

**ALABAMA BOARD OR EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY
ADMINISTRATIVE CODE**

**CHAPTER 870-X-7
SCOPE OF PRACTICE**

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870-X-7-.01 Preamble.

The purpose of this chapter is to define the scope of practice of speech-language pathology and audiology. The scope of practice defined here, and the areas specifically set forth are part of an effort to establish the broad range of services offered within these professions. It is recognized, however, that levels of experience, skill, and proficiency with respect to the activities identified within this scope of practice will vary among individual licensees. By defining the scope of practice of speech-language pathology and audiology, there is no intention to exclude members of other professions from rendering services in common practice areas for which they are competent by virtue of their respective disciplines. It is recognized that speech-language pathology and audiology are dynamic and continuously developing practice areas. In setting forth some specific areas as included within the scope of practice, there is no intention that the list be exhaustive or that other, new, or emerging areas be precluded from being considered as within the scope of practice.

Author: Denise P. Gibbs

Statutory Authority: Code of Ala. 1975, §34-28A-1, et seq.

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870-X-7-.02 Speech-Language Pathology Scope Of Practice.

The overriding principle is that speech-language pathologists will provide only those services for which they are adequately prepared through their academic and clinical training, their experience, and their continuing education. The practice of speech-language pathology includes:

(a) Providing screening, identification, assessment, diagnosis, treatment, intervention (i.e. prevention, restoration, amelioration, compensation) and follow-up services for disorders of:

(e) Selecting, fitting, and establishing effective use of appropriate prosthetic/adaptive devices for speaking and swallowing (e.g. tracheoesophageal valves, electrolarynges, speaking valves);

(f) Using instrumental technology to diagnose and treat disorders of communication and swallowing (e.g., videofluoroscopy, nasendoscopy, ultrasonography, stroboscopy);

(g) Providing aural rehabilitation and related counseling services to individuals with hearing loss and their families;

(h) Collaborating in the assessment of central auditory processing disorders in cases in which there is evidence of speech, language, and/or other cognitive-communication disorders; providing intervention for individuals with central auditory processing disorders;

(i) Conducting pure tone air conduction hearing screening and screening tympanometry for the purpose of the initial identification and/or referral of individuals with other communication disorders or possible middle ear pathology;

(j) Enhancing speech and language proficiency and communication effectiveness, including but not limited to accent reduction, collaboration with teachers of English as a second language, and improvement of voice, performance, and singing;

(k) Training and supervising support personnel;

(l) Developing and managing academic and clinical programs in communication sciences and disorders;

(m) Conducting, disseminating, and applying research in communication sciences and disorders;

(n) Measuring outcomes of treatment and conducting continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services.

Author: Denise P. Gibbs, Richard Talbott

Statutory Authority: Code of Ala. 1975, §34-28A-42, et seq.

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870-X-7-.03 Audiology Scope Of Practice.

The overriding principle is that audiologists will provide only those services for which they are adequately prepared through their academic and clinical training, their experience, and their continuing education. The practice of audiology includes:

- (a) Screening, identifying, assessing, interpreting, diagnosing, preventing, and (re)habilitating peripheral and central auditory system dysfunctions;
- (b) Conducting otoscopic examinations and removing cerumen from external ear canal;
- (c) Providing and interpreting behavioral and (electro) physiological measurements of auditory, vestibular, and neural functions.
- (d) Evaluating and managing children and adults with central auditory processing disorders;
- (e) Conducting newborn hearing screening programs;
- (f) Assessing and providing nonmedical management of tinnitus;
- (g) Facilitating the conservation of auditory system function; developing and implementing environmental and occupational hearing conservation programs;
- (h) Selecting, fitting, and dispensing of hearing aids, assistive listening and alerting devices and other systems (e.g. implantable devices) and providing training in their use;
- (i) Providing Audiological (re)habilitation and related counseling services to hearing impaired individuals, their families, and other professionals;
- (j) Providing related counseling services to individuals with any type of hearing related communication disorder and their family members;
- (k) Consulting with educators about communication management of children with hearing impairment;
- (l) Consulting and providing rehabilitative services to persons with balance disorders;

(m) Developing and managing academic and clinical programs in communication sciences and disorders;

(n) Designing, implementing, analyzing, and interpreting the results of research related to auditory and vestibular systems;

(o) Screening of speech-language and other factors affecting communication function for the purposes of an audiological evaluation and/or initial identification of individuals with other communication disorders.

(p) Measuring outcomes of treatment and conducting continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services.

Author: Robin Auerbach, Denise P. Gibbs, Martha W. Paxton, Lissa Van Doorn, Robert L. Rane, Richard Talbott

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870-X-7-.04 Dispensing Of Hearing Aids.

