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Minnesota Council of Health Boards

Legislative Review of Health Occupation Program

Licensure of Registered Speech-Language
Pathologists/Audiologists

Contents

Summary of Sub-Committee.....Tab 1

Proposed LegislationTab 2

Response to CHB Questionnaire.....Tab 3

Review of Legislative Request: Health Occupation Review

Licensure of Registered Speech-Language Pathologists/Audiologists (HF942/SF424)

Application submitted by:

- Julie Perrault, AuD, CCC-A (President, Minnesota Academy of Audiology)
- Jo Ellen Anderson, MS, CCC-SLP (President, Minnesota Speech-Language-Hearing Association)

Review Panel for the Council of Health Boards:

- Marshall Shragg, Board of Dentistry
- Stephanie Lunning, Board of Physical Therapy
- Corinne Ellingham, Board member, Physical Therapy
- Tom Hiendlmayr, MN Department of Health

Public meeting dates:

September 9, 2002

December 3, 2002

Review Comments:

The Panel was charged with the responsibility of reviewing the application of the Speech-Language Pathologists and Audiologists (SPLA) to assess the degree to which the responses to the Council's questions supported the application for establishing licensure. The Panel reviewed the application relative to the ratings worksheet. Scoring of the ratings worksheet was based upon the materials provided with the application, with limited reliance on knowledge of or assumptions about the professions by the Panel.

Following the first meeting of the Panel, the applicants were asked to submit additional information; they sent a supplemental response in October. Use of the ratings worksheet was awkward, as each of the 61 items was weighted equally, and there was a good amount of redundancy in the questions. The scores are also somewhat misleading, as the scoring includes positive and negative values. The process did, however, allow for a relatively comprehensive understanding of the professions and the basis for their request for licensure.

The following are the ranges of scores awarded for each of the categories:

Category	# of Questions	Scoring Range	
		Low (lowest possible)	High (highest possible)
A. Description of the Occupation	15	24 (-30)	26 (+30)
B. Safety and Efficacy	8	-4 (-16)	7 (+16)
C. Government and Private Sector Recognition	11	17 (-22)	20 (+22)
D. Education and Training	12	12 (-24)	19.75 (+24)
E. Practice Model: & Viability of Profession	9	15 (-18)	18 (+18)
F. Regulatory Framework	3	2 (-6)	6 (+6)
TOTAL	58	66 (-116)	96.75 (+116)

Summary:

The Review Panel's review and analysis concluded with a consensus that overall, the information submitted by proponents of SLPA licensing supports the licensing proposal. However, as all information is weighted equally, it should be noted that the weakest category of evidence was in the area of Safety and Efficacy where Panel members commented that specific studies were not cited, and potential risks from occupational practice were speculative albeit reasonable.

Also, the proponents provided insubstantial information about complaints involving SLPA practitioners and practices. The complaint data submitted showed a few violations, and those were based on unprofessional conduct rather than incompetence. Regarding the other categories of information, the Review Panel found moderate to high degrees of support for the licensing proposal.



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KEY: ~~stricken~~ = old language to be removed
underscored = new language to be added

NOTE: If you cannot see any difference in the key above, you need to change the display of stricken and/or underscored language.

Authors and Status ■ List versions

H.F. No. 942, as introduced: 82nd Legislative Session (2001-2002) Posted on Feb 15, 2001

- 1.1 A bill for an act
 1.2 relating to health; establishing licensure for
 1.3 speech-language pathology and audiology; amending
 1.4 Minnesota Statutes 2000, sections 148.511; 148.512,
 1.5 subdivisions 4, 6, 7, 14, 15, 16, 17, 18, and 20;
 1.6 148.513; 148.514; 148.515; 148.516; 148.5161; 148.517;
 1.7 148.518; 148.519; 148.5191; 148.5193, subdivisions 1,
 1.8 4, 6, 6a, 7, and 8; 148.5194; 148.5195, subdivisions
 1.9 2, 4, 5, and 6; 148.5196; 153A.14, subdivisions 2a and
 1.10 2i; 153A.17; and 153A.20, subdivision 1; repealing
 1.11 Minnesota Statutes 2000, section 148.512, subdivision
 1.12 11.
 1.13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
 1.14 Section 1. Minnesota Statutes 2000, section 148.511, is
 1.15 amended to read:
 1.16 148.511 [~~SPEECH LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS~~
 1.17 SCOPE.]
 1.18 Sections 148.511 to 148.5196 apply only to persons who are
 1.19 applicants for registration licensure, who are registered
 1.20 licensed, who use protected titles, ~~or~~ who represent that they
 1.21 are registered licensed, or who engage in the practice of
 1.22 speech-language pathology or audiology. Sections 148.511 to
 1.23 148.5196 do not apply to school personnel licensed by the board
 1.24 of teaching under Minnesota Rules, part ~~8700.5505~~ 8710.6000,
 1.25 provided that school personnel practicing practice within the
 1.26 scope of their licensed occupation preface titles protected
 1.27 under section 148.513 with the words "school" or
 1.28 "educational." as defined in Minnesota Rules, part 8710.6000.
 1.29 Sec. 2. Minnesota Statutes 2000, section 148.512,
 2.1 subdivision 4, is amended to read:
 2.2 Subd. 4. [APPLICANT.] "Applicant" means a person who
 2.3 applies to the commissioner for registration licensure or
 2.4 registration licensure renewal.
 2.5 Sec. 3. Minnesota Statutes 2000, section 148.512,
 2.6 subdivision 6, is amended to read:
 2.7 Subd. 6. [AUDIOLOGIST.] "Audiologist" means a natural
 2.8 person who engages in the practice of audiology, meets the
 2.9 qualifications required by sections 148.511 to 148.5196, and
 2.10 registers as an audiologist with is licensed by the
 2.11 commissioner. ~~Audiologist also means a natural person using any~~
 2.12 ~~descriptive word with the title audiologist.~~
 2.13 Sec. 4. Minnesota Statutes 2000, section 148.512,
 2.14 subdivision 7, is amended to read:
 2.15 Subd. 7. [COMMISSIONER.] "Commissioner" means the
 2.16 commissioner of ~~the department of health~~ or a designee.
 2.17 Sec. 5. Minnesota Statutes 2000, section 148.512,

- 2.18 subdivision 14, is amended to read:
- 2.19 Subd. 14. [REGISTER LICENSE OR REGISTERED LICENSED.]
- 2.20 "Register" "License" or "registered" "licensed" means the act or
- 2.21 status of a natural person who meets the requirements of
- 2.22 sections 148.511 to 148.5196 and ~~who is authorized by the~~
- 2.23 ~~commissioner to use the titles in section 148.513.~~
- 2.24 Sec. 6. Minnesota Statutes 2000, section 148.512,
- 2.25 subdivision 15, is amended to read:
- 2.26 Subd. 15. [REGISTRANT LICENSEE.] "Registrant" "Licensee"
- 2.27 means a person an individual who meets the requirements of
- 2.28 sections 148.511 to 148.5196 and is authorized by the
- 2.29 ~~commissioner to use the titles in section 148.513.~~
- 2.30 Sec. 7. Minnesota Statutes 2000, section 148.512,
- 2.31 subdivision 16, is amended to read:
- 2.32 Subd. 16. [REGISTRATION LICENSURE.] "Registration"
- 2.33 "Licensure" is the system of regulation defined in section
- 2.34 214.001, subdivision 3, paragraph ~~(e)~~ (d), and is the process
- 2.35 specified in sections 148.511 to 148.5196.
- 2.36 Sec. 8. Minnesota Statutes 2000, section 148.512,
- 3.1 subdivision 17, is amended to read:
- 3.2 Subd. 17. [SPEECH-LANGUAGE PATHOLOGIST.] "Speech-language
- 3.3 pathologist" means a person who practices speech-language
- 3.4 pathology, meets the qualifications under sections 148.511 to
- 3.5 148.5196, and ~~registers with~~ is licensed by the
- 3.6 commissioner. ~~Speech-language pathologist also means a natural~~
- 3.7 person using, as an occupational title, a term identified in
- 3.8 section 148.513.
- 3.9 Sec. 9. Minnesota Statutes 2000, section 148.512,
- 3.10 subdivision 18, is amended to read:
- 3.11 Subd. 18. [SUPERVISEE.] "Supervisee" means an individual a
- 3.12 person who, under the direction or evaluation of a supervisor,
- 3.13 is:
- 3.14 (1) engaging in the supervised practice of speech-language
- 3.15 pathology or audiology;
- 3.16 (2) performing a function of supervised clinical training
- 3.17 as a student of speech-language pathology or audiology; or
- 3.18 (3) performing a function of supervised postgraduate
- 3.19 clinical experience in speech-language pathology or audiology.
- 3.20 Sec. 10. Minnesota Statutes 2000, section 148.512,
- 3.21 subdivision 20, is amended to read:
- 3.22 Subd. 20. [SUPERVISOR.] "Supervisor" means a person who
- 3.23 has the authority to direct or evaluate a supervisee and who is:
- 3.24 (1) a registered licensed speech-language pathologist or
- 3.25 audiologist; or
- 3.26 (2) when the commissioner determines that supervision by a
- 3.27 ~~registered licensed~~ speech-language pathologist or audiologist
- 3.28 as required in clause (1) is unobtainable, and in other
- 3.29 situations considered appropriate by the commissioner, a person
- 3.30 practicing speech-language pathology or audiology who holds a
- 3.31 current certificate of clinical competence from the American
- 3.32 Speech-Language-Hearing Association.
- 3.33 Sec. 11. Minnesota Statutes 2000, section 148.513, is
- 3.34 amended to read:
- 3.35 148.513 [LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON
- 3.36 USE; EXEMPTIONS.]
- 4.1 Subdivision 1. [UNLICENSED PRACTICE PROHIBITED.] No person
- 4.2 shall engage in the practice of speech-language pathology or
- 4.3 audiology unless the person is licensed as a speech-language
- 4.4 pathologist or an audiologist, in accordance with sections
- 4.5 148.511 to 148.5196.
- 4.6 Subd. 2. [PROTECTED TITLES AND RESTRICTIONS ON USE.] (a) A
- 4.7 person shall not use a title relating to speech-language
- 4.8 pathology or audiology, except as provided in paragraphs (b) and
- 4.9 (e).

