



April 11, 2022

Ms. Gayle Chaney
Idaho Division of Occupational & Professional Licenses
Chair, Idaho Speech, Hearing, and Communication Services Licensure Board
11351 W. Chinden Building #6
Boise, ID 83714

RE: Zero-Based Regulation Implementation

Dear Chairwoman Chaney:

On behalf of the American Speech-Language-Hearing Association, I write to share comments and recommendations on the zero-based regulation implementation regarding audiology and speech-language pathology practitioners and support personnel.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 1,000 ASHA members reside in Idaho.¹

ASHA recognizes the value of eliminating or reducing unnecessary regulations. However, some regulations need to be maintained and strengthened to protect the public interest. All 50 states and the District of Columbia require licensure for the professions of audiology and speech-language pathology. For audiology and speech-language pathology support personnel (including assistants and aides), 26 states regulate these practitioners in school settings via license, certification, or registration. Outside of school settings, audiology and speech-language pathology support personnel are regulated via license, certification, or registration in 39 states.

ASHA strongly recommends maintaining regulations for audiology and speech-language pathology. Regulation through the Idaho Speech, Hearing and Communication Services Licensure Board prohibits unqualified individuals from using the titles designated in the Speech and Hearing Practice Act and regulations and provides repercussions for those who do. ASHA's Board of Ethics may reprimand, censure, or suspend ASHA certification and membership, but the Board of Ethics may not prohibit a licensed person from practicing in a state where there is no licensure law and/or regulation.

In addition to maintaining the regulations for audiology and speech-language pathology, **ASHA recommends several additions to IDAPA 24.23.01 – Rules of the Speech, Hearing and Communication Services Licensure Board.** The recommendations below would offer further protections for those receiving audiology and speech-language pathology services by maintaining acceptable scopes of practice and helping to alleviate any consumer confusion about the provision of those services from different practitioners.

ASHA maintains Practice Policy Documents on its website. For recommendations regarding the Scope of Practice for Speech-Language Pathology Assistants (SLPAs) provided below, additional details may be accessed at <https://www.asha.org/policy/slpa-scope-of-practice/>.

Section 205 Inactive License

ASHA maintains that the language for an inactive license should remain in the regulations. Maintaining this language will provide clarity for practitioners seeking to reenter the field and it will allow the Board to delineate the requirements for resumption of practice.

Maintaining the regulations also ensures that audiologists and speech-language pathologists (SLPs) possess adequate skills and training to assess and treat communication disorders in children and adults. Deregulating audiologists and SLPs may result in physical injuries, illness (especially with feeding and swallowing disorders), and increased treatment time or exacerbated problems (especially when proper treatment is delayed, and critical time periods missed). Untreated consumers may be financially impacted by job loss or the inability to provide basic care for themselves or other members of their family.

Section 211 Audiology Support Personnel Education Requirements

ASHA recommends maintaining regulations for audiology support personnel and adding the educational options below to comply with the 2020 Standards for ASHA Audiology Assistants Certification²:

- Bachelor's degree in communication sciences and disorders from an accredited institution and
- Field work: 500 hours providing patient services within the scope of practice for an audiology assistant under the supervision of an ASHA-certified audiologist or
- College degree (non-communications sciences and disorders), high school diploma, or GED from an accredited institution and
- Field work: 1,000 hours providing patient services within the scope of practice for an audiology assistant under the supervision of an ASHA-certified, licensed audiologist.

Sections 230 and 240 Qualifications for Speech-Language Pathology Aide and Assistant Licensure

ASHA recommends having a single category for Speech-Language Pathology Assistant, rather than listing Aide and Assistant separately, who must complete **one of the following educational pathways**:

1. 2-year speech-language pathology assistant (SLPA) program degree from an accredited institution and
 - Complete clinical field work with a minimum of 100 hours, to include
 - 80 hours of direct patient/client/student services under the supervision of an ASHA-certified, licensed speech-language pathologist (SLP) and
 - 20 hours of indirect patient/client/student services under the supervision of an ASHA-certified, licensed SLP
2. Bachelor's degree in communication sciences and disorders from an accredited institution and
 - Complete clinical field work with a minimum of 100 hours, to include
 - 80 hours of direct patient/client/student services under the supervision of an ASHA-certified, licensed SLP and
 - 20 hours of indirect patient/client/student services under the supervision of an ASHA-certified, licensed SLP
3. College degree (associate's or bachelor's) from an accredited institution

