

1 AN ACT concerning professional regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Speech-Language Pathology and  
5 Audiology Practice Act is amended by changing Section 3 and by  
6 adding Section 9.3 as follows:

7 (225 ILCS 110/3) (from Ch. 111, par. 7903)

8 (Section scheduled to be repealed on January 1, 2018)

9 Sec. 3. Definitions. The following words and phrases shall  
10 have the meaning ascribed to them in this Section unless the  
11 context clearly indicates otherwise:

12 (a) "Department" means the Department of Financial and  
13 Professional Regulation.

14 (b) "Secretary" means the Secretary of Financial and  
15 Professional Regulation.

16 (c) "Board" means the Board of Speech-Language Pathology  
17 and Audiology established under Section 5 of this Act.

18 (d) "Speech-Language Pathologist" means a person who has  
19 received a license pursuant to this Act and who engages in the  
20 practice of speech-language pathology.

21 (e) "Audiologist" means a person who has received a license  
22 pursuant to this Act and who engages in the practice of  
23 audiology.

1 (f) "Public member" means a person who is not a health  
2 professional. For purposes of board membership, any person with  
3 a significant financial interest in a health service or  
4 profession is not a public member.

5 (g) "The practice of audiology" is the application of  
6 nonmedical methods and procedures for the identification,  
7 measurement, testing, appraisal, prediction, habilitation,  
8 rehabilitation, or instruction related to hearing and  
9 disorders of hearing. These procedures are for the purpose of  
10 counseling, consulting and rendering or offering to render  
11 services or for participating in the planning, directing or  
12 conducting of programs that are designed to modify  
13 communicative disorders involving speech, language or auditory  
14 function related to hearing loss. The practice of audiology may  
15 include, but shall not be limited to, the following:

16 (1) any task, procedure, act, or practice that is  
17 necessary for the evaluation of hearing or vestibular  
18 function;

19 (2) training in the use of amplification devices;

20 (3) the fitting, dispensing, or servicing of hearing  
21 instruments; and

22 (4) performing basic speech and language screening  
23 tests and procedures consistent with audiology training.

24 (h) "The practice of speech-language pathology" is the  
25 application of nonmedical methods and procedures for the  
26 identification, measurement, testing, appraisal, prediction,

1 habilitation, rehabilitation, and modification related to  
2 communication development, and disorders or disabilities of  
3 speech, language, voice, swallowing, and other speech,  
4 language and voice related disorders. These procedures are for  
5 the purpose of counseling, consulting and rendering or offering  
6 to render services, or for participating in the planning,  
7 directing or conducting of programs that are designed to modify  
8 communicative disorders and conditions in individuals or  
9 groups of individuals involving speech, language, voice and  
10 swallowing function.

11 "The practice of speech-language pathology" shall include,  
12 but shall not be limited to, the following:

13 (1) hearing screening tests and aural rehabilitation  
14 procedures consistent with speech-language pathology  
15 training;

16 (2) tasks, procedures, acts or practices that are  
17 necessary for the evaluation of, and training in the use  
18 of, augmentative communication systems, communication  
19 variation, cognitive rehabilitation, non-spoken language  
20 production and comprehension; ~~and-~~

21 (3) the use of rigid or flexible laryngoscopes for the  
22 sole purpose of observing and obtaining images of the  
23 pharynx and larynx in accordance with Section 9.3 of this  
24 Act.

25 (i) "Speech-language pathology assistant" means a person  
26 who has received a license pursuant to this Act to assist a

1 speech-language pathologist in the manner provided in this Act.

2 (j) "Physician" means a physician licensed to practice  
3 medicine in all its branches under the Medical Practice Act of  
4 1987.

5 (Source: P.A. 94-528, eff. 8-10-05; 95-465, eff. 8-27-07.)

6 (225 ILCS 110/9.3 new)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 9.3. Requirements for the use of laryngoscopes.

9 (a) A speech-language pathologist may perform an  
10 endoscopic procedure using a rigid laryngoscope for the sole  
11 purpose of observing and obtaining images of the pharynx and  
12 larynx if all of the following requirements have been met:

13 (1) The speech-language pathologist has observed 5  
14 procedures performed by either (i) a physician who has been  
15 granted hospital privileges to perform these procedures or  
16 (ii) a speech-language pathologist who has met the  
17 requirements of items (1), (2), and (5) of this subsection  
18 (a) in a licensed health care facility or a clinic  
19 affiliated with a hospital, university, college, or  
20 ASHA-approved continuing education course that has  
21 emergency medical backup and a physician available or in  
22 the office of a physician who is available or in the office  
23 of a speech-language pathologist provided that he or she  
24 maintains cardiopulmonary resuscitation (CPR)  
25 certification.