4.10 ~~(b)~~ Use of the following terms or initials which represent
 4.11 the following terms, alone or in combination with any word or
 4.12 words, by any person to form an occupational title is prohibited
 4.13 unless that person is ~~registered~~ licensed under sections 148.511
 4.14 to 148.5196:

- 4.15 (1) speech-language;
- 4.16 (2) speech-language pathologist, S, SP, or SLP;
- 4.17 (3) speech pathologist;
- 4.18 (4) language pathologist;
- 4.19 (5) audiologist, A, or AUD;
- 4.20 (6) speech therapist; or
- 4.21 (7) speech clinician.

4.22 ~~(e)~~ (b) Use of the term "Minnesota ~~registered~~ licensed" in
 4.23 conjunction with the titles protected under this section by any
 4.24 person is prohibited unless that person is ~~registered~~ licensed
 4.25 under sections 148.511 to 148.5196.

4.26 Subd. 3. [EXEMPTION.] Nothing in sections 148.6401 to
 4.27 148.6450 shall prohibit the practice of any profession or
 4.28 occupation licensed, certified, or registered by the state by
 4.29 any person duly licensed, certified, or registered to practice
 4.30 the profession or occupation or to perform any act that falls
 4.31 within the scope of practice of the profession or occupation.

4.32 Sec. 12. Minnesota Statutes 2000, section 148.514, is
 4.33 amended to read:

4.34 148.514 [GENERAL REGISTRATION LICENSURE REQUIREMENTS;
 4.35 PROCEDURES AND QUALIFICATIONS.]

4.36 Subdivision 1. [GENERAL REGISTRATION LICENSURE
 5.1 PROCEDURES.] An applicant for ~~registration~~ licensure must:

- 5.2 (1) submit an application as required under section
- 5.3 148.519, subdivision 1; and
- 5.4 (2) submit all fees required under section 148.5194.

5.5 Subd. 2. [GENERAL REGISTRATION LICENSURE QUALIFICATIONS.]

5.6 An applicant for ~~registration~~ licensure must possess the
 5.7 qualifications required in one of the following clauses:

- 5.8 (1) a person who applies for ~~registration~~ licensure and
 5.9 does not meet the requirements in clause (2) or (3), must meet
 5.10 the requirements in section 148.515;

- 5.11 (2) a person who applies for ~~registration~~ licensure and who
 5.12 has a current certificate of clinical competence issued by the
 5.13 American Speech-Language-Hearing Association must meet the
 5.14 requirements of section 148.516; or

- 5.15 (3) a person who applies for ~~registration~~ licensure by
 5.16 reciprocity must meet the requirements under section 148.517.

5.17 Sec. 13. Minnesota Statutes 2000, section 148.515, is
 5.18 amended to read:

5.19 148.515 [QUALIFICATIONS FOR REGISTRATION LICENSURE.]

5.20 Subdivision 1. [APPLICABILITY.] Except as provided in
 5.21 section 148.516 or 148.517, an applicant must meet the
 5.22 requirements in this section.

5.23 Subd. 2. [MASTER'S OR DOCTORAL DEGREE REQUIRED.] (a) An
 5.24 applicant must possess a master's or doctoral degree that meets
 5.25 the requirements of paragraphs (b) to (h).

5.26 (b) All of the applicant's graduate coursework and clinical
 5.27 practicum required in the professional area for which
 5.28 ~~registration~~ licensure is sought must have been initiated and
 5.29 completed at an institution whose program was accredited by the
 5.30 educational standards board of the American
 5.31 Speech-Language-Hearing Association in the area for
 5.32 which ~~registration~~ licensure is sought.

5.33 (c) The master's degree training must include a minimum of
 5.34 112.5 quarter credits or 75 semester credits or their equivalent
 5.35 of academic coursework that includes basic science coursework
 5.36 and professional coursework.

6.1 (d) Applicants for ~~registration~~ licensure in either

- 6.2 speech-language pathology or audiology must complete 40.5
6.3 quarter credits of the 112.5 quarter credits or 27 of the 75
6.4 semester credits or their equivalent in basic science
6.5 coursework, distributed as follows:
6.6 (1) nine quarter credits or six semester credits or their
6.7 equivalent must be in biological or physical sciences and
6.8 mathematics;
6.9 (2) nine quarter credits or six semester credits or their
6.10 equivalent must be in behavioral or social sciences, including
6.11 normal aspects of human behavior and communication; and
6.12 (3) 22.5 quarter credits or 15 semester credits or their
6.13 equivalent must be in basic human communication processes and
6.14 must include coursework in each of the following three areas of
6.15 speech, language, and hearing:
6.16 (i) the anatomic and physiologic bases;
6.17 (ii) the physical and psychophysical bases; and
6.18 (iii) the linguistic and psycholinguistic aspects.
6.19 (e) All applicants for registration licensure must complete
6.20 54 quarter credits of the 112.5 quarter credits or 36 semester
6.21 credits of the 75 semester credits or their equivalent in
6.22 professional coursework. The coursework must include the
6.23 nature, prevention, evaluation, and treatment of speech,
6.24 language, and hearing disorders. The coursework must encompass
6.25 courses in speech, language, and hearing that concern disorders
6.26 primarily affecting children as well as disorders primarily
6.27 affecting adults. A minimum of 45 of the 54 quarter credits or
6.28 30 of the 36 semester credits or their equivalent must be
6.29 courses for which graduate credit was received. A minimum of
6.30 31.5 of the 45 quarter credits or 21 of the 30 semester credits
6.31 must be in the professional area for which registration
6.32 licensure is sought.
6.33 (f) Applicants seeking registration licensure as
6.34 speech-language pathologists must complete the following
6.35 professional coursework:
6.36 (1) 45 quarter credits of the 54 quarter credits of the
7.1 professional coursework or 30 semester credits of the 36
7.2 semester credits of the professional coursework or their
7.3 equivalent must be in courses pertaining to speech-language
7.4 pathology and nine quarter credits of the 54 quarter credits or
7.5 six semester credits of the 36 semester credits or their
7.6 equivalent in courses in the area of audiology; and
7.7 (2) the 45 quarter credits or 30 semester credits or their
7.8 equivalent pertaining to speech-language pathology must include
7.9 at least nine quarter credits or six semester credits or their
7.10 equivalent in speech disorders and nine quarter credits or six
7.11 semester credits or their equivalent in language disorders. The
7.12 nine quarter credits or six semester credits or their equivalent
7.13 in the area of audiology must include at least 4.5 quarter
7.14 credits or three semester credits or their equivalent in hearing
7.15 disorders and hearing evaluation and 4.5 quarter credits or
7.16 three semester credits or their equivalent in habilitative and
7.17 rehabilitative procedures.
7.18 (g) Applicants seeking registration licensure as an
7.19 audiologist must complete professional coursework as follows:
7.20 (1) 45 quarter credits of the 54 quarter credits or 30
7.21 semester credits of the 36 semester credits or their equivalent
7.22 of coursework must be in audiology. At least nine quarter
7.23 credits of the 45 quarter credits or six semester credits of the
7.24 30 semester credits in audiology must be in hearing disorders
7.25 and hearing evaluation and at least nine quarter credits or six
7.26 semester credits or their equivalent must be in habilitative or
7.27 rehabilitative procedures with individuals who have hearing
7.28 impairment; and
7.29 (2) nine quarter credits of the 54 quarter credits or six

7.30 semester credits of the 36 semester credits or their equivalent
 7.31 in the area of speech-language pathology. At least 4.5 quarter
 7.32 credits of the nine quarter credits or three semester credits of
 7.33 the six semester credits must be in speech disorders and at
 7.34 least 4.5 quarter credits of the nine quarter credits or three
 7.35 semester credits of the six semester credits must be in language
 7.36 disorders. This coursework in speech-language pathology must
 8.1 concern the nature, prevention, evaluation, and treatment of
 8.2 speech and language disorders not associated with hearing
 8.3 impairment.

