit the conditions required under the limiting “means” definitional provision).

³ This limiting language was added by committee amendment. *See* Finance Committee Amendment to Senate Bill 795 (SB0795/163426/1).

⁴ A court might also consider evidence of what clinical training in “screening” an audiologist license applicant must complete per current regulation. *See* COMAR 10.41.03.03 B.(4)(b) (requiring that clinical training must include “screening, response to intervention (RTI), or observations of clients”) (emphasis added). A court would also consider any interpretation of the definition of “practice audiology” used by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists & Music Therapists.

Last, even if a court were to determine there was an ambiguity in the language, the legislative history supports, or at least does not contradict, an understanding that the “health screening” language was not intended to bring health screenings of all sorts into the scope of the practice of audiology. *See Westminster Mgmt., LLC*, 486 Md. at 645 (explaining that if a statute is ambiguous, the court seeks to resolve it by searching the history of the legislation, including comments and explanations of the origin of the statute by authoritative sources during the legislative process). Here, the legislative history does not indicate that the intent of the bill was to expand the scope of audiological practice to encompass functions, including health screenings, pertaining to other body parts or health conditions that are unrelated to the ear and hearing. Furthermore, the sponsor of Senate Bill 795 of 2024 (Honorable Dawn D. Gile) submitted written testimony and an appendix that referenced the “health screening” language in the bill and cited to various professional sources that describe the types of screenings that are within the scope of practice for audiologists.⁵ It appears to me that the screenings referenced in these resources all relate to hearing or auditory and vestibular function.⁶ To the extent these sources provide context for the origin of the statutory language at issue, they do not appear to contradict my above-stated understanding of the legislative intent.

Accordingly, it is my view that a court would interpret the words “conducting of health screenings” in HO § 2-101(q)(2)(i) as being limited by the “practice audiology” definition in (q)(1), thus understanding the statute to authorize only those health screenings that relate to the evaluation, diagnosis, management, and treatment of auditory or vestibular conditions in the human ear, or relate to prescribing, ordering, selling, dispensing, or externally fitting hearing aids and sound processors for cochlear implants or osseointegrated devices. While this is my best

⁵ *See* The Honorable Dawn D. Gile, “Testimony in Support of SB0795 – Health Occupations – Practice Audiology – Definition,” at 1, https://mgaleg.maryland.gov/cmte_testimony/2024/fin/1Y8keVDuJvDTXk0ye2s-SR3J8k3iPo_ei.pdf; “HB 464 / SB 795 Appendix Practice of Audiology Legislation, Rebuttal to Opposition,” at 8, https://mgaleg.maryland.gov/cmte_testimony/2024/fin/1VAnX_EHZ5NZAF47hDkC9OO_6OQuNJSVM.pdf.

⁶ *E.g.*, Academy of Doctors of Audiology, “Model Licensure Statute,” <https://www.audiologist.org/about-us/academy-documents/model-licensure-statute> (including “hearing screening”); American Academy of Audiology, Scope of Practice, at 2 (April 2023), https://www.audiology.org/wp-content/uploads/2023/04/Scope-of-Practice_2023.pdf (referencing screening programs “to detect individuals with changes in auditory and/or vestibular function and decide who should undergo a diagnostic evaluation,” as well as “speech/language screening, cognitive screening, or other screening measures as necessary to identify associated comorbid conditions or life circumstances that may impact treatment plans or patient welfare, or for the purpose of identification and referral to appropriate providers”); The Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (Jan. 2023), <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf> (including graduate program accreditation standards that require programs to provide education and training in “the use of screening tools for functional assessment” and “the use of screening protocols, ... to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction”).

prediction of how a court would apply the tools of statutory construction to interpret this provision, it is possible that a court could decide differently based on the lack of express limiting language, and so ultimately it is up to the General Assembly if it wishes to provide any express clarification of the terms.

Sincerely,

A handwritten signature in black ink, appearing to read "Natalie Bilbrough". The signature is fluid and cursive, with a large, stylized "N" and a long, sweeping underline.

Natalie R. Bilbrough
Assistant Attorney General