

Information Summary and Recommendations

Speech Language Pathology Assistant Sunrise Review

January 2009



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THE SUNRISE REVIEW PROCESS

A sunrise review is an evaluation of a proposal to change the laws regulating health professions in Washington. The legislature's intent, as stated in the Sunrise Act, Chapter 18.120 RCW, is to permit all qualified people to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.

The Sunrise Act, RCW 18.120.010, says a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

If the legislature identifies a need and finds it necessary to regulate a health profession not previously regulated by law, it should select the least restrictive alternative method of regulation, consistent with the public interest. Five types of regulation may be considered as set forth in RCW 18.120.101(3):

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business, when a service being performed for people involves a hazard to the public health, safety or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to a person who has met certain qualifications. Non-certified people may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to people who meet predetermined qualifications. Licensure protects the scope of practice and the title. A license is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

OVERVIEW OF PROCEEDINGS

The Department of Health notified the applicant group, all professional associations, interested parties and staff of the sunrise review. The applicants completed the sunrise application and answered the department's follow-up questions (See appendices B and C). The application was shared with people who were interested in the review (participant list is in Appendix E). A review panel, including staff from the department and one public member, was created.

Department staff conducted independent literature and Internet reviews to fill in missing data and unanswered questions. Staff reviewed all information received.

The review panel conducted a public hearing on Aug. 22, 2007. Interested people presented testimony. An additional 10-day written comment period followed the public hearing. The department distributed a draft report to participants and interested parties for review, followed by a 10-day rebuttal period to comment on the draft report.

The Health Systems Quality Assurance assistant secretary and the secretary of the department reviewed and approved the proposed final draft. The final report was sent to the legislature via the Office of Financial Management.

EXECUTIVE SUMMARY

Background and Proposal for Sunrise Review

House Bill 2372 was referred to the Department of Health in 2007 for a sunrise review. The proposal would establish licensure for speech-language pathology assistants. The proposal would also add education and training standards for people who provide speech-language therapy services under the direction and supervision of speech-language pathologists. One licensed speech-language pathology assistant with at least five years experience would be added to the Board of Hearing and Speech.

There is a growing shortage of speech-language pathologists. Speech-language pathology assistants (SLPAs) are used to support the speech-language pathologist's caseload, increasing availability, frequency and intensity of services. The applicant report emphasizes the opportunity and ability for speech-language pathology assistants to help address the shortage of speech-language pathologists.

Speech-language pathology is provided in schools and health care settings. Speech-language pathologists working in health care settings are required to be licensed by the Department of Health. Those working in schools are required to be certified as educational staff associates by the Office of Superintendent of Public Instruction. The proposal focused primarily on concerns in schools, but did not address the differences in regulation between health care and school settings.

Speech-language pathology assistants are not regulated in Washington. No standards are in law for education, training or supervision. As a result, there is no established scope of practice for speech-language pathology assistants in Washington.

Recommendations

The department recommends certification, rather than licensure of speech-language pathology assistants.

- Certification is defined as a voluntary process by which the state grants recognition to an individual who has met certain qualifications.
- Non-certified people may perform the same tasks, but may not use "certified" in the title.
- Certified people are subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

In addition, the department recommends the Legislature encourage OSPI to:

- Adopt statewide training and education standards for paraeducators providing speech-language therapy in school settings.
- Encourage all school districts to ensure speech-language pathology services are monitored and supervised as required under WAC 392172A-02090(g).

The department recommends the following additional changes to the proposal:

1. Include speech-language pathology assistants under the Uniform Disciplinary Act. Add a section to the legislation amending RCW 18.130.040(2)(a)(viii) to include speech-language pathology assistants.
2. Amend the legislation to include a delayed implementation date, one year after the effective date, to allow for program creation.
3. Change the definition of speech-language pathology assistant to read:
“Certified speech-language pathologyist assistant means a person who meets all the requirements of ~~this chapter~~ section 3(3) of this chapter and provides speech-language pathology services under the direction and supervision of a speech-language pathologist. For school settings, supervision refers to regulations adopted by the Office of the Superintendent of Public Instruction for special education related services.”
4. Remove the supervision definitions under section 2(17) and (18) from the definitions section and include in the new section in bullet 5 below.
5. Create a new section stating speech-language pathologists are responsible for assistive personnel. It should read:
 - a. Speech-language pathologists are responsible for patient care given by assistive personnel under their supervision. A speech-language pathologist may delegate to assistive personnel and supervise selected acts, tasks or procedures that fall within the scope of speech-language pathology practice but do not exceed the education or training of the assistive personnel.
 - b. “Direct supervision” means the supervising speech-language pathologist is on-site and in-view during the procedures/tasks.
 - c. “Indirect supervision” means the procedures/tasks are performed under the speech-language pathologist’s overall direction and control, but the supervisor’s presence is not required during the performance of the procedures/tasks.
6. Amend Section 3(3) to read: An applicant for ~~licensure~~ certification...
7. The grandparenting provision in section 8 of the legislation should be modified to require the competency checklist be confirmed and signed by a speech-language pathologist licensed under this chapter or certified as an educational staff associate by OSPI.
8. We cannot formally recommend addition of a continuing education requirement as requested in the applicant report because the applicant did not show it has been proven effective for the profession, as directed under RCW 18.120.050. However, please note that the other hearing and speech professions, including speech-language pathologists, require continuing education.
9. Add a section giving the Board of Hearing and Speech rulemaking authority to establish scope of practice standards for speech-language pathology assistants. The rules should address the duties performed by speech-language pathology assistants that require direct supervision, including but not limited to direct client contact involving medically fragile patients.

10. The bill draft (HB 2372) submitted with the sunrise review request seeks licensure for speech-language **pathologist** assistants. The applicant report indicates these people are referred to as speech-language **pathology** assistants. We recommend amending the bill to refer to **pathology** throughout.

SUMMARY OF INFORMATION

Background and Proposal for Sunrise Review

Speech-language pathology is a medical specialty that addresses human communication disorders affecting speech, language and swallowing. Communication disorders may be congenital or may be the result of traumatic brain injury or stroke. They may affect people of any age. Speech-language pathologists study, diagnose and treat these disorders.

There is a growing shortage of speech-language pathologists. SLPAs are used to support the speech-language pathologist's caseload. They are not independent practitioners. SLPAs provide hands-on therapy under the speech-language pathologist's direction and supervision. They work in group settings with students and also work in the classroom using a team approach with the speech-language pathologist.

House Bill 2372 was referred to the Department of Health in 2007 for a sunrise review. The proposal would establish licensure for speech-language pathology assistants. The proposal would also add education and training standards for people who provide speech-language therapy services under the direction and supervision of speech-language pathologists. One licensed speech-language pathology assistant with at least five years experience would be added to the Board of Hearing and Speech.

The applicant report emphasizes the opportunity and ability for speech-language pathology assistants to help address the shortage of speech-language pathologists. Speech-language pathology assistants support speech-language pathologists' work, increasing availability, frequency and intensity of services.

The applicant's proposal focuses primarily on speech-language services in school districts. Speech-language pathology is also provided as part of health care outside of the school setting. The proposed legislation amends only RCW 18.35, Hearing and Speech Services. It does not address the separate certification and special education regulations required in school districts for speech-language pathologists. It also retains an exemption that permits speech-language pathologists to practice without a license in school settings.

Current Regulation and Practice

Speech-Language Pathologists

Washington licensure. Speech-language pathologists are licensed in Washington under chapter 18.35 RCW. The Hearing and Speech Board is the disciplining authority for this profession. Minimum requirements for licensure include completion of:

- a master's degree or doctorate degree from a program at a board-approved institution of higher learning;
- a supervised clinical practicum experience; and
- post-graduate professional work experience approved by the board.

Exemption for school settings. A speech-language pathology license is not required for the practice of speech-language pathology in school settings.¹ Speech-language pathologists who practice in a school setting must be certified as educational staff associates by OSPI.²

National certification. Speech-language pathologists may obtain a certificate of clinical competency from the American Speech-Language Hearing Association. This is voluntary and is not required for a license in Washington.

Speech-language therapy includes treatments such as:

- articulation (sound production and motor speech);
- language (vocabulary, grammar and sentence formation, social language);
- fluency (stuttering therapy);
- alternative and augmentive communication (sign language, picture communication, high technology communication devices);
- voice therapy;
- cognitive skills; and
- dysphagia treatment (“swallow therapy” to help regain the ability to swallow).

Speech-Language Pathology Assistants

Speech-language pathology assistants are not independent practitioners. Their work is not autonomous. SLPAs are “extenders” for the work of speech-language pathologists. As such, their practice is limited to performing delegated tasks under the direction and supervision of a speech-language pathologist.

Thirty-five states regulate speech-language pathology assistants or other support personnel. The requirements range from high school diploma with some on-the-job training up to a bachelor’s degree plus supervised work experience. A majority of the states that regulate speech-language pathology assistants require an associate’s degree. Most states have supervision requirements as well, ranging from limiting the number of support personnel a speech-language pathologist may supervise, to prescribing the amount of direct and indirect supervision. Some states define what tasks may and may not be performed by support personnel.³

Speech-language pathology assistants are not regulated in Washington. No standards are in law for education, training or supervision. As a result, there is no established scope of practice for speech-language pathology assistants in Washington.

¹ RCW 18.35.195(2)(c) states “This chapter does not prohibit or regulate: The practice of audiology or speech-language pathology by persons certified by the Washington professional educator standards board as educational staff associates, except for those persons electing to be licensed under this chapter.”

² Other therapy professionals, such as occupational therapists and physical therapists, also must be certified as educational staff associates in order to work for OSPI.

³ “State Licensure Trends: State Regulation of Support Personnel: An Overview,” ASHA, http://www.asha.org/about/legislation-advocacy/state/state_licensure.htm, accessed Oct. 12, 2007.

The American Speech-Language Hearing Association has developed model guidelines for the training, use and supervision of speech-language pathology assistants. While these guidelines are not enforceable in Washington, they are helpful in understanding what other states have looked to in establishing speech-language pathology assistant scope of practice. For example, the guidelines set out specific tasks that may be delegated to a speech-language pathology assistant, such as communication therapy. Other tasks, such as swallow therapy or working with a student or patient with a tracheotomy, may not be delegated to a speech-language pathology assistant.⁴

The number of people working as speech-language pathology assistants in Washington is not known. According to the applicant group, most speech-language pathology assistants work in schools. Information about work in the school setting is provided below. The applicants also provided information about other work settings. Speech-language pathology assistants work with both adults and children in:

- private practice clinics owned and managed by speech-language pathologists;
- hospitals, providing support for inpatient and outpatient services;
- skilled nursing facilities; and
- home health agencies.

While the applicants identified these venues for speech-language therapy assistant practice, the extent of speech-language pathology assistant practice outside the school setting is unclear. A national survey conducted by ASHA reports speech-language pathology assistants are infrequently used in most health care settings.⁵ Trish Niehl, president of the Washington Speech Hearing Association and director of rehabilitation at Franciscan Health Systems, testified at the public hearing about speech-language pathology assistant practice outside of schools. She indicated the lack of regulation for speech-language pathology assistants in Washington is a limitation on hiring them. She spoke in support of licensure as a means of assuring people hired to support pathologists have at least a foundation for training (see Appendix D, Page 8.)

As discussed above, speech-language pathologists are regulated through licensure in Washington. However, the speech-language pathologist laws and regulations⁶ do not include any standards for supervision of support personnel.

Need for Speech-Language Therapy

Speech-language therapy is an important health care service because speech-language disorders are prevalent in our population. The National Institute on Deafness and Other Communication Disorders reports:⁷

⁴ IBID

⁵ Rosenfeld, M., "Report on the ASHA Speech-Language Pathology Health Care Survey," American Speech-Language Hearing Association, October 2002.

⁶ Regulations implementing speech-language pathologist standards are found in chapter 246-828 WAC.

⁷ <http://www.nidcd.nih.gov/health/statistics/hearing.asp>, accessed Dec. 14, 2007.

- About a million people in the United States have aphasia (partial or complete impairment of language comprehension and expression caused by brain damage such as stroke or traumatic brain injury).
- It is estimated between 6 million and 8 million people in the United States have some form of language impairment.
- The prevalence of speech sound disorders in young children is estimated at about 8 percent.
- Upon entering first grade, roughly 5 percent of children have a noticeable speech disorder. The cause for the majority of these disorders is not known.
- It is estimated one in six Americans has some type of communication disorder. This rate is expected to increase as the aging baby boomer population will need therapy for strokes and aging disorders related to swallowing.
- The Autism Society of America reports that one out of every 150 children is diagnosed with autism.⁸ Autism frequently includes disorders of speech, language and socialization.

Effectiveness and Significance of Speech-Language Pathology Services

There are numerous effectiveness studies on speech-language therapy. Because there are multiple causes for communication disorders, a lengthy literature review is outside the scope of this report. The consensus, however, appears to be that speech-language therapy is effective for both children and adults.⁹

For example, one study concluded that speech-language therapy was effective for patients who develop dysphagia, a swallowing disorder. Dysphagia can occur in patients who have experienced a traumatic head injury or stroke, or who have a tracheotomy.¹⁰ Swallowing problems may lead to food or liquid going into the airway, causing aspiration pneumonia. Speech-language pathologists are trained to help regain the swallow function.

ASHA reports that brain-injured people who have developed speech problems have an 80 to 83 percent improvement in their speech when they receive speech-language pathology services. The goal of therapy for these patients is to increase communication for daily living in the community, including the workplace.

Speech-language therapy is especially significant for children. Speech disorders may result in teasing and bullying from others in school. This can affect the child's social success, and may lead to emotional distress. Studies conducted by ASHA indicate speech-language therapy is effective, and that therapy for articulation and language affect children's future social and vocational success.

⁸http://www.autism-society.org/site/PageServer?pagename=about_what_is_home, accessed Dec. 13, 2007.

⁹ "Treatment Efficacy Summary," American Speech-Language Hearing Association, <http://www.asha.org/public/EfficacySummaries.htm>, accessed Dec. 13, 2007.

¹⁰ Ibid.

In addition, ASHA studies on students with autism show those who received two to five times more interventions than others made functional gains in comprehension and social language.¹¹

ASHA indicates that spoken language is tied to reading and writing. Children with verbal speech-language disorders often have difficulty reading and writing, and vice versa. When children receive therapy for spoken language, the result is improved reading and writing skills. Teachers also report an increase in listening in the classroom as a result of speech-language therapy.

Shortage of Speech-Language Pathologists

The American Speech-Language Hearing Association, and as many school administrators, report a severe shortage of speech-language therapists. Students are being turned away from these services because there are not enough therapists to take their cases. (See Appendix H.) The applicant asserts that licensure of speech-language pathology assistants will help relieve this shortage. In addition:

- The *School Board News* reported in 2005 that schools are having a hard time finding enough speech-language pathologists and that school districts across the country are experiencing severe shortages of speech-language pathologists.¹²
- In ASHA's 2004 Schools Survey, 62 percent of ASHA-certified school-based speech-language pathologists responding indicated there was a shortage of qualified speech-language pathologists in their school district.¹³
- A U.S. Department of Education Office of Special Education Programs study in 2002 reported that school administrators believe the greatest barrier to recruiting speech-language pathologists is a "shortage of qualified applicants." This report also says an even greater concern than the current shortage is the potential for future shortages. The report says an estimated 49 percent of speech-language pathologists are 45 or older and will be eligible for retirement in the next 15 years. In addition, the report says fewer younger speech-language pathologists are available to fill the anticipated vacancies that will likely occur.¹⁴
- The Washington State Speech and Hearing Association's, *October 2004 Task Force Report* found there were "187 advertised speech-language pathologist vacancies in the 2003 – 2004 school years." According to the task force report, this number did not include unadvertised openings because schools may not have

¹¹ "Treatment Efficacy Summary," American Speech-Language Hearing Association, <http://www.asha.org/public/EfficacySummaries.htm>, accessed Dec. 13, 2007.

¹² Chmelynski, C., "Schools are having a hard time finding enough speech pathologists," *School Board News*, Jan. 18, 2005, cited by "Shortages? Vacancies? Perceived Need?," <http://www.asha.org/about/recruitment/shortages.htm>, accessed Oct. 12, 2007.

¹³ "October 2004 Task Force Report," Washington State Speech and Hearing Association, October 2004, cited by "Shortages? Vacancies? Perceived Need?" <http://www.asha.org/about/recruitment/shortages.htm>, accessed Oct. 12, 2007.

¹⁴ "Study of Personnel Needs in Special Education," U.S. Department of Education's Office of Special Education Programs, 2002, cited by "Shortages? Vacancies? Perceived Need?," <http://www.asha.org/about/recruitment/shortages.htm>, accessed Oct. 12, 2007.

- fully reported unfilled positions, fearing they would reveal unmet federal and state mandates. “Additionally, 116 speech-language pathologists were eligible to retire from the public schools within the next 5 years.”¹⁵
- The Washington State Speech and Hearing Association’s *October 2002 Report on the ASHA Speech-Language Pathology Health Care Survey* said a majority of survey respondents from all practice settings reported difficulties hiring qualified speech-language pathologists.¹⁶

The applicant report emphasizes the opportunity and ability for speech-language pathology assistants to help address the shortage of pathologists. Assistants may support speech-language pathologists’ work to increase the communication skills of students in schools, clients in clinics, and patients in hospitals and medical settings. Assistants may extend services by increasing the availability, frequency and intensity of services. This allows speech-language pathologists to focus more on professional-level clinical services, such as those that require clinical judgment. The properly trained assistant may follow the pathologist’s treatment plan to handle services such as conducting therapeutic activities and screenings under the speech-language pathologist’s supervision, freeing up time for higher level activities.

At the public hearing, Trish Niehl testified about the role assistants can play in supporting and extending the therapy activities of speech-language pathologists. Niehl is president of the Washington Speech and Hearing Association and director of rehabilitative therapy for Franciscan Health Systems. She said assistants could help by working with patients in communication therapy. This allows the pathologist to focus on medically compromised, severe patients with swallowing problems. It also allows pathologists to perform evaluations.

A national survey ¹⁷ also indicates a positive effect overall when assistants are available to provide speech-language therapy. The most frequently noted effect is that pathologists have more time for direct therapy and service, and for one-to-one therapy. While assistants increase supervisory duties, their support allows a pathologist to manage a larger caseload.

Scope of Practice – ASHA Model Guidelines

There are no enforceable national standards. The American Speech-Language Hearing Association, however, has developed model guidelines for the training, use and supervision of speech-language pathology assistants based on national standards.¹⁸

¹⁵“October 2004 Task Force Report,” Washington State Speech and Hearing Association, October 2004, cited by “Shortages? Vacancies? Perceived Need?” <http://www.asha.org/about/recruitment/shortages.htm>, accessed Oct. 12, 2007.

¹⁶Rosenfeld, M., “Report on the ASHA Speech-Language Pathology Health Care Survey,” American Speech-Language Hearing Association, October 2002.

¹⁷ Rosenfeld, M., “Report on the ASHA Speech-Language Pathology Health Care Survey,” American Speech-Language Hearing Association, October 2002.

¹⁸ “Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants,” ASHA, <http://www.asha.org/docs/html/GL2004-00054.html>, accessed Oct. 12, 2007.

Speech-Language Therapy in Schools

School employment is related to our nation's special education law, the Individuals with Disabilities Education Act.¹⁹ It requires that all disabled students receive the education that is needed.

The measure was enacted in 1975 to ensure children with disabilities have the opportunity to receive free appropriate public education, just like other children. It guides how states and school districts provide special education to disabled children.²⁰

Under the act, children with speech-language disorders are entitled to therapy services at school. School districts employ speech-language pathologists to evaluate speech-language issues and to treat children with an identified need for therapy. In the school setting, the treatment plan for a child needing speech-language therapy is documented in an individual education plan. The plan is the tool used to implement treatment or service recommendations for any IDEA-related issue.

A speech-language pathologist is not required to provide the therapy for speech-language disorders identified in an individual plan. According to the Office of Superintendent of Public Instruction, the federal act and our state special education regulations allow any paraeducator (teacher assistant) to provide the therapy as long as a certified staff member (in this case, the speech-language pathologist) initially evaluates the student and the student's program, and monitors the student's progress. General guidance for personnel requirements related to special education services is found in WAC 392-172A-02090. No specific requirements are related to the therapy paraeducators could provide.

Speech-language pathology assistants work under the supervision of speech-language pathologists in both school and non-school settings. Speech-language pathology assistants in schools are hired as paraeducators. Paraeducators are classified staff. According to OSPI, each district makes its own decision about who hires and evaluates paraeducators. Supervision for hiring and evaluation may be the principal's responsibility, or it may be the responsibility of someone else in the district, such as the special education director.

For speech-language pathology services, this means a pathologist might not hire and evaluate the assistant. However, according to OSPI, a pathologist does supervise the actual delivery of services by the assistant. This supervision is required under regulations related to the supervision of instruction services.²¹

Assistants who work in schools have various levels of education and training. Education and training requirements are not specified or standardized across the state. According to testimony at the public hearing, some school districts have a well-developed and

¹⁹ <http://idea.ed.gov>, accessed December 13, 2007.