8.4 (h) Of the professional coursework required in paragraphs
 8.5 (f) and (g), no more than nine quarter credits or six semester
 8.6 credits or their equivalent associated with clinical training
 8.7 may be counted toward the minimum of 54 quarter credits or 36
 8.8 semester credits or their equivalent of professional coursework.
 8.9 However, those hours may not be used to satisfy the minimum of
 8.10 nine quarter credits or six semester credit hours in hearing
 8.11 disorders or evaluation, nine quarter credits or six semester
 8.12 credits in habilitative or rehabilitative procedures, or nine
 8.13 quarter credits or six semester credits in speech-language
 8.14 pathology.

8.15 Subd. 3. [SUPERVISED CLINICAL TRAINING REQUIRED.] (a) An
 8.16 applicant must complete at least 375 hours of supervised
 8.17 clinical training as a student that meets the requirements of
 8.18 paragraphs (b) to (f).

8.19 (b) The supervised clinical training must be provided by
 8.20 the educational institution or by one of its cooperating
 8.21 programs.

8.22 (c) The first 25 hours of the supervised clinical training
 8.23 must be spent in clinical observation. Those 25 hours must
 8.24 concern the evaluation and treatment of children and adults with
 8.25 disorders of speech, language, or hearing.

8.26 (d) All applicants must complete at least 350 hours of
 8.27 supervised clinical training that concern the evaluation and
 8.28 treatment of children and adults with disorders of speech,
 8.29 language, and hearing. At least 250 of the 350 hours must be at
 8.30 the graduate level in the area in which registration licensure
 8.31 is sought. At least 50 hours must be spent in each of three
 8.32 types of clinical settings including, but not limited to,
 8.33 university clinics, hospitals, private clinics, and schools,
 8.34 including secondary and elementary.

8.35 (e) An applicant seeking registration licensure as a
 8.36 speech-language pathologist must:

9.1 (1) obtain 250 of the 350 supervised hours in
 9.2 speech-language pathology;

9.3 (2) complete a minimum of 20 hours of the 250 hours in each
 9.4 of the following eight categories:

9.5 (i) evaluation: speech disorders in children;

9.6 (ii) evaluation: speech disorders in adults;

9.7 (iii) evaluation: language disorders in children;

9.8 (iv) evaluation: language disorders in adults;

9.9 (v) treatment: speech disorders in children;

9.10 (vi) treatment: speech disorders in adults;

9.11 (vii) treatment: language disorders in children; and

9.12 (viii) treatment: language disorders in adults;

9.13 (3) complete a minimum of 20 of the 350 hours in audiology;

9.14 and

9.15 (4) obtain no more than 20 hours in the major professional
 9.16 area that are in related disorders.

9.17 (f) An applicant seeking registration licensure as an
 9.18 audiologist must:

9.19 (1) obtain 250 of the 350 hours in audiology;

9.20 (2) complete a minimum of 40 of the 250 hours in each of

9.21 the first two of the following categories, complete at least 80

- 9.22 hours in categories (iii) and (iv), with at least ten hours in
 9.23 each of categories (i) to (iv), and complete at least 20 hours
 9.24 in category (v):
- 9.25 (i) evaluation: hearing in children;
 9.26 (ii) evaluation: hearing in adults;
 9.27 (iii) selection and use: amplification and assistive
 9.28 devices for children;
 9.29 (iv) selection and use: amplification and assistive
 9.30 devices for adults; and
 9.31 (v) treatment: hearing disorders in children and adults;
 9.32 (3) complete a minimum of 20 of the 350 hours in
 9.33 speech-language pathology; and
 9.34 (4) obtain no more than 20 hours in the major professional
 9.35 area that are in related disorders.
- 9.36 Subd. 4. [SUPERVISED POSTGRADUATE CLINICAL EXPERIENCE
 10.1 REQUIRED.] (a) An applicant must complete no less than nine
 10.2 months or its equivalent of full-time supervised postgraduate
 10.3 clinical experience according to paragraphs (b) to (h).
- 10.4 (b) Supervision in the postgraduate clinical experience
 10.5 includes both on-site observation and other monitoring
 10.6 activities. On-site observation must involve the supervisor,
 10.7 the supervisee, and the client receiving speech-language
 10.8 pathology or audiology services. On-site observation must
 10.9 include direct observation by the supervisor of treatment given
 10.10 by the supervisee. Other monitoring activities may be executed
 10.11 by correspondence and include, but are not limited to,
 10.12 conferences with the supervisee, evaluation of written reports,
 10.13 and evaluations by professional colleagues. Other monitoring
 10.14 activities do not include the client receiving speech-language
 10.15 pathology or audiology services but must involve direct or
 10.16 indirect evaluative contact by the supervisor of the supervisee.
- 10.17 (c) The applicant must, as part of the postgraduate
 10.18 clinical experience, be supervised by an individual who meets
 10.19 the definition of section 148.512, subdivision 20, and:
- 10.20 (1) when ~~registration licensure~~ as a speech-language
 10.21 pathologist is sought, is a ~~registered~~ licensed speech-language
 10.22 pathologist or hold a current certificate of clinical competence
 10.23 in speech-language pathology from the American
 10.24 Speech-Language-Hearing Association; and
- 10.25 (2) when ~~registration licensure~~ as an audiologist is
 10.26 sought, is a ~~registered~~ licensed audiologist or hold a current
 10.27 certificate of clinical competence in audiology from the
 10.28 American Speech-Language-Hearing Association.
- 10.29 (d) The applicant may not begin the postgraduate clinical
 10.30 experience until the applicant has completed the academic
 10.31 coursework and clinical training in subdivisions 2 and 3.
- 10.32 (e) To be considered full time, at least 30 hours per week
 10.33 must be spent over a nine-month period in clinical work.
 10.34 Equivalent time periods may include part-time professional
 10.35 employment as follows:
- 10.36 (1) 12 months of at least 25 hours per week;
 11.1 (2) 15 months of at least 20 hours per week; or
 11.2 (3) 18 months of at least 15 hours per week.
- 11.3 (f) The applicant's postgraduate clinical experience must
 11.4 include direct clinical experience with patients, consultations,
 11.5 report writing, recordkeeping, or other duties relevant to
 11.6 clinical work. A minimum of 80 percent of the clinical
 11.7 experience must be in direct contact with persons who have
 11.8 communication handicaps. If the applicant uses part-time
 11.9 employment to fulfill the postgraduate clinical experience
 11.10 requirement, all of the minimum required hours of the part-time
 11.11 work week requirement must be spent in direct professional
 11.12 experience.
- 11.13 (g) The applicant must complete the postgraduate clinical

11.14 experience within a maximum of 36 consecutive months and must be
 11.15 supervised in no less than 36 activities, including 18 one-hour
 11.16 on-site observations. A maximum of six hours can be accrued in
 11.17 one day. A minimum of six one-hour on-site observations must be
 11.18 accrued during each one-third of the experience.

11.19 (h) The applicant must complete 18 other monitored
 11.20 activities and complete at least one monitored activity each
 11.21 month of the postgraduate clinical experience. Alternatives to
 11.22 on-site observation and monitoring activities include activities
 11.23 supervised by correspondence, evaluation of written reports, and
 11.24 evaluations by professional colleagues.

