GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2023

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SENATE BILL 236 Health Care Committee Substitute Adopted 3/22/23

Third Edition Engrossed 3/29/23

Short Title:	Modernize Audiology Practice Laws.	(Public)
Sponsors:		
Referred to:		

March 9, 2023

1 A BILL TO BE ENTITLED 2 AN ACT TO UPDATE THE GENERAL STATUTES OF NORT

AN ACT TO UPDATE THE GENERAL STATUTES OF NORTH CAROLINA GOVERNING THE PRACTICE OF AUDIOLOGY TO BETTER REFLECT THE CHANGES IN EDUCATION, EXPERIENCE, AND PRACTICE OF THE PROFESSION IN ORDER TO ENHANCE THE HEALTH AND WELFARE OF NORTH CAROLINA CITIZENS.

Whereas, it is the intention of the North Carolina General Assembly to promote the health and welfare of the citizens of this State; and

Whereas, the COVID-19 pandemic has placed increasing demands on all health care professionals; and

Whereas, it is the intention of the North Carolina General Assembly that statutes governing the profession of audiology reflect current practices, improvements, and other developments that have occurred in the profession; and

Whereas, the current statutory language does not fully encompass current practices, improvements, and other developments; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 90-292 reads as rewritten:

"§ 90-292. Declaration of policy.

It is declared to be a policy of the State of North Carolina that, in order to safeguard the public health, safety, and welfare; to protect the public from being misled by incompetent, <u>unqualified</u>, unscrupulous, and unauthorized persons and from unprofessional conduct on the part of qualified speech and language pathologists and audiologists and to help assure the availability of the highest possible quality speech and language pathology and audiology services to the communicatively handicapped people of this State, it is necessary to provide regulatory authority over persons offering speech and language pathology and audiology services to the public."

SECTION 1.(b) G.S. 90-293 reads as rewritten:

"§ 90-293. Definitions.

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As used in this Article, unless the context otherwise requires:

(1) "Audiologist" means any Audiologist. – Any person who engages is qualified by education, training, and clinical experience and is licensed under this Article to engage in the practice of audiology. The audiologist is an independent hearing health care practitioner providing services in hospitals, clinics, schools, private practices, and other settings in which audiologic services are relevant. A person is deemed to be or to hold himself or herself out as being an audiologist if he or she offers services to the public under any title incorporating the terms of "audiology," "audiologist," "audiological,"



"audiological consultant," "hearing aid audiologist," "hearing clinic," "hearing 1 2 clinician," "hearing therapist," "hearing specialist," "hearing aid clinician," or 3 any variation, synonym, coinage, or similar title or description of 4 service service that expresses, employs, or implies these terms, names, or 5 functions. 6 "Board" means the Board. - The Board of Examiners for Speech and (2) Language Pathologists and Audiologists. 7 8 (3) "License" means a License. - A license issued by the Board under the 9 provisions of this Article, including a temporary license. 10 Over-the-counter hearing aid. – As defined in 21 C.F.R. § 800.30(b). (3a) 11 (4) "Person" means an Person. – Any individual, organization, association, partnership, company, trust, or corporate body, except that only individuals 12 can be licensed under this Article. Any reference in this Article to a "licensed 13 14 person" shall mean a natural, individual person. 15 (5) "Speech and language pathologist" means any Speech and language 16 pathologist. – Any person who represents himself or herself to the public by 17 title or by description of services, methods, or procedures as one who 18 evaluates, examines, instructs, counsels, or treats persons suffering from 19 conditions or disorders affecting speech and language or swallowing. A 20 person is deemed to be a speech and language pathologist if the person offers such services under any title incorporating the words "speech pathology," 21 22 "speech pathologist," "speech correction," "speech correctionist," "speech therapy," "speech therapist," "speech clinic," "speech clinician," "language 23 24 pathologist," "language therapist," "logopedist," "communication disorders," 25 "communicologist," "voice therapist," "voice pathologist," or any similar title 26 or description of service. "The practice of audiology" means the The practice of audiology. — The 27 (6) 28 application of principles, methods, and procedures of measurement, testing, 29 evaluation, prediction, consultation, counseling, instruction, habilitation, or 30 rehabilitation related to hearing and vestibular disorders for the purpose of 31 identifying, preventing, ameliorating, or modifying such disorders and 32 conditions in individuals or groups of individuals. For the purpose of this 33 subdivision, the words "habilitation" and "rehabilitation" shall include 34 auditory training, speech reading, aural rehabilitation, hearing aid use 35 evaluation and recommendations, and fabrication of earmolds and similar 36 accessories for clinical testing purposes.related to disorders of the auditory 37 and vestibular systems. Areas of audiology practice include the following, 38 delivered to people across the lifespan: 39 Performing basic health screenings consistent with audiology training a. 40 by an accredited institution and continuing education. Screenings that 41 indicate the possibility of medical or other conditions that are outside 42 the scope of practice of an audiologist must be referred to appropriate 43 health care providers for further evaluation or management. 44 Eliciting patient histories, including the review of present and past <u>b.</u> illnesses, current symptoms, reviewing appropriate audiologic test 45 46 results, obtaining or reviewing separately obtained history, reviewing 47 the outcome of procedures, and documentation of clinical information 48 in the electronic health record or other records.

