***Policy for Hearing Screenings Prior to Speech and Language Evaluations**

Overview. This policy is designed to clarify the state statute requirement to screen for hearing loss prior to speech-language evaluations. The intent of this policy is to ensure that patients being evaluated for services by licensed speech and language pathologists, and by extension registered speech-language pathology assistants, are not compromised by the presence of a hearing loss.

The Board of Examiners for Speech and Language Pathologists and Audiologists requires a hearing screening prior to each new speech-language evaluation. The Board interprets the words "audiometric screening" as the presentation of pure tone stimuli at fixed intensity using pass/fail criteria requiring no interpretation by the person administering the screening. The audiometric screening protocol needs to meet the following conditions: a) be a fixed intensity: 20 dB HL for children under 18 years of age and 25 dB HL for adults 18 years of age and older and b) be conducted at 1000, 2000, and 4000 Hz. For individuals who cannot perform an audiometric hearing screening, such as infants, toddlers, or those with developmental delays or other cognitive impairments, then the use of objective or technologybased hearing screening techniques in place of traditional fixed-frequency, pure-tone audiometry (for example, automated auditory brainstem response tests, otoacoustic emission screening instruments, microprocessor audiometers, etc.) may be used when such techniques and instruments yield a pass/fail indication. For any audiometric screening or objective or technology-based hearing screening techniques, the following criteria are met: a) use of the appropriate stimuli for the target population, b) use of calibrated equipment, commercially-available equipment, c) be conducted on each ear separately, d) be conducted at a test site with appropriate consideration of ambient noise, e) be conducted by licensed speech and language pathologists, registered speech language pathology assistants, and/or unlicensed persons who have been properly trained and who are provided oversight and supervision of a licensed audiologist or physician in the specific techniques for that screening protocol and f) follow the supervision of hearing screening procedures detailed in 21 NCAC 64.0212 of GS 90-294(c(6) and (f)of the general statute. For adult patients where audiometric screening or use objective or technology-based hearing screening techniques are not available, then the Board would permit the use “other adult screening techniques” such as tablet-based or mobile applications (“apps”), online hearing screenings, telephone-based hearing screenings, or standardized survey screening instruments (e.g., Hearing Handicap Inventory for the Elderly-Screening Version) so long as they provide a pass/fail result and meet e-f above.

Screening Results. Audiometric screening results should be documented as a pass/fail for each ear and each frequency screened at the appropriate intensity level. The following is the pass/fail criteria: a) for children under 18 years of age, a no response for any 20 dB HL stimulus at 1000, 2000, and/or 4000 Hz in either ear is considered a fail and a correct response to each 20 dB HL stimulus at 1000, 2000, and 4000 Hz in both ears is considered a pass; b) for adults 18 years of age or older, no response for any 25 dB HL stimulus at 1000, 2000, and/or 4000 Hz in either ear is considered a fail and a correct response to each 25 dB HL stimulus at 1000, 2000, and 4000 Hz in both ears is considered a pass. For objective or technology-based hearing screening techniques, a result of “fail” or “refer” in one or both ears is considered a fail, and the result of “pass” in both ears is considered a pass. For “other adult hearing screening techniques”, a result of “fail” or “refer” in one or both ears is considered a fail, and the result of “pass” in both ears is considered a pass, or other pass/fail criteria as specified in published literature.

Referrals and Documentation. In cases where the patient fails the hearing screening, a referral for a diagnostic audiologic evaluation must be made and completed by a licensed Audiologist prior to the speech-language evaluation. The referral for diagnostic testing must be documented. Should the examiner not be able to perform a hearing screening for any reason, then the patient should be referred to a licensed Audiologist for a diagnostic audiologic evaluation prior to the speech-language evaluation, and the referral documented. Should the patient have a documented hearing loss by a licensed Audiologist and/or a hearing device (i.e., hearing aid or implantable hearing device) dispensed by a

licensed Audiologist no more than six months prior to the speech-language evaluation, then a hearing screening is not required; however, a copy of that documentation must be obtained and reviewed by licensed speech and language pathologists or registered speech language pathology assistants prior to the speech-language evaluation.

Screenings in In-Patient Settings. For in-patient settings where there may be a medical contraindication to a hearing screening or full audiologic evaluation or the patient is unable to travel in a timely manner for an audiological visit, and where a delay in evaluation/treatment will negatively impact the patient's overall care, any speech-language evaluation or treatment initiated prior to completion of the audiological evaluation should take into consideration possible hearing loss and include use of compensatory techniques/multi-modal presentation of materials.

For patients with a documented hearing loss, concerted effort should be made to ensure any baseline amplification system, hearing aids or strategies are utilized in order to maximize the benefit of therapy. In these specific situations, every attempt should be made to facilitate access for audiologic evaluation at soonest opportunity as well as documentation for the reason it was unable to be completed prior to initiation of speech-language evaluation and/or therapy as well as the possible impact delaying speechlanguage services would have on the patient's care.

Resources:

https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/

**This policy is intended to provide guidance to licensees for best practices. The Board recognizes that there may be exigent circumstances wherein the policy may not be fully exercised by a licensee without creating an unintended negative consequence to the patient and welcomes information and concerns regarding those circumstances. This policy has purposely not yet been vetted, adopted and promulgated as a rule in order to allow the Board to consider input and responses from stakeholders and take those responses into consideration when drafting a rule outlining best practices for hearing screening. The rulemaking process will also remain transparent with notice and an opportunity to be heard. We thank you in advance for your input.*