11.25 Subd. 5. [QUALIFYING EXAMINATION SCORE REQUIRED.] (a) An
 11.26 applicant must achieve a qualifying score on the National
 11.27 Examination in Speech-Language Pathology or Audiology (NESPA),
 11.28 administered by NTE Programs, Educational Testing Service.

11.29 (b) The commissioner shall determine the qualifying scores
 11.30 for both the speech-language pathology and audiology
 11.31 examinations based on guidelines provided by the advisory
 11.32 council or the American Speech-Language-Hearing Association.

11.33 (c) The applicant is responsible for:

11.34 (1) making arrangements to take the examination described
 11.35 in this subdivision;

11.36 (2) bearing all expenses associated with taking the
 12.1 examination;

12.2 (3) having the examination scores sent directly to the
 12.3 commissioner from the Educational Testing Service; and

12.4 (4) including a copy of the scores along with the original
 12.5 ~~registration~~ license application.

12.6 (d) The applicant must receive a qualifying score on the
 12.7 examination within three years after the applicant applies for
 12.8 ~~registration~~ licensure under section 148.519. If the applicant
 12.9 does not receive a qualifying score on the examination within
 12.10 three years after the applicant applies for ~~registration~~
 12.11 licensure, the applicant may apply to the commissioner in
 12.12 writing for consideration to submit a new application
 12.13 for ~~registration~~ licensure under section 148.519.

12.14 Sec. 14. Minnesota Statutes 2000, section 148.516, is
 12.15 amended to read:

12.16 148.516 [REGISTRATION LICENSURE BY EQUIVALENCY.]

12.17 An applicant who applies for ~~registration~~ licensure by
 12.18 equivalency must show evidence of possessing a current
 12.19 certificate of clinical competence issued by the American
 12.20 Speech-Language-Hearing Association and must meet the
 12.21 requirements of section 148.514.

12.22 Sec. 15. Minnesota Statutes 2000, section 148.5161, is
 12.23 amended to read:

12.24 148.5161 [TEMPORARY REGISTRATION LICENSURE.]

12.25 Subdivision 1. [APPLICATION.] The commissioner shall issue
 12.26 temporary ~~registration~~ licensure as a speech-language
 12.27 pathologist or audiologist to an applicant who has applied for
 12.28 ~~registration~~ licensure under section 148.515, who is not the
 12.29 subject of a disciplinary action or past disciplinary action,
 12.30 and who has not violated a provision of section 148.5195,
 12.31 subdivision 3.

12.32 Subd. 2. [PROCEDURES.] To be eligible for temporary
 12.33 ~~registration~~ licensure, an applicant must submit an application
 12.34 form provided by the commissioner, the fees required by section
 12.35 148.5194, and evidence of successful completion of the
 12.36 requirements in section 148.515, subdivisions 2 and 3.

13.1 Subd. 3. [SUPERVISION REQUIRED.] (a) A temporary
 13.2 ~~registrant~~ licensee must practice under the supervision of an
 13.3 individual who meets the requirements of section 148.512,
 13.4 subdivision 20. Supervision must conform to the requirements in
 13.5 paragraphs (b) to (g).

13.6 (b) Supervision must include both on-site observation and
 13.7 other monitoring activities. On-site observation must involve
 13.8 the supervisor, the supervisee, and the client receiving
 13.9 speech-language pathology or audiology services and must include
 13.10 direct observation by the supervisor of treatment given by the
 13.11 supervisee. Other monitoring activities must involve direct or
 13.12 indirect evaluative contact by the supervisor of the supervisee,
 13.13 may be executed by correspondence, and may include, but are not
 13.14 limited to, conferences with the supervisee, evaluation of
 13.15 written reports, and evaluations by professional colleagues.
 13.16 Other monitoring activities do not include the client receiving
 13.17 speech-language pathology or audiology services.

13.18 (c) The temporary ~~registrant~~ licensee must be supervised by
 13.19 an individual who meets the definition of section 148.512,
 13.20 subdivision 20, and:

13.21 (1) when the temporary ~~registrant~~ licensee is a
 13.22 speech-language pathologist, is a ~~registered~~ licensed
 13.23 speech-language pathologist, or holds a current certificate of
 13.24 clinical competence in speech-language pathology from the
 13.25 American Speech-Language-Hearing Association; and

13.26 (2) when the temporary ~~registrant~~ licensee is an
 13.27 audiologist, is a ~~registered~~ licensed audiologist, or holds a
 13.28 current certificate of clinical competence in audiology from the
 13.29 American Speech-Language-Hearing Association.

13.30 (d) Temporary ~~registration~~ licensure shall not be granted
 13.31 until the applicant has completed the academic coursework and
 13.32 clinical training in section 148.515, subdivisions 2 and 3.

13.33 (e) The temporary ~~registrant~~ licensee must be supervised in
 13.34 no less than 36 activities, including 18 one-hour on-site
 13.35 observations. A maximum of six hours may be accrued in one
 13.36 day. A minimum of six one-hour on-site observations must be
 14.1 accrued during each one-third of the experience.

14.2 (f) The temporary ~~registrant~~ licensee must complete 18
 14.3 other monitored activities and complete at least one monitored
 14.4 activity each month.

14.5 (g) The temporary ~~registrant~~ licensee must provide
 14.6 verification of supervision on the application form provided by
 14.7 the commissioner.

14.8 Subd. 4. [EXPIRATION OF TEMPORARY REGISTRATION LICENSE.]
 14.9 A temporary ~~registration~~ license issued to a person pursuant to
 14.10 subdivision 2 expires 18 months after issuance or on the date
 14.11 the commissioner grants or denies ~~registration~~ licensure,
 14.12 whichever occurs first. Upon application, a
 14.13 temporary ~~registration~~ license shall be renewed once to persons
 14.14 who have not met the supervised postgraduate clinical experience
 14.15 requirement under section 148.515, subdivision 4, within the
 14.16 initial temporary ~~registration~~ licensure period and meet the
 14.17 requirements of subdivision 1.

14.18 Subd. 5. [TITLE USED.] A temporary ~~registrant~~ licensee
 14.19 shall be identified by one of the protected titles and a
 14.20 designation indicating clinical fellowship status.

14.21 Sec. 16. Minnesota Statutes 2000, section 148.517, is
 14.22 amended to read:

14.23 148.517 [REGISTRATION LICENSE BY RECIPROCITY.]

14.24 Subdivision 1. [APPLICABILITY.] An applicant who applies
 14.25 for ~~registration~~ licensure as a speech-language pathologist or
 14.26 audiologist by reciprocity must meet the requirements of
 14.27 subdivisions 2 and 3.

14.28 Subd. 2. [CURRENT CREDENTIALS REQUIRED.] An applicant
 14.29 applying for ~~registration~~ licensure by reciprocity must provide
 14.30 evidence to the commissioner that the applicant holds a current
 14.31 and unrestricted credential for the practice of speech-language
 14.32 pathology or audiology in another jurisdiction that has
 14.33 requirements equivalent to or higher than those in effect for

14.34 determining whether an applicant in this state is qualified to
 14.35 be ~~registered~~ licensed as a speech-language pathologist or
 14.36 audiologist. An applicant who provides sufficient evidence need
 15.1 not meet the requirements of section 148.515, provided that the
 15.2 applicant otherwise meets all other requirements of section
 15.3 148.514.

15.4 Subd. 3. [VERIFICATION OF CREDENTIALS REQUIRED.] An
 15.5 applicant for ~~registration~~ licensure by reciprocity under
 15.6 subdivision 2, must have the appropriate government body in each
 15.7 jurisdiction in which the applicant holds a credential submit
 15.8 letters of verification to the commissioner. Each letter must
 15.9 state the applicant's name, date of birth, credential number,
 15.10 date of issuance, a statement regarding disciplinary actions, if
 15.11 any, taken against the applicant, and the terms under which the
 15.12 credential was issued.

15.13 Subd. 4. [TEMPORARY REGISTRATION LICENSURE.] (a) The
 15.14 commissioner shall issue temporary ~~registration~~ licensure as a
 15.15 speech-language pathologist, an audiologist, or both, to an
 15.16 applicant who has applied for ~~registration~~ licensure under this
 15.17 section and who:

15.18 (1) submits a signed and dated affidavit stating that the
 15.19 applicant is not the subject of a disciplinary action or past
 15.20 disciplinary action in this or another jurisdiction and is not
 15.21 disqualified on the basis of section 148.5195, subdivision 3;
 15.22 and

15.23 (2) either:

15.24 (i) provides a copy of a current credential as a
 15.25 speech-language pathologist, an audiologist, or both, held in
 15.26 the District of Columbia or a state or territory of the United
 15.27 States; or

15.28 (ii) provides a copy of a current certificate of clinical
 15.29 competence issued by the American Speech-Language-Hearing
 15.30 Association or its equivalent.