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Preventing hearing loss by designing, implementing, and coordinating

industrial, school, and community-based hearing conservation programs (i) by educational outreach, including screening, to the

General Assembly Of North Caronna Session 2025		
1		public, schools, and other health care professionals and governmental
2		entities and (ii) by counseling and treating those at risk for hearing loss
3		with behavioral or nutritional modification strategies related to
4		noise-induced hearing loss prevention or with active or passive
5		hearing protection devices.
6	<u>d.</u>	Identifying dysfunction of hearing, balance, and other auditory-related
7	<u></u>	systems by developing and overseeing hearing and balance-related
8		screening programs for persons of all ages, including newborn and
9		school screening programs.
10	<u>e.</u>	Conducting audiological examination and audiologic diagnosis and
11	<u>o.</u>	treatment, as authorized in this subdivision, of hearing and vestibular
12		disorders revealed through the administration of behavioral,
13		psychoacoustic, electrophysiologic tests of the peripheral and central
14		auditory and vestibular systems using standardized test procedures,
15		including, but not limited to, audiometry, tympanometry, acoustic
16		reflex, or other immittance measures, otoacoustic emissions, auditory
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18		evoked potentials, video and electronystagmography, and other tests
		of human equilibrium and tests of central auditory function using
19		calibrated instrumentation leading to the diagnosis of auditory and
20	ç	vestibular dysfunction abnormality.
21	<u>f.</u>	Assessing the candidacy of persons with hearing loss for cochlear
22		implants, auditory brainstem implants, middle ear implantable hearing
23		aids, fully implantable hearing aids, bone-anchored hearing aids, and
24		post-surgery audiologic testing, follow-up assessment, and
25		nonmedical management.
26	<u>g.</u>	Offering audiologic decision making for treatment for persons with
27		impairment of auditory function utilizing amplification or other
28		hearing impairment assistive devices, or auditory training.
29	<u>h.</u>	Prescribing, ordering the use of, selecting, fitting, evaluating, and
30		dispensing hearing aids and other amplification or hearing-assistive or
31		hearing-protective systems and audiologic rehabilitation to optimize
32		use. The sale of an over-the-counter hearing aid is solely a financial
33		transaction and, without additional services, does not constitute
34		treatment by an audiologist.
35	<u>i.</u>	Fitting and mapping of cochlear implants and audiologic rehabilitation
36		to optimize device use.
37	<u>j.</u>	Fitting of middle ear implantable hearing aids, fully implantable
38		hearing aids and bone-anchored hearing aids, and audiologic
39		rehabilitation to optimize device use.
40	<u>k.</u>	Conducting otoscopic examinations, removing cerumen obstructions,
41		and taking ear canal impressions.
42	<u>l.</u>	Providing audiologic examination, audiological decision making, and
43	_	audiological treatment of persons with tinnitus, including determining
44		candidacy, treatment selection and provision, and providing ongoing
45		management, using techniques, including biofeedback, masking,
46		sound enrichment, hearing aids and other devices, education,
47		counseling, or other relevant tinnitus therapies.
48	<u>m.</u>	Counseling on the psychosocial aspects of hearing loss and the use of
49		amplification systems.
50	<u>n.</u>	Providing aural habilitation and rehabilitation across the life span,
51	<u></u>	including the provision of counseling related to appropriate devices,
J 1		mercaning the provision of countering reduced to appropriate devices,