1           (2) The speech-language pathologist has successfully  
2           performed 10 procedures under the direct supervision of a  
3           physician who has been granted hospital privileges to  
4           perform these procedures; provided, however, that the  
5           physician may delegate the supervision of the procedures to  
6           a speech-language pathologist who has met the requirements  
7           of this subsection (a) or subsection (c) of this Section.  
8           The supervising physician shall provide written  
9           verification that the speech-language pathologist in  
10           training has successfully completed the requirements of  
11           this item (2) demonstrating the ability to perform these  
12           procedures. The speech-language pathologist shall have  
13           this written verification on file and readily available for  
14           inspection upon request by the Board.

15           (3) If the patient has a voice disorder or vocal cord  
16           dysfunction, he or she must be examined by a physician who  
17           has been granted hospital privileges to perform these  
18           procedures and the speech-language pathologist must have  
19           received from that physician a written referral and direct  
20           authorization to perform the procedure.

21           (4) If the patient has a swallowing disorder or a  
22           velopharyngeal disorder, he or she must be examined by a  
23           physician licensed to practice medicine in all its branches  
24           and the speech-language pathologist must have received  
25           from that physician a written referral and direct  
26           authorization to perform the procedure.

1           (5) The speech-language pathologist has completed a  
2           hands-on university or college course, or a hands-on  
3           seminar or workshop in endoscopy as a technique for  
4           investigating speech and swallowing, which qualifies for  
5           continuing education credit with the American  
6           Speech-Language-Hearing Association (ASHA).

7           (6) The speech-language pathologist must send a  
8           written report or recorded copy of the observations  
9           recorded during an evaluation to the referring physician,  
10          and if the speech-language pathologist performs any  
11          procedure and observes an abnormality or the possibility of  
12          a condition that requires medical attention, the  
13          speech-language pathologist shall immediately refer the  
14          patient to the referring physician for examination.

15          (7) In no instance may the speech-language pathologist  
16          use a laryngoscope to perform any procedure that disrupts  
17          living tissue.

18          (8) The speech-language pathologist is using the rigid  
19          laryngoscope in (i) a licensed healthcare facility or  
20          clinic affiliated with a hospital, university, college, or  
21          ASHA-approved continuing education course that has  
22          emergency medical back-up and a physician available, (ii)  
23          an office of a physician who is available, or (iii) in the  
24          speech language pathologist's office provided that he or  
25          she maintains cardiopulmonary resuscitation (CPR)  
26          certification.

1       (b) A speech-language pathologist may use a flexible  
2 laryngoscope for the sole purpose of observing and obtaining  
3 images of the pharynx and larynx if all of the following  
4 requirements have been met:

5           (1) The speech-language pathologist has observed 10  
6 procedures performed by either (i) a physician who has been  
7 granted hospital privileges to perform these procedures or  
8 (ii) a speech-language pathologist who has met the  
9 requirements of items (1), (2), and (6) of this subsection  
10 (b) in a licensed health care facility or a clinic  
11 affiliated with a hospital, university, college, or  
12 ASHA-approved continuing education course that has  
13 emergency medical back-up and a physician available or in  
14 the office of a physician who is available.

15           (2) The speech-language pathologist has successfully  
16 performed 25 procedures under the direct supervision of a  
17 physician who has been granted hospital privileges to  
18 perform these procedures; provided, however, that the  
19 physician may delegate the supervision of the procedures to  
20 a speech-language pathologist who has met the requirements  
21 of this subsection (b) or subsection (c) of this Section.  
22 The supervising physician shall provide written  
23 verification that the speech-language pathologist in  
24 training has successfully completed the requirements of  
25 this item (2) demonstrating the ability to perform these  
26 procedures. The speech-language pathologist shall have

1       this written verification on file and readily available for  
2       inspection upon request by the Board.

3           (3) The observation of the patient's function must take  
4       place (i) under the supervision of a physician and (ii) in  
5       a licensed health care facility or a clinic affiliated with  
6       a hospital, university, or college that has emergency  
7       medical backup and a physician available or in the office  
8       of a physician who is available.

9           (4) If the patient has a voice disorder or vocal cord  
10       dysfunction, he or she must be examined by a physician  
11       licensed to practice medicine in all its branches who has  
12       been granted hospital privileges to perform these  
13       procedures and the speech-language pathologist must have  
14       received from that physician a written referral and direct  
15       authorization to perform the procedure.