15.31 (b) A temporary ~~registration~~ license issued to a person
 15.32 under this subdivision expires 90 days after it is issued or on
 15.33 the date the commissioner grants or denies ~~registration~~
 15.34 licensure, whichever occurs first.

15.35 (c) Upon application, a temporary ~~registration~~ license
 15.36 shall be renewed once to a person who is able to demonstrate
 16.1 good cause for failure to meet the requirements for ~~registration~~
 16.2 licensure within the initial temporary ~~registration~~ licensure
 16.3 period and who is not the subject of a disciplinary action or
 16.4 disqualified on the basis of section 148.5195, subdivision 3.

16.5 Sec. 17. Minnesota Statutes 2000, section 148.518, is
 16.6 amended to read:

16.7 148.518 [REGISTRATION LICENSURE FOLLOWING LAPSE OF
 16.8 REGISTERED LICENSURE STATUS.]

16.9 Subdivision 1. [LAPSE OF THREE YEARS OR LESS.] For an
 16.10 applicant whose ~~registered~~ licensure status has lapsed for three
 16.11 years or less, the applicant must:

16.12 (1) apply for ~~registration~~ license renewal according to
 16.13 section 148.5191 and document compliance with the continuing
 16.14 education requirements of section 148.5193 since the applicant's
 16.15 ~~registration~~ license lapsed; or

16.16 (2) fulfill the requirements of section 148.517.

16.17 Subd. 2. [LAPSE OF MORE THAN THREE YEARS.] For an
 16.18 applicant whose ~~registered~~ licensure status has lapsed for more
 16.19 than three years, the applicant must:

16.20 (1) apply for ~~registration~~ licensure renewal according to
 16.21 section 148.5191 and obtain a qualifying score on the
 16.22 examination described in section 148.515, subdivision 5, within
 16.23 one year of the application date for ~~registration~~ licensure
 16.24 renewal;

16.25 (2) apply for renewal according to section 148.5191,

16.26 provide evidence to the commissioner that the applicant holds a
 16.27 current and unrestricted credential for the practice of
 16.28 speech-language pathology from the Minnesota board of teaching
 16.29 or for the practice of speech-language pathology or audiology in
 16.30 another jurisdiction that has requirements equivalent to or
 16.31 higher than those in effect for Minnesota and provide evidence
 16.32 of compliance with Minnesota board of teaching or that
 16.33 jurisdiction's continuing education requirements;

16.34 (3) apply for renewal according to section 148.5191 and
 16.35 submit documentation of having completed a combination of
 16.36 speech-language pathology or audiology courses or a
 17.1 speech-language pathology or audiology refresher program that
 17.2 contains both a theoretical and clinical component preapproved
 17.3 or approved by the commissioner. Only courses completed within
 17.4 one year preceding the date of the application or one year after
 17.5 the date of the application will qualify for approval; or

17.6 (4) apply for renewal according to section 148.5191 and
 17.7 submit proof of successful completion and verified documentation
 17.8 of 160 hours of supervised practice approved by the
 17.9 commissioner. To participate in a supervised practice, the
 17.10 applicant shall first apply and obtain temporary
 17.11 ~~registration~~ licensure according to section 148.5161.

17.12 Sec. 18. Minnesota Statutes 2000, section 148.519, is
 17.13 amended to read:

17.14 148.519 [REGISTRATION LICENSURE PROCEDURES.]

17.15 Subdivision 1. [APPLICATIONS FOR REGISTRATION LICENSURE.]

17.16 An applicant for ~~registration~~ licensure must:

17.17 (1) submit a completed application for ~~registration~~
 17.18 licensure on forms provided by the commissioner. The
 17.19 application must include the applicant's name, certification
 17.20 number under chapter 153A, if applicable, business address and
 17.21 telephone number, or home address and telephone number if the
 17.22 applicant practices speech-language pathology or audiology out
 17.23 of the home, and a description of the applicant's education,
 17.24 training, and experience, including previous work history for
 17.25 the five years immediately preceding the date of application.
 17.26 The commissioner may ask the applicant to provide additional
 17.27 information necessary to clarify information submitted in the
 17.28 application;

17.29 (2) submit a transcript showing the completion of a
 17.30 master's degree or its equivalent meeting the requirements of
 17.31 section 148.515, subdivision 2;

17.32 (3) submit documentation of the required hours of
 17.33 supervised clinical training meeting the requirements of section
 17.34 148.515, subdivision 3;

17.35 (4) submit documentation of the postgraduate clinical
 17.36 experience meeting the requirements of section 148.515,
 18.1 subdivision 4;

18.2 (5) submit documentation of receiving a qualifying score on
 18.3 an examination meeting the requirements of section 148.515,
 18.4 subdivision 5;

18.5 (6) sign a statement that the information in the
 18.6 application is true and correct to the best of the applicant's
 18.7 knowledge and belief;

18.8 (7) submit with the application all fees required by
 18.9 section 148.5194; and

18.10 (8) sign a waiver authorizing the commissioner to obtain
 18.11 access to the applicant's records in this or any other state in
 18.12 which the applicant has engaged in the practice of
 18.13 speech-language pathology or audiology.

18.14 Subd. 2. [ACTION ON APPLICATIONS FOR REGISTRATION
 18.15 LICENSURE.] (a) The commissioner shall act on an application for
 18.16 ~~registration~~ licensure according to paragraphs (b) to (d).

18.17 (b) The commissioner shall determine if the applicant meets

18.18 the requirements for ~~registration~~ licensure. The commissioner,
 18.19 or advisory council may investigate information provided by an
 18.20 applicant to determine whether the information is accurate and
 18.21 complete.

18.22 (c) The commissioner shall notify an applicant of action
 18.23 taken on the application and of the grounds for denying
 18.24 ~~registration licensure~~ if ~~registration licensure~~ is denied.

18.25 (d) An applicant denied ~~registration licensure~~ may make a
 18.26 written request to the commissioner, within 30 days of the date
 18.27 of notification to the applicant, to appear before the advisory
 18.28 council and for the advisory council to review the
 18.29 commissioner's decision to deny the applicant's
 18.30 ~~registration license~~. After reviewing the denial, the advisory
 18.31 council shall make a recommendation to the commissioner as to
 18.32 whether the denial should be affirmed. An applicant is allowed
 18.33 no more than one request for a review of denial of ~~registration~~
 18.34 licensure in any one ~~registration licensure~~ renewal period.

18.35 Sec. 19. Minnesota Statutes 2000, section 148.5191, is
 18.36 amended to read:

19.1 148.5191 [REGISTRATION LICENSURE RENEWAL.]

19.2 Subdivision 1. [RENEWAL REQUIREMENTS.] To renew
 19.3 ~~registration licensure~~, an applicant must:

19.4 (1) biennially complete a renewal application on a form
 19.5 provided by the commissioner and submit the biennial renewal
 19.6 fee;

19.7 (2) meet the continuing education requirements of section
 19.8 148.5193 and submit evidence of attending continuing education
 19.9 courses, as required in section 148.5193, subdivision 6; and

19.10 (3) submit additional information if requested by the
 19.11 commissioner to clarify information presented in the renewal
 19.12 application. The information must be submitted within 30 days
 19.13 after the commissioner's request.

19.14 Subd. 2. [LATE FEE.] An application submitted after the
 19.15 renewal deadline date must be accompanied by a late fee as
 19.16 provided in section 148.5194, subdivision 4.

19.17 Subd. 3. [REGISTRATION LICENSURE RENEWAL NOTICE.]
 19.18 ~~Registration Licensure~~ renewal is on a biennial basis. At least
 19.19 60 days before the ~~registration licensure~~ expiration date, the
 19.20 commissioner shall send out a renewal notice to the ~~registrant's~~
 19.21 licensee's last known address. The notice shall include a
 19.22 renewal application and notice of fees required for renewal. If
 19.23 the ~~registrant licensee~~ does not receive the renewal notice, the
 19.24 ~~registrant licensee~~ is still required to meet the deadline for
 19.25 renewal to qualify for continuous ~~registered licensure~~ status.