²⁰ Washington state has implemented the IDEA through RCW 28A.155.090 and chapter 392-172A WAC.

²¹ See WAC 292-172A-02090(g).

structured program for speech-language therapy, which assures correct therapy is provided in a technically correct and effective manner. This does not seem to be the case across the state. In the public hearing, several speech-language therapy assistants testified they are aware of school districts where paraeducators are allowed to provide speech-language therapy without having any education or training related to speech-language pathology.

Anecdotal evidence through hearing testimony indicates the lack of standards for education and training can put students at risk. According to the applicant and public testimony, assistants working in school districts are often not properly supervised, or are supervised by non-clinicians. In addition, we received testimony that speech-language pathology assistants are being asked to work beyond their training and skills. (See Appendix H for public testimony.) One speech-language pathology assistant testified she has been asked to represent herself as a speech-language pathologist to parents, and to complete and sign individualized plans. Another assistant testified she was required to work beyond her training and skill level with a medically fragile student.

Additional testimony was presented regarding “misuses” of assistants in the school setting, including assistants being asked to perform tasks requiring clinical judgment and completion of individualized plans. There was testimony that assistants do these kinds of tasks because they fear losing their jobs if they do not. Public comments also indicated a lack of complete information is available because people are afraid to come forward for the same reason. They are afraid to report the true picture of how speech-language therapy is delivered in schools (see hearing summary, Appendix D).

Students are at risk for harm when unskilled assistants reinforce bad habits or behaviors. If the assistant has not learned, for example, specific articulation skills, he or she may inadvertently reinforce incorrect behaviors or skills. This can result in the delay or even prevention of successful treatment. It can become a permanent problem, or very difficult to treat later. It can even be dangerous for children with autism. (See Appendix D-15 for public testimony.)

Medically fragile students are at risk for harm if paraeducators provide therapy, including those with some training for speech-language therapy. One example given was a student with dysphasia, which is difficulty swallowing or an inability to swallow. If food or liquid enters the windpipe, choking can occur. Food or liquid entering the lungs can create an infection and lead to aspiration pneumonia.

Therapy on a student with a tracheostomy tube involves the respiratory system and so requires specialized knowledge. As little as two teaspoons of water in the stoma (the artificial opening) can drown the person, or, if the stoma is covered, the person can suffocate. Research shows only about half of speech-language pathologists feel confident to serve children on tracheostomy tubes.²² The applicant report identifies similar

²² Manley et al, “Preparation of Speech-Language Pathologists to Provide Services to Patients with a Tracheostomy Tube: A Survey,” *American Journal of Speech-Language Pathology*, May 1999, pp. 177.

concerns about the treatment of medically fragile people by assistants without appropriate training.

According to the ASHA guidelines, therapy for medically fragile patients should be outside the boundaries of the therapy available through a speech-language pathology assistant. For this reason, the ASHA guidelines indicate assistants should not be authorized to provide swallow therapy because they do not have the specific training regarding the physiology of swallowing needed to provide this high-level specific therapy. In addition, the guidelines indicate assistants should not be allowed to provide speech-language treatment to medically fragile students of any kind, especially those with tracheotomies. For these students, specialized knowledge beyond the speech-language therapy assistant training and experience is required.

Speech-Language Pathology Assistant Programs in Washington

Shoreline Community College offers a two-year degree or one-year certificate. It also offers speech-language pathology assistant coursework through interactive television throughout the state. According to Susan Sparks, speech-language pathology assistant program faculty member, 100 students are enrolled in the program. At least 25 to 30 new students enroll each fall and winter. The college is able to increase this number as needed.

In addition, many speech-language pathology assistants have bachelor's degrees. With the lack of graduate slots for speech-language pathologists, those who do not enter graduate school often work as speech-language pathology assistants.

Findings

Based on the information presented in the applicant report, responses to follow-up questions, public input through written submissions and public hearing testimony, and independent research, the department makes the following findings:

- Speech-language pathology is a medical specialty for the study, diagnosis, and treatment of speech, language, and swallowing disorders.
- Speech-language therapy involves a variety of treatments.
- Speech-language therapy is effective for adults and children. For brain-injured patients, it can improve quality of daily living. For children, the therapy has been demonstrated to positively affect future social and vocational success.
- Speech-language pathologists are regulated in Washington through licensure.
- An exemption in the licensure law allows speech-language pathologists with an educational staff associate certification from OSPI to practice in school settings without a Washington speech-language pathologist license.

- There is a growing shortage of speech-language pathologists. Increasing the number of trained speech-language pathology assistants may help alleviate this shortage.
- The practice of speech-language pathology has been emerging and growing over the past several years.
- A properly trained speech-language pathology assistant can help serve as an “extender” for a speech-language pathologist by performing some therapies.
- There are no national standards for speech-language pathology assistants for education and training.
- Many speech-language pathology assistants work in school settings as paraeducators. They are hired and evaluated by school principals or other district personnel (depending on the district). Their work in delivering therapy is monitored and supervised by a pathologist.
- Some speech-language pathology assistants may work in non-school settings. The lack of standards in Washington for speech-language pathology assistants is a limitation on the availability of speech-language pathology assistant support for pathologists in clinics, hospitals and other non-school settings.
- There are currently a limited number of programs specifically for speech-language pathology assistants. One community college offers a one-year certificate and a two-year associate degree. The college indicates it can increase student capacity as needed.
- Untrained and unsupervised speech-language pathology assistants may cause harm by performing therapy without adequate training in proper technique or by working with medically fragile students, who pose special treatment issues.

Review of Proposal using Sunrise Criteria

The department is required to evaluate the proposal to license speech-language pathology assistants according to the three sunrise criteria listed in RCW 18.120.010. Under these criteria, the proposal must demonstrate:

- Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public can be reasonably expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

Based on the information presented in the applicant report, responses to follow-up questions, public input through written submissions and public hearing testimony, and

independent research, the department concludes the proposal to license speech-language pathology assistants in Washington meets the first and second sunrise criteria. It does not meet the third criterion, which says the public cannot be effectively protected by other means in a more cost-beneficial manner. However, the department recognizes the significant need for speech-language therapy services, and for the corresponding need that those services are available from appropriately trained and supervised people. As a result, the department recommends regulation for speech-language pathology assistants at this time through *certification* as an initial step rather than through licensure.

First criterion: Unregulated practice can harm or endanger health or safety.

In order to satisfy the first sunrise criterion, the applicant must demonstrate the following requirement in RCW 18.120.010(2)(a):

Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Evidence of harm from unregulated practice includes the following:

- Therapy for medically fragile students should be provided only by qualified speech-language pathologists. There is potential for infection, choking or even suffocation when working with patients or students with tracheostomies or needing swallow therapy.
- Speech-language pathology assistants working in school districts are not always properly supervised. While their work may be overseen by a pathologist, they are supervised by non-clinicians. Lack of supervision by clinicians leads to the potential for harm to students.
- Speech-language pathology assistants are being asked to work beyond their training and skills. In some instances, they are asked to perform tasks that require clinical expertise, such as performing evaluations and completing individualized plans. In school settings, they are being asked to provide services for medically fragile students, including those with tracheotomies or needing swallow therapy.
- The workload of speech-language pathologists in schools exceeds the ability to meet the needs of students. However, federal and state requirements for therapy services put school districts in the situation of making sure they can verify that therapy identified in an individualized plan is provided. School districts may use any paraeducator to provide therapy services identified in an individualized plan. Under the current structure, there is no assurance the paraeducator will have specific training in delivery of speech-language therapy. Some school districts appear to use untrained paraeducators to deliver these services.
- The incorrect application of speech therapy techniques or reinforcement of incorrect behaviors can delay or even prevent effective treatment, especially for children with autism. Lack of specific training requirements for SLPAs increases the likelihood therapy will be delivered ineffectively.

Based on these factors, the department concludes the applicant has satisfied the first sunrise criterion, and demonstrated unregulated practice has real potential for harm.

Second Criterion: Public needs will benefit from assurance of professional ability

In order to satisfy the second sunrise criterion, the applicant must demonstrate the requirement in RCW 18.120.020(b):

The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability.

Under current law there is no assurance of initial and continuing professional ability for people working as speech-language pathology assistants.

- There are no minimum qualifications, educational standards or supervision requirements in law for speech-language pathology assistants. As a result, there are no assurances of either initial or continuing ability to practice within professional standards.
- While the exact number of people providing speech-language assistant services is not available, it appears those providing these services have a range in qualifications from on-the-job training (no formal education and experience) to a bachelor's degree in speech-language pathology. Some have an associate's degree through a community college curriculum for speech-language pathology assistants.
- There is no direction in statute on what tasks speech-language pathology assistants are authorized to perform and what supervision or delegation requirements are appropriate.
- There is no direction in statute for speech-language pathologists regarding *what* tasks may be delegated; *to whom* those tasks might be delegated; and *what education and training* should be required for the staff to which tasks are being delegated.

The proposal addresses each of the issues identified above. Initial and continuing professional ability would be assured by the establishment of minimum qualifications, educational standards, and supervision requirements for speech-language pathology assistants. The proposal offers the opportunity to establish clear direction in legislation and rule regarding training, delegation and supervision requirements. The opportunity to clarify delegation and supervision is of particular significance because speech-language therapy assistants should not work autonomously. The proposal establishes speech-language pathology assistants as dependent practitioners practicing only under the specific direction of a pathologist.

Based on this analysis, the department concludes the second sunrise criterion is satisfied because the proposal provides sufficient assurances of both initial and continuing professional ability through the education, training and supervision requirements incorporated within the proposal. As the need for speech-language services continues to outgrow the supply of speech-language pathologists, the services asked of the speech-

language pathology assistants continue to expand. Regulation will provide public protection and mitigate some of the misuse of speech-language pathology assistants.

Third criterion: Public protection can not be met by other means

In order to satisfy the third sunrise criterion, the applicant must demonstrate the following requirement in RCW 18.120.020(c):

The public cannot be effectively protected by other means in a more cost-beneficial manner.

The sunrise proposal seeks licensure for speech-language pathologist assistants. By definition, licensure is the *most* restrictive credentialing standard in Washington.²³ Licensure requires all those practicing in a profession to qualify for and hold a current license. It is unlawful to practice without a license.

The department concludes the proposal does not satisfy the third sunrise criterion because effective public protection is available in a more cost-effective manner. From the information provided during the sunrise process, it appears certification may offer an alternative credentialing standard that meets the sunrise criteria. Certification grants recognition to people who meet certain requirements, but does not make it unlawful to practice without it. Those who meet the qualifications are authorized to use “certified” in their title.

The department bases this conclusion on several considerations. The applicants submitted compelling evidence regarding the increasing need to regulate speech-language pathology assistants. Regulation provides assurances of proper training and supervision. However, the opportunities for training are limited in Washington. A formal training program is offered only through one community college. The program indicates it can increase its capacity as needed. However, if licensure was required for all speech-language pathology assistants, it is unclear whether sufficient capacity would be available quickly enough to avoid causing a shortage of assistants. Licensure could have the unintended consequence of exacerbating what the applicants acknowledge as challenges in meeting all of the therapy needs in Washington. As an interim step toward licensure, certification allows the opportunity to add training capacity throughout the state.

²³ RCW 18.122.030 defines the three levels of credentialing as follows: (a) Registration, which is the least restrictive, and requires formal notification of the Department of Health identifying the practitioner, and does not require qualifying examinations; (b) Certification, which is a voluntary process recognizing an individual who qualifies by examination and meets established educational prerequisites, and which protects the title of practice; and (c) Licensure, which is the most restrictive and requires qualification by examination and educational prerequisites of a practitioner whose title is protected and whose scope of practice is restricted only to those licensed.

REBUTTALS TO DRAFT RECOMMENDATIONS

The department shared draft recommendations with all interested parties before finalizing the report. The main concerns we received and our responses follow:

Concerns with Definition of Supervision:

The applicant was concerned that the draft recommendations limited supervision of SLPAs only to Department of Health-licensed SLPs. In addition, OSPI had concerns that the definition of supervision conflicted with its regulations. In response, the department changed the proposed definition of certified SLPA (recommendation four) to include the statement, “For school settings, supervision refers to regulations adopted by the Office of the Superintendent of Public Instruction for special education related services.”

Concerns with Certification:

OSPI had concerns with the certification requirement. We did not make any changes in response because certification is a voluntary credential. OSPI has the choice of whether to require this credential.

Concern with Certification Rather Than Licensure:

The applicant and a few interested parties were concerned that certification would not ensure the best protection. They thought licensure would offer the best protection and force school districts to hire well-qualified SLPAs.

The department did not make any changes in response to this comment. We think certification is the best option at this time because it is the most cost-effective option that will not unduly limit the already challenged applicant pool. Also, we think the issues regarding delivery of services in school districts would be more appropriately addressed through OSPI. The recommendations include encouragement for OSPI to adopt statewide training and education standards for paraeducators providing speech-language services in schools. In addition, the recommendations encourage OSPI to work with school districts to ensure speech-language services are monitored and supervised as required under OSPI regulations.

Concern with Grandparenting Requirements:

The applicants wanted to make sure SLPs certified as educational staff associates through OSPI are authorized to confirm and sign off on the competency checklist for grandparenting. They thought the draft recommendation authorized only those SLPs licensed by DOH. In addition, the applicants said requiring five years of experience to be grandparenting would remove many working SLPAs from the field.

The department changed recommendation eight to clearly include SLPs certified by OSPI. We removed the requirement for five years of practice in this state.

Additional Details to Scope of Practice and Supervision:

The applicant group wanted to add further details to these topics. However, the department thinks these issues can be further defined in WAC.

DETAILED RECOMMENDATIONS TO LEGISLATURE

The regulatory structure proposed in the bill poses some challenges for the existing regulatory structure of speech-language pathologists. The Hearing and Speech Board is the disciplining authority for licensed speech-language pathologists. However, no regulatory standards address the supervision of affiliate personnel, such as speech-language pathology assistants. For the other professions using assistants as professional “extenders,” clear standards are in statute or rule to address what tasks can be delegated and the scope of practice for the “assistant.”

With speech-language therapy, potential regulation is complicated because there is an exemption from state licensure if a pathologist works for the Office of Superintendent of Public Instruction. The specific exemption in RCW 18.35.195 (2)(c) states: The practice of audiology or speech-language pathology by people certified by the Washington professional educator standards board as educational staff associates are exempt from licensing by the Department of Health (RCW 18.35.195(2)(c)).

A review of the requirements for speech-language pathologists and OSPI standards for speech-language therapy may be appropriate as a next step. The applicant’s proposal establishes regulation for speech-language pathology assistants. It does not place any affirmative obligations on speech-language pathologists regarding supervision of assistants.

Coordination with OSPI may be necessary to ensure consistency among those providing speech-language pathology therapy in all practice settings (school and non-school).

Recommendation

The department recommends certification as the level of regulation for speech-language pathology assistants. Certification is defined as a voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified people may perform the same tasks, but may not use “certified” in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW. This would add a voluntary, more highly educated pool of applicants from whom school districts and other employers could choose, while not unduly limiting the applicant pool or further exacerbating the speech-language pathology shortage. OSPI would also be able to decide if it should require this certification under its regulations.

The department also recommends the Legislature encourage OSPI to adopt statewide training and education standards for paraeducators providing speech-language therapy in school settings. To address concerns relayed about inappropriate delivery of services, OSPI should encourage all school districts to ensure speech-language pathology services are monitored and supervised as required under WAC 392-172A-02090(g).

The department recommends the following additional changes to the proposal:

1. Include speech-language pathology assistants under the Uniform Disciplinary Act. Add a section to the legislation amending RCW 18.130.040(2)(a)(viii) to include speech-language pathology assistants.
2. Amend the legislation to include a delayed implementation date, one year after the effective date, to allow for program creation.
3. Change the definition of speech-language pathologist assistant to read:

“Certified speech-language pathologist assistant means a person who meets all the requirements of this chapter section 3(3) of this chapter and provides speech-language pathology services under the direction and supervision of a speech-language pathologist. For school settings, supervision refers to regulations adopted by the Office of the Superintendent of Public Instruction for special education related services.”
4. Remove the supervision definitions under section 2(17) and (18) from the definitions section and include in the new section in bullet 5 below.
5. Create a new section stating speech-language pathologists are responsible for assistive personnel to read:
 - a. Speech-language pathologists are responsible for patient care given by assistive personnel under their supervision. A speech-language pathologist may delegate to assistive personnel and supervise selected acts, tasks, or procedures that fall within the scope of speech-language pathology practice but do not exceed the education or training of the assistive personnel. .
 - b. “Direct supervision” means the supervising speech-language pathologist is on-site and in-view during the procedures/tasks.
 - c. “Indirect supervision” means the procedures/tasks are performed under the speech-language pathologist’s overall direction and control, but the supervisor’s presence is not required during the performance of the procedures/tasks.
6. Amend Section 3(3) to read: An applicant for ~~licensure~~ certification...
7. The grandparenting provision in section 8 of the legislation should be modified to require the competency checklist be confirmed and signed by a speech-language pathologist licensed under this chapter or certified as an education staff associate by the Office of the Superintendent of Public Instruction.
8. We cannot formally recommend addition of a continuing education requirement as requested in the applicant report because the applicant did not show it has been proven effective for the profession, as directed under RCW 18.120.050. However, please note that the other hearing and speech professions, including speech-language pathologists, require continuing education.
9. Add a section giving the Board of Hearing and Speech rulemaking authority to establish scope of practice standards for speech-language pathology assistants. The rules should address the duties performed by speech-language pathology assistants that require direct supervision, including but not limited to direct client contact involving medically fragile patients.
10. The bill draft (HB 2372) submitted with the sunrise review request seeks licensure for speech-language **pathologist** assistants. The applicant report indicates these people are currently referred speech-language **pathology** assistants. We recommend amending the bill to refer to **pathology** throughout.

APPENDIX: A

Proposed Legislation

HOUSE BILL 2372

State of Washington

60th Legislature

2007 Regular Session

By Representative Linville

Read first time 02/28/2007. Referred to Committee on Health Care & Wellness.

AN ACT Relating to speech-language pathologists assistants; amending RCW 18.35.010, 18.35.040, 18.35.095, 18.35.150, 18.35.205, and 18.35.260; and creating new sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 It is declared to be the policy of this state that, in order to safeguard the public health, safety, and welfare, to protect the public from incompetent, unscrupulous, unauthorized persons and unprofessional conduct, and to ensure the availability of the highest possible standards of speech-language pathology services to the communicatively impaired people of this state, it is necessary to provide regulatory authority over persons offering speech-language pathology services as speech-language pathologist assistants.

Sec. 2 RCW 18.35.010 and 2005 c 45 s 1 are each amended to read as follows:

~~((As used in))~~ The definitions in this section apply throughout this chapter~~((;))~~ unless the context clearly requires otherwise~~((;))~~.

(1) "Assistive listening device or system" means an amplification system that is specifically designed to improve the signal to noise ratio for the listener, reduce interference from noise in the background, and enhance hearing levels at a distance by picking up sound from as close to source as possible and sending it directly to the ear of the listener, excluding hearing instruments as defined in this chapter.

(2) "Licensed audiologist" means a person who is licensed by the department to engage in the practice of audiology and meets the qualifications in this chapter.

(3) "Audiology" means the application of principles, methods, and procedures related to hearing and the disorders of hearing and to related language and speech disorders, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders of auditory sensitivity, acuity, function, processing, or vestibular function, the application of aural habilitation, rehabilitation, and appropriate devices including fitting and dispensing of hearing instruments, and cerumen management to treat such disorders.

(4) "Board" means the board of hearing and speech.

(5) "Department" means the department of health.

(6) "Establishment" means any permanent site housing a person engaging in the practice of fitting and dispensing of hearing instruments by a hearing instrument fitter/dispenser or audiologist; where the client can have personal contact and counsel during the firm's business hours; where business is conducted; and the address of which is given to the state for the purpose of bonding.

(7) "Facility" means any permanent site housing a person engaging in the practice of speech-language

pathology and/or audiology, excluding the sale, lease, or rental of hearing instruments.

(8) "Fitting and dispensing of hearing instruments" means the sale, lease, or rental or attempted sale, lease, or rental of hearing instruments together with the selection and modification of hearing instruments and the administration of nondiagnostic tests as specified by RCW 18.35.110 and the use of procedures essential to the performance of these functions; and includes recommending specific hearing instrument systems, specific hearing instruments, or specific hearing instrument characteristics, the taking of impressions for ear molds for these purposes, the use of nondiagnostic procedures and equipment to verify the appropriateness of the hearing instrument fitting, and hearing instrument orientation. The fitting and dispensing of hearing instruments as defined by this chapter may be equally provided by a licensed hearing instrument fitter/dispenser or licensed audiologist.

(9) "Good standing" means a licensed hearing instrument fitter/dispenser, licensed audiologist, or licensed speech-language pathologist whose license has not been subject to sanctions pursuant to chapter 18.130 RCW or sanctions by other states, territories, or the District of Columbia in the last two years.