16           (5) If the patient has a swallowing disorder or a  
17       velopharyngeal disorder, he or she must be examined by a  
18       physician licensed to practice medicine in all its branches  
19       and the speech-language pathologist must have received  
20       from that physician a written referral and direct  
21       authorization to perform the procedure.

22           (6) The speech-language pathologist has completed a  
23       hands-on university or college course, or a hands-on  
24       seminar or workshop in endoscopy as a technique for  
25       investigating speech and swallowing, which qualifies for  
26       continuing education credit with the American

1 Speech-Language-Hearing Association (ASHA).

2 (7) The speech-language pathologist must send a  
3 written report or recorded copy of the observations  
4 recorded during an evaluation to the referring physician,  
5 and if the speech-language pathologist performs any  
6 procedure and observes an abnormality or the possibility of  
7 a condition that requires medical attention, the  
8 speech-language pathologist shall immediately refer the  
9 patient to the referring physician for examination.

10 (8) In no instance may the speech-language pathologist  
11 use a laryngoscope to perform any procedure that disrupts  
12 living tissue.

13 (c) A speech-language pathologist seeking to use both a  
14 rigid laryngoscope and a flexible laryngoscope for the sole  
15 purpose of observing and obtaining images of the pharynx and  
16 larynx shall be exempt from meeting the separate requirements  
17 of items (1) and (2) of subsection (a) and items (1) and (2) of  
18 subsection (b), if he or she meets the requirements of items  
19 (3) through (8) of subsection (a), items (3) through (8) of  
20 subsection (b), and the following:

21 (1) The speech-language pathologist has observed 15  
22 procedures performed by either (i) a physician who has been  
23 granted hospital privileges to perform these procedures or  
24 (ii) a speech-language pathologist who has met the  
25 requirements of items (1), (2), and (6) of subsection (b)  
26 in a licensed health care facility or a clinic affiliated

1 with a hospital, university, college, or ASHA-approved  
2 continuing education course that has emergency medical  
3 back-up and a physician available or in the office of a  
4 physician who is available.

5 (2) The speech-language pathologist has successfully  
6 performed 30 procedures, at least 20 of which must be with  
7 a flexible laryngoscope and at least 5 of which must be  
8 with a rigid laryngoscope, under the direct supervision of  
9 a physician who has been granted hospital privileges to  
10 perform these procedures; provided, however, that the  
11 physician may delegate the supervision of the procedures to  
12 a speech-language pathologist who has met the requirements  
13 of subsection (a) or (c) of this Section in the case of a  
14 rigid laryngoscope or subsection (b) or (c) of this Section  
15 in the case of a flexible laryngoscope. The supervising  
16 physician shall provide written verification that the  
17 speech-language pathologist in training has successfully  
18 completed the requirements of this item (2) demonstrating  
19 the ability to perform these procedures. The  
20 speech-language pathologist shall have this written  
21 verification on file and readily available for inspection  
22 upon request by the Board.

23 (d) The requirements of this Section 9.3 shall not apply to  
24 the practice of speech-language pathologists in a hospital or  
25 hospital affiliate. In order to practice in a hospital or  
26 hospital affiliate, a speech-language pathologist must possess

1 clinical privileges for flexible or rigid laryngoscope  
2 procedures recommended by the hospital or hospital affiliate  
3 medical staff and approved by the hospital or hospital  
4 affiliate governing body.

5 (e) Nothing in this Section shall be construed to authorize  
6 a medical diagnosis.

7 (f) Nothing in this Section shall preclude the use of a  
8 rigid or flexible laryngoscope for the purpose of training or  
9 research done in conjunction with a speech-language pathology  
10 program accredited by the Council for Academic Accreditation,  
11 provided that (i) emergency medical backup is available when  
12 flexible laryngoscopy is performed and (ii) such training or  
13 research is performed with the participation of either a  
14 physician who has been granted hospital privileges to perform  
15 these procedures or a speech-language pathologist who has met  
16 the requirements of items (1), (2), and (5) of subsection (a)  
17 of this Section, items (1), (2), and (6) of subsection (b) of  
18 this Section, or subsection (c) of this Section, whichever is  
19 applicable.

20 (g) Nothing in this Section shall be construed to allow a  
21 speech-language pathologist to use an anesthetic without  
22 specific physician authorization included in the patient  
23 referral.

24 Section 99. Effective date. This Act takes effect upon  
25 becoming law.