19.26 Subd. 4. [RENEWAL DEADLINE.] Each ~~registration certificate~~
 19.27 license, including a temporary ~~registration certificate license~~
 19.28 provided under section 148.5161, must state an expiration date.
 19.29 An application for ~~registration licensure~~ renewal must be
 19.30 received by the department of health or postmarked at least 30
 19.31 days before the expiration date. If the postmark is illegible,
 19.32 the application shall be considered timely if received at least
 19.33 21 days before the expiration date.

19.34 When the commissioner establishes the renewal schedule for
 19.35 an applicant, ~~registrant licensee~~, or temporary ~~registrant~~
 19.36 licensee, if the period before the expiration date is less than
 20.1 two years, the fee shall be prorated.

20.2 Sec. 20. Minnesota Statutes 2000, section 148.5193,
 20.3 subdivision 1, is amended to read:

20.4 Subdivision 1. [NUMBER OF CONTACT HOURS REQUIRED.] (a) An
 20.5 applicant for ~~registration licensure~~ renewal must meet the
 20.6 requirements for continuing education according to paragraphs
 20.7 (b) to (e).

20.8 (b) An applicant for ~~registration licensure~~ renewal as
 20.9 either a speech-language pathologist or an audiologist must

20.10 provide evidence to the commissioner of a minimum of 30 contact
 20.11 hours of continuing education offered by a continuing education
 20.12 sponsor within the two years immediately preceding ~~registration~~
 20.13 licensure renewal. A minimum of 20 contact hours of continuing
 20.14 education must be directly related to the ~~registrant's~~
 20.15 licensee's area of ~~registration~~ licensure. Ten contact hours of
 20.16 continuing education may be in areas generally related to
 20.17 the ~~registrant's~~ licensee's area of ~~registration~~ licensure.

20.18 (c) An applicant for ~~registration~~ licensure renewal as both
 20.19 a speech-language pathologist and an audiologist must attest to
 20.20 and document completion of a minimum of 36 contact hours of
 20.21 continuing education offered by a continuing education sponsor
 20.22 within the two years immediately preceding ~~registration~~
 20.23 licensure renewal. A minimum of 15 contact hours must be
 20.24 received in the area of speech-language pathology and a minimum
 20.25 of 15 contact hours must be received in the area of audiology.
 20.26 Six contact hours of continuing education may be in areas
 20.27 generally related to the ~~registrant's~~ licensee's areas
 20.28 of ~~registration~~ licensure.

20.29 (d) If the ~~registrant~~ licensee is licensed by the board of
 20.30 teaching:

20.31 (1) activities that are approved in the categories of
 20.32 Minnesota Rules, part 8700.1000, subpart 3, items A and B, and
 20.33 that relate to speech-language pathology, shall be considered:

20.34 (i) offered by a sponsor of continuing education; and
 20.35 (ii) directly related to speech-language pathology;

20.36 (2) activities that are approved in the categories of
 21.1 Minnesota Rules, part 8700.1000, subpart 3, shall be considered:

21.2 (i) offered by a sponsor of continuing education; and
 21.3 (ii) generally related to speech-language pathology; and

21.4 (3) one clock hour as defined in Minnesota Rules, part
 21.5 8700.1000, subpart 1, is equivalent to 1.2 contact hours of
 21.6 continuing education.

21.7 (e) Contact hours cannot be accumulated in advance and
 21.8 transferred to a future continuing education period.

21.9 Sec. 21. Minnesota Statutes 2000, section 148.5193,
 21.10 subdivision 4, is amended to read:

21.11 Subd. 4. [EARNING CONTINUING EDUCATION CONTACT HOURS
 21.12 THROUGH CONTACT HOUR EQUIVALENTS.] (a) A ~~registrant~~ licensee who
 21.13 teaches continuing education courses may obtain contact hour
 21.14 equivalents according to paragraphs (b) to (d).

21.15 (b) The sponsor of the course must meet the requirements of
 21.16 subdivision 2.

21.17 (c) A ~~registrant~~ licensee may not obtain more than six
 21.18 contact hours in any two-year continuing education period by
 21.19 teaching continuing education courses.

21.20 (d) A ~~registrant~~ licensee may obtain two contact hours for
 21.21 each hour spent teaching a course. Contact hours may be claimed
 21.22 only once for teaching the same course in any two-year
 21.23 continuing education period.

21.24 Sec. 22. Minnesota Statutes 2000, section 148.5193,
 21.25 subdivision 6, is amended to read:

21.26 Subd. 6. [RECORDS OF ATTENDANCE.] (a) A ~~registrant~~
 21.27 licensee must maintain for four years records of attending the
 21.28 continuing education contact hours required for ~~registration~~
 21.29 licensure renewal.

21.30 (b) An applicant for ~~registration~~ licensure renewal must
 21.31 submit the following information on a form provided by the
 21.32 commissioner: the sponsoring organization, the dates of the
 21.33 course, the course name, the number of contact hours completed,
 21.34 and the name and signature of the ~~registrant~~ licensee. The form
 21.35 must be submitted with the renewal application under section
 21.36 148.5191, subdivision 1.

22.1 Sec. 23. Minnesota Statutes 2000, section 148.5193,

22.2 subdivision 6a, is amended to read:

22.3 Subd. 6a. [VERIFICATION OF ATTENDANCE.] An applicant
22.4 for ~~registration~~ licensure renewal must submit verification of
22.5 attendance as follows:

22.6 (1) a certificate of attendance from the sponsor with the
22.7 continuing education course name, course date, and
22.8 ~~registrant's~~ licensee's name;

22.9 (2) a copy of a record of attendance from the sponsor of
22.10 the continuing education course;

22.11 (3) a signature of the presenter or a designee at the
22.12 continuing education activity on the continuing education report
22.13 form;

22.14 (4) a summary or outline of the educational content of an
22.15 audio or video educational activity if a designee is not
22.16 available to sign the continuing education report form;

22.17 (5) for self-study programs, a certificate of completion or
22.18 other documentation indicating that the individual has
22.19 demonstrated knowledge and has successfully completed the
22.20 program; and

22.21 (6) for attendance at a university, college, or vocational
22.22 course, an official transcript.

22.23 Sec. 24. Minnesota Statutes 2000, section 148.5193,
22.24 subdivision 7, is amended to read:

22.25 Subd. 7. [VERIFICATION OF CONTINUING EDUCATION REPORTS.]

22.26 The commissioner may request a ~~registrant~~ licensee or continuing
22.27 education sponsor to verify the continuing education to which
22.28 the ~~registrant~~ licensee attested. Documentation may come
22.29 directly from the ~~registrant~~ licensee, the continuing education
22.30 sponsor, or from a national accrediting or certifying
22.31 organization which maintains the records.

22.32 Sec. 25. Minnesota Statutes 2000, section 148.5193,
22.33 subdivision 8, is amended to read:

22.34 Subd. 8. [WAIVER OF CONTINUING EDUCATION REQUIREMENTS.]

22.35 The commissioner may grant a waiver of the requirements of this
22.36 section in cases where the requirements would impose an undue
23.1 burden on the ~~registrant~~ licensee. A ~~registrant~~ licensee must
23.2 request in writing a waiver of the requirements of this
23.3 section. The request for a waiver must cite this section, the
23.4 reasons for requesting the waiver, the period of time
23.5 the ~~registrant~~ licensee wishes to have the continuing education
23.6 requirement waived, and the alternative measures that will be
23.7 taken if a waiver is granted. The commissioner shall set forth,
23.8 in writing, the reasons for granting or denying the waiver.
23.9 Waivers granted by the commissioner shall specify in writing the
23.10 time limitation and required alternative measures to be taken by
23.11 the ~~registrant~~ licensee.

23.12 Sec. 26. Minnesota Statutes 2000, section 148.5194, is
23.13 amended to read:

23.14 148.5194 [FEES.]

23.15 Subdivision 1. [FEE PRORATION.] The commissioner shall

23.16 prorate the ~~registration~~ licensure fee for first time
23.17 ~~registrants~~ licensees according to the number of months that
23.18 have elapsed between the date ~~registration~~ the license is issued
23.19 and the date ~~registration~~ the license must be renewed under
23.20 section 148.5191, subdivision 4.

23.21 Subd. 2. [BIENNIAL REGISTRATION LICENSURE FEE.] The fee
23.22 for initial ~~registration~~ licensure and biennial
23.23 ~~registration~~ licensure, temporary ~~registration~~ licensure, or
23.24 renewal is \$200.

23.25 Subd. 3. [BIENNIAL REGISTRATION LICENSURE FEE FOR DUAL
23.26 REGISTRATION LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST AND
23.27 AUDIOLOGIST.] The fee for initial ~~registration~~ licensure and
23.28 biennial ~~registration~~ licensure, temporary ~~registration~~ licensure,
23.29 licensure, or renewal is \$200.