(10) "Hearing instrument" means any wearable prosthetic instrument or device designed for or represented as aiding, improving, compensating for, or correcting defective human hearing and any parts, attachments, or accessories of such an instrument or device, excluding batteries and cords, ear molds, and assistive listening devices.

(11) "Hearing instrument fitter/dispenser" means a person who is licensed to engage in the practice of fitting and dispensing of hearing instruments and meets the qualifications of this chapter.

(12) "Interim permit holder" means a person who holds the permit created under RCW 18.35.060 and who practices under the supervision of a licensed hearing instrument fitter/dispenser, licensed speech-language pathologist, or licensed audiologist.

(13) "Secretary" means the secretary of health.

(14) "Licensed speech-language pathologist" means a person who is licensed by the department to engage in the practice of speech-language pathology and meets the qualifications of this chapter.

(15) "Speech-language pathology" means the application of principles, methods, and procedures related to the development and disorders, whether of organic or nonorganic origin, that impede oral, pharyngeal, or laryngeal sensorimotor competencies and the normal process of human communication including, but not limited to, disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and the application of augmentative communication treatment and devices for treatment of such disorders.

(16) "Speech-language pathologist assistant" means a person who meets all the requirements of this chapter and who provides speech- language pathology services under the direction and supervision of a speech-language pathologist.

(17) "Direct supervision" means on-site, in-view observation and guidance by a speech-language pathologist while an assigned clinical activity is performed by a speech-language pathologist assistant.

(18) "Indirect supervision" means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include consultation, record review, review, and evaluation of audio or videotaped sessions.

Sec. 3 RCW 18.35.040 and 2002 c 310 s 4 are each amended to read as follows:

(1)(a) An applicant for licensure as a hearing instrument fitter/dispenser must have the following minimum qualifications and shall pay a fee determined by the secretary as provided in RCW 43.70.250. An applicant shall be issued a license under the provisions of this chapter if the applicant:

~~((a))~~(i)(A) Satisfactorily completes the hearing instrument fitter/dispenser examination required by this chapter; or

~~((ii))~~(B) Holds a current, unsuspended, unrevoked license from another jurisdiction if the standards for licensing in such other jurisdiction are substantially equivalent to those prevailing in this state;

~~((b))~~(ii) Satisfactorily completes a minimum of a two-year degree program in hearing instrument fitter/dispenser instruction. The program must be approved by the board; and

~~((c))~~(iii) Has not committed unprofessional conduct as specified by the uniform disciplinary act.

(b) The applicant must present proof of qualifications to the board in the manner and on forms prescribed by the secretary and proof of completion of a minimum of four clock hours of AIDS education and training pursuant to rules adopted by the board.

(2)(a) An applicant for licensure as a speech-language pathologist or audiologist must have the following minimum qualifications:

~~((a))~~ (i) Has not committed unprofessional conduct as specified by the uniform disciplinary act;

~~((b))~~ (ii) Has a master's degree or the equivalent, or a doctorate degree or the equivalent, from a program at a board-approved institution of higher learning, which includes completion of a supervised clinical practicum experience as defined by rules adopted by the board; and

~~((c))~~ (iii) Has completed postgraduate professional work experience approved by the board.

(b) All qualified applicants must satisfactorily complete the speech-language pathology or audiology examinations required by this chapter.

(c) The applicant must present proof of qualifications to the board in the manner and on forms prescribed by the secretary and proof of completion of a minimum of four clock hours of AIDS education and training pursuant to rules adopted by the board.

(3) An applicant for licensure as a speech-language pathologist assistant must have the following minimum qualifications:

(a) An associate of arts or sciences degree, or a certificate of proficiency, from a speech-language pathologist assistant program from an institution of higher education that is approved by the board, as is evidenced by the following:

(i) Transcripts showing forty-five quarter hours or thirty semester hours of speech-language pathology technical coursework; and

(ii) Transcripts showing forty-five quarter hours or thirty semester hours of general education credit; or

(b) A bachelor of arts or bachelor of sciences degree, as evidenced by transcripts, from a speech and hearing language pathology program from an institution of higher education that is approved by the board.

Sec. 4 RCW 18.35.095 and 2002 c 310 s 9 are each amended to read as follows:

(1) A hearing instrument fitter/dispenser licensed under this chapter and not actively practicing may be placed on inactive status by the department at the written request of the licensee. The board shall define by rule the conditions for inactive status licensure. In addition to the requirements of RCW 43.24.086, the licensing fee for a licensee on inactive status shall be directly related to the costs of administering an inactive license by the department. A hearing instrument fitter/dispenser on inactive status may be voluntarily placed on active status by notifying the department in writing, paying the remainder of the licensing fee for the licensing year, and complying with subsection (2) of this section.

(2) Hearing instrument fitter/dispenser inactive licensees applying for active licensure shall comply with the following: A licensee who has not fitted or dispensed hearing instruments for more than five years from the expiration of the licensee's full fee license shall retake the practical or the written, or both, hearing instrument fitter/dispenser examinations required under this chapter and other requirements as determined by the board. Persons who have inactive status in this state but who are actively licensed and in good standing in any other state shall not be required to take the hearing instrument fitter/dispenser practical examination, but must submit an affidavit attesting to their knowledge of the current Washington Administrative Code rules and Revised Code of Washington statutes pertaining to the fitting and dispensing of hearing instruments.

(3) A speech-language pathologist, speech-language pathologist assistant, or audiologist licensed under this chapter and not actively practicing either speech-language pathology or audiology may be placed on inactive status by the department at the written request of the license holder. The board shall define by rule the conditions for inactive status licensure. In addition to the requirements of RCW 43.24.086, the fee for a license on inactive status shall be directly related to the cost of administering an inactive license by the department. A person on inactive status may be voluntarily placed on active status by notifying the department in writing, paying the remainder of the fee for the year, and complying with

subsection (4) of this section.

(4) Speech-language pathologist, speech-language pathologist assistant, or audiologist inactive license holders applying for active licensure shall comply with requirements set forth by the board, which may include completion of continuing competency requirements and taking an examination.

Sec. 5 RCW 18.35.150 and 2002 c 310 s 15 are each amended to read as follows:

(1) There is created hereby the board of hearing and speech to govern the three separate professions: Hearing instrument fitting/dispensing, audiology, and speech-language pathology. The board shall consist of ~~((ten))~~ eleven members to be appointed by the governor.

(2) Members of the board shall be residents of this state. Three members shall represent the public and shall have an interest in the rights of consumers of health services, and shall not be or have been a member of, or married to a member of, another licensing board, a licensee of a health occupation board, an employee of a health facility, nor derive his or her primary livelihood from the provision of health services at any level of responsibility. Two members shall be hearing instrument fitter/dispensers who are licensed under this chapter, have at least five years of experience in the practice of hearing instrument fitting and dispensing, and must be actively engaged in fitting and dispensing within two years of appointment. Two members of the board shall be audiologists licensed under this chapter who have at least five years of experience in the practice of audiology and must be actively engaged in practice within two years of appointment. Two members of the board shall be speech-language pathologists licensed under this chapter who have at least five years of experience in the practice of speech-language pathology and must be actively engaged in practice within two years of appointment. One member of the board shall be a speech-language pathologist assistant licensed under this chapter who has at least five years of experience as a speech-language pathologist assistant and must be actively engaged in practice within two years of appointment. One advisory nonvoting member shall be a medical physician licensed in the state of Washington.

(3) The term of office of a member is three years. Of the initial appointments, one hearing instrument fitter/dispenser, one speech-language pathologist, one audiologist, and one consumer shall be appointed for a term of two years, and one hearing instrument fitter/dispenser, one speech-language pathologist, one audiologist, and two consumers shall be appointed for a term of three years. Thereafter, all appointments shall be made for expired terms. No member shall be appointed to serve more than two consecutive terms. A member shall continue to serve until a successor has been appointed. The governor shall either reappoint the member or appoint a successor to assume the member's duties at the expiration of his or her predecessor's term. A vacancy in the office of a member shall be filled by appointment for the unexpired term.

(4) The chair shall rotate annually among the hearing instrument fitter/dispensers, speech-language pathologists, speech-language pathologist assistant, audiologists, and public members serving on the board. In the absence of the chair, the board shall appoint an interim chair. In event of a tie vote, the issue shall be brought to a second vote and the chair shall refrain from voting.

(5) The board shall meet at least once each year, at a place, day and hour determined by the board, unless otherwise directed by a majority of board members. The board shall also meet at such other times and places as are requested by the department or by three members of the board. A quorum is a majority of the board. A hearing instrument fitter/dispenser, speech-language pathologist, and audiologist must be represented. Meetings of the board shall be open and public, except the board may hold executive sessions to the extent permitted by chapter 42.30 RCW.

(6) Members of the board shall be compensated in accordance with RCW 43.03.240 and shall be reimbursed for their travel expenses in accordance with RCW 43.03.050 and 43.03.060.

(7) The governor may remove a member of the board for cause at the recommendation of a majority of the board.

Sec. 6 RCW 18.35.205 and 2002 c 310 s 22 are each amended to read as follows:

The legislature finds that the public health, safety, and welfare would best be protected by uniform

regulation of hearing instrument fitter/dispensers, speech-language pathologists, speech-language pathologist assistants, audiologists, and interim permit holders throughout the state. Therefore, the provisions of this chapter relating to the licensing of hearing instrument fitter/dispensers, speech-language pathologists, speech-language pathologist assistants, and audiologists and regulation of interim permit holders and their respective establishments or facilities is exclusive. No political subdivision of the state of Washington within whose jurisdiction a hearing instrument fitter/dispenser, audiologist, or speech-language pathologist establishment or facility is located may require any registrations, bonds, licenses, certificates, or interim permits of the establishment or facility or its employees or charge any fee for the same or similar purposes: PROVIDED, HOWEVER, That nothing herein shall limit or abridge the authority of any political subdivision to levy and collect a general and nondiscriminatory license fee levied on all businesses, or to levy a tax based upon the gross business conducted by any firm within the political subdivision.

Sec. 7 RCW 18.35.260 and 2002 c 310 s 26 are each amended to read as follows:

(1) A person who is not a licensed hearing instrument fitter/dispenser may not represent himself or herself as being so licensed and may not use in connection with his or her name the words "licensed hearing instrument fitter/dispenser," "hearing instrument specialist," or "hearing aid fitter/dispenser," or a variation, synonym, word, sign, number, insignia, coinage, or whatever expresses, employs, or implies these terms, names, or functions of a licensed hearing instrument fitter/dispenser.

(2) A person who is not a licensed speech-language pathologist may not represent himself or herself as being so licensed and may not use in connection with his or her name the words including "licensed speech-language pathologist" or a variation, synonym, word, sign, number, insignia, coinage, or whatever expresses, employs, or implies these terms, names, or functions as a licensed speech-language pathologist.

(3) A person who is not a licensed speech-language pathologist assistant may not represent himself or herself as being so licensed and may not use in connection with his or her name the words including "licensed speech-language pathologist assistant" or a variation, synonym, word, sign, number, insignia, coinage, or whatever expresses, employs, or implies these terms, names, or functions as a licensed speech-language pathologist assistant.

(4) A person who is not a licensed audiologist may not represent himself or herself as being so licensed and may not use in connection with his or her name the words "licensed audiologist" or a variation, synonym, letter, word, sign, number, insignia, coinage, or whatever expresses, employs, or implies these terms, names, or functions of a licensed audiologist.

~~((4))~~ (5) Nothing in this chapter prohibits a person credentialed in this state under another act from engaging in the practice for which he or she is credentialed.

NEW SECTION. Sec. 8 An applicant for licensure as a speech-language pathologist assistant may meet the requirements for a license to practice as a speech-language pathologist assistant if, within one year of the effective date of this section, he or she submits a competency checklist to the board of hearing and speech, as defined by the board by rule.

NEW SECTION. Sec. 9 The code reviser is directed to put the defined terms in RCW 18.35.010 in alphabetical order.

--- END ---

APPENDIX B:

Applicant Report

SLPA Sunrise Review Application Coversheet

Washington State Department of Health

- **Legislative proposal being reviewed under the sunrise process (include bill number if available):**

House Bill 2372: An ACT Relating to speech-language pathology assistants; amending RCW 18.35.010, 18.35.040, 18.35.095, 18.35.150, 18.35.205, and 18.35.260; and creating new sections.

- **Name and title of profession the applicant seeks to credential/institute change in scope of practice:** Speech-Language Pathology Assistant (SLPA)

- **Applicant's organization:**

Washington Speech-Language Hearing Association (WSHA)

2150 N 107th St. #205
Seattle, WA 98133-9009
206-367-8704-phone
206-367-8777-fax
www.wslha.org

Contact person: Gail Rothwell, MA, CCC-SLP
Licensed and Certified Speech-Language Pathologist

Address:

Telephone number:

Email address:

- **Number of members in the organization:**
Approximately 586 members: 29 audiologists, 535 speech-language pathologists and 22 speech-language pathology assistants.

- **Name(s) and address(es) of national organization(s) with which the state organization is affiliated:**

American Speech-Language Hearing Association (ASHA)
10801 Rockville Pike
Rockville, MD 20852-3279

Over 120,000 audiologists and speech-language pathologists are members of ASHA.

- **Name(s) of other state organizations representing the profession:**

Speech-Language Pathology Assistants-Northwest (SLPA-NW) www.slpa-nw.org

Contact person: Cary Larson

c/o SLPA-NW
22501-64th Avenue West
Mountlake Terrace, WA 98043

Approximate number of members: Currently 29 speech-language pathology assistants. There are also 25-30 affiliate members.

INTRODUCTION

Roles of the Speech-Language Pathologist and Speech-Language Pathology Assistant:

- Speech-Language Pathologists (SLPs) in Washington State have varied credentialing. SLPs in the schools need an Educational Staff Associate (ESA) Certificate from the Office of the Superintendent of Public Instruction (OSPI). SLPs in clinical and other medical settings usually have their Certificate of Clinical Competency (CCC) from the American Speech-Language Association and must have their SLP License from Washington State Department of Health. Please note that both the CCCs and the state license are optional for SLPs working in the school setting but many of them also have their CCCs and their license. SLPs in the clinical and other medical settings do not need an ESA certificate from OSPI.
- Speech-Language Pathology Assistants (SLPAs) work under the supervision of Speech-Language Pathologists.
- SLPs and SLPAs work to increase the communication skills of students in the schools; clients in clinics and patients in hospitals and other medical settings.
- The types of treatment in speech-language pathology include the following: articulation (sound production and motor speech); language (vocabulary, grammar and sentence formation, social language, etc.); fluency (stuttering therapy); alternative and augmentative communication (sign language, picture communication, high tech electronic communication devices); voice; cognitive skills for those with brain injuries and stroke patients, etc.; for SLPs only-swallow. SLPs and SLPAs may also work on literacy skills along with language therapy.
- Thirty-Five states have recognized the importance of regulation of SLPAs.

Incidence of Speech and Language Cases and Shortage of Speech-Language Pathologists:

- At this time the American Speech and Hearing Association (ASHA) reports that there is a severe shortage of SLPs. The U.S. Department of Labor's Bureau of Labor Statistics indicates that speech-language pathology is 12th for growth of professions requiring a graduate degree. The profession should grow by 27% and the estimate is for 49,000 openings. School administrators report a shortage of SLPs and it is expected to grow as many SLPs are near retirement age. In Washington State, the Office of the Superintendent of Public Instruction indicated that SLPs are the 3rd highest in demand for personnel in education. The Washington Speech-Language and Hearing Association (WSHA) reported that there were 187 advertised SLP vacancies (rural and urban) in the schools in 2003-2004 and that 116 SLPs could retire within 5 years creating more vacancies.

- ASHA reports that the SLP shortage creates large caseloads that are unmanageable. The Individuals with Disabilities Education Act (IDEA) states that all disabled students receive the education that is needed. However, the implementation of this federal law has been a problem because of the chronic shortage of staff.
- Efficacy studies have been conducted by ASHA indicating that speech and language therapy is efficacious and that therapy for articulation and language affect the future social and vocational success of students. It is reported that 10% of students in the schools have articulation disorders and that 7% have language disorders.
- ASHA also indicates that the number of severe cases for SLPs to treat has increased.
- The Autism Society of America reports that one out of every 150 children is diagnosed with autism. Autism frequently includes disorders of speech, language and socialization. The potential of increasing SLPA staff with licensure will increase service to these individuals in Washington. An increase in communication skills for those with autism also increases opportunity for potential vocational placements.
- One in every 6 Americans has some type of communication disorder and that is expected to increase. ASHA reports that the aging baby boomer population will soon be affecting caseloads as some will need therapy for stroke, swallow and other aging disorders.
- Note that SLPAs are needed to support the caseload and workload of SLPs. This is indicated by the documented SLP shortage, the number of SLPs retiring, continuing unfilled vacancies for SLPs, the increase of autism, the projected needs of the aging, and severity of the SLP caseload.

Use and Education of Speech-Language Pathology Assistants:

- ASHA states that districts throughout the country are utilizing SLPAs to enhance speech and language programs in the schools.
- Shoreline Community College offers a two-year degree for SLPAs as well as a one-year certificate.
- Shoreline Community College offers the SLPA coursework via interactive television (ITV) throughout the state.
- Washington State has SLPAs who have BA/BS degrees from universities who work as SLPAs.
- There are also many SLPAs with other educational qualifications who have had on the job training and/or classes.
- Washington State has and continues to have SLPAs provide service to students and clients. SLPAs need to work under the supervision of SLPs. The utilization of SLPAs does positively impact the SLP's caseload/workload and therefore, is one solution to the SLP shortage.

Cases Illustrating the Positive Impact of SLPAs:

- A secondary student enters a new program. She is nonverbal and is physically disabled. When the SLPA met this student, she was impressed by the student's apparent good cognitive skills. The SLP did an evaluation and consulted with the parents. This student was trained to use technology in therapy and was referred and received an electronic communication device that she is able to utilize to enhance her communication.
- A child enters a special education preschool with significant language delays and exits all special education services by fourth grade. The child started with interventions twice weekly, once by the SLP and once by the SLPA. These twice-weekly interventions occurred through kindergarten and first grade. The speech services were then reduced to one therapy session a week. The last year the child was seen primarily by the SLPA with SLP supervision. The student is now exited from speech services. A winning combination for all.
- A child enrolled in special education preschool qualified for speech services with multiple articulation errors. In elementary school, the child received speech therapy once weekly. Slow progress was noted. In second grade the total therapy time remained the same but the number of weekly interventions increased to twice a week. Rapid progress was made. The increase in the number of weekly interventions was only possible because of SLPA support. The child is now exited from speech.
- A vocational student was in a work-training site and communication with the supervisor and co-workers was difficult. Under direction of the SLP, the SLPA was able to go into the vocational training site and develop communication strategies for this student to succeed and become hired.

REASONS WHY WASHINGTON SPEECH-LANGUAGE HEARING ASSOCIATION (WSHA) IS SEEKING LICENSURE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS (SLPAs)

The Washington Speech-Language Hearing Association seeks regulation of SLPAs to protect the consumer. At this time, many SLPAs are practicing without proper supervision or following the SLPA Scope of practice.

Problem:

- The public is not currently protected because of the lack of regulation for SLPAs. There is a lack of supervision of SLPAs in Washington. The American Speech-Language Association recommends that SLPAs receive direct supervision 10% of the time and indirect supervision 10% of the time. This lack of supervision is a huge issue and that regulation will help to ensure that SLPs and SLPAs know the supervision requirements. They will need to adhere to them or a consumer can access the disciplinary process. If there is lack of supervision, the SLPA may not follow a therapy plan correctly and receive the instructions necessary to provide adequate speech and language therapy for various types of cases. At this time, there is no national or state regulation for SLPAs. Individuals with varied

educational backgrounds are practicing as SLPAs in the schools. Please also note that there are SLPAs practicing in clinics and no information is available for SLPAs who may work in other medical settings.

Consumer Protection:

- Licensure would increase public safety because SLPAs would be required to work in a setting where they were supervised by an SLP. The American Speech-Language Hearing Association guidelines state that there should be supervision of SLPAs. However, this is not an enforced regulation. Also according to the ASHA guidelines, SLPAs shall not conduct evaluations; make diagnoses; write therapy plans; select clients/students; complete official and legal paperwork and consult with families and other professionals in the workplace, etc. Please refer to the ASHA guidelines for more details.
- Regulation would enable consumers and employers to know where SLPAs are working.
- Appropriate training and education would be enforced.
- Speech and language therapy are state mandated services for students who qualify. The state and consumer are at risk if these services are not delivered appropriately.

