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The Honorable Heather A. Bagnall, Chair
House Health Committee
240 Taylor Office Building
Annapolis, MD 21401

March 25, 2025

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

Dear Chair Bagnall, Vice Chair Cullison, and Committee Members:

My name is Leigh McCarthy, Au.D. and I am a private practice owner and sole audiology provider at Chesapeake Audiology LLC in St. Mary's County. I am testifying today to oppose SB 917.

The proposed language in SB 917 may be one of the more remarkable inconsistencies in Maryland's public health regulatory landscape. The question before this committee is straightforward: should a licensed Doctor of Audiology — a healthcare professional who holds an earned clinical doctoral degree, has completed thousands of hours of supervised clinical training, has passed a national board examination, and holds an active Maryland state license — be authorized to 'conduct health screenings?' The answer, on its face, seems self-evident. Yet audiologists are again present to prevent the current definition of audiology from being changed.

Health screenings are currently and routinely performed in Maryland by automated machines operated by no one, community volunteers with no clinical training, and research individuals who may have limited or no didactic or clinical healthcare training.

The goal of my testimony is not to restrict who may conduct health screenings. Community access to screenings is a vital public health good, and this letter does not challenge the value of the Lions Club volunteer, the pharmacy kiosk, or the Johns Hopkins community health worker.

The goal is far simpler: to affirm, in clear and unambiguous terms, that licensed Maryland audiologists are fully — and obviously — authorized to conduct health screenings, and that any

regulatory language suggesting otherwise is not only without clinical justification but is frankly absurd.

To appreciate the full scope of this issue, the Committee is invited to survey who is presently conducting health screenings across the State of Maryland — with no requirement for a doctoral degree, no requirement for a state license, and no requirement for any clinical training at all.

Walk into any CVS, Walgreens, Walmart, Target, Costco, Sam's Club, or fitness gym in Maryland, and you will likely find a health screening kiosk. These machines — operated by no human being — routinely perform blood pressure measurement, pulse oximetry (blood oxygen levels), body mass index assessment, blood glucose estimation, heart rate monitoring, and in an increasing number of locations, hearing screenings via automated pure-tone audiometry. Maryland imposes no requirement that a licensed professional operate, supervise, or interpret the screening results, which are often pass/refer. A consumer can walk-in off the street, insert their arm, clip a device on their finger, or put on headphones, receive a printout, and leave — with no clinician involved at any stage.

No Maryland law requires that a Doctor of Medicine, a Nurse Practitioner, a Registered Nurse, or a Doctor of Audiology be present. The machine screens. The machine reports. And Maryland public health policy accepts this as entirely appropriate — because screenings are population-level tools, not diagnoses, and broad community access is a legitimate goal.

Beyond machines, Lions Clubs International chapters throughout Maryland conduct health (e.g., vision, hearing) screenings at schools, senior centers, churches, and community events on a regular basis. The individuals performing these screenings are trained through Lions Club internal programs — not through accredited clinical education programs, not through state examinations, and not through Maryland licensure. They use devices such as otoscopes and visual acuity charts to identify individuals who may benefit from follow-up care. This is valuable work, and Maryland appropriately supports it.

Faith-based organizations, AARP chapters, and local health coalitions similarly host health fairs at which blood pressure, cognitive, and diabetes risk screenings are performed by volunteers — nursing students, pre-medical students, trained laypersons, and community members — without any licensure requirement. Maryland public health guidance encourages this kind of broad community access to screening.

Maryland is blessed to have some of the nation’s best educational and medical institutions in the state. Johns Hopkins Bloomberg School of Public Health operates some of the most respected community health programs in the nation, many of them right here in Baltimore City. In those programs, community health workers — individuals who may only hold a certificate credential, not a clinical license, and not a doctoral degree — conduct hearing screenings, blood pressure checks, and other basic health assessments as part of IRB-approved research and community benefit programs. Under Maryland law and federal research exemptions, this is entirely permissible.

Maryland law mandates hearing screenings for public school children at specific grade levels. These screenings are routinely conducted by school nurses, health aides, and trained administrative staff who are not audiologists and are not required to be. The Maryland State Department of Education provides guidance on screening protocols, but the requirement for a

degree in healthcare is conspicuously absent. Maryland has decided — correctly, as a matter of public health access — that school-based hearing screenings need not be administered by a doctoral-level clinician.

Before applying to an accredited Doctor of Audiology program, prospective audiologists must complete a four-year bachelor's degree — typically in Communication Sciences and Disorders, Biology, Psychology, or a related health science field. Competitive applicants complete rigorous preparatory coursework in human anatomy and physiology, acoustics and physics, statistics, behavioral and biological sciences, and hearing science. Most programs also require documented clinical observation hours under a licensed audiologist and speech-language pathologist (SLP) before a student may be considered for admission.