23.30 Subd. 3a. [SURCHARGE FEE.] Notwithstanding section
 23.31 16A.1285, subdivision 2, for a period of four years following
 23.32 July 1, 1999, an applicant for registration licensure or
 23.33 ~~registration licensure~~ renewal must pay a surcharge fee of \$25
 23.34 in addition to any other fees due upon registration licensure or
 23.35 ~~registration licensure~~ renewal. This subdivision expires June
 23.36 30, 2003.

24.1 Subd. 4. [PENALTY FEE FOR LATE RENEWALS.] The penalty fee
 24.2 for late submission of a renewal application is \$45.

24.3 Subd. 5. [NONREFUNDABLE FEES.] All fees are nonrefundable.

24.4 Sec. 27. Minnesota Statutes 2000, section 148.5195,
 24.5 subdivision 2, is amended to read:

24.6 Subd. 2. [RIGHTS OF APPLICANTS AND ~~REGISTRANTS~~ LICENSEES.]
 24.7 The rights of an applicant denied registration licensure are
 24.8 stated in section 148.519, subdivision 2, paragraph (d).
 24.9 A ~~registrant~~ licensee shall not be subjected to disciplinary
 24.10 action under this section without first having an opportunity
 24.11 for a contested case hearing under chapter 14.

24.12 Sec. 28. Minnesota Statutes 2000, section 148.5195,
 24.13 subdivision 4, is amended to read:

24.14 Subd. 4. [DISCIPLINARY ACTIONS.] If the commissioner finds
 24.15 that an individual should be disciplined according to
 24.16 subdivision 3, the commissioner may take any one or more of the
 24.17 following actions:

24.18 (1) refuse to grant or renew registration licensure;
 24.19 (2) suspend registration licensure for a period not
 24.20 exceeding one year;
 24.21 (3) revoke registration licensure; or
 24.22 (4) take any reasonable lesser action against an individual
 24.23 upon proof that the individual has violated sections 148.511 to
 24.24 148.5196.

24.25 Sec. 29. Minnesota Statutes 2000, section 148.5195,
 24.26 subdivision 5, is amended to read:

24.27 Subd. 5. [CONSEQUENCES OF DISCIPLINARY ACTIONS.] Upon the
 24.28 suspension or revocation of registration licensure, the
 24.29 speech-language pathologist or audiologist shall cease to
 24.30 practice speech-language pathology or audiology, to use titles
 24.31 protected under sections 148.511 to 148.5196, and shall cease to
 24.32 represent to the public that the speech-language pathologist or
 24.33 audiologist is registered licensed by the commissioner.

24.34 Sec. 30. Minnesota Statutes 2000, section 148.5195,
 24.35 subdivision 6, is amended to read:

24.36 Subd. 6. [REINSTATEMENT REQUIREMENTS AFTER DISCIPLINARY
 25.1 ACTION.] A speech-language pathologist or audiologist who has
 25.2 had registration licensure suspended may petition on forms
 25.3 provided by the commissioner for reinstatement following the
 25.4 period of suspension specified by the commissioner. The
 25.5 requirements of section 148.5191 for renewing registration
 25.6 licensure must be met before registration licensure may be
 25.7 reinstated.

25.8 Sec. 31. Minnesota Statutes 2000, section 148.5196, is
 25.9 amended to read:

25.10 148.5196 [SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST
 25.11 ADVISORY COUNCIL.]

25.12 Subdivision 1. [MEMBERSHIP.] The commissioner shall
 25.13 appoint seven persons to a speech-language pathologist and
 25.14 audiologist advisory council. The seven persons must include:

25.15 (1) two public members, as defined in section 214.02. The
 25.16 public members shall be either persons receiving services of a
 25.17 speech-language pathologist or audiologist, or family members of
 25.18 or caregivers to such persons;

25.19 (2) two speech-language pathologists registered licensed
 25.20 under sections 148.511 to 148.5196, one of whom is currently and
 25.21 has been, for the five years immediately preceding the

25.22 appointment, engaged in the practice of speech-language
25.23 pathology in Minnesota and each of whom is employed in a
25.24 different employment setting including, but not limited to,
25.25 private practice, hospitals, rehabilitation settings,
25.26 educational settings, and government agencies;
25.27 (3) one speech-language pathologist ~~registered~~ licensed
25.28 under sections 148.511 to 148.5196, who is currently and has
25.29 been, for the five years immediately preceding the appointment,
25.30 employed by a Minnesota public school district or a Minnesota
25.31 public school district consortium that is authorized by
25.32 Minnesota Statutes and who is licensed in communication
25.33 disorders by the Minnesota board of teaching; and
25.34 (4) two audiologists ~~registered~~ licensed under sections
25.35 148.511 to 148.5196, one of whom is currently and has been, for
25.36 the five years immediately preceding the appointment, engaged in
26.1 the practice of audiology in Minnesota and each of whom is
26.2 employed in a different employment setting including, but not
26.3 limited to, private practice, hospitals, rehabilitation
26.4 settings, educational settings, industry, and government
26.5 agencies.
26.6 Subd. 2. [ORGANIZATION.] The advisory council shall be
26.7 organized and administered under section 15.059.
26.8 Subd. 3. [DUTIES.] The advisory council shall:
26.9 (1) advise the commissioner regarding speech-language
26.10 pathologist and audiologist ~~registration~~ licensure standards;
26.11 (2) advise the commissioner on enforcement of sections
26.12 148.511 to 148.5196;
26.13 (3) provide for distribution of information regarding
26.14 speech-language pathologist and audiologist ~~registration~~
26.15 licensure standards;
26.16 (4) review applications and make recommendations to the
26.17 commissioner on granting or denying ~~registration~~ licensure or
26.18 ~~registration~~ licensure renewal;
26.19 (5) review reports of investigations relating to
26.20 individuals and make recommendations to the commissioner as to
26.21 whether ~~registration~~ licensure should be denied or disciplinary
26.22 action taken against the individual;
26.23 (6) advise the commissioner regarding approval of
26.24 continuing education activities provided by sponsors using the
26.25 criteria in section 148.5193, subdivision 2; and
26.26 (7) perform other duties authorized for advisory councils
26.27 under chapter 214, or as directed by the commissioner.
26.28 Sec. 32. Minnesota Statutes 2000, section 153A.14,
26.29 subdivision 2a, is amended to read:
26.30 Subd. 2a. [EXEMPTION FROM WRITTEN EXAMINATION
26.31 REQUIREMENT.] Persons completing the audiology registration
26.32 requirements of section 148.515 after January 1, 1996, are
26.33 exempt from the written examination requirements of subdivision
26.34 2h, paragraph (a), clause (1). Minnesota ~~registration~~ licensure
26.35 or American Speech-Language-Hearing Association certification as
26.36 an audiologist is not required but may be submitted as evidence
27.1 qualifying for exemption from the written examination if the
27.2 requirements are completed after January 1, 1996. Persons
27.3 qualifying for written examination exemption must fulfill the
27.4 other credentialing requirements under subdivisions 1 and 2
27.5 before a certificate may be issued by the commissioner.
27.6 Sec. 33. Minnesota Statutes 2000, section 153A.14,
27.7 subdivision 2i, is amended to read:
27.8 Subd. 2i. [CONTINUING EDUCATION REQUIREMENT.] On forms
27.9 provided by the commissioner, each certified dispenser must
27.10 submit with the application for renewal of certification
27.11 evidence of completion of ten course hours of continuing
27.12 education earned within the 12-month period of July 1 to June 30
27.13 immediately preceding renewal. Continuing education courses

27.14 must be directly related to hearing instrument dispensing and
27.15 approved by the International Hearing Society or qualify for
27.16 continuing education approved for Minnesota ~~registered~~ licensed
27.17 audiologists. Evidence of completion of the ten course hours of
27.18 continuing education must be submitted with renewal applications
27.19 by October 1 of each year. This requirement does not apply to
27.20 dispensers certified for less than one year. The first report
27.21 of evidence of completion of the continuing education credits
27.22 shall be due October 1, 1997.

27.23 Sec. 34. Minnesota Statutes 2000, section 153A.17, is
27.24 amended to read:

27.25 153A.17 [EXPENSES; FEES.]

