



**ASHA**

American  
Speech-Language-Hearing  
Association

April 5, 2021

Bryan Jameson  
Public Policy Analyst  
Department of Regulatory Agencies  
1560 Broadway, Suite 1550  
Denver, CO 80202

RE: Sunset Review of Speech-Language Pathologists

Dear Mr. Jameson:

On behalf of the American Speech-Language-Hearing Association, I write to comment on the sunset review of speech-language pathologists.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,000 ASHA members reside in Colorado.<sup>1</sup>

Below are ASHA's responses to your questions regarding the sunset review of speech-language pathologists (SLPs).

- (I) **Whether regulation by the agency is necessary to protect the public health, safety, and welfare; whether the conditions that led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less, or the same degree of regulation.**

ASHA supports retaining certification of SLPs to ensure that consumers are protected from harmful practices and that the scope of acceptable practice for the profession is maintained.

ASHA supports maintaining regulations for certification, which provide assurances and protections to consumers that practitioners are serving as the certification law defines and protects their scope of practice. Certification through the Department of Regulatory Affairs (DORA) prohibits unqualified individuals from using the "Speech-Language Pathologist" title 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 an uncertified person from practicing in a state where there is no certification licensure law and/or regulation.

This law also ensures that SLPs possess adequate skills and training to assess and treat speech, language, swallowing, balance, and cognitive communication disorders in children and adults. These services help children acquire language and enable individuals to recover essential skills to communicate, safely swallow, or maintain sufficient attention, memory, and organizational skills to function in their environment. Deregulating SLPs may result in physical injuries, illness, (especially with feeding and swallowing disorders), 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.

- (II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent.**

ASHA maintains that Colorado certification of SLPs is the least restrictive form of regulation that meets the public interests. Colorado, unlike the other 49 states, uses the term certification that is equivalent to the other states' requirements for licensure.

- (III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.**

Yes, the agency operates in the public interest and its operation is not impeded by existing statutes, rules, procedures, practices, or any other circumstances (see the responses above).

- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively.**

Yes, the agency operates efficiently and effectively.

- (V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.**

No additional comments.

- (VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition.**

The current law eases mobility by providing reciprocity with practice requirements in neighboring states through certification by endorsement. This may help with shortages in school districts and health care settings by easing the opportunity to practice for SLPs coming from other states.

- (VII) Whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.**

The current law provides for adequate protections based on actions that the director of DORA may pursue.

- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage affirmative action.**

ASHA recommends adding under Section 12:305-104 Definitions (b) that speech-language pathology includes the following:

The provision of telehealth/telepractice to provide individuals with access to services or to provide access to a specialist.<sup>2</sup> Telepractitioner means an audiologist or speech-language pathologist who provides telepractice services. Telepractice service means the application of telecommunication technology to deliver audiology and/or speech-language pathology services at a distance for assessment, intervention, and/or consultation. Telepractice means telehealth, telespeech, teleSLP, or teleaudiology when used separately or together.<sup>3</sup>

**Rationale** During the COVID-19 public health emergency, many SLPs have incorporated telepractice into their practices to ensure continuity of treatment of patients, clients, and students. This should be included in their scope of practice. Research demonstrates the equivalence of telepractice to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.<sup>4</sup> Studies have shown high levels of patient, clinician, and parent satisfaction supporting telepractice as an effective alternative to the in-person model for delivery of care.<sup>5</sup> Telepractice expands practitioners' availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

**(IX) Whether the agency through its licensing or certification process imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses or certifications that the agency denied based on the applicant's criminal history, the number of conditional licenses or certifications issued based upon the applicant's criminal history, and the number of licenses or certifications revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.**

No additional comments.

**(X) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.**

ASHA recommends the following amendments to the certification law (new language in bold):

#### Section 12-305-107 Certification

(1) Educational and experiential requirements:

- (b) Successfully completed a speech-language pathology clinical fellowship **as defined by the Council for Clinical Certification in Audiology and Speech-Language Pathology or its successor** and approved by the director, as documented by the supervising clinician or a national certifying body approved by the director; and
- (b) Passed the appropriate **national examination adopted by the American Speech-Language-Hearing Association or its successor association** and clinical fellowships adopted by the director.

### Rationale

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines the standards for clinical certification and applies those standards in the certification of individuals. No other national certifying body does this.

Section 12-305-108 Provisional certification


- (1) Educational and experiential requirements:
  - (b) Pass the appropriate **national examination adopted by the American Speech-Language-Hearing Association or its successor association** and clinical fellowships approved by the director.

### Rationale

The Praxis Exam in Speech-Language Pathology is an integral component of ASHA's certification standards. The development of the exam is commissioned by ASHA and facilitated by the Educational Testing Service (ETS) to provide a system of thorough, fair, and carefully validated assessments. The Praxis Exam in Speech-Language Pathology is owned and administered by ETS as part of The Praxis II ®: Subject Assessments; however, ASHA's makes a final determination for the passing score.

Thank you for the opportunity to provide comments on the sunset review for speech-language pathologists. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at [ecrowe@asha.org](mailto:ecrowe@asha.org).

Sincerely,



A. Lynn Williams, PhD, CCC-SLP  
2021 ASHA President

---

<sup>1</sup> American Speech-Language-Hearing Association. (2020). *Colorado* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/Colorado-State-Flyer.pdf>.

<sup>2</sup> American Speech-Language-Hearing Association. (2016). *Scope of Practice in Speech-Language Pathology*. <https://www.asha.org/policy/sp2016-00343/>.

<sup>3</sup> American Speech-Language-Hearing Association. (n.d.). *Model Language Telepractice Service Delivery Regulations*. <https://www.asha.org/siteassets/uploadedfiles/ModRegTelepractice.pdf>.

<sup>4</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Craghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

<sup>5</sup> Ibid.