December 31, 2020

Ms. Angela Rose Maramba
Director of State Board Relations
Office of the Colorado State Board of Education
201 E. Colfax Ave.
Denver, CO  80203

RE: Comments on Regulating Speech-Language Pathology Assistants with Amendments

Dear Ms. Maramba:

On behalf of the American Speech-Language-Hearing Association, I write to support the regulation of school speech-language pathology assistants (SLPAs) authorization with amendments.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,000 ASHA members reside in Colorado.

In Section 4.11(2)(b), ASHA recommends deleting the existing language and adding the following educational option instead:

- have successfully completed an associate degree in a speech-language pathology assistants program from a regionally or nationally accredited institution.

ASHA also recommends the addition of the following requirements:

- Completion of a 1-hour of ethics course;
- Completion of a 1-hour course in universal safety precautions; and
- Completion of a 1-hour patient/client/student confidentiality training course (HIPAA, FERPA, etc.).

Amending this language will more closely align this option with ASHA’s speech-language pathology assistant educational pathways.

In Section 4.11(2)(c), ASHA recommends amending the section below with the clarifying language in bold:

4.11(2)(c) have successfully completed a minimum 100 clock-hour school-based practicum under the supervision of an ASHA-certified and CDE-licensed school speech-language pathologist who meets the ASHA 2020 supervision standards, in accordance with the requirements of section 4.11(6) below; and…

In Section 4.11(4)(b), ASHA recommends adding an additional “Service Delivery” section to include the following for SLPA requirements.
Service Delivery—

- Self-identify an SLPA to patients, clients, students, families, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- Exhibit compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and the SLPA’s responsibilities.
- Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation.
- Provide guidance and treatment via telepractice to patients, clients, and students who are selected by the supervising SLP as appropriate for this service delivery model.
- Program and provide instruction in the use of augmentative and alternative communication devices.
- Serve as interpreter for patients, clients, students, and families who do not speak English.
- Provide services under an SLP’s supervision in another language for individuals who do not speak English and English-language learners.

ASHA recommends adding a “Prevention and Advocacy” section as a new Section 4.11(7), as follows.

Prevention and Advocacy—

Advocate at the state, local, and national levels for improved policies impacting access to services and research funding.

Advocate for individuals and families through education, training programs, and community awareness to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.

ASHA recommends defining activities that are outside of an SLPA’s scope in a new Section 4.11(8), as follows.

SLPAs should not engage in the following:

a. representing himself, herself, or themselves as an SLP;
b. performing standardized or non-standardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
c. performing procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
d. tabulating or interpreting results and observations of feeding and swallowing evaluations performed by SLPs;
e. participating in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
f. providing interpretative information to the patient, client, student, family, or others regarding the patient’s, client’s, or student’s status or service;
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g. writing, developing, or modifying a patient’s, client’s, or student’s treatment plan in any way;
h. assisting with patients, clients, or students without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
i. signing any formal documents (e.g., treatment plans, reimbursement forms, or reports); the SLPA should sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested;
j. selecting patients, clients, or students for service;
k. discharging a patient, client, or student from services;
l. making referrals for additional service;
m. disclosing clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPAA and FERPA guidelines) unless mandated by law;

n. developing or determining the swallowing strategies or precautions for patients, clients, students, family, or staff;
o. treating medically fragile patients, clients, or students independently; or
p. designing or selecting augmentative and alternative communication systems or devices.

Thank you for your consideration of ASHA’s comments supporting the regulation of speech-language pathology assistants with amendments. If you or your staff have any questions, please contact Eileen Crowe, ASHA’s director of state association relations, at ecrowe@asha.org.

Sincerely,

Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President