- Complete an SLPA certificate program with equivalent coursework, or complete academic coursework from an accredited college institution, in:
 - introductory or overview course in communication disorders
 - phonetics
 - speech sound disorders
 - language development
 - language disorders
 - anatomy and physiology of speech and hearing mechanisms and
- Complete clinical field work with a minimum of 100 hours, to include
 - 80 hours of direct patient/client/student services under the supervision of an ASHA-certified, licensed SLP
 - 20 hours of indirect patient/client/student services under the supervision of an ASHA-certified, licensed SLP

In addition to meeting one of the above educational pathways and clinical field work for licensure, those assistants seeking ASHA certification must complete a series of modules and pass the assistant examination.^{3,4} Supervisors must complete two hours of professional development in supervision.

ASHA recommends adding the following sections on speech-language pathology support personnel and accompanying text.

- Speech-Language Pathology Assistant (SLPA) Scope of Practice
- Responsibilities Outside of the SLPA's Scope of Practice
- Ratio for Supervision for SLPAs
- Supervision Amounts-Direct and Indirect Definitions for SLPAs

New Section: Speech-Language Pathology Assistant (SLPA) Scope of Practice

ASHA recommends adding a new section for the Speech-Language Pathology Assistant (SLPA) Scope of Practice and include the following activities when performing necessary tasks related to speech-language pathology services:

- Self-identifying (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to students, patients, clients, families, staff, and others.
- Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice.
- Administering and scoring screenings for clinical interpretation by the SLP.
- Assisting the SLP during assessment of students, patients, and clients (e.g., setting up the testing environment, gathering and prepping materials, taking notes as advised by the SLP, etc.).
- Administering and scoring assessment tools that (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervising SLP uses to verify the SLPA's competence in administration, exclusive of clinical interpretation.
- Administering and scoring progress monitoring tools exclusive of clinical interpretation if (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervisor has verified the SLPA's competence in administration.

- Implementing documented care plans or protocols (e.g., individualized education plan [IEP], individualized family service plan [IFSP], treatment plan) developed and directed by the supervising SLP.
- Providing direct therapy services addressing treatment goals developed by the supervising SLP to meet the needs of the student, patient, client, and family.
- Adjusting and documenting the amount and type of support or scaffolding provided to the student, patient, or client in treatment to facilitate progress.
- Developing and implementing activities and materials for teaching and practice of skills to address the goals of the student, patient, client, and family per the plan of care developed by the supervising SLP.
- Providing treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines) as directed by the supervising SLP.
- Providing services via telepractice to students, patients, and clients who are selected by the supervising SLP.
- Documenting student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner.
- Providing caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver-child interactions) for facilitation and carryover of skills.
- Sharing objective information (e.g., accuracy in speech and language skills addressed, participation in treatment, response to treatment) regarding student, patient, and client performance to students, patients, clients, caregivers, families and other service providers without interpretation or recommendations as directed by the SLP.
- Programming augmentative and alternative communication (AAC) devices.
- Providing training and technical assistance to students, patients, clients, and families in the use of AAC devices.
- Developing low-tech AAC materials for students, patients, and clients.
- Demonstrating strategies included in the feeding and swallowing plan developed by the SLP and share information with students, patients, clients, families, staff, and caregivers.
- Assisting students, patients, and clients with feeding and swallowing skills developed and directed by the SLP when consuming food textures and liquid consistencies.
- Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner.
- Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language under the direction of the supervising SLP.
- Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns
- Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.

As prior training and experiences in working with multilingual students, patients or clients and their families, the SLPA may also engage in the following tasks:

- Assist the SLP with interpretation and translation in the student's, patient's, or client's first language during screening and assessment activities exclusive of clinical interpretation of results.

- Interpret for students, patients, clients, and families who communicate using a language other than English, when the provider has received specialized training with interpreting skills in the student's, patient's, or client's first language.
- Provide services in another language for individuals who communicate using a language other than English or for those who are developing English language skills. Such services are based on the provider's skills and knowledge of the language spoken by the student, patient, or client.

