



Academy of Doctors of Audiology

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Jayne Handelsman, Au.D.
President
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850

Dear Dr. Handelsman:

I am contacting you today on behalf of the Academy of Doctors of Audiology (ADA) regarding the March 23, 2016, issue of *ASHA Headlines*, which included the following statement:

The (ASHA) Board discussed the language in the new SLP Scope of Practice document under the Prevention and Wellness section that includes the following provision:

1. "*Hearing conservation: Target prevention of noise-induced hearing loss (e.g., promote the use of work-site hearing protection, and institute school- and community-based hearing conservation programs).*"

ADA applauds the ASHA Board for rescinding the language above. However, ADA is vehemently opposed to the inappropriate expansion of the scope of practice of speech/ language pathologists (SLPs) to include the implementation and maintenance of hearing conservation programs in any venue. ADA is shocked and disappointed that ASHA has assigned an area of expertise to SLPs for which they are not properly educated, trained or licensed. Any unfounded expansion of the SLP scope of practice, which includes the independent provision of hearing conservation services, puts noise-exposed workers and the public at risk.

Clearly, the professional practice of hearing conservation is in the purview of the profession of audiology and/or an occupational hearing conservationist as defined by the Council for Accreditation in Occupational Hearing Conservation (CAOHC). The required coursework and training for providing and supervising such services is provided within the scope of an accredited Au.D. curriculum and/or through CAOHC certification.

To ADA's knowledge, no existing SLP academic programs include hearing conservation training, nor is it a requirement in current Council on Academic Accreditation (CAA) standards for speech-pathology training programs (<http://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>).

SLP students are not educated or trained in noise monitoring, either in the workplace or elsewhere, despite the fact that noise monitoring is the backbone of any hearing conservation program and constitutes the raw noise exposure data from which the necessity for any program and its parameters must first be determined.

Further, SLPs lack the knowledge and expertise required for making ear impressions. They are not trained in fitting procedures for either universal or custom hearing protection and have no proficiency in the required audiometric, review and follow-up standards of the Occupational Safety and Health Administration (29 CFR Part 1910.95), the Mine Safety and Health Administration (30 CFR Part 62), Federal Railroad Administration (49 CFR Parts 227 and 229), the Department of Defense, nor the best practices recommended by the National Institute of Occupational Safety and Health (Publication 98-126). SLPs have no training in the operation or procurement of adequate accommodating equipment for those with hearing impairment as required under the Americans with Disabilities Act (Title III, Part 36.303, c).

SLPs (and others) who desire to provide some basic hearing conservation services, may undergo specific CAOHC training and certification, which has been available for nearly 50 years. It is worth noting that, while many hospital-based SLPs currently provide some basic audiometric and review services for workers under their CAOHC certification, these services are otherwise *specifically and purposefully excluded* under state SLP/A statutes.

In addition to concerns regarding the arbitrary addition of hearing conservation to the SLP scope of practice, ADA has major additional concerns related to ASHA's model speech pathology licensure language, which expressly seeks to include unsupervised performance of otoscopy, pure-tone audiometry, tympanometry screening, and otoacoustic emissions screening in the scope of speech-language pathology.

ASHA's deliberate efforts to improperly expand the scope of practice for SLPs demonstrates a lack of understanding of the skills required to perform audiologic services and the inability to adequately represent and protect the interests of audiology. These actions, if left unchecked, will undermine patient safety and lower the standard of audiologic care.

The message that the new model SLP scope of practice sends to state regulatory boards is much the same as hearing instrument specialists attempting to inappropriately include tinnitus therapy or aural rehabilitation in their scope of practice, which ASHA publicly opposes. The ASHA model licensure and scope of practice language appear as equally troubling attempts by the speech pathology community and their national association to impinge on the scope of practice of an audiologist.

ADA requests that ASHA immediately remove the recommendation that hearing conservation be included in the SLP scope of practice. ADA further requests that ASHA revise its model licensure language to reflect the actual competencies and training of speech pathologists.

Respectfully,

A handwritten signature in cursive script, reading "Rita R. Chaiken".

Rita R. Chaiken, Au.D.
President, ADA

cc: Arlene A. Pietranton, Executive Director/CEO
Neil DiSarno, Ph.D., Chief Staff Officer, Audiology