The Doctor of Audiology (Au.D.) programs are accredited by the Accreditation Commission for Audiology Education (ACAE) or the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). These standards and the model licensure published by the accreditations' audiology bodies include "screening tools for functional assessment"

Accreditation standards require that doctoral students complete a minimum number of hours of supervised clinical practicum before graduation — hands-on, direct patient care, evaluated and signed off by licensed supervising audiologists. This is not observation. This is not shadowing. This is often thousands of hours of clinical practice.

The fourth year of the Au.D. program is devoted entirely to a full-time clinical externship — the audiology equivalent of a medical residency. Students are placed in accredited clinical settings: hospital otolaryngology departments, cochlear implant centers, Veterans Affairs medical centers, pediatric hospitals, private practices, and research institutions. For one year, they function as clinicians under the supervision of credentialed audiologists, achieving the full scope of doctoral-level clinical competency.

Before practicing independently, graduates must pass the Praxis Examination in Audiology, a nationally standardized competency examination administered by the Educational Testing Service (ETS). They must then obtain a Maryland state license issued by the Maryland Board of Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists & Music Therapists. Licensed audiologists are subject to the Board's disciplinary authority, professional ethics obligations, and mandatory continuing education requirements.

The following table places the credentials of a licensed Doctor of Audiology alongside those of the entities currently authorized — without restriction — to conduct health screenings in Maryland:

Screening Entity	Education Required	Clinical Hours Required	Maryland License Required?
Automated pharmacy / retail kiosk	None	None	None — machine
Lions Club volunteer	None (internal training only)	None	No

Screening Entity	Education Required	Clinical Hours Required	Maryland License Required?
Faith-based / community health fair volunteer	None required	None	No
Community health worker (e.g., Johns Hopkins)	Certificate program (non-clinical)	None	No — research / public health exemption
School nurse / health aide	Nursing credential or basic training	Limited	No (for screening specifically)
Nursing or pre-med student	Enrolled in degree program; no degree yet	Minimal / in progress	No — supervised by instructor
Licensed Audiologist (Au.D.)	Doctoral degree (8+ years of education)	Supervised clinical hours	YES — Maryland state licensed clinician

The conclusion this table compels is not subtle. Every entity above the licensed audiologist in this list can conduct health screenings in Maryland today with fewer credentials, less training, and less accountability. The audiologist — the only doctoral-level, state-licensed, board-examined clinician in the list — is the one whose authority has been called into question.

It is important for the Committee to understand that when a licensed audiologist conducts a health screening, they are not performing a lesser version of what the pharmacy kiosk performs. They are performing a clinically superior version — one that is safer, more accurate, and more beneficial to the patient. Examples of health screenings include:

- Screening for clinical depression using an age-appropriate standardized depression screening tool. For example, the PHQ-2[i]:
    - Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?
    - Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?
    - Scoring System: Responses are rated on a 4-point scale: "Not at all" (0), "Several days" (1), "More than half the days" (2), and "Nearly every day" (3). Total scores range from 0 to 6, with higher scores indicating higher likelihood of depression. A score of 3 or higher requires a referral for further evaluation.
- Elder maltreatment screening using an Elder Maltreatment Screening tool. For example, the EASI[ii]:
    - A six-question yes/no survey intended to raise a medical professional's suspicion of elder abuse.
    - Scoring: A “yes” answer to numbers 2-6 requires a referral for further evaluation.
- Tobacco Use
    - A yes/no question: Have you inhaled and exhaled smoke produced by combustible tobacco products such as cigarettes, cigars, and pipes in the past 12 months?
    - Scoring: A “yes” response required a referral for tobacco cessation.

Health screenings are intended to be quick, simple (yes/no), and identify when a referral is necessary for further diagnostic testing.

This Committee is asked to reflect on the following reality: in the State of Maryland today, a Walmart kiosk requires no license to screen for a health condition. A Lions Club volunteer requires no license to screen for a health condition. A Johns Hopkins community health worker with a certificate — not a degree, not a license — requires no license to screen for a health condition. And yet ambiguity persists regarding whether a licensed Doctor of Audiology — an individual who spent four years earning a bachelor's degree, four more years earning a clinical doctorate, completed thousands of hours of supervised patient care, passed a national board examination, and obtained a Maryland state license — may conduct health screenings.

There is no clinical justification for this result. There is no patient safety rationale for it. There is no coherent public health logic that supports it.

Licensed Doctors of Audiology are not seeking special treatment. We are asking only that the State of Maryland recognize what is plainly true: that educated, trained, licensed audiology professionals are fully — and unambiguously — authorized to conduct health screenings for the benefit of the Marylanders they have dedicated their careers to serving.

I respectfully urge this Committee vote ***unfavorable*** on SB 917. The patients of Maryland — including its newborns, its schoolchildren, its veterans, and its aging population — deserve nothing less.

Thank you for your time and your service to the citizens of Maryland.

Respectfully,

Leigh McCarthy, Au.D., CCC-A
Doctor of Audiology
Chesapeake Audiology LLC

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[i] https://www.hiv.uw.edu/page/mental-health-screening/phq-2
[ii] https://pubmed.ncbi.nlm.nih.gov/18928055/