Examples of Reports of Harm to the Public

There are various ways that unregulated SLPAs may harm the public. Here are some of them:

- Working with too many students in the schools: The students do not receive the appropriate level of services, which can lead to problems with academic performance and overall social and emotional well being. ASHA reports an increase of vocational and social success for those students who do receive needed and appropriate speech and language therapy. When the SLPA works with too many students, the SLP has difficulty following up with the necessary supervision and consultation for students. There are reported situations in this state where the SLP does all of the paperwork and evaluations with a caseload so high that the SLP does not have time to provide SLPA supervision. When an SLP does not observe and consult with the SLPA, the therapy may be on the wrong track and not corrected. Also, the SLP needs to work with the SLPA about progressing with therapy and altering techniques to get the desired outcome.
- Lack of supervision by speech-language pathologist (SLP): direct and indirect
- Requests to do evaluations and progress reports, which is out of the scope of practice for SLPAs. SLPAs do not have the knowledge, theory, coursework and practicum to conduct evaluations and to make diagnoses. SLPs study diagnostics and evaluations in graduate school. It is also an important part of the SLP's university practicum and internship. A correct and well done evaluation leads to appropriate treatment. An incomplete or incorrect evaluation by an SLPA will lead to misdiagnosis and inappropriate treatment. In turn, this costs the taxpayers

money if this process is done incorrectly and has to be redone later. Diagnostics is a complex process that involves highly specialized training. One reported example involved an SLPA who wanted to learn diagnostic methods. The superintendent stated that the SLPs were too overloaded and that SLPAs needed to do evaluations as well. This superintendent did not know that doing diagnostics/evaluations is out of the scope of practice for SLPAs.

- Required to work with cases without adequate training: One reported case involved an SLPA who had a student with a tracheotomy. She was seeking help with how to do therapy with this child. This is an example of a medically fragile child who needed treatment with substantial ongoing SLP involvement and supervision. This student was being placed under severe harm as a tracheotomy involves the respiratory system.
- Another potential for harm by unregulated SLPAs includes medically fragile students and adults who require swallow therapy. This therapy needs to be done by an SLP and not an SLPA. SLPAs are not trained to do swallow therapy and may cause harm to consumers. The scope of practice for SLPAs embraced by regulation will stop this issue for potential harm.

EFFORTS MADE TO ADDRESS THE PROBLEM:

ASHA and WSHA have made many efforts over the last several years to address the problem of the lack of SLPA regulation. These efforts include:

- Presentations at WSHA conventions and at the University of Washington about working with SLPAs including the scope of practice
- Article about working with SLPAs in the WSHA Communique newsletter
- SLPA students in the Shoreline Community College SLPA program receive extensive instruction for ethics.
- ASHA has established guidelines for working with SLPAs.
- The ASHA code of ethics states the following, "An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competency (CCC)." However, not all SLPs are required to hold their CCCs and to have membership in ASHA. SLPAs do not have a membership category with ASHA. ASHA has no credentialing process for SLPAs.
- The WSHA code of ethics states that a member..... "must not provide service for which there is not direct on-site supervision by a person holding appropriate credentials covering the services provided by the supervised member." SLPs and SLPAs are not required to be members of WSHA.

ALTERNATIVES TO DEPARTMENT OF HEALTH REGULATIONS:

The following provides information about relevant organizations and the lack of regulations illustrating why the Department of Health needs to provide regulation:

- The credentialing of SLPAs and SLPA educational programs by ASHA: ASHA abandoned the concept of credentialing SLPA educational programs. However, at

this time the ASHA Legislative Council has voted to explore the credentialing of SLPAs as focus for this year. This appears to be a time consuming endeavor and the outcome is extremely uncertain. Note that 35 other states have regulation of SLPAs as a means to protect their consumers. This is in part because there is no national regulation of SLPAs.

- Employers may enforce the SLPA scope of practice in the workplace. However, every employer is not aware of the ASHA scope of practice.
- WSHA has no credentialing for either SLPs or SLPAs. It is a membership organization.
- The Office of the Superintendent of Public Instruction does not regulate SLPAs.

Some implications for the public if there is no regulation are as follows:

- SLPAs without adequate education and training would provide speech and language therapy which could harm consumers. The lack of supervision and training of SLPAs harm the students and other consumers in Washington.
- As reported by ASHA, there is a severe shortage of SLPs nationally. In Washington, OSPI reported a severe shortage of SLPs in the schools. With many SLPs eligible for retirement, this shortage is expected to grow. If SLPAs are not regulated, then Washington State consumers would have decreased speech and language treatment over time. Speech and language therapy in the schools is mandated by law.
- Speech and language therapy would be performed by SLPs only which would be more costly and unattainable due to the shortage of SLPs. SLPs have higher salaries than SLPAs because SLPs are able to supply all services to consumers. Also, SLPs are more educated. If only SLPs provide treatment, the costs to the consumer increases. If SLPAs are not regulated then they would not be readily available to support the SLP's caseload.

Why WSHA Requests Licensure for SLPAs Rather than Registration or Certification:

Neither registration nor certification provides adequate public protection. In the past, certification was not effective for SLPs. The certification was voluntary and each year fewer SLPs renewed the certificate credential.

- Registration would only be a database of SLPAs practicing. There are no educational requirements or a scope of practice under registration.
- Certification is voluntary credentialing. Very few SLPAs may apply for certification and there would be continued harm to the public.

BENEFIT TO THE PUBLIC IF REGULATION IS GRANTED

The regulation of SLPAs will benefit consumers by protecting them from harm:

- Standards for training, experience and education will be regulated/enforced/monitored.
- Consumers may be able to bill insurance for treatment provided by SLPAs.
- SLPAs will be at par and be able to co-treat with already regulated Certified Occupational Therapy Assistants and Physical Therapist Assistants.

Consumer Protection:

There will be processes in place to protect as follows:

- Scope of Practice and supervision requirement for SLPAs will be apparent with licensure.
- Consumers will have a means to report complaints that does not exist at this time.
- Licensure will require specific educational requirements.
- SLPAs will have required continuing education.
- An SLPA will be a member of the Board of Speech and Hearing to provide input on SLPA practice.
- Supervision of SLPAs by SLPs will be apparent.

Regulation of SLPAs:

Thirty-five states have regulation of SLPAs. Note the following examples of SLPA regulation from other western states:

1. Alaska-Registration requirements: Two year or BA/BS degree in speech-language pathology with 100 hours of field work; continuing education-15 hours biennially
2. California-Registration requirements: Two year or BA/BS degree in speech-language pathology with field work; continuing education-12 hours biennially and grandfathering was offered for those with one year experience
3. Idaho-Licensure requirements: 2 year or 4 year degree in speech-language pathology and passing an examination; no professional development listed
4. Oregon-Certification requirements: 45 credits in speech-language pathology and 45 credits in general education credits with 100 hours of clinical interaction; 20 hours of continuing education required biennially
5. Montana-Registration requirements: Three tiered system: Speech-Language Pathology Aide (S-LPA) I-BA/BS in speech-language pathology enrolled in graduate school; S-LPA II-BA/BS in speech-language pathology; S-LPA III-no undergraduate degree

Please refer to individual state regulations for detailed information.

• Washington State Proposed Legislation:

HB 2372 was sponsored by Rep. Kelli Linville a retired speech-language pathologist. This House Bill includes:

1. New sections for SLPA licensure would be added to the existing law for audiologists, hearing aid dispensers and speech-language pathologists.
2. SLPA would provide service under the direction and supervision of a speech-language pathologist.
3. Supervision would include direct and indirect supervision.

4. Applicant requirements: two year degree in speech-language pathology or a certificate of proficiency with 45 credits in speech-language pathology and 45 credits in general education; OR a BA/BS in speech-language pathology
5. An SLPA would be included on the Board of Hearing and Speech.
6. An applicant may be grandfathered within one year of this bill passing if the SLPA submits a competency checklist to the Board of Hearing and Speech.

Please refer to HB 2372 for more information.

- **Reciprocity**

Each Western State has very different regulations for SLPAs. There are similarities with each state. The proposed licensure for SLPAs in Washington State is tailored for the needs of the consumer and employer. Washington will have grandfathering as did California. Washington State needs to require continuing education for SLPAs. The WSHA board agrees that grandfathering is important as there are many school staff members serving as SLPAs with differing educational backgrounds but with on the job training. If these SLPAs were not grandfathered, it is feared that there would be a substantial loss of service to students in this state. SLPAs from other western states, should be able to migrate to work as SLPAs in Washington.

- **Education of SLPAs in Washington**
In Washington State there are opportunities for SLPAs to receive either a BA/BS or two year degree in speech-language pathology.
 1. Shoreline Community College SLPA program is educating SLPAs throughout the state. This is done via interactive television. Many school districts have arranged for the Shoreline CC SLPA courses to air for their staff members. This program does enable a continuation of the education of SLPAs.
 2. Washington has the following BA/BS programs in speech-language pathology and audiology: Eastern Washington University; University of Washington; Washington State University, and Western Washington University. Graduates earning a BA/BS in speech-language pathology will also be able to be licensed to work as SLPAs.
- License renewal will be via payment of fee.

REGULATION AND THE PUBLIC

The regulation of SLPAs in Washington will offer standards and therefore consumer protection.

- After the grandfathering one-year phase, all SLPAs will be required to have higher education in speech-language pathology. However, the quality of service for the consumer will be assured. The standards set with licensure will safeguard the consumer.
- When compared to regulation for SLPAs in other western states, SLPAs should be able to migrate into a work setting in Washington.

MAINTANENCE OF STANDARDS

SLPs and SLPAs would be required to work in an ethical setting. If there are problems, the consumer may report these to the Board of Hearing and Speech.

- SLPs would be required to supervise SLPAs in the workplace.
- Employers and the Board of Hearing and Speech would require SLPAs to attend continuing education activities.
- The legislation would guarantee a degree or certificate in speech-language pathology after the grandfathering phase.
- The Board of Hearing and Speech would be able to discipline an SLPA as necessary. SLPAs would fall under the Uniform Disciplinary Act.
- SLPAs who are members of WSHA would need to follow the ethics set forth by WSHA.
- ASHA has ethics about the supervision of SLPAs by qualified SLPs.

PRACTIONERS AND ASSOCIATIONS/ORGANIZATIONS INVOLVED WITH LICENSURE OF SLPAs:

SLPs and SLPAs work in varied settings. The credentials of SLPs do vary in this state depending on the work setting. There are associations/organizations that operate locally, statewide and nationally.

- Speech-Language Pathology Assistants are support personnel in speech-language pathology who perform tasks as prescribed, directed and supervised by a Speech-Language Pathologist.
- At this time, most SLPAs work in the schools. It is reported that a few work in the clinical setting and there is no data about SLPAs who may work in other medical settings.
- The SLP supervising the SLPA may have one of all of the following credentials: OSPI ESA Certificate; License by the Department of Health; Certificate of Clinical Competency from ASHA.
- SLPAs practicing (after the grandfathering phase) will have one of the following educational backgrounds: BA/BS in speech-language pathology; two year degree in speech-language pathology; one year certificate in speech-language pathology with 45 general education credits
- Organizations/Associations affiliated with SLPAs:
 1. American Speech-Language Hearing Association, which has over 120,000 audiologists and speech-language pathologists as members. At this time, SLPAs are not allowed to be members of ASHA.
 2. Washington Speech-Language Hearing Association, which has approximately 586 members who are Audiologists (29), Speech-Language Pathologists (535) and Speech-Language Pathology Assistants (22).
 3. SLPA-NW has 29 members and 25-30 affiliate members. All members are Speech-Language Pathology Assistants.

EXPECTED COST OF REGULATION

The public will not bear the costs of licensing SLPAs. All costs will be borne by the licensed SLPA.

- There will be no cost to the public as the licensed SLPAs will pay a fee that will cover any administrative and disciplinary costs. This fee will be determined when there is more information about how many SLPAs there are practicing in the state.
- The salary for SLPAs will probably remain stable. However, the services that they render are more cost effective than those services by SLPs. Skilled SLPAs are more cost effective because they perform more routine tasks and non-therapy support services that free up the SLP to deliver more specialized services which enables more clients to receive appropriate and beneficial speech and language therapy. Please note that SLPAs are not expected to replace SLPs in any way as the SLP needs to complete certain tasks and must supervise the SLPA. The SLPAs will help offer more complete services for the consumer.
- In terms of insurance, at this time, Medicaid has reportedly been billed for SLPAs working under the supervision of qualified SLPs. Any affect on other insurance is unknown.

MAJOR FUNCTIONS PERFORMED BY SLPAs

SLPAs do not have caseloads, but support the caseload of the supervising SLP. Tasks performed by the SLPA include the following:

- Provide individual, group and classroom therapy to students as directed by SLP and Individualized Education Program (IEP).
- Support the development of speech and language in the classroom, community and vocational settings
- Produce therapy materials
- Preparation and organization of therapy room
- Maintain speech files, notebooks, programs and other forms
- Take and record data
- Compile data for SLP
- Schedule students/clients for therapy
- Communicate all relevant information to the SLP

Please refer to ASHA guidelines for more information.

SUMMARY

SLPAs need to be licensed in Washington. There are no standards set for SLPAs with any national, state or local organizations/associations. At this time, anyone may be labeled a Speech-Language Pathology Assistant and practice. The WSHA SLPA Licensure Task Force guesstimates that there are at least 150 employees working as SLPAs at this time.

Currently, consumers are at risk with no guarantee of the education and training of SLPAs. And there is no guarantee that SLPAs are supervised. There are reports that some SLPAs are unsupervised or poorly supervised, work with too many students in the schools, and are requested to provide therapy without training. This causes direct harm to the state's students and other consumers. Without licensure, there is uncertainty about how many people are practicing as SLPAs in this state.

There is also no continuing education mandated for SLPAs at this. Most neighboring states require professional clock hours to maintain credentials. It is recommended that regulation may include continuing education to require SLPAs to remain educated about current practices.

The shortage of SLPs in Washington is severe. Therefore, grandfathering of practicing SLPAs is important so that students and other consumers do not lose current speech and language services.

SLPAs from other western states should be able to migrate to Washington to work. The Shoreline Community College SLPA Program interactive television (ITV) classes will continue to help educate more SLPAs throughout the state. We will also continue to have BA/BS level SLPAs who graduate from four of the state's universities. There is a lack of graduate slots for SLPs at the university level and those who do not enter graduate school may work as SLPAs.

Licensure is the level of regulation needed in this state. It will provide mandated supervision of SLPAs, continuing education and disciplinary action when needed by the Board of Hearing and Speech.

REFERENCES:

American Speech-Language Hearing Association website: www.asha.org

American Autism Society website: www.autism-society.org

Washington Speech-Language Hearing Association website: www.wslha.org

APPENDIX: C

Follow-Up Questions to Applicant Report

Speech-Language Pathology Assistant Sunrise
Follow-up Questions to Applicant Report
August 13, 2007

1. The applicant report states there is potential for harm with medically fragile students involved in swallow therapy or students with tracheotomies. Can you describe in detail the types of harm that could result? Are individuals employed as SLPAs being asked to work with these kinds of students now? Are they trained to work with these students?

SLPAs cannot do swallow treatment. It is out of the scope of practice. If swallow treatment is not done properly, the student/patient/client may aspirate. This is when liquid goes into the lungs. This may cause aspiration pneumonia that can lead to death. Also, swallow treatment involves planning a diet for a student/patient/client. The diet needs to be safe in terms of what the person is able to chew and swallow. If the diet is incorrect, the student/patient/client may choke. SLPAs are not trained to provide this type of therapy.

We do know of a case where an SLPA was instructed to work with a student with a tracheotomy with no training by the SLP.

We know of no cases of SLPAs conducting swallow therapy. However, employers seem to be unaware of many aspects of the Scope of Practice for SLPAs. Therefore, there may be the expectation that SLPAs do swallow therapy.

2. What minimum qualifications and experience are employers looking for?

This depends on the employer. Some require a BA/BS or 2-year degree in speech-language pathology and others require a high school diploma. Tacoma School District has required 90 college credits and most SLPAs there have a degree in a related field such as education, ECE or psychology and extensive training on the job including classes. It appears that many districts are asking classroom assistants to become SLPAs with no training. Part of the reason for this is the desperation with the SLP shortage. Employers should prefer those SLPAs with the 2 - or 4 -year degree. It is hard for overloaded SLPs to train SLPAs. It is far better if they are hired with the education in the field.

3. Can you provide additional information about work settings other than educational institutions?

Other work setting may include the following:

SLP -managed clinics: *SLPs may have a private practice. Frequently clients may be young children with speech and language deficits. Other children may be in school and do not qualify for school SLP services or the parent wants to have additional therapy for their child. Adults may also have private therapy and this may include accent reduction, stuttering, voice disorders, and recovering from injury and illness.*

Hospitals: *Inpatient and outpatient SLP services are provided in the pediatric and/or adult hospital setting. Medical conditions (stroke, head injury, Parkinson's disease, neurological events, etc.) that affect communication-cognition and swallow result in care by SLPs and SLPAs.*

Skilled nursing facilities: Medically stable patients with debilitating health conditions such as stroke, dementia, head injury and other neurological events who would benefit from skilled SLP services to improve communication-cognition and swallow function.

Home health care companies: Home Health SLP/SLPAs provide service to homebound patients to improve communication-cognition and swallow independence in the home setting.

Please note that a patient may have a continuum of services from injury or illness beginning with the hospital setting to skilled nursing facility and finally home health care. Many medical cases include swallow therapy that may be provided by the SLP and not the SLPA.

4. The applicant report makes a few statements about licensure increasing services and increasing numbers of SLPAs to support the shortage of SLPs. How will licensure increase the number of SLPAs? Couldn't licensure decrease the number since it creates a barrier to entering the field?

With licensure, the hope is that SLPAs will also be able to help with the SLP shortage in the medical settings as well as the schools. Also, more may enter the field as it becomes a better respected and recognizable profession.

The number of settings where SLPAs will be accepted would increase. Licensing may also increase the number of SLPAs as employers realize the enormous help that licensed SLPAs can provide. Licensure does not decrease the number of SLPAs entering the field because employers want to hire the most competent people.

5. The applicant report states that regulation would enable consumers and employers to know where SLPAs are working. How does regulation enable this? (We don't track licensees by employment.)

At this time, there is no knowledge of how many SLPAs are working and where. Through licensure, the state will have an accurate database of SLPAs, from which other demographic information could be obtained. For example, an association can "buy" the lists of licensed professionals and send surveys out to gather workforce and other types of information.

6. The applicant report states that SLPAs will be at par and able to co-treat with already regulated COTAs and PTAs. Please elaborate on this issue.

At this time, COTAs and PTAs are more readily found working in medical settings. With licensure, the expectation is that SLPAs will also become more accepted in the medical community and be a part of the rehab team with COTAs and PTAs.

7. The applicant report states that SLPAs who are members of the Washington Speech Hearing Association (WSHA) would need to follow the ethics set forth by WSHA. It also states that ASHA has ethics about the supervision of SLPAs by qualified SLPs. Are you proposing Washington State require compliance with WSHAs and ASHAs ethics and supervision policies?

We propose that SLPAs be supervised indirectly 10% of the time and directly 10% of the time. An example of this is that an SLPA working 40 hours per week would be observed directly by the

SLP for 4 hours per week and the SLP would perform the following types of activities indirectly 4 hours per week: review SLPA paperwork, consult about students/clients, plan, etc. Ethics includes the SLP scope of practice by ASHA. The Board of Hearing and Speech could use this as a guide for rule making.

8. The applicant report lists cases of positive impact of SLPAs. Can you elaborate with the long-term benefits to individuals and the community?

1. In school districts where SLPAs are working, students tend to receive more therapy. An SLP moved out of a district that utilized SLPAs to one that did not. He found that his students received more services in the district with SLPAs and SLPs working together.

This in turn may cause earlier dismissal from therapy and less classroom time missed. ASHA reports that when therapy was studied for students with autism that the students who received 2-5 times more interventions than others, did make functional gains in comprehension and pragmatic (social) language

(Prelock, Patricia "Treatment Efficacy Summary: Autistic Spectrum Disorders," www.asha.org).

2. The SLP can perform the diagnosis and treatment plan and then delegate appropriate tasks to the SLPA. This team work expands the amount of speech and language services to the community.

ASHA states that qualified students who are not treated are at risk for reading and writing. They are more likely to have long-term consequences in the areas of socialization, academic and vocational success (Gierut, Judith, "Treatment Efficacy Summary: Phonological Disorders in Children", www.asha.org).

9. What are the consequences to children of not having access to the services provided by SLPs and SLPAs, short-term and long-term?

Short term causes educational, social and emotional damage. A language deficit affects reading and other academics. If the student lacks the language for the academics, it is difficult to succeed. If the student lacks the language for following teacher directions, he/she becomes "lost" in the classroom and does not adequately perform in academics.

ASHA reports that spoken language and reading and writing are reciprocal. Children with verbal speech and language disorders often have difficulty reading and writing. And the reverse is also true. So when children receive therapy for spoken language, the result is growth in reading and writing. Teachers also report an increase in listening and written language in the classroom as a result of speech and language therapy ("Literacy: How Speech-Language Pathologists Can Help," www.asha.org).

Speech disorders may cause teasing/bullying by others in a school. This obviously affects the social success of the student.

Bullying plus the student possible lack of self-esteem from a communication disorder may cause emotional distress.