1 such as amplification, cochlear implants, bone-anchored hearing aids, 2 other assistive listening devices, which may include auditory, auditory-visual, and visual training, communication strategies 3 4 training, and counseling related to psychosocial consequences of 5 hearing loss. 6 Administering of electrophysiologic examination of neural function <u>o.</u> 7 related to the auditory or vestibular system, including sensory and 8 motor-evoked potentials, preoperative and postoperative evaluation of 9 neural function, neurophysiologic intraoperative monitoring of the central nervous system, and cranial nerve function. An audiologist 10 11 shall not perform neurophysiologic intraoperative monitoring except upon delegation from and under the overall direction of a physician, 12 13 and the audiologist shall be qualified to perform those procedures. Referring persons with auditory and vestibular dysfunction 14 <u>p.</u> abnormalities to an appropriate physician for medical evaluation when 15 indicated based upon audiologic and vestibular test results. 16 17 Participating as members of a team to implement goals for treatment q. of balance disorders, including habituation exercises, retraining 18 19 exercises and adaptation techniques, and providing assessment and 20 treatment of Benign Paroxysmal Positional Vertigo (BPPV) using 21 canalith positioning maneuvers or other appropriate techniques for 22 assessment and treatment. 23 Communication with the patient, family, or caregivers, whether <u>r.</u> 24 through face-to-face or non-face-to-face electronic means. 25 Providing audiologic treatment services for infants and children with S. 26 hearing impairment and their families in accordance with G.S. 90-294A. 27 28 (7) "The The practice of speech and language pathology" means the pathology. — 29 The application of principles, methods, and procedures for the measurement, 30 testing, evaluation, prediction, counseling, treating, instruction, habilitation, 31 or rehabilitation related to the development and disorders of speech, voice, 32 language, communication, cognitive-communication, and swallowing for the 33 purpose of identifying, preventing, ameliorating, or modifying such disorders. 34 35 "Accredited Accredited college or university" means an university. – An (9) 36 institution of higher learning accredited by the Southern Association of 37 Colleges and Universities, or accredited by a similarly recognized association 38 of another locale." 39 **SECTION 1.(c)** G.S. 90-294 reads as rewritten: 40 "§ 90-294. License required; Article not applicable to certain activities. 41 42 (c1) The provisions of this Article do not apply to: 43 (1) The activities, services, and use of an official title by a person employed by 44 an agency of the federal government and solely in connection with such 45 employment. 46 (1a) The selling of over-the-counter hearing aids, as defined in this Article. 47 The activities and services of a student or trainee in speech and language (2) 48 pathology or audiology pursuing a course of study in an accredited college or 49 university, or working in a training center program approved by the Board, if

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these activities and services constitute a part of the person's course of

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study.study and that student or trainee is not registered with the Board as an assistant under G.S. 90-298.1.

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Individuals The fitting and selling of hearing aids by individuals licensed (3) under Chapter 93D of the General Statutes.

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- (e) This Article shall not be construed to prevent any person licensed in this State under Chapter 93D of the General Statutes of North Carolina from the practice of fitting and selling hearing aids.
- (f) The provisions of this Article do not apply to registered nurses and licensed practical nurses or other certified technicians trained to perform audiometric screening tests and whose work is under the supervision of a physician, consulting physician, or licensed audiologist.audiologist, unless he or she is registered with the Board as an assistant under G.S. 90-298.1.

- (i) Nothing in this Article shall apply to a licensed physical therapy or occupational practitioner providing evaluation and treatment of swallowing disorders, cognitive/communication cognitive-communication deficits, and balance functions within the context of his or her licensed practice."
- **SECTION 1.(d)** Article 22 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"§ 90-294A. Treatment of minors.

