

November 19, 2025

Senator Evan Vickers
Representative Cory Maloy
Business and Labor Interim Committee
Utah State Legislature
350 North State
Salt Lake City, UT 84114

RE: Opposition to Draft Legislation to Downgrade State Regulation of Audiologists and Speech-Language Pathologists From State Licensure to a Utah State Mandatory Certification

Dear Senator Vickers and Representative Maloy:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express our continued opposition to draft legislation that would move audiologists and speech-language pathologists (SLPs) from state licensure to a new Utah state mandatory certification program.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; SLPs; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 2,000 ASHA members reside in Utah and serve its residents daily.¹ This proposed state certification model should not be confused with ASHA's nationally recognized Certificate of Clinical Competence (CCC), which is a professional credential distinct from state regulation.

In our [October 8 letter to the Committee](#), we explained that this proposed regulatory downgrade fundamentally misunderstands the high-risk nature of these health care professions and poses an unacceptable risk to consumer safety and access to essential care. Audiologists and SLPs are doctoral and master's level providers, respectively, who manage complex, life-altering conditions, including numerous procedures that carry a significant risk of harm. The "low harm" assessment by the Office of Professional Licensure Review is an incomplete measure that relies solely on formal disciplinary actions and ignores the substantial, daily risk inherent in their clinical scopes of practice. We remain deeply concerned about these issues and now have additional concerns based on the draft legislation.

We continue to urge the Committee to reconsider moving the audiology and speech-language pathology professions from licensure to Utah's proposed mandatory certification, which represents a reduction in regulatory oversight. Additional provisions in the draft introduce unnecessary administrative complexity, create potential for inconsistent application, and, in some cases, undermine the established professional qualifications of practitioners.

Mandatory "Practical Demonstration of Clinical Skills"

The draft introduces a requirement that audiologists and SLPs to successfully complete a "practical demonstration of clinical skills." This requirement is unnecessary and outdated, as audiologists and SLPs must already demonstrate clinical proficiency in order to earn their professional degrees. Implementing this new layer of oversight would require the development,

management, and defense of a new administrative process, creating the potential for inconsistent evaluations, bias, and significant administrative burden.

Ambiguity in Enforcement and Penalties

The draft also lacks clarity regarding the consequences of noncompliance. As drafted, the requirements and consequences associated with the mandatory certification process remain unclear. It is essential that legislation clearly define whether practicing without the required certificate constitutes unlawful practice or merely an administrative issue. Furthermore, the draft must stipulate meaningful and enforceable penalties for noncertified practice and clearly outline the official complaint and disciplinary process to ensure public safety.

Under Part 5 (unlawful and unprofessional conduct), the draft includes provisions that are too vague or incompatible with evidence-based practice and patient-centered care. For example, “unprofessional conduct” is expanded to include fitting devices for patients whose hearing will not be “sufficiently improved,” but it does not adequately define this term. As written, this provision could be construed as prohibiting joint decision-making between a patient and an audiologist to fit instruments that may not provide the maximum possible benefit but are still preferred by the patient.

For instance, a patient may be a candidate for a cochlear implant but is not interested in pursuing the technology and prefers to continue using amplification. Another patient may experience greater improvement with a specific style of device but is unwilling to use it, opting instead for a device that provides less improvement but is more acceptable to them. The draft language does not clearly accommodate these real-world, patient-centered decisions.

Inconsistent View of Professional Risk

The draft also contains contradictory elements regarding the level of regulation applied to the profession. While the framework appears to treat audiology and speech-language pathology as “low harm” to justify a lighter regulatory approach, it concurrently introduces a provision requiring physician oversight for swallowing assessments (dysphagia). SLPs are already qualified and recognized to provide these critical services independently. This inconsistency undermines the established scope of practice for SLPs and limits access to care.

Likewise, in its definition of audiology practice, the legislation deemphasizes services that present a higher risk of physical harm to patients, such as monitoring the connection between the external processor and internal implant components of a cochlear implant, including monitoring magnet strength and integrity of skin and risk for skin breakdown.

Need for Specificity in Scope of Practice

The draft’s definition of the practice of audiology and speech-language pathology are not aligned with the current, evidence-based standards of each profession. A general definition of the scope of practice is only useful when it is paired with clear, enforceable regulation governing specialized areas of practice.

For audiologists, these areas of practice include fitting cochlear implants and other implantable devices, auditory rehabilitation, and other services related to disorders of the auditory or vestibular systems. Moreover, while auditory training falls within the scope of practice of an audiologist, “lip reading,” as referred to by the legislation, is not typically performed by audiologists.

For SLPs, specialized areas of practice include instrumental assessments and the management of medically complex patients. Without clear statutory oversight of these specialty areas, the state loses meaningful leverage to intervene before public harm occurs.

It is important to underscore that Utah's proposed mandatory state certification would not establish or enforce the graduate-level clinical competencies required for independent practice. Instead, it would replace a well-functioning licensure system with a weaker regulatory mechanism that offers fewer protections for the public.

For all these reasons, we strongly urge the Committee to reconsider this draft legislation and maintain the current system of state licensure rather than adopting the proposed Utah state certification model for audiologists and SLPs to ensure the highest standard of public protection and continued access to critical health care services for all Utah residents.

Thank you for your consideration of ASHA's position. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at sadams@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

¹ American Speech-Language-Hearing Association. (2025). *Utah* [Quick Facts].
<https://www.asha.org/siteassets/advocacy/state-flyers/utah-state-flyer.pdf>