Long term may again affect academics, social and emotional aspects. It also affects the person vocationally. Many employment opportunities require appropriate communication skills in the

work place. Articulation, voice and stuttering may not be tolerated by employers and co-workers. It is also important that one present himself/herself well through communication at job interviews.

ASHA reports that brain injured individuals improve by 80-83% when they receive speech-language pathology services. The ultimate goal is for these individuals to increase communication for daily living in the community including the school and workplace (Coelho, Carl; DeRuyter, Frank; Kennedy, Mary; Stein, Margo; "Treatment Efficacy Summary: Cognitive-Communication disorders Resulting from Traumatic Brain Injury"; www.asha.org).

APPENDIX: D

Summary of Public Hearing

Speech-Language Pathology Assistant Sunrise Hearing
August 22, 2007
Public Testimony

MEETING OPENED AND APPLICANT REPORT PRESENTED

Karen Jensen, policy director at the Department of Health, opened the meeting with a brief overview of the sunrise review process. She explained how the hearing would run and how the remainder of the review will work.

Gail Rothwell, SLP, presented the applicant group's proposal through a PowerPoint presentation, which is attached at the end of this appendix.

QUESTIONS FOR APPLICANTS FROM SUNRISE PANELISTS

Kristi Weeks: As Karen mentioned during the introductions, I am a staff attorney, and I know nothing about what you do so I am going to ask some dumb questions. I'm curious about the assistants that are going through the four-year program. Do you anticipate that they will finish their four-year program and become licensed as an assistant as they continue their educational process through graduate school? Or will they stop there and just be assistants, or is it a stepping stone?

Answer: I've experienced that. Previously we had an SLPA working in the Tacoma School District that worked for two years while she was thinking about whether she really wanted to work in the field before taking on the expense of graduate school. She was able to apply to a graduate school and get in, and she felt that work experience was really valuable to her to make her further career decision. There are some people who have a hard time getting into graduate school and it's a way for them to be able to work in the field to see if they want to pursue it, look into other ways of getting into graduate school, or if they want to look at it as a career.

Kristi Weeks: Is it going to be an interim step that's going to eventually be required that anyone in graduate school has to have an assistant license in order to practice while in graduate school?

Answer (Gail Rothwell): No. I also wanted to point out that there is a shortage of slots for graduate school, so even though they may not have the GPA, there are still good people out there with their bachelor's degree.

Kristi Weeks: What is swallow therapy? I've read it and heard about it and have no idea what it is.

Answer: Swallow therapy, also called dysphagia. Anyone who has had a neurological event, head injury, stroke, a child with a tracheotomy, they are going to have trouble swallowing, which means that probably food is going into the airway causing aspiration pneumonia. Speech pathologists are well trained in the oral pharyngeal musculature and that's what is used to swallow. We are the specialists with swallowing. So we will help them regain their swallow function.

Kristi Weeks: That's what I thought. I think there were concerns about them treating medically fragile patients. When you take those aspects out of their duties, how is this health-related more than education-related? When I hear the duties anticipated, I think this is an educational rather than health care position. I think in the PowerPoint it said that OSPI was not regulating. Have they been approached to regulate this field?

Answer (Gail Rothwell): No, they have not. We approached DOH first. I see SLPAs working with medically fragile students but with supervision from the speech-language pathologist. So even though they are not trained to work with swallow at this time, they would be working with medically fragile students and they could work in the hospital setting.

Gail Rothwell asked Trish Niehl of WSHA: Do you see SLPAs supporting you in the hospital setting?

Answer (Trish Niehl, WSHA president and director of rehab therapy for Franciscan Health System): The speech-language pathologist would focus on the medically compromised, very severe patients that have swallowing problems and do all the evaluations. The assistants could help us with the patients that need a lot of help with communication since we don't have the time to provide that service, because we are focusing on the medically fragile swallow patients.

Kristi Weeks: I'm concerned about how many assistants are actually going to be licensed because it was discussed during the PowerPoint that all health professions are completely self-contained financially and the dues of the members pay for the program. When you have a profession that has a very small number of people, the dues go way up. Nursing assistants - there are a million of them so they pay \$10 per year. Midwives, since there are only a few, pay \$1,000 per year. Are there going to be enough to support themselves financially and is it going to be a burden commensurate with their income?

Answer (Melissa Johnson, lobbyist): We have talked about this because the Board of Hearing and Speech already exists and the statute is under hearing and speech services, hearing aid fitter/dispenser, SLPs, and audiologists. SLPAs would go under the authority of the Board of Hearing and Speech so there wouldn't be the start-up costs of a new profession, like athletic trainers who just got regulated this past session. They're creating a new advisory board and have to go through a lot of rulemaking. We see this as a little different since there already is a board established and a program within the department, that the added burden to the program to add SLPAs would be minimal. Having the one extra person on the Board of Hearing and Speech would not be that burdensome, I don't think. The hearing and speech professions have very low disciplinary actions, unlike dental and medical, so I don't think the program as a whole has a huge burden as far as discipline or other things that would make fees go up.

Kristi Weeks: My last question is more of a clarification. Certification is not voluntary. Pharmacy technicians are certified and they can't work in a pharmacy without it, and I was just wondering based on what I see as a misconception, if it was looked into whether certification would be a more proper standard since normally licensure requires an educational component and also a testing component, a national exam or state exam. There doesn't seem to be one for the assistants.

Answer (Melissa Johnson): My understanding is that the statutory definition of certification is that not everyone in the profession has to have it. We went through this with SLPs when they were certified in the 1990s and it started out great. Everyone wanted to have their certificate, but then as the years went by people dropped off. They could still practice as SLPs but they couldn't say they were certified by the Department of Health. But employers could hire them and they could practice. So what happened was that we had the certified SLPs at one end of the block and their competitors at the other end and one was credentialed and the other was not, and it got to the point that the hearing and speech program was running in the red and we had a critical mass decision to make. We had to decide whether or not to drop the credential completely for SLPs or to raise it to licensure to capture everyone. We worked with the department on that and decided it was appropriate for licensure and made the decision to focus on those working in the clinical settings because there was this credential with OSPI for those working in schools. I want to talk a little bit about the OSPI credential. It is for educational staff associates but I don't believe they credential the certified OT assistants (COTAs) or the PT assistants who are working in schools. We

have worked with OSPI and the department and we would like to have one credential for all health care providers whether they work in schools or not. But those talks have never gone very far. We have tried, because it is very confusing to our members to say that I have to have this license, but if I work in schools I have to have this, and I'm paying two different things and the left hand doesn't know what the right hand is doing. We have tried to go down that road and we simply haven't gotten a lot of response from OSPI on it, so we have tried that road.

Karen Jensen: Is anyone from OSPI here today? I made sure I made contact with OSPI and added their contact to our interested parties list and I was hoping that person might be here today.

Dianna Staley: I had a daughter who had speech, language and hearing for seven or eight years until she said she didn't want to do it anymore. I've had a lot of interaction over the years with the profession and the field in another state, so some of my questions come from that aspect of it. I'm going back to the training and education piece a bit because you talk about the shortage of SLPs, but as I read through the background materials, I wondered is it a shortage because of a lack of slots for master's programs, or because there's not enough interest. That may be an area that needs to be explored more because as I look back at the SLPAs and look at what they can't do, I wonder if what they're doing is more therapy work or is it more administrative work? I can understand that for some, it is definitely more health-related and for others it is more administrative, depending on the situation and environment where they work.

Answer (Gail Rothwell): The primary thing that SLPAs do, to my knowledge is to work with students and work with clients. Regarding your question about the reason for the shortage, there is not a lack of interest and the University of Washington has expanded their program and now have a health SLP graduate program as well. So they're working hard to try to get more graduates. The American Speech and Hearing Association has incentives for people going to graduate school in speech language pathology. So those things are happening but with the rise in the need for speech and language services, even with new people coming on, it is still not enough to fill in the gap.

Dianna Staley: When I look again at what they can't do, if they don't diagnose or write the IEPs, and you said they work with the students but they are not a speech language pathologist...?

Answer (Cary Larson of WSHA): Being an SLPA, we work with the students. If a student is scheduled for an hour a week therapy, which is very rare in school districts (they get half an hour) we can come in and provide extra for them. The SLP will say on the IEP that a student needs something, but the SLP only has limited time. We can come in and provide extra and hopefully move that kid on while we're doing paperwork. We can do language in groups. We can go into the classrooms. We can provide the extra stuff the SLP just can't.

Karen Jensen: Can you please explain what an IEP is?

Answer (Gail Rothwell): Individualized Educational Program. Also, I know that Cary was talking about providing extra, but in some settings the SLPAs might be providing all the therapy because of the shortage. And they might be in a rural area, or even in a large area where there is a shortage that the SLPA would be doing the therapy under the supervision of the SLP and the SLP is doing the evaluation and making the diagnosis and supervision the SLPA. Without the SLPA, it would be extremely difficult for that school district to provide therapy to the students as mandated by law.

Trish Niehl: SLPAs would practice in a hospital setting similar to PTAs and COTAs. They would provide treatment to patients with speech and language disorders by following the SLPs evaluation and outlined treatment plan. SLPAs do not evaluate or write up the reports. They do, however, write daily

progress notes on patients they provide services to and consult with the licensed SLP on status and plan – similar to PTAs and COTAs.

Dianna Staley: So you would really provide more hands on patient care? The SLP may start the articulation program with certain sounds. But you would then continue for another half hour or whatever the time slot might be.

Answer: Yes.

Dianna Staley: There's only one program for SLPAs in the state, Shoreline? Is that correct? Are there any plans for more programs because we assume they only have so many slots themselves?

Answer: I'm sure we're going to hear more about that but part of the good part is the interactive TV courses because they allow people from more areas of the state to participate and it breaks down geographic barriers because people don't have to travel.

Answer (Susan Sparks, Shoreline): We will expand as needed. We take new students twice a year and we have over 100-110 in the program right now. We can offer it anywhere in the state. What I have heard, though, is that students who are interested in pursuing their degree have asked if they need any education -- they've been a mom for five years and is that good enough? I say, well, you need to have no felony and a high school diploma and you can become an assistant. And they ask why they should spend the time and money to be educated when they've been a mom for four years and should be able to do articulation and cognition. The truth is that I have to honestly answer. We assume that more students would pursue their education and become assistant-trained and qualified assistants if there were incentives.

Dianna Staley: Do you have any information about how much time it frees up for the SLPs if you have a well qualified and trained SLPA that you don't have to spend the time training yourself? Is there anything – like 5 percent or 10 percent?

Answer (Cary Larson): I know that in the district I work in, there are three SLPAs, and we support an SLP with a very high caseload, so he is able to maintain the high caseload and still supervise and provide services to the medically fragile kids.

Dianna Staley: With your support, is it 60-70 students that can receive services, or is it 60-70 alone and it would be more with your support?

Answer (Cary Larson): With us, he can provide support for more kids than the 60-70.

Gail Rothwell: It varies because there are different models in different districts. In Tacoma, we run caseloads of about 55 in three days with SLPA help, so we really have it good. In some districts where they only have one SLP because of the shortage, that SLP might be working with three SLPAs because that's a way to get needed services to the students.

Kristi Weeks: Do you anticipate the need for limiting the number of assistants an SLP could supervise reasonably?

Answer (Gail Rothwell): I know that with the ASHA guidelines say three. I would be very clear in the bill, 3.0 FTE, full time equivalent because an SLPA could end up working with maybe two SLPAs a half day a week or work part-time in a specialty area and be working with some other folks as well.

Dianna Staley: Would you say onsite or remote site?

Answer (Gail Rothwell): ASHA, American Speech and Hearing Association, recommends 10 percent direct supervision and 10 percent indirect. Direct would be in the room. Sometimes you're working with students together, or in the classroom observing, or the SLP is in the room observing while working on paperwork. The other 10 percent, we find a lot of it has to do with consultation and talking about the students, which is very valuable.

Dianna Staley: I guess when I'm thinking remote, my question is more geared toward if you have an SLP in Garfield, could they support an SLPA in Asotin or another county sparsely populated like that. That's what I'm thinking of remote. Or would the 10/10 need to be in the same school.

Answer (Gail Rothwell): No, even in Tacoma we're not in the same schools at the same time. But the person would certainly have to travel to spend some time doing the direct. Also the indirect can be sending tapes or sending something by computer for the SLP to see.

Sandra Mena: My questions go back to workforce development and increasing that. You had mentioned in your PowerPoint that the SLPA salaries would remain about the same, even after this request. I'm trying to figure this out. You had also mentioned that they could have an SLPA certificate, a two-year certificate, or a four-year certificate. What would be the incentive for them to go past the certificate if there is no change in salary?

Answer (Cary Larson): We can get a two-year AA or a one-year certificate. Some go to school and get their BAs and then decide not to go on. I don't think that decision is probably made up front. Basically in a school district, you do steps.

Sandra Mena: Are your steps based on levels of experience or levels of education?

Answer (Cary Larson): No. Well, we do have steps that are based on education. But if you have a BA with an AA SLPA together, they're still going to make the same amount of money.

Answer (Gail Rothwell): Each school district is different and what happens is people at the BA or BS level decide to be SLPAs because they are not going to move into a graduate program. If someone decides to get the one-year certificate, the two-year degree, they really can't build on that at this time in the state to make it into a bachelor's degree. They would have to go into a university and start all over in terms of the SLP credits. So unfortunately, that's how our universities are looking at it at this point in time.

Answer (Jolene Gail): I'm an SLPA from Eastern Washington. I know I'm supposed to save this for testifying, but on the rural side of the mountains, we are a little more archaic than having steps. We as SLPAs are mere para-educators because nothing is required of us, so I hope that answers that question and I'd love to testify further.

Sandra Mena: My concern is the conversation you had with a person of interest, you said you needed incentives to come to school. If right now they could just have a high school diploma and no felonies to get the job... I'm thinking of long-term because you said that 15 percent of your SLP workforce is up for retirement in a few years. How would an SLPA move into that if you couldn't go to graduate school?

Answer (Susan Sparks of Shoreline Community College): Can I clarify that? Right now about 120 students last year applied for 20 spots at UW. At this time, universities are not accepting and there is no incentive to accept SLPA credit toward SLP programs. There are too many people applying for graduate school and not enough spots. It comes down to, there is no money for any more graduate school spots.

The bottom line is there is no way for more students than are already graduating from universities – there are four universities with 20 spots each. There are now 20 more. We have a maximum of 100 students graduating with graduate degrees in Washington state every year.

Answer (Gail Rothwell): Another really important point is that because SLPAs are not licensed and Shoreline has just been around for five years, it's not a very well recognizable and respected profession at this point in time. With licensure, hopefully more people would accept the profession and more people would go into it and more SLPAs would be out there working. I feel that a lot of people are not utilizing SLPAs. They are only using SLPs, and as the shortage continues to be a problem with the increase in needs of speech and language therapy, these people will be hiring SLPAs in schools and medical settings.

Answer (Susan Sparks): SLPs are reluctant to hire SLPAs because there are not regulations. They don't want their valuable master's degree, ASHA certification, or licensure to be on the line for someone with a high school diploma and no felony.

Sandra Mena: You talk a lot about the workforce with SLPs. I'm concerned about how they move into the SLP. If they're retiring and they can't get into slots anyway because there are no openings, are you going to saturate the field with SLPAs and no SLPs to supervise?

Answer (Gail Rothwell): I think we'd be extremely far from that because so many people are not utilizing SLPAs. You could have a district with six SLPs and no SLPAs. If they ended up with a couple of retirees and three or four SLPAs coming in to cover, that's not going to saturate.

Answer (Melissa Johnson): The use of SLPAs is the answer indirectly to the shortage of SLPs, because Susan is right. There is no more money at the state level being appropriated to UW or the other universities for these slots. There's not much we can do about that. But what we can do is get the supporting assistants out there helping the SLPs to take some of the load off what the SLPs are currently doing. That's the way we figured how to get to the shortage of SLPs, through the SLPA.

Sandra Mena: Are there currently SLPAs that are not credentialed that are doing all these jobs like an SLP?

Answer (Gail Rothwell): Not necessarily like an SLP. There are abuses and misuses of the system. With the Tacoma School District, we have some SLPAs with a BA and some with their degree or one-year certificate from Shoreline. But because we started working with SLPAs, we have people with other degrees in the behavioral sciences such as psychology and sociology, education, early childhood education. We've had our own classes before Shoreline was available and have done on-the-job training and we have some really sharp people working. Whereas there could be a rural area where they're really desperate and they pull someone out of a classroom who knows nothing about speech language pathology and say, guess what, you're the SLPA. You're working with a speech therapist because her caseload is 100 and she needs help now. So, we've got a mix of what's happening.

Answer (Susan Sparks): I have SLPAs in my program who said they know that according to what I tell them they are not supposed to do evaluations or diagnose, etc. But there is no regulation saying they can't, so when their director of special ed says they need to do that, they have to. How can they say no to something that is not appropriate for fear of losing their jobs, when there are no rules for them to fall back on? Yes, there are SLPAs doing evaluations and writing IEPs and carrying caseloads of 80-100 students.

Karen Jensen: These are people who have had no formal training?

Answer (Susan Sparks): They have had formal training but they are saying to me that they would like to be ethical and follow state guidelines, but their special ed directors tell them there are no state regulations. They don't want to lose their jobs.

Someone added: There are also some working without formal training and the schools will not provide us with the data because they are putting themselves at risk.

Sandra Mena: When you talk about grandfathering, are you talking about those currently in the positions that have not gone through the education and training?

Answer (Cary Larson): Some of them have 20 years of experience on-the-job training. Those are the kind of people we're talking about grandfathering. There will be a wide variety.

Sandra Mena: So they would need the education portion?

Answer (Melissa Johnson): That would be something the Board of Hearing and Speech would develop rules on. As an example, the physical therapy assistants became licensed in 2007 and the PT Board is now going through the rulemaking process on grandfathering among other things. What the board is coming up with is a minimum. You have to have been practicing a minimum of hours over the last five years, and there is a requirement to graduate from a two-year degree program. It wouldn't be simply that anyone who currently calls themselves an SLPA would be grandfathered. There would be some standards so we could keep the good people and make sure the people with no experience at all could not just slip in.

Answer (Gail Rothwell): California did grandfather this way. If you had been working for a year as an SLPA, you were grandfathered.

Dianna Staley: There is no national exam for SLPAs?

Answer: Correct

Dianna Staley: There is one for SLPs?

Answer: Yes

PUBLIC COMMENT

Cheryl Pullen: I work as an SLPA but I'm here because I'm a parent of a son with autism. His experiences in school were fabulous. He had caring teachers, special ed., and was always in life skills. He's mentally retarded and has epilepsy as well so he has serious issues and has required extra care to get through. He's now 21 and has successfully completed his program. He didn't have language issues. He has good language skills so at first glance you would not think he would need SLP services. But it became very apparent in the sixth grade that his social skills were really deficit, which is common in autistic children. He needed help with his social skills. But he was seen two times in a social group, and I was told that because his social skills were so high and his needs were so low that the social groups didn't have room for him and I just let it go. I didn't realize at the time how serious that was going to be for him. Once I went to school and understood what could happen to him, I was sad that there had not been SLPA service in that district at that time. If there had been SLPAs at that time working with SLPs, they could have easily created another social group for him and he could have received the services he needed. I work regularly with students who need help with idioms. They just don't get it. When someone says, you're fired, they picture somebody standing there being lit on fire. And they need help figuring how our

language works in our country. And he would have benefited in that immensely. I just wanted to share that with you. There is a case where an SLPA would have made all the difference in the world.

Melissa Johnson: I already provided my comments.

Trish Niehl: Since I've already spoken, I'll be brief. I'm Trish Niehl. I'm the Washington Speech Hearing Association president and I'm here to let you know how much we support this. My other job is the director of rehabilitation therapy with 185 PTs, OTs and speech pathologists for Franciscan Health System. I see how PTAs and COTAs work. We don't have speech language pathology assistants because there is no regulation. Even though we have a phenomenal mentorship, orientation, we really need the accreditation and licensure so we are sure that the individuals coming in at least have a foundation. I also have been active with ASHA. We had an SLPA summit last summer and the national organization is working very hard in addressing the issues of shortages. They're looking at SLPAs again and are looking at other options to improve the national shortages.

Question from Panel: What is a COTA?

Trish Niehl: Certified OT assistant. And they are licensed.