These procedures, equipment, and protocols are to be followed and utilized by licensed audiologists who fit and sell hearing aids.

(a) The following minimal procedures shall be used:

(1) Pure tone audiometric testing by air and bone conduction to determine the type and degree of hearing deficiency when indicated.

(2) Appropriate masking when indicated.

(3) Appropriate testing to determine speech reception thresholds, speech recognition scores, the most comfortable loudness levels, discomfort levels and the selection of the best fitting arrangement for maximum hearing aid benefit when indicated.

(b) The following equipment shall be used:

(1) An audiometer which meets the specifications of the American National Standards Institute for diagnostic audiometers.

- (2) A speech audiometer or a master hearing aid in order to determine the most comfortable listening level and speech discrimination when indicated.
- (c) A final fitting ensuring physical and operational comfort of the hearing aid shall be made when indicated.
- (d) Verification of the appropriateness of the hearing aid fitting, such as probe microphone measurements of functional gain, when indicate.
- (e) The audiologist will refer the client to a physician when otoscopy, and/or audiological testing indicates infection of anomaly or the client reports a recent history of ear disorder. The hearing aid can be fitted when the client presents medical clearance or the client signs a medical waiver, provided otoscopy and audiological testing verify the medical condition has resolved. Any person with a significant difference between bone conduction hearing and air conduction hearing must be informed of the possibility of medical correction and should be advised to obtain medical clearance prior to the hearing aid fitting.
- (f) A licensed audiologist's office must have available, or have access to, a selection of hearing aid models, hearing aid supplies, and services complete enough to accommodate the various needs of the hearing aid wearers.
- (g) Unless otherwise indicated, each audiometric test conducted by an audiologist in the fitting and selling of hearing aids shall be made in a testing room that has been certified not to exceed the following sound pressure levels at the specified frequencies; 250Hz-40dB, 500Hz-40dB, 750Hz-40dB, 1000Hz-40dB, 1500Hz-42dB, 2000Hz-47dB, 3000Hz-52dB, 4000Hz-57dB, 6000Hz-62dB, and 8000Hz-67dB. An exception to this requirement shall be made in the case of a client who requests that the test be conducted in a place other than the licensee's testing room. When a test is conducted under this exception, the licensee shall obtain a written waiver from the client. The executed waiver shall be attached to the client's copy of the contract, and a copy of the executed waiver shall be retained in the licensee's file. The Board shall have the power to prescribe the minimum procedures and equipment necessary for fitting and selling hearing aids.
- (h) Any licensee who fails to comply with the provisions of these rules or who otherwise violates provisions of Code of Ala. 1975, §34-28A-25 in connection with the requirements of these rules or relating to any information to b maintained or submitted to the Board as provided for in these rules shall be, upon notice of hearing, subject to the penalties outlined in the Code of Ala. 1975, Chapter 28A, §34-28A-26.

Author: Richard Gresham, Richard S. Sweitzer, Denise P. Gibbs, Martha W. Paxton, Lissa Van Doorn, Robert L. Rane

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870-X-7-.05 Regulation of Telepractice.

Telecommunications technology makes the provision of speech, language, and hearing services to clients who are located in a different site than the licensed professional. It is incumbent on the licensee to use astute professional judgement in deciding which professional services can be utilized via telepractice. In order to maintain the standard of care, certain services would not be well suited for telepractice.

(1) Telepractice is subject to the same standards of practice stated in 870-X-7-.01 through .04, as if the person being treated were physically present with the licensee. The quality of service provided to the patient through telepractice must be equivalent to the service obtained when the clinician is physically present with the patient.

(2) Telepractice should be administered in real time and in a manner sufficient to ensure patient confidentiality.

(3) Providers must hold a license in the State of Alabama unless there is a qualifying exemption as noted in Code of Ala. 1975, Section 34-28A-3; 870-X-2-.01 and shall be in compliance with the statutory and regulatory requirements of the patient site.

(4) Telepractice services may not be administered by assistants.

(5) Telepractice services may be provided by CFs in speech-language pathology and fourth year audiology interns in accordance with 870-X-2-.05.

(6) Licensees are responsible for ensuring that both the provider site and the practice site are prepared adequately to ensure efficacious utilization of the therapeutic encounter.

(7) Licensees and staff involved in telepractice should be trained in the use of telepractice equipment.

(8) Notification of telepractice services shall be provided to the patient and guardian if the patient is a minor. The notification shall include the right to refuse telepractice services and options for alternate service delivery.

Author: Richard Gresham, Richard S. Sweitzer, Denise P. Gibbs, Martha W. Paxton, Lissa Van Doorn, Robert L. Rane, Mark Carroll
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