ASHA
American
Speech-Language-Hearing
Association

Submitted via email: dbrown@ncboeslpa.org

July 19, 2022

Denise Brown, Administrator
Board of Examiners for Speech-Language Pathologists and Audiologists
P.O. Box 16885
Greensboro, NC 27416-0885

RE: 21 NCAC 64 .0212

Dear Administrator Brown:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to comment on the Board of Examiners for Speech-Language Pathologists and Audiologists' proposed rule requiring providers to conduct an audiometric screening as a part of a speech-language evaluation. While ASHA supports the rule's intent, we have concerns about its implementation without consideration for the practice setting and the needs of individual patients, clients, and students.

ASHA is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 6,700 ASHA members reside in North Carolina.[1]

ASHA shares the Board's goal of ensuring the adoption of routine hearing screenings as part speech-language evaluations. It is estimated that 15% of the United States' adult population has hearing loss.[2] Without intervention, hearing loss can have various communication, social-emotional and economic impacts in adults, including depression, reduced alertness and increased risk to personal safety, cognitive decline, inability to learn new tasks, reduced job performance and earning potential, and diminished psychological and overall health. Among children, the failure to detect hearing loss early can result in lifelong speech and language disorders, poor academic outcomes, and personal and social difficulties.[3,4]

ASHA also supports the role of speech-language pathologists (SLPs) in the hearing screening process, as reflected in our Scope of Practice in Speech-Language Pathology and our clinical guidance for adult and childhood hearing screenings.[5] SLPs are experts at screening individuals for hearing disorders and can facilitate referral for appropriate follow-up in a timely and cost-effective manner. While ASHA's guidance to our members reinforces the importance of hearing screenings, we also recognize other considerations including the critical role of independent clinical judgment, a patient's functional status, and the practice environment (e.g., the availability of calibrated audiometric equipment) in being able to complete these screenings.

As written, the proposed rule does not do enough to take these considerations into account. For example, practice settings such as skilled nursing facilities and other health care settings do not always possess audiometric equipment. Still, the rule does not allow for secondary screening methods in such circumstances. In addition, in acute care settings, many of the patients who SLPs evaluate may not be awake or alert enough or cannot participate in a screening for other reasons. In this scenario, waiting to evaluate patients until an audiometric screening can occur may delay addressing other time-sensitive issues, such as swallowing function. Finally, across

all practice settings, a mandate for audiometric screening that does not consider an individual's or their caregiver's social determinants of health may inadvertently impact access to speech-language pathology services. Developmental history, premorbid status, health literacy, and socioeconomic factors can all present barriers to care. Properly trained SLPs use their clinical judgment to navigate these challenges and develop an evidence-based evaluation and treatment plan that includes a hearing assessment.

To address these considerations, ASHA recommends that the Board amend 21 NCAC 64 .0212(11) by including the conditions in which providers are not required to perform audiometric screening and allow the following accommodations:

1) **Allow providers to use secondary hearing screening procedures if properly calibrated commercially available equipment is not available at the time of the evaluation. Such secondary procedures may include a documented hearing history, Speech Testing, and the appropriate use of validated device-based hearing screening applications.[6]**
2) **Allow providers to delay an audiometric screening as part of an evaluation or refer their patient to an audiologist if, in the provider's clinical judgment, the patient is not in a suitable condition for screening at the time of the evaluation.**

Thank you for considering ASHA's recommended amendments to 21 NCAC 64 .0212. If you or your staff have any questions, please contact Tim Boyd, ASHA's director of state health care and education affairs, at tboyd@asha.org.

Sincerely,

Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

cc: Erica Altamirano, MS, CCC-SLP, President, North Carolina Speech, Hearing & Language Association (NCSHLA)

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[1] American Speech-Language-Hearing Association. (2022). *North Carolina* [Quick Facts]. https://www.asha.org/siteassets/uploadedfiles/advocacy/state-fliers/north-carolina-state-flyer.pdf.
[2] Centers for Disease Control and Prevention. (2015). *NCHS Data Brief*. http://www.cdc.gov/nchs/data/databriefs/db214.htm.
[3] Borton, S. A., Mauze, E., & Lieu, J. E. (2010*). Quality of life in children with unilateral hearing loss: A pilot study. American Journal of Audiology, 19*(1), 61–72. https://doi.org/10.1044/1059-0889(2010/07-0043).
[4] Harlor, A. D., Jr., & Bower, C. (2009). Hearing assessment in infants and children: Recommendations beyond neonatal screening. Pediatrics, 124(4), 1252-1263.
[5] American Speech-Language-Hearing Association. (2016). Scope of practice in speech-language pathology [Scope of practice]. www.asha.org/policy/.
[6] De Sousa, K.C., et al. Diotic and Antiphasic Digits-in-noise Testing as a Hearing Screening and Triage Tool to Classify Type of Hearing Loss. Ear Hear. 2022 May/Jun; 43(3):1037-1048. https://pubmed.ncbi.nlm.nih.gov/34799493/.