Diane Lewandowski: I am an SLPA with the Tacoma School District. I was the very first SLPA hired. At that time, there was not training besides on-the-job training. I received training from the SLP who hired me in the area of language and articulation. I worked with her for many years and then the speech department began hiring SLPAs. I was hired through a federally funded program that worked in the schools so I wasn't hired by the speech department. Once they began hiring SLPAs, the federal program folded eventually and I moved into the regular school setting and began working with students. Now there are many wonderful opportunities for SLPAs to get training. I had searched for something when I started so it would be easier for me to learn the language. Lots of times after a session with professionals, I would have to go back to them and ask them to explain what was just said. That's how I got my training but now I've done it for 23 years. I've done a variety of therapy and I love it. I think I make a valuable contribution to the students and the SLPs that I work with. And we do many things besides paperwork. We make materials. We do training with parents, for students on assistive communication devices. We do lots of things other than administrative which someone mentioned earlier. And we take outside training. I've had many hours of training in augmentative communication and that's the direction I've worked the last few years. Licensure would ensure that all SLPAs have a minimum of qualifications and standard of training and expertise. I think it would be great because it would validate that we are competent in what we are doing. We are considered para's and there are people who consider us not competent even though we have many years of experience, because we are para's and don't have any licensure available to us. I'm at the end of my career but I think it would be wonderful for those just beginning, especially those who've gone through programs like Shoreline, and also for those who have their BAs but can't be licensed because there is no licensure available. I think it would be wonderful for us to have the credibility licensure would give us. I think it would give parents confidence that their children are receiving the same quality of service whether being seen by an SLP or SLPA because the SLP is monitoring the program being done by an SLP. I don't design any programs for students. My SLP designs those. She does the legal paperwork. I provide valuable, extra support, for those students to be successful in being able to graduate from speech therapy and master the skills they need to learn. At this point in my career, I think it would be wonderful if grandfathering were allowed. I think I've paid my dues. I worked enough years in the field to pass some level of credentialing that would be used as a standard. If I weren't grandfathered in, I would have to stop providing the services I've been serving and that would be a shame to waste the experience and training I've received. I'd really like grandfathering to be considered.

Phillip Blackledge: I'm here today as a parent. I'm a former president of the Pierce County Chapter of the Autism Society. I was formerly on the board of Camp Works which was an autism summer camp and I have three disabled stepchildren, one with autism. Currently in Tacoma, there is typically one SLP at each school. If it wasn't for the fact that Tacoma has SLPAs, my child would not have received the therapy he got. He got that therapy because of the support from the SLPAs. The other concern I wasn't going to address, but am now because earlier people were talking about rural school districts. The oldest boy is ODD (Oppositional Defiant Disorder). And the grandmother in the Snoqualmie District ended up raising him. I'm going to display a little bias here but he was the star on their football team. Snoqualmie did something the doctors can't do and I can't do. They cured his neurological disorder. We called them on it. But the point I'm trying to make is that a bigger district like Tacoma and Seattle generally follows all the rules because we have multiple OCR complaints against us but the little districts that have fewer complaints which clean up a district and clean up bad behavior in a district, can break the rules. By licensing SLPAs, you are assuring there is a standard. I don't want an unqualified person working with my child. God bless Diane over there who learned the hard way. What she said about having to go back to an SLP and having to ask what this is all about - I don't want my child to be the training block. I want a qualified person. I wouldn't have a problem with Diane today, but I don't want that type of training. I want a qualified person in there with standards set working with my child. I don't want a district throwing someone in who's not qualified because they essentially have a para doing an SLPAs job.

Question from panel: What is a para?

Phillip: A para is a teacher's assistant. Paraeducator.

Gail Rothwell (wrap-up): I worked for 10 years as department chair of the Tacoma School District for SLPs and SLPAs and the hardest part of my job was recruiting and retaining SLPs because of the shortage. And Tacoma is a great place to work. It is very difficult and you work on it all year around trying to recruit and find people. SLPAs do fill in the gap. They lighten the workload for the overburdened SLPs and are able to provide more services for students. In fact, one SLP who left our district said that the students are getting more therapy in Tacoma because they use SLPAs.

Another point I want the department to know is that I'm hoping that no matter what happens with a licensure process, it will not increase the paperwork for SLPs. In the medical setting, SLPs have a lot of paperwork and it's outrageous in the schools. At one point there was a mandate that every time we observed an SLPA, we had forms to fill out and it was a nightmare. I'm hoping that if we have regulation, if supervision doesn't occur it can be reported, but please don't set us up with our large caseloads for documenting every time we work with our SLPA.

Another point is that in the Tacoma School District, we have a lot of professional growth. As department chair I set up a lot of it. We have the American Speech and Hearing Association education materials and the SLPAs attend all those meetings. They attend after school functions, weekend and or during school professional days and they have the same educational opportunities as the SLPs. Our special half day in September is going to be about autism.

I also want you to know I've heard that some districts don't let parents know that an SLP is providing services to students. And that needs to be done and I know through OSPI that when we write down the amount of time on our IEPs a student is receiving therapy, we write down that an SLPA is working with a student as well. I'm thinking that with licensure, as the field of SLPA becomes more recognizable and respected, it will be easier for the SLP to say they have 120 caseload, with two SLPs and three SLPAs and they are licensed and capable of doing a good job. I've heard SLPAs are being asked to do legal paperwork, so that continues to be a problem. Those are the main points I really wanted to make.

Kristi Weeks: I appreciate your request for no more paperwork but at the same time, what would be your suggestion to authenticate the supervisory hours if not a paperwork requirement? And if there is a dispute later on, how are we going to prove those hours are being provided?

Answer (Gail Rothwell): It seems to me that if you've got a school district and SLPs and SLPAs are working together, the director of special ed or the administration or chair who oversees that department is aware of how people are working together. I realize that's not a paper document but could be brought into evidence.

Kristi Weeks: This would be for all SLPAs in the state, not just school districts, so we have to have a workable situation to cover all situations, not just places where we can trust people.

Answer (Melissa Johnson): In my experience with the physical therapy assistants and COTAs, the laws and rules don't require the supervising PT and OT to document, as far as what's in the statute and rules. However there are definitions of direct and indirect and the rules delineate what can be done under direct and indirect and that way the department can fall back on whether the SLP and SLPA followed the definitions and that's the bulk of it. None of the statutes for the other assistant professions have a requirement that the PT document what it is. I think they do in their practice.

Kristi Weeks: I do disciplinary work and it comes up that one person is supposed to supervise another person and there are disputes on whether that supervision is being done. So I was curious of whether anyone has any suggestions other than, trust me. Because we're going to have two people saying, trust me and saying two different things.

Answer (Cheryl Pullen): Here is a good reason for our training. In Susan's classes, we are taught that supervision should be documented by the SLPA. So if we have a regular meeting time with our SLP, we keep an agenda and a book of some sort where we write it in. Once a week you could just jot down the dates. That's part of our training, that it is our responsibility, not the SLPs.

Answer (Jolene Gail): It's also my understanding that any SLP who has her CCCs through ASHA are following the guidelines. They're already governed by their organization unless they want to be unethical.

Answer (Gail Rothwell): We all do therapy notes and logs and certainly there would be times in the log that you would jot down that you consulted together (but I wouldn't want it mandated by law).

Karen Jensen: Sometimes the department can make recommendations or have a perspective, but the Legislature can do what they wish. We've had some additional reporting requirements for dental hygienists for sealants in schools, legislative requirements.

Dianna Staley: I have an observation as a parent. There were stacks of paperwork every quarter that I would just file away.

Gail Rothwell: I'm not complaining about paperwork because it's part of my job, but it keeps inundating and the process keeps getting worse. If you continue to lay more and more paperwork on people, it takes away from the students and the student time. But I accept it as part of my job.

Cassandra Goodwin: I'm an SLPA in the Tacoma School District. I was asked to read a letter from a parent who could not come today.

My son, David, attended Tacoma Public Schools and received speech therapy for many years. By the time he was in high school, we realized that he was not going to be able to communicate with most people

using his voice. Fortunately, he received speech therapy services from both an SLP and an SLPA. The SLPA had additional training in augmentative communication and asked if we could try using a communication device with David. She spent many hours training David to use software on the computer that worked similar to a communication device. She and the SLP were able then to explore several different communication devices available in our school district for David to use to communicate with. He was so successful that we were able to get a Mercury Communication Device for my son through Medicaid. The SLPA also provided additional therapy time to train David to use this device so that he would be able to be independent when he graduated. He uses this every day to communicate with people in the community, at his Day Health program and at home. Without the additional time and expertise provided by the SLPA, my son might never have had the opportunity to develop the ability to communicate with others. We are so thankful that David is able to communicate with anyone he wants to now.

(Jan Burgess)

Susan Sparks (Shoreline Community College): I've been a speech pathologist for 17 years and I love it. I also like teaching but I started teaching because I believe we need to address the shortage and this is one of the ways to address it. My first love is therapy and I continue to work the birth to 3. I work for a non-profit agency and we can't attract enough speech pathologists and we can't pay enough. I specialize working with children who are bilingual, Spanish speaking, DSHS clients. What I've seen across the state, what I see is a discrepancy especially in the quantity and quality of services, in rural areas and low income areas, and the Native American and non-English families. These are people who don't traditionally complain and don't know the regulations and they are grossly underserved right now. Colville Indian Reservation has no SLP at this time.

I want to say again. First, SLPs are telling me they don't want to work with SLPAs because they don't want to be legally responsible for the SLPAs actions. They also don't want to have to train an SLPA. They are already overworked and now have to train an SLPA and take legal responsibility for them. SLPs are also opposed to SLPAs because there is nothing to fall back on to say they can or can't do something. Again, there is no way for them to know the guidelines, the line in the sand. The clients we work with trust us, that we provide high quality services. They're not looking in this state for best practices, so they are unaware that there is a lack of regulations. It is the poor areas, the rural areas, and families with especially high needs children and adults.

Current abuses: Yes, there are abuses out there. You're not going to find them written down. People call each other and talk about them but they're afraid of what will happen if they report them. I have several SLPAs who are bilingual and entered the program two years ago who are carrying caseloads of 80 – 100 students. They've never had any formal training, have a high school education, no felonies on record, and are not supervised by the SLP because the SLP doesn't have time. And there are no regulations saying they need to. I know SLPAs who go one to two months without seeing an SLP. They are doing evaluations. They're discharging students. They're writing goals. And when I've confronted the "supervising" SLP or director of education, they've asked me to show them the regulations. When I've contacted OSPI, they say they don't know what I'm talking about. If people have complaints, why aren't they calling us? I reply that my bilingual family doesn't know to call you. And they fall back on that they aren't breaking any rules.

In summary, I would like to see licensure to alleviate the pressure that the SLP shortage has caused. Back to the issue of medical versus education, I work with medically fragile children. I specialize in the really significantly impaired children. When they turn 3, they go to the schools. Really, some people have the impression that the school therapist is different than the clinical therapist. They have the same training and they work with my kids once they turn 3. And in the clinics and hospitals, those children go to school

during the day. So the SLPs are providing the same kinds of services that I'm providing. Those SLPA s are picking them up in the schools once they turn 3.

We need some regulation and something to fall back on to protect my clients, our clients.

Maria Repp: I'm a pediatric speech language pathologist. I've been doing it for 15 years, at a private clinic for 10 years. I thank you for allowing me to come here to support SLPA programs. I think it's very important. Like all the SLPs, SLPAs and parents, my number one concern is the kids and families I work with. I don't have kids of my own, but I've had a parent who's been in ICU and my No. 1 concern is for the consumer. I have a lot of connections with a lot of private clinics and hospitals and I know things are going on that shouldn't be. There is a shortage of SLPs and there's also starting to be a big shortage of clinics. In the last several years, three pediatric clinics that have had multiple sites through the state have closed. We've had an influx of families looking for therapy for their children. Now, where a speech therapist could only see a child at one time for possibly an hour, we have a long waiting list of people desperately awaiting services for their children. I have two SLPAs on my staff so I may be able to answer some of your questions in terms of how to regulate their time and what they are and are not allowed to do. I've also had some person experience working with a physical therapist and in that care. I worked with that physical therapist every single time in addition with a physical therapy assistant. With the increasing number of caseloads, having licensed regulated SLPAs would allow me, rather than just seeing one patient in an hour, I would be able to see three patients. Where I have to, because I deal with private insurance companies, I have to provide direct services to each patient. But some of those services could be provided by an SLPA. During that time, every single time a patient comes in, I am supervising or providing direct services to the patient with the SLPA present. That's how the SLPAs would be used in my clinic. However, without regulations for SLPAs, without any training, without any supervising regulations and regulations that say what they can and cannot do, there is a lot of abuse. And the consumers are the ones who will be hurt. For example, if I'm doing feeding therapy, as an SLP, I cannot allow an SLPA to provide those services. Or if an SLPA does something inappropriate, I could lose my license. But the SLPA could just go somewhere else, to a school, clinic or hospital and they haven't been reprimanded. I could be in a clinical situation where there is an owner of a clinic who's not an SLP. He owns the clinic and the SLP is out sick, so the owner tells the SLPA to do the feeding therapy on this child. That SLPA has nothing to stand back and say he or she cannot legally do this, so the consumer is again at risk. The SLPAs themselves don't have the power to say they legally cannot do these things. There has been abuse and is abuse in these types of situations.

In the medical setting, we can treat kids from 15 minutes to 50 minutes depending on the needs of the child but we have to be present every single time. My SLPAs have given me examples of times they've been asked to do things they aren't supposed to do because there are no regulations. My SLPAs want regulation so the consumer is protected and so they are protected themselves. Anyone who hires them will also be protected with regulations.

Question: Can you bill for SLPA?

Maria Repp: At this time, we cannot bill for SLPA time. I believe that private insurance companies will not, even nationally, if there is no licensure. I know that PT assistants and OT assistants can bill for their time and it's recognized by insurance.

Karen Jensen: The sunrise law says that as much as that is an attractive reason for licensure, it's not something we can consider in our analysis. Just so you are aware that that's in the statute.

Jolene Gayle: I'm from Cashmere, Washington. This is my 12th year working as a paraeducator. I'm beginning my third year as the district's only educated SLPA. I have to supplement my income by driving

a bus and have been a custodian. I got into the Shoreline program as a distance learner. One of my goals was my family. I'm a parent of a child who had a speech problem. I have a sister who has a traumatic brain injury and was in a coma. My father lives with me and is an Alzheimer's patient. Each of those areas have required speech pathology and this program came to me and at the very least I thought I could learn something to help me take care of my immediate family. I want to tell you that what I'm hearing in the Tacoma area is a very educated, innovative program that we do not currently have on the east side of the mountains. The general public, the districts, are not aware of what an SLPA does or is. As a parent, I live five minutes from my child's grade school. I got a call one day that she was being dismissed from speech. How can she be dismissed from speech when her problems have not been corrected? This sweet child that has the personality I know best is ready to punch out kids on the playground for teasing her. I had to attend a meeting where there was a psychologist, an SLP that didn't work for the district but was used by the district because of the shortage, and the principal. I was flat denied services for my child because her academics were high enough. I left there very angry, saying to them that if they don't fix her speech problem, she will end up in a psychologist's office or the principal's office for behavior problems. So you've compounded things by not helping her with her original problem. This happened because of the SLP shortage. They were using someone who was already overloaded and trying to retire and working at the hospital who runs to the district, looks at the kids, does her paperwork, and then the rest of the therapy is spent with untrained paraeducators. The best the district can do is release what they feel is their least needy. I took my child 35 miles away to where I work for two years and her speech problem was corrected because she got services.

What is happening in my district currently is that many SLP positions are being filled by SLPs with BAs who work under an emergency certificate. And that's our speech system. We have a 72-year-old retiree who comes back to help. We have me and one other who has been working as a paraeducator. We're unrecognized totally. Because of the recognition issue, I've recently been going on job interviews. In one place up north, they offered a good salary and I found out they wanted me to represent myself as an SLP in parent meetings and write IEPs. I couldn't do that ethically so I couldn't take that job. I have several friends I've brought into the program and one has represented herself as an SLP for fear of losing her job. Parents don't know you are not an SLP if that's who they see working with their child. It is unethical. Another cohort works in private practice with an SLP and she continually reminds the owner to quit introducing her as a speech therapist. She says to at least introduce her as the assistant. She feels unethical in this situation. She should be able to be announced as an SLPA. My district does not list in the IEPs that services are provided by a trained SLPA. They just state that they will be provided services. So neither the district, nor the parents know exactly the time I spend with my children. There is one day a week when I'm all by myself, and of the 60-person client load at that school, I've seen all the kids in one day in groups. I take data. And this is a really good SLP I work for who supervises well and communicates well with me during our sessions. There are places out there where they don't get that. They're just happy to have a warm body who they can say is serving kids. You can look logically at why the caseloads are rising. If a trained person can give good therapy and help exit someone, an untrained person may reinforce a terribly bad habit. If I don't know where to tell a child to place an articulator to make an articulation sound, and I'm telling them to repeat it 100 times, I've reinforced something and I can't get that child off my caseload that way. That would be what an untrained SLPA would, and are doing. You mentioned the burden. Many people who are working in the school system under the guise of an SLPA have no clue they are an SLPA. They are paraeducators. I just went to a job interview and it was the best job interview ever. I was very excited to work with the SLP who was going to drive from her other job and view me. I would have a caseload of 40 children. She would view me one day per week to get the 10 percent coverage. Then we would communicate by telephone and email for the 10 percent indirect. So we would do everything ethically. The special ed director took my information to the superintendent, and I asked for \$19 per hour, which would leave me with a base pay of \$1,780 per month. I would drive one hour from my home daily to perform these services. The district couldn't afford this so they went with a paraeducator and the SLP coming in from 20 miles one day per week to see how things are going.

Without licensure, the guidelines that hold SLPAs responsible for their work are simply guidelines. They are just suggestions without licensure. The last thing I want to say is that the recognition of an SLPA would alleviate many of the problems we've talked about today. It would also make districts aware of the difference between the therapy they are currently providing and what they should ethically be providing. Licensure would validate my profession. I'm currently at the top of my pay scale. I make \$12.42 per hour maximum and have to subsidize my income as a bus driver. I'm still a paraeducator. I can't make any higher wage. My own union doesn't recognize me. When I ask them about the steps, they view it that we are all paraeducators and feel we are all equal in the services we provide. This would really protect the consumers so they would know who is treating their children.

Karen Jensen: Can you expand on some of the problems that could occur from reinforcing bad habits?

Answer (Susan Sparks): Skilled versus unskilled. Some of my students that come through who say they have five or 10 years say they can't believe their SLP allowed them to do therapy. They never knew about specific articulation skills. They never understood about specific language skills and they were inadvertently reinforcing these inappropriate behaviors. It can be as insignificant (unless this is your child) as a sloppy "R." But it can be dangerous with kids with autism when really inappropriate behaviors can make a problem worse.

Karen Jensen: Would that result in a delay of, or prevention of successful treatment?

Answer (Susan Sparks): If it goes on long enough. Maria, you have had experience.

Answer (Maria Repp): If it goes on long enough, it becomes more difficult to later on change that behavior, and I'm talking about a speech, or communication problem, or pragmatic problem. It's harder to change later on because it's become so ingrained in the wrong way for so long. Paraeducators or assistants with no training or supervision don't have the knowledge or ability to see what they need to do and know how to do it. It can become a permanent problem, or become very difficult to treat later on and make those changes.

Answer (Gail Rothwell): When an SLPA is well supervised by an SLP, they will let the SLP know they are having a problem with this student or client. The SLP will then work with the student. They may take over. A good SLPA will let you know when there is a problem.

Karen Jensen: Is part of the training recognizing when failure to make progress is in itself a problem?

Answer: Yes. That's also happened in the medical setting. I witnessed an individual with no training who turned a head injury into a combative individual because they didn't know the sequence for working with comatose individuals coming out of a coma. This individual broke one therapist's leg and knocked out a CNA.

Kathy Armitage: I work for the ESP 113. We currently have 12 school districts we work with in the Lewis County area. I have worked as an SLPA for 21 years and I'm one of those hired off the street moms with no felonies. My interview was with an SLP and I was hired mainly because I had two little boys age 3 and 5 who you couldn't understand. That made me a qualified SLPA to come in and help quite a large caseload of students. I was one of those SLPAs that was asked to work with a student with a trach. The parent gave me permission to feed that student while I worked with him. It was explained to me that he would work better and follow directions better if I were to feed him. Now being a mom and having that gut feeling that working with this child who was medically fragile, has a trach, is on oxygen, has a heart monitor, I'm not feeding this child. I went to a meeting with all the school administrators and

teachers and told them I don't feel comfortable doing this. They said that I had to because there's no reason you can't because he has a private nurse with him at all times and she will sit outside the door. When I saw the student, who wasn't allowed to go to school because he was so medically fragile, that gave the nurse time to go to the bathroom or get her coffee so she wasn't outside the door while I was there. He liked to get up and bounce around. I was told I had to corner him so he couldn't escape. I think Phil gave a great testimony about why you would want me to work with your child. I had no idea what to do with this child. I worked with him twice a week for a half hour at a time. Those were the most panicky times that I dreaded. I actually liked it when he was ill and couldn't come to school because I was afraid I was going to do something to hurt this little boy. He was non-verbal. I had no supervision. I've heard of other moms who have come in and been hired who have been just given IEPs for their students. They don't know how to follow an IEP. They don't know the terminology used in the IEP, nor do they have the time to meet with their supervisors. I've worked with five, six, or seven supervisors supervising SLPs and they all write their IEPs differently. You don't have any idea what they mean. They are basically throwing in a warm body to cover the fact that you have an IEP and it's state mandated that you have to have this child served for so many minutes. It's unfortunate that they're just putting anybody in these positions because we're so overloaded and the caseloads are so high. I've heard of SLPAs like myself supervising aids. If I need to be supervised, I don't have the qualifications to supervise someone else. I've heard of SLPAs being asked to do testing because there's not time for the SLPs to do it themselves. In my 21 years as working as an SLPA, these last three years since receiving my SLPA certificate have been the only years that I've met directly with my supervising SLP or that I've been supervised at all. I used to just receive these papers and was told to find the students and schedule time and work with them. I didn't know what some of that terminology meant. These last three years have made the difference. I know now that I have to meet with my SLP and I know it's my responsibility to find out what things mean in the IEP. We schedule time during the day to do that. I will admit that now I, during these last three years, have drastically changed the way I work with these students. I now know how to follow a written IEP. I know what's expected. I know that the final goal is to dismiss the student. I wouldn't have done that before. They always say SLPs play games. Yes, they do. The kids don't know you're doing speech therapy. They're playing a game. You can do a lot of things with these kids. Eighteen years ago, I may have played a game with no intention to get anything done on the IEP, any goal met. I do it differently now because of the training. I want to do well at my job. In my outlook list for the coming year, I know that my supervising SLP has a caseload of 85 students. She has 15 new transfer students coming in that all have speech IEPs. I am her only assistant. When you think that she has to have 100 students IEPs and testing, it's her whole life. She's working well after hours, so any help I can provide, I feel I can be an important part. I can make phone calls and see a lot of the students, but I'm not afraid now to see the students. I would have been before. I may have been afraid to see a child with autism. I can do that. I know how to now, and if I don't, I will be in constant contact with my SLP.

