§ 90-293. Definitions.

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

(1) Accredited college or university. – An institution of higher learning accredited by the Southern Association of Colleges and Universities, or accredited by a similarly recognized association of another locale.

(1a) Audiologist. – Any person who 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 consultant," "hearing aid audiologist," "hearing clinic," "hearing clinician," "hearing therapist," "hearing specialist," "hearing aid clinician," or any variation, synonym, coinage, or similar title or description of service that expresses, employs, or implies these terms, names, or functions.

(2) Board. – The Board of Examiners for Speech and Language Pathologists and Audiologists.

(3) License. – A license issued by the Board under the provisions of this Article, including a temporary license.

(3a) Over-the-counter hearing aid. – As defined in 21 C.F.R. § 800.30(b).

(4) Person. – Any individual, organization, association, partnership, company, trust, or corporate body, except that only individuals can be licensed under this Article. Any reference in this Article to a "licensed person" shall mean a natural, individual person.

(5) Speech and language pathologist. – Any person who represents himself or herself to the public by title or by description of services, methods, or procedures as one who evaluates, examines, instructs, counsels, or treats persons suffering from conditions or disorders affecting speech and language or swallowing. A person is deemed to be a speech and language pathologist if the person offers such services under any title incorporating the words "speech pathology," "speech pathologist," "speech correction," "speech correctionist," "speech therapy," "speech therapist," "speech clinic," "speech clinician," "language pathologist," "language therapist," "logopedist," "communication disorders," "communicologist," "voice therapist," "voice pathologist," or any similar title or description of service.

(6) The practice of audiology. – The application of principles, methods, and procedures not including non-auditory and non-vestibular testing, writing prescriptions for pharmaceutical agents or surgery. Areas of audiology practice include the following, delivered to people across the life span:

a. Performing basic health screenings consistent with audiology training by an accredited institution and continuing education. Screenings that indicate the possibility of medical or other conditions that are outside the scope of practice of an audiologist must be referred to appropriate health care providers for further evaluation or management.

b. Eliciting patient histories, including the review of present and past illnesses, current symptoms, reviewing appropriate audiologic test results, obtaining or reviewing separately obtained history, reviewing

the outcome of procedures, and documentation of clinical information in the electronic health record or other records.

c. Preventing hearing loss by designing, implementing, and coordinating industrial, school, and community-based hearing conservation programs (i) by educational outreach, including screening, to the public, schools, and other health care professionals and governmental entities and (ii) by counseling and treating those at risk for hearing loss with behavioral or nutritional modification strategies related to noise-induced hearing loss prevention or with active or passive hearing protection devices.

d. Identifying dysfunction of hearing, balance, and other auditory-related systems by developing and overseeing hearing and balance-related screening programs for persons of all ages, including newborn and school screening programs.

e. Conducting audiological examination and audiologic diagnosis and treatment, as authorized in this subdivision, of hearing and vestibular disorders revealed through the administration of behavioral, psychoacoustic, electrophysiologic tests of the peripheral and central auditory and vestibular systems using standardized test procedures, including audiometry, tympanometry, acoustic reflex, or other immittance measures, otoacoustic emissions, auditory evoked potentials, video and electronystagmography, and other tests of human equilibrium and tests of central auditory function using calibrated instrumentation leading to the diagnosis of auditory and vestibular dysfunction abnormality.

f. Assessing the candidacy of persons with hearing loss for cochlear implants, auditory brainstem implants, middle ear implantable hearing aids, fully implantable hearing aids, bone-anchored hearing aids, and post-surgery audiologic testing, follow-up assessment, and nonmedical management.

g. Offering audiologic decision making for treatment for persons with impairment of auditory function utilizing amplification or other hearing impairment assistive devices, or auditory training.

h. Ordering the use of, selecting, fitting, evaluating, and dispensing hearing aids and other amplification or hearing-assistive or hearing-protective systems and audiologic rehabilitation to optimize use. The sale of an over-the-counter hearing aid is solely a financial transaction and, without additional services, does not constitute treatment by an audiologist.

i. Fitting and mapping of cochlear implants and audiologic rehabilitation to optimize device use.

j. Fitting of middle ear implantable hearing aids, fully implantable hearing aids and bone-anchored hearing aids, and audiologic rehabilitation to optimize device use.

k. Conducting otoscopic examinations, removing cerumen obstructions, and taking ear canal impressions. Audiologists shall not perform complex cerumen removal, which includes instances where cerumen is impacted to the point that removal requires the use of anesthesia or microinstrumentation.

l. Providing audiologic examination, audiological decision making, and audiological treatment of persons with tinnitus, including determining candidacy, treatment selection and provision, and providing ongoing management, using techniques, including biofeedback, masking, sound enrichment, hearing aids and other devices, education, counseling, or other relevant tinnitus therapies.

m. Counseling on the psychosocial aspects of hearing loss and the use of amplification systems.

n. Providing aural habilitation and rehabilitation across the life span, including the provision of counseling related to appropriate devices, such as amplification, cochlear implants, bone-anchored hearing aids, other assistive listening devices, which may include auditory, auditory-visual, and visual training, communication strategies training, and counseling related to psychosocial consequences of hearing loss.

o. Administering of electrophysiologic examination of neural function related to the auditory or vestibular system, including sensory and motor-evoked potentials, preoperative and postoperative evaluation of neural function, neurophysiologic intraoperative monitoring of the central nervous system, and cranial nerve function. An audiologist shall not perform neurophysiologic intraoperative monitoring except upon delegation from and under the supervision of a physician and the audiologist shall be qualified to perform those procedures.

p. Referring persons with auditory and vestibular dysfunction abnormalities to an appropriate physician for medical evaluation when indicated based upon audiologic and vestibular test results.

q. Participating as members of a team to implement goals for treatment of balance disorders, including habituation exercises, retraining exercises and adaptation techniques, and providing assessment and treatment of Benign Paroxysmal Positional Vertigo (BPPV) using canalith positioning maneuvers or other appropriate techniques for assessment and treatment.

r. Communication with the patient, family, or caregivers, whether through face-to-face or non-face-to-face electronic means.

s. Providing audiologic treatment services for infants and children with hearing impairment and their families in accordance with G.S. 90-294.1.

(7) The practice of speech and language pathology. – The application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, treating, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, language, communication, cognitive-communication, and swallowing for the purpose of identifying, preventing, ameliorating, or modifying such disorders.

(8) Repealed by Session Laws 1987, c. 665, s. 1. (1975, c. 773, s. 1; 1987, c. 665, s. 1; 2007-436, s. 1; 2023-129, s. 12.1(b); 2023-141, s. 2.7.)