Dependent on the setting, adequate training, and guidance from the licensed, supervising SLP, the SLPA may

- present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;
- promote early identification and early intervention activities;
- advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication—including addressing the social determinants of health and health disparities;
- provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
- advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
- support the supervising SLP in research projects, in-service training, marketing, and public relations programs; and
- participate actively in professional organizations.

New Section: Responsibilities Outside of the SLPA's Scope of Practice

ASHA recommends adding a new section with the language below.

SLPAs should not engage in any of the following activities:

- representing themselves as the SLP;
- interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services;
- administering or interpreting feeding and/or swallowing screenings, checklists, and assessments;
- diagnosing communication and feeding/swallowing disorders;
- developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients;
- disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law;
- writing, developing, or modifying a student's, patient's, or client's plan of care in any way;
- making referrals for additional services;
- assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP;
- assisting students, patients, and clients without access to supervision;
- selecting AAC systems or devices;
- treating medically fragile students, patients, and clients without 100% direct supervision;
- performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);

- providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP;
- providing interpretative information to the student, patient, client, family, or others regarding the student's, patient's, or client's status or service;
- signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP's co-signature;
- discharging a student, patient, or client from services.

New Section: Ratio for Supervision for SLPAs

ASHA recommends adding a new section with the language below.

The supervising SLP should determine the appropriate number of assistants whose practice can be supervised within their workload. More than one SLP may provide supervision of an SLPA. SLPs may not supervise or be listed as a supervisor for more than three full-time equivalent SLPAs in any setting.

New Section: Supervision Amounts-Direct and Indirect Definitions for SLPAs

ASHA recommends adding a new section with the language below.

The amount and type of supervision required must be consistent with (a) the SLPA's skills and experience; the needs of the students, patients, and clients; (c) the service setting; and (d) the tasks assigned.

The supervising SLP must have first contact with all individuals on the caseload. Minimum ongoing supervision must include documentation of direct supervision provided by the SLP for each student, patient, or client at least every 30-60 days.

The SLP may adjust the amount of supervision upon determining that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders. However, 100% direct supervision (synchronous or "live" telesupervision is acceptable) of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan.

Direct supervision means in-view observation and guidance while the SLPA is performing a clinical activity including the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services.

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include (a) reviewing demonstration videos; (b) reviewing student, client, or patient files; (c) reviewing and evaluating audio or video recorded sessions; and/or (d) conducting supervisory conferences either in person or via telephone and/or live, secure virtual meetings. The SLP must review each care plan as needed.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, such as a phone, pager, or other immediate or electronic means.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week must (a) inform the SLPA of the planned absence, (b) notify the employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that their speech-language services will be rescheduled.

Audiology Support Personnel and SLPA Exam Requirements

ASHA is not making its assistant exam available to licensing boards. However, some licensing boards have accepted the ASHA Assistant Certification Program as meeting their state requirements and, therefore, eliminated the need for a separate state exam.⁵

Conclusion

Thank you for your consideration of ASHA's recommendations regarding zero-based regulations. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at ecrowe@asha.org.

Sincerely,



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2022 ASHA President

¹ American Speech-Language-Hearing Association. (2021). *Idaho* [Quick Facts].

<https://www.asha.org/siteassets/uploadedfiles/idaho-state-flyer.pdf>.

² Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2020). 2020 Standards for ASHA Audiology Assistants Certification.

<https://www.asha.org/certification/2020-audiology-assistant-certification-standards/>.

³ American Speech-Language-Hearing Association. (n.d.). *ASHA Online Education Modules for Assistants*.

<https://www.asha.org/certification/prerequisite-courses-for-assistants-certification/#Online-Modules>.

⁴ American Speech-Language-Hearing Association. (n.d.). Apply for Speech-Language Pathology Assistants Certification (C-SLP). <https://www.asha.org/certification/apply-for-slp-assistants-certification/>.

⁵ American Speech-Language-Hearing Association. (n.d.). *About Assistants Certification*.

<https://www.asha.org/certification/about-assistants-certification/>.