Phil Blackledge: I didn't connect the dot with something I said earlier. In Snohomish School District, this has to do with district abuse when there are no guidelines or nobody is monitoring them. And there's quite a bit of abuse when it comes to SLPAs in rural districts and that's why we need licensure. With my ODD child that they cured the neurological disorder, which is impossible, they left him in the school long enough to be the star on their football team and after football season, they expelled him for behavior problems related to his disability. This is what happens when a district isn't properly monitored and there isn't a high enough population for suit to be filed. At least if there are standards with SLPAs, there are grounds if someone files a complaint for something to be done about it.

MEETING CLOSED

Karen Jensen closed the public hearing and reminded the audience that there is now an additional 10-day comment period to follow up on anything additional anyone wants to add to the record. She reminded the group that the department will then begin drafting the report, which will be shared with the interested parties. There will then be a "rebuttal period" before the report is finalized.

ATTACHMENT REQUESTED BY APPLICANT TO BE INCLUDED

From Gail Rothwell, SLP, Tacoma School District

In the TSD, we have worked with SLPAs for over 20 years. Please see the roles of the SLPAs for Tasks Performed below.

This is what we have to follow for the SLPA scope of practice. This information was gathered from ASHA, WSHA and personal experience working with SLPAs over the years.

Role of the SLPA in Terms of Tasks Performed

Included Tasks:

1. Preparation and organization of therapy room
2. Maintain speech files, notebooks, programs, Medicaid forms
3. Take and record data.
4. Schedule students for therapy. Schedule approved by SLP
5. Provide individual, group and classroom therapy to students as directed by IEP and SLP.
6. Support the development of speech and language of students in the classroom, community and vocational settings.
7. Produce therapy materials.

Excluded Tasks:

1. Assessments, evaluations, reevaluations, diagnostic procedures
2. Determine students for caseload.
3. Write IEPs and determine objectives for caseload.
4. Write reports except progress reports for SLP.
5. Referral of students to other professionals
6. Attend and have independent input at student staffings.
7. Independent consult with parents and report at IEP meetings.

Gail Rothwell, MA, CCC-SLP-L 10/97 revised 8/06

See Attached PowerPoint Presentation presented by Applicant

APPENDIX: E

Public Hearing Participant List

Public Hearing Participant List

NAME	ORGANIZATION
Gail Rothwell, Applicant	Washington Speech-Language Hearing Association (WSHA)
Cheryl Pullen	WSHA
Linda Zehnder	WSHA
Melissa Johnson	WSHA
Cary Larson	WSHA
Lisa Wolf	WSHA
Trish Niehl	WSHA
Darce Patterson	WSHA
Dianne Lewandowski	WSHA
Phillip Blackledge	Parent
Sara Howatson	Parent
Cassandra H. Goodwin	WSHA
Susan E. Sparks	SLP
Maria Repp	Private Clinic
Kathy Armitage	WSHA
Jolene Gayle	SLPA - self

Review Panel

Dianna Staley, Department of Health
Kristi Weeks, Department of Health
Mike Nath, Public Member

Department of Health Staff

Karen Jensen
Sherry Thomas

APPENDIX: F

Written Comments

Speech-Language Pathology Assistant Sunrise
Written Comments Received
As of September 12, 2007

I have worked for Tacoma Schools in Special ed for thirty three years, the last nine in the speech program as a SLPA .For the last four years I have taken the Shoreline SLPA classes to improve my self on the job. But I am still a person who would need to be grandfathered in .It is hard to think that I would lose my job because my experience and knowledge is not in the form of a degree. Linda Warnock

I support SLPA licensure
Stephen, Kristine Kolbeck

I support the licensure of SLPAs for our state. In our district (South Whidbey School District) we are currently down one FTE SLP and it makes it impossible for me, the lone SLP, to serve the kids with communication needs. We need qualified, licensed SLPAs to meet the need of the SLP shortage in public schools.

Becky Breeze M.S., CCC-SLP
Speech Language Pathologist
South Whidbey School District

I have concerns/support for the following areas for SLPA licensure:

1. Grandfathering is important for those already serving students. Students would lose service without grandfathering.
2. BA/BS SLPAs should be able to practice without a lot of other requirements making it difficult for school districts to hire them. They are necessary to provide service to students.
3. There is a severe shortage of SLPs. It is important for SLPAs to be able to help provide therapy to students and patients or there will be a lack of service. However, there is no way that SLPAs would be accepted in a medical setting without a license.

Thank you.

Gail Rothwell, MA, CCC-SLP-L
Tacoma School District

My name is Jim Grossmann. I am an SLP assigned to work in two small school districts, Oakville and Toledo. I support SLPA regulation. It means that I don't have to invest as much time training my assistants. Anyway, regulations for COTA haven't hurt Occupational Therapy.

Peace,
Jim Grossmann

I am an SLP in the Richland School District. I believe that SLPA's should have licensure in order to effectively assist us with our overloaded caseloads. Susan Bruemmer, M.S., CCC-SLP

I continue to support the licensure of Speech-Language Pathologists. Thank you.
Susan

I work as a SLPA for Tacoma School District. I have a AA degree in Early Childhood Education. I hope that the Dept. of Health approves of Licensure for SLPA's. I would need to be grandfathered in, so that I can continue working with the students that are assigned to me. I am a huge help to my SLP's with whom I work. The SLP's count on me to help keep their caseloads manageable.

Thanks for consideration this important issue of SLPA licensure.

Peggy Hurd, SLPA, Tacoma School District

I am writing in support of the SLPA licensure. I also favor grandfathering in the SLPAs who are currently working in that position.

I work with some very talented SLPAs in my role as Speech Language Pathologist for the Tacoma School District. Some have taken classes through the Shoreline program, and others have not. Even the SLPAs that have only received their training through our district personnel are valuable members of our teams. When I first came to Tacoma School District, I feel as if I learned the day to day procedures from the SLPA with whom I worked for that first year. They aid us in serving students who otherwise might not be able to receive a sufficient # of weekly sessions. My caseload is only barely manageable because of the SLPA with whom I work.

They help us with organization of paperwork and in the past our Medicaid billing. I understand that SLPAs are no longer able to bill for their services (under our supervision) due to not having licenses. Licensure will ensure that people placed in the SLPA positions have supervision as well as responsibility for carrying out IEPs in school. In addition, though I do not work in the medical setting, there are many types of therapies that they would be able to perform with supervision.

Terri Lausten, SLP, Tacoma School District

I am in full support of state licensure for speech-language pathology assistants. There is such a huge need for SLP's and not enough people with master's degrees in that discipline to fill the state-required therapy for children in schools with IEP's, as well as clinics and hospitals. It is imperative that SLPA's be included with licensure to guarantee quality controls. It is also only fair and right to allow a grandfather clause to those who have been doing this job for 2 years or more, because they have basically been training on-the-job as if apprentices learning the hard way.

Thank you for considering this issue.

Dianne Morrison, SLP, Tacoma Public Schools

I work in Edmonds S.D. as a SLP and support SLPA licensure. I have had an opportunity to be involved in the 'training' process (i.e., providing internship experiences) and feel SLPAs could be of great benefit in the public school system. Randy Hall, SLP

Randy Hall, M.S. ccc-Sp/Lang.

Speech/Language Pathologist

Woodway Elementary

As an SLP, I support the licensure of SLPA's. I believe licensure is essential to secure quality services.

Thank you

Jeanne Northfield, Enumclaw WA

I strongly support licensure for SLPA's in this state. SLP's need licensure for consistency across the profession. They are able to fill the gap caused the the SLP shortage. It is also important that SLPA's be monitored by SLP's.

Debbie Saxon, MA CCC-SLP

Debbie Saxon,SLP

Child Find

My name is Joanne Marty and I am a certified speech language pathologist and audiologist who works within the public school system. I am writing to you today in order to state my strong support for mandatory licensure of SLPAs.

Within the public school system, Speech pathologists are currently shouldering caseloads well beyond the ASHA caseload recommendation. In order to serve the children who are in need of speech/language services, administrators have turned to one of the few options available - under-trained assistants who are expected to act as a speech/language "expert". The children who are on IEPs are entitled to specially designed services that are carried out by qualified professionals. Without training and ultimately licensure, how is it that we can guarantee our children and their parents an appropriate program? Further, SLPAs who have completed their training through an SLPA program need to be recognized for their training and education in order to be compensated for their skills. I currently have the good fortune to work with a speech-language assistant who has completed her SLPA training from Shoreline CC. She is a professional that is able to implement lesson plans and she is aware of her professional responsibilities. It is my sincere hope that one day our state and profession will support the development and training of SLPAs in order to better serve the needs of our children in Washington state.

Thank you for your time.

Joanne Marty, CCC-A/SLP, Certified Audiologist and Speech Language Pathologist

I am an SLPA in the Seattle Public School district. I support licensure of SLPAs. Penny Boeve

This is to give my input for the SLPA regulations. I am an SLPA in the Moses Lake School District. I have been going to school to complete my education for this. I believe that we need to have licensure. We need to have guidelines to follow, but also that there needs to be quality education for all who desire to be SLPA's. We can not do the instruction that is needed if we don't have the education to teach us how to do it. This is very important to me.

Thank you for doing this for us. Thank you also for allowing us the input into this.

Judy Madewell, Moses Lake

I support the licensure of SLPAs in order to establish consistent guidelines for their use and to ensure quality services to our SLPs and the kids being served. Right now, because there are no guidelines, so many SLPAs are being put in positions that are unethical. Licensure would help maintain the professionalism.

Rita Nolan, SLPA

Mukilteo School District

I agree that SLPAs should receive adequate training, and even that SLPs know how to use them appropriately. I also think there should be more SLPAs out there to help SLPs with ridiculously high caseloads and/or other demands on their time.

Thanks for accepting our input.

Linda Szeto, M.A., CCC-SLP, Speech-Language Pathologist

Kamiak High School

Mukilteo School District

I am for licensure of SLPA's in the state of Washington.

Bohi Karrie A.

I believe that the SLPA's should be required to be regulated under state licensure to ensure professional standards and status in order to assure quality delivery of service to our students.

Thank you for your consideration.

Cynthia Green-Alk, M.S., CCC-SLP

Horizon Elementary

I support the licensure of SLPAs.

Thank you,
Deborah Freestone, MA, CCC-Speech-Language Pathologist
Mukilteo School District

I would like to express my support for the licensure of SLPAs in Washington state. As an SLP, I can attest to the marvelous work that has been accomplished by a skilled and professional SLPA in our school district.

Michelle Watkins M.S. CCC-SLP
Speech-Language Pathologist

Hello, I am a longterm ASHA and WSHA member and I would like to go on record as supporting licensure for SLPA's. They perform a valuable service and should have standardized credentials, preparation, and knowledge, as do the SLP's they assist.

Thank you.
Fern Rogow, MS, CCC-SLP
Speech/Language Therapist

I am currently an SLP in Mukilteo School District and in this district, I have the pleasure of working with a skilled and professional SLPA. Our district SLP group does its best to ensure that she is adequately supervised, participates and completes activities/tasks in an ethical manner, and gains additional experience and knowledge in a variety of settings and with a variety of students; however, in conversations with colleagues working in other districts (as well as my own experience working in another district) I know that this is not always the case.

Currently, many people working as SLPAs have varying degrees of education or on the job training. Many SLPAs are not being supervised adequately and are used unethically. Licensure would help to ensure quality services and support to SLPs and the students being served. I support SLPA licensure!

Thank you,
Erin K. Bruce, MA, CCC-SLP

As a recent SLPA graduate, I am looking forward to working in this field. It seems that licensure for SLPAs is long overdue in Washington state, therefore, this is my statement for support of licensure for this growing and necessary field.

Thank you, Carol Johnson

APPENDIX: G

Testimony Regarding Speech-Language Pathologist Shortage & Speech-Language Pathology Assistants Asked to Work Beyond Training and Skills

Public Testimony
Speech-Language Pathologist Shortage
Speech-Language Pathology Assistants Asked to Work Beyond Training and Skills

Shortage

Cheryl Pullen

I work as an SLPA but I'm here because I'm a parent of a son with autism. His experiences in school were fabulous. He had caring teachers, special ed., and was always in life skills. He's mentally retarded and has epilepsy as well so he has serious issues and has required extra care to get through. He's now 21 and has successfully completed his program. He didn't have language issues. He has good language skills so at first glance you would not think he would need SLP services. But it became very apparent in the sixth grade that his social skills were really deficit, which is common in autistic children. He needed help with his social skills. But he was seen two times in a social group, and I was told that because his social skills were so high and his needs were so low that the social groups didn't have room for him and I just let it go. I didn't realize at the time how serious that was going to be for him. Once I went to school and understood what could happen to him, I was sad that there had not been SLPA service in that district at that time. If there had been SLPAs at that time working with SLPs, they could have easily created another social group for him and he could have received the services he needed. I work regularly with students who need help with idioms. They just don't get it. When someone says, you're fired, they picture somebody standing there being lit on fire. And they need help figuring how our language works in our country. And he would have benefited in that immensely. I just wanted to share that with you. There is a case where an SLPA would have made all the difference in the world.

Carol Lorigou Loup MA CCC SP

I have more referrals than I can see. I wish I did not have to send families looking for other SLPs. We cannot see all the families who call, but we can give service to older children without benefits in the area of writing and language development.

Jolene Gayle

I'm from Cashmere, Washington. This is my 12th year working as a para-educator. I'm beginning my third year as the district's only educated SLPA. I have to supplement my income by driving a bus and have been a custodian. I got into the Shoreline program as a distance learner. One of my goals was my family. I'm a parent of a child who had a speech problem. I have a sister who has a traumatic brain injury and was in a coma. My father lives with me and is an Alzheimer's patient. Each of those areas have required speech pathology and this program came to me and at the very least I thought I could learn something to help me take care of my immediate family. I want to tell you that what I'm hearing in the Tacoma area is a very educated, innovative program that we do not currently have on the east side of the mountains. The general public, the districts, are not aware of what an SLPA does or is. As a parent, I live five minutes from my child's grade school. I got a call one day that she was being dismissed from speech. How can she be dismissed from speech when her problems have not been corrected? This sweet child that has the personality I know best is ready to punch out kids on the playground for teasing her. I had to attend a meeting where there was a psychologist, an SLP that didn't work for the district but was used by the district because of the shortage, and the principal. I was flat denied services for my child because her academics were high enough. I left there very angry saying to them that if they don't fix her speech problem, she will end up in a psychologist's office or the principal's office for behavior problems. So you've compounded things by not helping her with her original problem. This happened because of the

SLP shortage. They were using someone who was already overloaded and trying to retire and working at the hospital who runs to the district, looks at the kids, does her paperwork, and then the rest of the therapy is spent with untrained para-educators. The best the district can do is release what they feel is their least needy. I took my child 35 miles away to where I work for two years and her speech problem was corrected because she got services.

What is happening in my district currently is that many SLP positions are being filled by SLPAs with BAs who work under an emergency certificate. And that's our speech system. We have a 72-year old retiree who comes back to help. We have me and one other who has been working as a para-educator. We're unrecognized totally. Because of the recognition issue, I've recently been going on job interviews. In one place up north, they offered a good salary and I found out they wanted me to represent myself as an SLP in parent meetings and write IEPs. I couldn't do that ethically so I couldn't take that job. I have several friends I've brought into the program and one has represented herself as an SLP for fear of losing her job. Parents don't know you are not an SLP if that's who they see working with their child. It is unethical. Another cohort works in private practice with an SLP and she continually reminds the owner to quit introducing her as a speech therapist. She says to at least introduce her as the assistant. She feels unethical in this situation. She should be able to be announced as an SLPA. My district does not list in the IEPs that services are provided by a trained SLPA. They just state that they will be provided services. So neither the district, nor the parents know exactly the time I spend with my children. There is one day a week when I'm all by myself, and of the 60-person client load at that school, I've seen all the kids in one day in groups. I take data. And this is a really good SLP I work for who supervises well and communicates well with me during our sessions. There are places out there where they don't get that. They're just happy to have a warm body who they can say is serving kids. You can look logically at why the caseloads are rising. If a trained person can give good therapy and help exit someone, an untrained person may reinforce a terribly bad habit. If I don't know where to tell a child to place an articulator to make an articulation sound, and I'm telling them to repeat it 100 times, I've reinforced something and I can't get that child off my caseload that way. That would be what an untrained SLPA would, and are doing. You mentioned the burden. Many people who are working in the school system under the guise of an SLPA have no clue they are an SLPA. They are para-educators. I just went to a job interview and it was the best job interview ever. I was very excited to work with the SLP who was going to drive from her other job and view me. I would have a caseload of 40 children. She would view me one day per week to get the 10 percent coverage. Then we would communicate by telephone and email for the 10 percent indirect. So we would do everything ethically. The special ed director took my information to the superintendent, and I asked for \$19 per hour, which would leave me with a base pay of \$1,780 per month. I would drive one hour from my home daily to perform these services. The district couldn't afford this so they went with a para-educator and the SLP coming in from 20 miles one day per week to see how things are going.

Without licensure, the guidelines that hold SLPAs responsible for their work are simply guidelines. They are just suggestions without licensure. The last thing I want to say is that the recognition of an SLPA would alleviate many of the problems we've talked about today. It would also make districts aware of the difference between the therapy they are currently providing and what they should ethically be providing. Licensure would validate my profession. I'm currently at the top of my pay school. I make \$12.42 per hour maximum and have to subsidize my income as a bus driver. I'm still a para-educator. I can't make any higher wage. My own union doesn't recognize me. When I ask them about the steps, they view it that we are all para-educators and feel we are all equal in the services we provide. This would really protect the consumers so they would know who is treating their children.

Tina Boyd, MS, CCC-SLP, Omak School District

I am writing this letter in support of licensure of SLP's in the state of Washington. I am an SLP in Washington state, serving a school district with a caseload of around 70. I supervised two of my Speech Aides during their studies at Shoreline Community College. I was very impressed by the course work that Shoreline mandated, as it pertained to my caseload in the school setting. In order for me to serve my caseload effectively, I have to have competent speech aides, which would take years to train by myself; however, the SLPA program allows for a speech aide to get the knowledge/skills needed in a more efficient manner. Having SLPA's makes my job manageable, as I am confident that they have more knowledge and resources to provide speech therapy to children, working closely with me as their supervisor. SLPA's allow me the time to prepare IEP's, perform evaluations, write programs, call parents, and meet with teachers in order to increase the communication skills of children on speech IEP's. It is necessary for Washington state to regulate the licensure of SLPA's, as they need to be held accountable, to ensure that children are getting the service that they need. It is my job, as the SLPT, to supervise the SLPA, and to provide on the job training as is deemed necessary. There continues to be a shortage of SLP's in all areas of Washington state. Until caseloads are low enough for children to get the adequate services they need, SLPA's are needed. Since most school districts already use para-educators to serve kids who qualify for speech therapy, why not ensure that they have formal training? This formal training could be years of experience with on the job training of at least five years, conferences attended, and pertinent coursework. Thank you for the time you have taken to hear my thoughts on this issue.