- Audiologists licensed under this Article may treat minors by administering nonmedical audiologic services to minors of all ages with hearing impairment, from birth to less than 18 years of age. Only individuals licensed to practice medicine under Article 1 of this Chapter or working under the supervision of an individual licensed to practice medicine under Article 1 of this Chapter or a person licensed under this Article shall make an assessment of a minor for hearing impairment treatment or manage hearing rehabilitative services of a minor for hearing impairment.
- Audiologists licensed under this Article may provide clinical treatment, home intervention, family support, case management, and other audiologic services, including audiologic identification, assessment, audiologic diagnosis, and treatment programs to minors of all ages.
- (c) Audiologists may participate in the development of Individualized Educational Programs and Individual Family Service Plans; consult in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, and psychosocial effects of hearing loss; and maintain classroom assistive systems and students' personal hearing aids. The audiologist may administer hearing screening programs in schools and train and supervise non-audiologists performing hearing screening in an educational setting.
- Over-the-counter hearing aids are not appropriate for individuals under 18 years of (d) age and do not apply to this section."

SECTION 1.(e) G.S. 90-295(a) reads as rewritten:

To be eligible for permanent licensure by the Board as a speech and language "(a) pathologist, the applicant must:

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Submit evidence of the completion of a minimum of 400 clock hours of (3) supervised, direct clinical experience with individuals who present a variety of communication disorders. This experience must have been obtained within the training institution or in one of its cooperating programs in the following areas: (i) Speech Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic); and (ii) Language Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic). programs. Each

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new applicant must submit a verified clinical clock hour summary sheet signed by the clinic or program director, in addition to completion of the license application.

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Present written evidence of nine months of full-time professional experience (4) in which bona fide-clinical work has been accomplished in speech and language pathology. The professional work must have been supervised by a speech and language pathologist who is State-licensed or certified by the American Speech-Language-Hearing Association. This experience must follow the completion of the requirements listed in subdivisions (1), (2) and (3). Full time is defined as at least nine months in a calendar year and a minimum of 30 hours per week. Half time is defined as at least 18 months in two calendar years and a minimum of 20 hours per week. The supervision must be performed by a person who holds a valid license under this Article, of clinical competence from Speech-Language-Hearing Association, in speech and language pathology.

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SECTION 1.(f) G.S. 90-298.1 reads as rewritten:

"§ 90-298.1. Registered assistant.

A licensed speech and language pathologist or a licensed audiologist may register with the Board an assistant who works under the licensee's supervision if all of the following requirements are met:

- (1) The assistant meets the qualifications for registered assistants adopted by the Board
- (2) The licensee who supervises the assistant pays the registration fee set by the Board.
- (3) The registration fee must be remitted to the Board by the supervisor, assistant, or employer before the assistant can be registered.

A registration of an assistant must be renewed annually. To renew the registration of an assistant, the licensee who supervises the assistant must submit an application for renewal and pay the renewal fee. An initial or renewal fee for registering an assistant may not exceed the renewal license fee set under G.S. 90-305."

SECTION 1.(g) G.S. 90-299 reads as rewritten:

"§ 90-299. Licensee to notify Board of place of practice.

- (a) A person who holds a license <u>or registration with the Board</u> shall notify the Board in writing of the address of the place or places where he engages or intends to engage in the practice of speech and language pathology or audiology.
- (b) The Board shall keep a record of the places of practice of licensees and registered assistants.
- (c) Any notice required to be given by the Board to a licensee <u>or registered assistant may</u> be given by mailing it to him at the address of the last place of practice of which he has notified the Board."

SECTION 1.(h) G.S. 90-301 reads as rewritten:

"§ 90-301. Grounds for suspension or revocation suspension, revocation, or denial of license.license or registration.

Any person licensed <u>or registered</u> under this Article may have his <u>or her</u> license <u>or registration</u> revoked or suspended for a fixed period by the Board <u>or may have his or her application for license or registration denied by the Board under the provisions of North Carolina General Statutes, Chapter 150B, for any of the following causes:</u>

(1) His <u>or her license or registration</u> has been secured by fraud or deceit practiced upon the Board.

and not in lieu of criminal prosecution or proceedings to revoke or suspend

The Board shall not adopt or enforce any rule or regulation which prohibits

Application fee\$30.00

Persons subject to licensure or registration under this Article shall pay fees to the Board not

licenses issued under this Article.

SECTION 1.(k) G.S. 90-305 reads as rewritten:

advertising except for false or misleading advertising."

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to exceed the following:

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"§ 90-305. Fees.

Senate Bill 236-Third Edition

Page 7

SECTION 3. Section 1 of this act becomes effective October 1, 2023. The remainder

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of this act is effective when it becomes law.