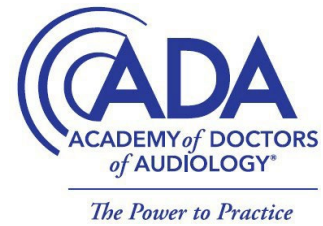


March 23, 2026



Delegate Heather Bagnall, Chair
Delegate Bonnie Cullison, Vice Chair
Maryland General Assembly
Committee on Health
241 Taylor House Office Building
Annapolis, Maryland 21401

RE: **SB 917** Practice of Audiology

Position: **OPPOSE**

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

I write to you today on behalf of the Academy of Doctors of Audiology (ADA), a professional association representing audiologists in Maryland and across the United States in strong opposition to SB 917, which seeks to inappropriately reverse statutory reforms enacted by the Maryland legislature in 2024 and upheld in 2025.

In 2024 the Maryland legislature passed SB 795 with overwhelming bipartisan support to align the practice of audiology and the delivery of audiology services with the current training and qualifications of audiologists, contemporary patient care standards, and state and federal requirements. Provisions of SB 795 also explicitly codified conducting health screenings as an activity that audiologists are authorized to perform under their Maryland license.

SB 917 seeks to destroy the legislature's widely praised endeavor to modernize the Maryland Audiology Practice Act, improving access to auditory and vestibular healthcare for Marylanders throughout the state. SB 917 will not only undermine these important public policy improvements, it will also impose brand new restrictions on the performance of health screenings by audiologists that conflict with federal laws and contradict longstanding evidence-based practices.

Under the federal Merit-Based Incentive Payment System (MIPS), audiologists are required to report on quality measures that include a range of health screenings, many of which are not limited to (or only related to) auditory or vestibular conditions. For example, MIPS screening measures for audiology include screenings related to depression, unhealthy alcohol use, blood pressure, smoking cessation, and elder care/abuse. By restricting audiologists to screenings only "related to auditory and vestibular conditions in the ear," SB 917 would make compliance with federal reporting requirements impossible, exposing providers to Medicare payment penalties of up to nine (9) percent.

SB 917 will reduce access to care and increase costs for Maryland patients. Beginning in 2026, new AMA CPT coding requirements incorporate broader health-related screenings such as vision, dexterity, and psychosocial assessments into audiologic services. These requirements are not optional. Preventing audiologists from performing these screenings will force patients to seek care elsewhere or pay out-of-pocket, creating unnecessary barriers and fragmentation in care delivery.

SB 917 threatens care in rural and underserved communities. Reduced reimbursement and regulatory conflict will disproportionately impact patients and audiology practices in rural areas, where access to care is already limited. Policies that constrain providers' ability to deliver comprehensive, compliant care ultimately reduce availability for the very constituents who need it most.

SB 917 creates legal and ethical conflicts for licensed professionals. Audiologists are mandatory reporters who are trained to identify broader health and safety concerns, including indicators of abuse or behavioral health issues. This bill would place audiologists in an untenable position, being forced to choose between complying with state law or fulfilling federal requirements and professional obligations, unfairly jeopardizing their licensure and ability to practice.

Importantly, SB 917 rolls back widely supported statutory reforms without any evidence of harm, consumer complaints, referral pathway issues, or implementation challenges. The current law is functioning as intended, since its enactment in October 2024, and has already served as a model for other states.

For these reasons, the ADA respectfully urges you to vote no on SB 917 and preserve Maryland's commitment to audiologic care. Thank you for your consideration of this important issue. Please contact me, at your convenience, if I can provide additional information.

Respectfully,

A handwritten signature in dark ink, reading "Stephanie Czuhajewski". The signature is fluid and cursive, with the first name "Stephanie" written in a larger, more prominent script than the last name "Czuhajewski".

Stephanie Czuhajewski, MPH, CAE

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