Working Beyond Training and Skills

Kathy Armitage

I work for the ESP 113. We currently have 12 school districts we work with in the Lewis County area. I have worked as an SLPA for 21 years and I'm one of those hired off the street moms with no felonies. My interview was with an SLP and I was hired mainly because I had two little boys age 3 and 5 who you couldn't understand. That made me a qualified SLPA to come in and help quite a large caseload of students. I was one of those SLPAs that was asked to work with a student with a trach. The parent gave me permission to feed that student while I worked with him. It was explained to me that he would work better and follow directions better if I were to feed him. Now being a mom and having that gut feeling that working with this child who was medically fragile, has a trach, is on oxygen, has a heart monitor, I'm not feeding this child. I went to a meeting with all the school administrators and teachers and told them I don't feel comfortable doing this. They said that I had to because there's no reason you can't because he has a private nurse with him at all times and she will sit outside the door. When I saw the student, who wasn't allowed to go to school because he was so medically fragile, that gave the nurse time to go to the bathroom or get her coffee so she wasn't outside the door while I was there. He liked to get up and bounce around. I was told I had to corner him so he couldn't escape. I think Phil gave a great testimony about why you would want me to work with your child. I had no idea what to do with this child. I worked with him twice a week for a half hour at a time. Those were the most panicky times that I dreaded. I actually liked it when he was ill and couldn't come to school because I was afraid I was going to do something to hurt this little boy. He was non-verbal. I had no supervision. I've heard of other moms who have come in and been hired who have been just given IEPs for their students. They don't know how to follow an IEP. They don't know the terminology used in the IEP, nor do they have the time to meet with their supervisors. I've worked with five, six, or seven supervisors supervising SLPs and they all write their IEPs differently. You don't have any idea what they mean. They are basically throwing in a warm body to cover the fact that you have an IEP and it's state mandated that you have to have this child served for so many minutes. It's unfortunate that they're just putting anybody in these positions because we're so overloaded and the caseloads are so high. I've heard of SLPAs like myself supervising aides. If I need to be supervised, I don't have the qualifications to supervise someone else. I've heard of SLPAs being asked to do testing because there's not time for the SLPs to do it themselves. In my 21 years as working as an

SLPA, these last three years since receiving my SLPA certificate have been the only years that I've met directly with my supervising SLP or that I've been supervised at all. I used to just receive these papers and was told to find the students and schedule time and work with them. I didn't know what some of that terminology meant. These last three years have made the difference. I know now that I have to meet with my SLP and I know it's my responsibility to find out what things mean in the IEP. We schedule time during the day to do that. I will admit that now I, during these last three years, have drastically changed the way I work with these students. I now know how to follow a written IEP. I know what's expected. I know that the final goal is to dismiss the student. I wouldn't have done that before. They always say SLPs play games. Yes, they do. The kids don't know you're doing speech therapy. They're playing a game. You can do a lot of things with these kids. Eighteen years ago, I may have played a game with no intention to get anything done on the IEP, any goal met. I do it differently now because of the training. I want to do well at my job. In my outlook list for the coming year, I know that my supervising SLP has a caseload of 85 students. She has 15 new transfer students coming in that all have speech IEPs. I am her only assistant. When you think that she has to have 100 students IEPs and testing, it's her whole life. She's working well after hours, so any help I can provide, I feel I can be an important part. I can make phone calls and see a lot of the students, but I'm not afraid now to see the students. I would have been before. I may have been afraid to see a child with autism. I can do that. I know how to now, and if I don't, I will be in constant contact with my SLP.

APPENDIX: H

Applicant's Rebuttal

Washington Speech and Hearing Association Rebuttal to the Department of Health Draft Report of Speech-Language Pathology Assistant Sunrise January 4, 2008

Submitted by Gail Rothwell and the Washington Speech and Hearing Association SLPA
Licensure Task Force

The Washington Speech and Hearing Association (WSHA) appreciates the time and effort that the Department of Health dedicated to this Sunrise Draft Report. It is obvious that research was conducted and that appropriate decisions were made. The timing of the draft was difficult for WSHA as it was emailed when school districts had begun December break. Therefore, communication with parties for public comment and input for this rebuttal has been extremely limited.

Statements of Rebuttal:

Type of regulation

Members of the WSHA task force understand the recommendation for certification as an initial regulation for speech-language pathology assistants (SLPA). This would give more time for SLPAs to receive formal education.

However licensure would give Washington the best protection of all regulation of SLPAs. The standards would be high and it would be mandatory regulation. Licensure would force school districts to hire well qualified SLPAs. Licensed SLPAs would be well suited for medical and clinical environments.

Credentials of supervising speech-language pathologist

It is noted that other western states including Alaska, California and Oregon recognize the certification by their state board of education as equivalent to a department of health regulation for speech-language pathologists (SLP) in terms of supervising SLPAs. Therefore, WSHA is recommending that the Department of Health (DOH) state that SLPs may supervise and sign off for SLPAs if the SLP has a license from DOH or an educational staff associate (ESA) certification from the Office of the Superintendent of Public Instruction (OSPI). This would be reciprocal with other western states.

DOH recommends that the competency checklist be signed off by a licensed SLP. It is recommended that there should be a signature from a licensed or educational staff associate certified SLP. For grandfathering purposes, it is recommended that the licensed or ESA SLP, an administrator or human resources representative sign for verification of employment.

On page 22 of the draft sunrise report, it is noted that DOH indicates that OSPI could relook at SLP credentials and possibly require educational SLPs to also have licensing through DOH. WSHA recommends that rather than revisiting this highly debatable issue, that the DOH report include OSPI ESA certified SLPs.

Grandfathering

In order to be certified, DOH recommends that an SLPA have five years of experience working under the supervision of a DOH licensed SLP. The WSHA Task Force believes that only a handful of SLPAs would be grandfathered as many are supervised by OSPI ESA certified SLPs. Also, many SLPAs have been added to the field in more recent years and it is believed that few would have the five years of experience. It appears that many SLPAs may lose their positions if this is not revised.

WSHA recommends that SLPAs who have worked within the past five years be grandfathered and that the SLPA may have been supervised by a licensed SLP or an ESA certificated SLP. This should include those who have performed the tasks/functions of an SLPA as some may have other titles at their work setting. It is reported that SLPAs may be hired as educational assistants, paraeducators, aides, etc. They may not be given the title of SLPA but perform the same duties as an SLPA. Even though an individual may have experience/training and/or education in speech-language pathology, their human resources department may not recognize SLPAs as a job title or on the pay scale. Please note the following from California-2538.3. (b): “....aide’s job training and experience and the performance of functions and tasks similar to the speech-language pathology assistant category.” Please go to www.slpab.ca.gov to find Excerpts from the California Business and Professional Code/California Code of Regulations/Education Code Regarding the Speech-Language Pathology Assistant.

OSPI and SLPAs

It is well noted that OSPI does not require the assistant performing speech and language therapy to be an SLPA. However, this is another example of why SLPAs do need regulation. The goal of regulation for WSHA includes that school districts would adopt a high standard for those providing speech and language therapy and that OSPI would require high standards. As noted on page 18 of the DOH sunrise draft report, “Some districts appear to utilize untrained paraeducators to deliver these services.”

SLPA Training

The sunrise draft report indicates that training for SLPAs is limited at this time. This appears to be true for the two-year program and one-year certificate. The report also indicates that there are SLPAs with bachelor’s degrees as well. These individuals are educated at a four-year university and there are four universities in Washington that have a bachelor’s program. Some of the bachelor’s level individuals continue filling the limited graduate school slots and becomes SLPs. Others go into other types of work or

graduate programs. However, the ones who work as SLPAs usually lack clinical hours and education about ethics for working with or working as SLPAs.

SLPA Work Settings

The application did focus primarily on the utilization of SLPAs in the schools. However, as noted, this is because the lack of regulation forces medical settings to hesitate with the hiring of SLPAs. This concern is addressed by Trish Niehl on page 10 of the draft sunrise report.

Supervision of SLPAs

On page 23, it is stated that direct supervision is necessary for clients/patients/students who are medically fragile. However, the amount of direct supervision is not stated. If an SLP needs to supervise the SLPA with a medically fragile individual at all times, then the SLP may do the treatment instead. Perhaps, again consider the language used in California 1399.170.2. (a): “Duties performed by the speech-language pathology assistant that require immediate supervision may include, but are not limited to any direct client activity involving medically fragile patients. In such instances, the speech-language pathology assistant shall act only under the direction of the supervisor.”

Scope of Practice

The draft report indicates that the tasks of the SLPA need to be outlined. The SLPA should only do the tasks that are delegated by the SLP. The details of what can and cannot be delegated should be established by the Board of Hearing and Speech during the rule making process after the legislation becomes law.

Number of SLPAs supervised by an SLP

It is recommended that the bill include the following: “SLPs are limited to the supervision of the equivalent of three FTE SLPAs.” It is important that if this language is added that it be worded in full time equivalents rather than number of SLPAs.

Suggested changes/corrections

Please see the list of suggested changes below:

Page 5-second paragraph: Change “WSHA” to “ASHA”

Page 15-2nd paragraph-3rd sentence: Change “speech-language pathologist” to “speech-language pathology assistant”.

The word “pathologist” was sometimes used in the draft report rather than SLP. SLP may be used instead to shorten the title.

-4-

Page D-1-answer by Kristie Weeks: “dysphasia” change to “dysphagia”.

Page D-4-top of page-statement by Trish Niehl: Please note that Trish emailed the following comment about this quote: “Trish Niehl said...I don't know if these were my words because they don't make sense. I believe what I was trying to say was - "SLPAs would practice in a hospital setting like PTAs and COTAs. They would provide treatment to patients with Speech and Language disorders by following the SLP's evaluation & outlined treatment plan. SLPAs do not evaluate or write up the reports. They do, however, write daily progress notes on patients they provide services to - similar to PTAs and COTAs."

Summary:

The WSHA Board will meet on January 12th, 2008 and the proposed SLPA regulation is on the agenda. Discussion will center on the level of regulation as well as potential changes to the bill. Aspects of the Sunrise draft report will be reviewed.

In the meantime, members of the WSHA SLPA task force have discussed that certification may be an initial step for the regulation of SLPAs in Washington. This is not the strict regulation that was in the initial plan. However, with educational limitations licensure may not be applicable at this time. And there is the concern about the shortage of SLPs being complicated by a shortage of SLPAs as well if the stricter level is established. Certification would give the profession some safeguards for students, clients and patients. It would set an initial standard for medical and other settings. However, licensure would be a stricter regulation for high standards.

The primary concerns of the SLPA task force centers on the difficulty of grandfathering those who practice as SLPAs. A change is recommended in grandfathering so that many SLPAs are not in jeopardy of losing their positions. The other concern is the inclusion of the recognition of ESA certified SLPs supervision of SLPAs.

Again, appreciation is expressed to the Department of Health for the time and commitment to SLPA regulation.

References:

American Speech-Language Hearing Association website
Excerpts from the California Business and Professions Code/California Code of Regulations/Education Code Regarding the Speech-Language Pathology Assistant;
1422 Howe Avenue, Suite 3; Sacramento, CA 95825; www.slpab.ca.gov

APPENDIX: I

All Other Rebuttals to Draft Sunrise Review

Comments and Rebuttals to Draft Sunrise Review

Thank you for the opportunity to comment on the Speech Language Pathology Assistant Sunrise Review. OSPI supports the concept of trained paraeducators to ensure children and youth receive appropriate special education and related services in public schools. However, it is believed that the proposed legislation does not address the underlying cause of shortages and lack of training of classified staff (paraeducators) in the schools. The report reflects concerns brought forward by speech language pathologists, paraeducators and parents as to the training of classified staff (paraeducators) who provide special education and related services to children and youth in the state's public schools. OSPI is concerned that not enough information was gathered to make an appropriate decision concerning the certification of SLPAs. Clarification of terms of supervision as it applies to schools and the implications of the proposed legislation for school districts were not addressed. In addition, associated issues were not addressed in this report.

The following comments are an effort to clarify information which was provided to the DOH as the report was being prepared and to broaden the conversation as to the implications of the legislation as it pertains to school districts. In addition questions as to related issues to "certification" are included as well. I will address the information in the report first and secondly the questions and implications.

The report:

Page 14, 4th paragraph

OSPI is concerned by the document's lack of explanation as to the term "supervision" as it is used in schools. In the educational setting the term supervision as stated below in the special education WAC 392-172A-02090(g) refers to supervision of instruction. The report needs to include the appropriate WAC language to make this point clear. The language is as follows:

Special Education WAC 392-172A-02090(g) "Special education and related services must be provided by appropriately qualified staff. Other staff including general education teachers and paraprofessionals may assist in the provision of special education and related services, provided that the instruction is designed and supervised by special education certificated staff, or for related services by a certificated educational staff associate. Student progress must be monitored and evaluated by special education certificated staff or for related services, a certificated educational staff associate.

This is interpreted to mean the ESA certified SLP supervises the delivery of services by the paraeducator.

There is also the supervision in terms of personnel (hiring and evaluation of the individual). It should be noted that supervision of personnel may or may not be the principal's responsibility. This is a district decision. Principals are responsible for all personnel and activities within their schools. However, supervision of personnel in special education may be the principal's responsibility or it may be another individual within the district such as a special education director.

Page 14, Last paragraph

Speech-Language Pathologists may or may not be the supervisor who hires and evaluates a paraeducator. This is typically done by a school principal or other district personnel. However, the pathologists do supervise the delivery of services and the students' programs. (See comments above).

Page 15, third paragraph, third sentence

“..., we received testimony that speech-language pathologists (should the word assistants be added here?) are being asked to work...”

Page 17, eighth bullet

It should be made clear that school principals may supervise (hire and evaluate) assistance, this depends on the district as to who supervises the assistants.

Page 18, Under evidence of harm..., 2nd bullet

“While their work...pathologist, they ~~are~~ may be supervised...”

Page 24, first paragraph

Paraeducators do not work in school districts through OSPI. The hiring of paraeducators for a district position is done at the local district level. OSPI through the Professional Educator Standards Board (PESB) does not credential classified staff (paraeducators). The PESB is only responsible for certified staff credentialing (teachers, ESAs).

General comments, questions and implications of the legislation for OSPI and local school districts:

1. Licensure and certification are the highest standard in our state for certified personnel (teachers and ESAs). Classified staff (paraeducators) are not required to meet the highest standard nor are they compensated to meet this standard.
2. OSPI supports classified staff receiving ongoing training to increase their skills, and can provide clock hours for these individuals receiving the training.
3. “Certification” of paraeducators may increase the shortage of SLPAs in the schools. As paraeducators meet the new proposed standards, they will be expected to be compensated for the increase in schooling and skills. School districts cannot compensate classified staff at the level the private sector can; therefore, it is expected once paraeducators meet certification they will be hired by the private sector (hospitals, nursing homes, clinics, etc.) to meet the growing demand in that sector and augment the shortages in the districts.
4. The focus for addressing the inappropriate delivery of services is the definition of the role expectation for of the speech language pathologist assistant and the role of the SLP in training assistants to provide the appropriate services.
5. The definition of supervision must be clear. “Direct supervision” as described in the report may result in SLPs requesting additional compensation as their role changes to an administrative level as a “supervisor.” This will have implications for collective bargaining as “supervisory” positions are compensated differently.
6. Collective bargaining for classified staff will also be impacted as the requirements for education and skills are raised for individuals, it will be anticipated they will expect compensation for their acquisition of the education and skills. This will set up a differentiated salary scale for classified staff in districts and again impact collective bargaining.
7. The report does not adequately address the capacity of the state to provide appropriate programming for the number of individuals needed to become “certified” as SLPAs. In addition, it does not speak as to how paraeducators will pay for their education. What happens to current paraeducators? Will they be

grandfathered in or are they expected to attend school and earn the required course work for the certificate?

8. Are SLPs being trained by the Institutions of Higher Education (IHEs) to provide appropriate supervision of instruction and how to take on a supervisory role (evaluation) of paraeducators?

Once again, thank you for the opportunity to comment on report. It appears that much work is necessary in addressing the many issues that this particular subject encompasses. Should you need more information, please do not hesitate to contact me at 360-725-6075 or at MaryLouise.Colwell@k12.wa.us.

Sincerely,

Lou Colwell, Ed.D.

OSPI Special Education

Thanks to the Department of Health for researching about SLPAs and completing this report. Following are some of my concerns:

1. ESA certified SLPs: Please note that other western states stipulate in their laws that those SLPs who are credentialed by their state board of education are eligible to supervise and sign off paperwork for SLPAs. In terms of supervision of SLPAs, they are considered equal with the SLPs who are credentialed by the states' departments of health. Please to include this as part of the regulation for Washington. Many SLPAs do work under the supervision of skilled SLPs who have ESA certification through OSPI but do not hold a license from the Department of Health.

2. Grandfathering: Please look at the grandfathering for SLPAs in California. This example includes grandfathering for those individuals who have worked doing the duties of an SLPA within the last 5 years. When we first looked at regulation of SLPAs in Washington, we looked at California as the state that we wanted to replicate for many items of SLPA regulation when applicable.

Please also note that if ONLY licensed SLPs are able to sign off a competency checklist for SLPAs, that very few SLPAs would be regulated in this state. Most work under ESA certified SLPs. It is recommended that SLPAs be eligible for grandfathering if they have performed the functions of an SLPA within the past five years and that the competency checklist may be signed by either a licensed SLP or an ESA certified SLP.

Gail Rothwell, MA, CCC-SLP-L

Lorraine Maida

Tacoma Public Schools

As a student in the Shoreline Community College SLPA program, I have some concerns regarding certification rather than licensure for SLPAs. I will be finished with the program in June. I now see that when districts use paraeducators for SLPAs, there are potential

problems with the district meeting the legal and ethical requirements of RCW 18.120.010(2)(a):

Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Throughout the program, we have heard stories from our classmates that demonstrate that there are employees in school districts doing things that they should not be doing. The reasons for this vary, but I think the main reason is because they aren't educated on what is or is not proper use of an SLPA. No one would intentionally harm a child during speech/language therapy, but without the proper training, it could happen. Although I only work as an SLPA for a limited amount of time during the day, I have learned many things that I should or should not do when providing therapy. I would not have known these things without being in the SLPA program. For the next school year, I will be working full time as an SLPA. I will be holding myself to the high standards recommended by ASHA, but I think it would be best if all SLPAs were *required* to meet these standards.

By definition, licensure is the *most* restrictive credentialing standard in Washington. With licensure, parents and school districts can be assured that the person working with their child has been properly trained and is being properly supervised. As a parent, I would want my child to be receiving therapy from a highly trained person. A certification doesn't hold the SLPA to the highest standards.

In order to protect the scope of practice and the field of speech/language therapy, licensure would best benefit the students needing services.

Thank you for considering my position on this issue.
Kelley L. Kautzman
SLPA Student

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1. It sounds like the SLP Assistant business is a rather convoluted mess!
 2. With SLPAs working with anywhere from no education past high school to bachelor's degrees, it makes licensing or certifying rather difficult. Is it feasible to have licensing for those who have an associate degree or better, and then work to register those who have less than an associate degree? It seems to me that there needs to be some differentiation based on the amount of education. And do we need more Community Colleges offering SLPA associate programs?
 3. What can be done about the SLPs and SLPAs working in the schools without DOH sanction? It would seem that they should all be DOH sanctioned whether they work in schools or elsewhere. Do school nurses get to work without being licensed by DOH? With all the fuss that the Office of Public Instruction makes about their teachers being qualified, you would think that they would want their attached medical professionals to be properly qualified as well.

4. The Sunrise report was pretty interesting reading. It certainly made it clear that there is no easy answer to this problem. How many SLPAs do we think there are practicing in Washington? Or do we have any idea? I believe there are about 2200 SLPs licensed, which does not seem like a lot for the whole state.

5. What is the next step now? Do you go back to the Legislature with this report and with recommendations, or what?

Dick Gidner
Public Member,
Hearing and Speech Board

I am concerned that the DOH is looking only for regulation and that in terms of certification. That causes a problem in that we want one regulation for all SLPAs in the state.. whether they work in the schools or they work in a clinic or a hospital. That has been a concern for our SLPs. There are 3 kinds of certification/license/ etc for SLPs in the state. (CCCs, license and ESA). We want to avoid this with the SLPA programs and regulations.

We think that the SLPAs' desire for licensing is extremely valid and wise. We want to start with one regulation/ one certification -- a license for the entire profession in our state.

Please consider the original request as the most valid. Licensing.

Thank you for your time and consideration. Please feel free to contact me for any further information.

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Sindy Sands
WSHA School SLP Board Rep

My name is Peggy Hurd and I work as an SLPA for Tacoma School District.
I wanted to let you know, that I prefer certification.
Peggy Hurd, SLPA

I am an SLPA for the Tacoma School District. I have worked as an SLPA for 5 years and during this time I have graduated from Shoreline Community College with an A.A.A.S degree in Speech and Language Pathology Assistant.

I do feel that certification is heading in the right direction for us. The certification can be an indicator as to who has graduated from an SLPA program and who has not only the training, but the education also. This also provides an opportunity, but it is not mandatory in keeping ones job.

There are many SLPAs functioning within the school districts and the number of years varies dramatically. I recommend having a two year window where an individual can be

grandfathered in. The SLPA would have to be working under the supervision of an SLP that is ESA certified and/or licensed SLP to meet the requirements.

Thank you,

Cassandra Goodwin, SLPA, Tacoma School District