



Maryland Academy of Audiology

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Chair Deb Patterson
Senate Committee on Health Care
900 Court St NE, S-411
Salem, OR, 97301

RE: SB 943 Health Practice Audiology (Definition), Audiologist (Definition)

Position: SUPPORT

Madam Chair Patterson, Vice Chair Hayden, and Members of the Senate Committee on Health Care,

In 2024, Maryland enacted Senate Bill 795 (SB 795)/House Bill 464 (HB 464) to modernize and harmonize the practice of audiology within the state. Sponsored by a bipartisan group of nine (9) Senators, including Senator Dawn Gile, and fifteen (15) Delegates including Delegate Ashanti Martinez, the bill aimed to align the statutory definition of "practice audiology" with the advanced education and training audiologists receive through the Doctor of Audiology clinical degree. The legislation codified the scope of practice to encompass procedures such as health screenings, removal of foreign bodies and cerumen (earwax) from the external auditory (ear) canal, and the ordering of bloodwork and cultures, and the ordering of radiographic imaging related to auditory and vestibular conditions. SB 795/HB 464 also authorized audiologists to prescribe, order, sell, dispense, or fit sound processors for osseointegrated devices (e.g., bone conduction hearing systems) and cochlear implants. After passing both legislative chambers with overwhelming support (SB 795 passed 44-1 in the Senate on March 18, 2024, and 121-13 in the House on April 2, 2024), SB 795/HB 464 became law on May 26, 2024. The law took effect on October 1, 2024, enabling consumers in Maryland to access a broader range of services from audiologists in line with their professional qualifications.

Maryland's modernized statute brings significant benefits to patients in need of audiologic (hearing) and vestibular (balance) healthcare by ensuring the scope of audiology practice reflects modern medical advancements and is consistent with other clinical doctors in the State of Maryland, including optometrists, dentists, and podiatrists. One of the key improvements is increased access to essential diagnostic and treatment services, especially in rural areas of the state and for special populations. Because audiologists are authorized to perform procedures such as cerumen removal, foreign body extraction, and the authority to order radiographic imaging and lab tests, patients can receive timely, comprehensive care without unnecessary referrals to other providers. This streamlining of services reduces wait times and healthcare costs, making it more convenient for patients to address audiologic and vestibular healthcare concerns efficiently.

Additionally, the bill enhances patient outcomes by allowing audiologists to prescribe, fit, and dispense advanced hearing devices, including sound processors for osseointegrated devices and cochlear implants. This ensures that individuals with hearing impairments can receive tailored solutions more quickly, improving their communication abilities and overall quality of life. The expanded role of audiologists in vestibular care also

benefits patients suffering from dizziness, vertigo, and balance disorders, as they can now receive more specialized and direct treatment from professionals trained in these conditions.

Since the legislation was enacted in October, 2024, audiologists across Maryland have had numerous patients benefit, specifically those with benign acoustic neuroma/vestibular schwannoma tumors. I have personally ordered radiographic imaging for a patient who present with symptoms consistent with an acoustic neuroma/vestibular schwannoma and when the radiology report was positive (diagnosing an acoustic neuroma/vestibular schwannoma), I was able to connect the patient to a highly trained neuro-otologist (brain-ear surgeon) for surgical treatment. This reduced the cost of healthcare to the patient and their third party insurance company and expedited the treatment from multiple months to just weeks.

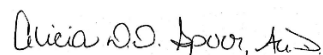
Maryland's enactment of SB 795/HB 464 in 2024 serves as a compelling model for other states to modernize and harmonize their audiology practice statutes. By updating the scope of practice to include procedures such as cerumen removal, foreign body extraction, and the authority to order imaging, and order bloodwork and cultures, Maryland has empowered audiologists to utilize their full expertise.

Other states adopting similar reforms can expect to see improved patient outcomes, as audiologists are enabled to provide a broader range of services directly. This approach aligns with the evolving landscape of healthcare, where interdisciplinary collaboration and expanded provider roles are essential to meet patient needs effectively. Moreover, modernizing audiology statutes can address workforce shortages and reduce healthcare costs by optimizing the utilization of audiologists' specialized skills. The physician shortage is not unique to Maryland and has also necessitated the need for all providers to work to the top of their scope, as didactic and clinical training allows.

By updating practice acts, states can ensure that their healthcare systems reflect current professional standards and technological advancements, ultimately benefiting patients through improved access to quality care.

In summary, modernizing and harmonizing audiology practice statutes with their education and training offers a pathway for states to enhance patient care, optimize healthcare resources, and align with contemporary professional practices in audiology. The Maryland Academy of Audiology applauds Oregon's efforts and requests a favorable report on SB 943.

Sincerely,



Alicia D.D. Spoor, Au.D.
Legislative Chair, Maryland Academy of Audiology