27.26 The expenses for administering the certification
27.27 requirements including the complaint handling system for hearing
27.28 aid dispensers in sections 153A.14 and 153A.15 and the consumer
27.29 information center under section 153A.18 must be paid from
27.30 initial application and examination fees, renewal fees,
27.31 penalties, and fines. All fees are nonrefundable. The
27.32 certificate application fee is \$165 for audiologists ~~registered~~
27.33 licensed under section 148.511 and \$490 for all others, the
27.34 examination fee is \$200 for the written portion and \$200 for the
27.35 practical portion each time one or the other is taken, and the
27.36 trainee application fee is \$100. Notwithstanding the policy set
28.1 forth in section 16A.1285, subdivision 2, a surcharge of \$165
28.2 for audiologists ~~registered~~ licensed under section 148.511 and
28.3 \$330 for all others shall be paid at the time of application or
28.4 renewal until June 30, 2003, to recover the commissioner's
28.5 accumulated direct expenditures for administering the
28.6 requirements of this chapter. The penalty fee for late
28.7 submission of a renewal application is \$200. All fees,
28.8 penalties, and fines received must be deposited in the state
28.9 government special revenue fund. The commissioner may prorate
28.10 the certification fee for new applicants based on the number of
28.11 quarters remaining in the annual certification period.

28.12 Sec. 35. Minnesota Statutes 2000, section 153A.20,
28.13 subdivision 1, is amended to read:

28.14 Subdivision 1. [MEMBERSHIP.] The commissioner shall
28.15 appoint nine persons to a hearing instrument dispenser advisory
28.16 council.

28.17 (a) The nine persons must include:

28.18 (1) three public members, as defined in section 214.02. At
28.19 least one of the public members shall be a hearing instrument
28.20 user and one of the public members shall be either a hearing
28.21 instrument user or an advocate of one; and

28.22 (2) three hearing instrument dispensers certified under
28.23 sections 153A.14 to 153A.20, each of whom is currently, and has
28.24 been for the five years immediately preceding their appointment,
28.25 engaged in hearing instrument dispensing in Minnesota and who
28.26 represent the occupation of hearing instrument dispensing and
28.27 who are not audiologists; and

28.28 (3) three audiologists who are certified hearing instrument
28.29 dispensers, are ~~registered~~ licensed as audiologists under
28.30 ~~Minnesota Rules, chapter 4750, or if no rules are in effect,~~
28.31 ~~audiologists who hold current certificates of clinical~~
28.32 ~~competence in audiology from the American~~
28.33 ~~Speech Language Hearing Association chapter 148~~ and who
28.34 represent the occupation of audiology.

28.35 (b) The factors the commissioner may consider when
28.36 appointing advisory council members include, but are not limited
29.1 to, professional affiliation, geographical location, and type of
29.2 practice.

29.3 (c) No two members of the advisory council shall be
29.4 employees of, or have binding contracts requiring sales
29.5 exclusively for, the same hearing instrument manufacturer or the

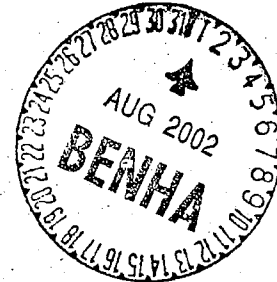
- 29.6 same employer.
 - 29.7 Sec. 36. [REPEALER.]
 - 29.8 Minnesota Statutes 2000, section 148.512, subdivision 11,
 - 29.9 is repealed.
-

Minnesota Academy of Audiology

3010 Hennepin Ave. South, Box # 73
Minneapolis, MN 55408-2614
Minneapolis, Minnesota 55408-2614
Phone: 612-377-6416
Toll free: 1-800-480-0150

July 30, 2002

Randy Snyder, Executive Director
Board of Examiners of Nursing Home Administrators
University Park Plaza, Suite 440
2829 University Avenue SE
Minneapolis MN 55414



Dear Mr. Snyder,

Attached please find responses to questions in Part 3 of the Minnesota Health Occupation Review Program regarding new or expanded regulation of Speech-Language Pathology and Audiology. We addressed questions 15-19, 21-23, 25-27 and 29 - 30 related to safety and efficacy.

As you know, Speech-Language Pathologists and Audiologists support expanded regulation through licensing (House File 942 / Senate File 424). We are currently regulated through voluntary registration by the Minnesota Department of Health.

- Our bill will not create any new levels of government; we will continue to be regulated by the Minnesota Department of Health.
- Licensing will provide consumer protection by preventing Minnesotans from being misled or mistreated by unqualified practitioners.
- Licensing of Speech-Language Pathology and Audiology is the standard level of regulation in all other states with the exception of 3 states.

Please do not hesitate to contact me should you have any questions regarding the enclosed information. I can be contacted directly at 651-464-8486 (work) or 320-358-4544 (evenings).

Most sincerely,

A handwritten signature in cursive script that reads "Julie Perreault".

Julie Perreault, Au.D.
Minnesota Academy of Audiology, President

Encl: Part-3 questions
State Regulation
Licensing Bill (H.F. 942)

Evidence in Support of Regulation as per Statute 214.002 Speech-Language Pathologists and Audiologists

Contents of the report

1. Harm to the public that is or could be posed by the unregulated practice of the occupation or by continued practice at its current degree of regulation;

The professions of speech-language pathology and audiology are already regulated through the Department of Health's title registration program. The requested change from title registration to licensure is designed to make regulatory titles consistent with other health professionals such as occupational therapists and physical therapists. Licensure is the national standard for credentialing, and there has been considerable confusion with the current "title registered" designation within the state of Minnesota, one of only a very few states in which licensure is not mandated.

Consumers of speech-language pathology and audiology services have significant difficulty communicating. They may have had a stroke, progressive neurological disease, traumatic brain injury, cerebral palsy, or a multitude of other conditions that interfere with their ability to function adequately on a day-to-day basis. Because of the complexity of individuals served and because the consumers often cannot themselves advocate for or judge highest quality services, it is essential to regulate members of these professions to assure the highest level of protection for these vulnerable individuals.

Speech-language pathologists and audiologists make decisions that require a high degree of skill and knowledge to avoid harm to the patient through screening, evaluation, and treatment. These professionals must be able to independently judge what therapy is appropriate and often address safety issues for their clients. For example, patients with traumatic brain injuries often demonstrate poor judgment, getting themselves into dangerous situations through inappropriate displays of anger or lack of awareness of risk.

2. Any reason why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public;

The diversity of clients, the numerous work settings (clinics, medical centers, long term care facilities, preschool, elementary, middle, and high schools), and the variety of interventions provided by speech-language pathologists and audiologists preclude any one industry or facility from providing adequate consumer protection.

Managed care organizations appear most interested in "bottom line" economics and not consumer protection or provision of high quality care.

The percentage of consumers enrolled in managed care plans nationwide is predicted to climb close to 90 percent. While the emphasis of managed care organizations has historically been on cost containment, questions have arisen regarding restrictions of access to necessary care and compromised quality care. Also, substantial budget cuts by government in health care have resulted in greater pressure on health providers and schools to more aggressively manage resources and to modify staffing patterns. Steps need to be taken to ensure that consumers have

access to the care they need, including quality speech-language pathologists and audiologists, and that undue pressures to control health care costs are not applied that threaten the quality of this care.

3. Why the proposed level of regulation is being proposed and why, if there is a lesser degree of regulation, it was not selected;

Licensure of speech-language pathologists and audiologists is being proposed through the Minnesota Department of Health. Licensure will replace the current system of regulation, which is title registration. Title registration protects only the title, not the actual professional scopes of practice for speech-language pathologists and audiologists. Therefore, the department is able to address only misuse of the title, not the potential consumer harm if a person is unprofessionally or inappropriately applying speech-language pathology or audiology services. Our bill does not ask for creation of a new agency or independent board. Speech-language pathology and audiology practitioners would like to remain with the Minnesota Department of Health and maintain our advisory council as currently comprised.

Licensure is proposed to conform with the standard of licensure that is used to regulate occupational therapists and physical therapists and to conform to the national standard of licensure. Minnesota is one of only three states that rely on a registration rule to define who can practice speech-language pathology and audiology. The vast majority of states have recognized licensure as the most effective mechanism for consumer protection. These jurisdictions have recognized a compelling need to safeguard consumer access to competent and professional speech-language pathology and audiology services.

The current Minnesota registration system for speech-language pathology and audiology practitioners, while establishing necessary thresholds for education and examination performance, does not provide sufficient, effective protection for Minnesota health care consumers. The registration rule does not prevent someone from practicing speech-language pathology or audiology as long as they do not identify themselves as a speech-language pathology or audiology practitioner with the titles addressed in current rule. Unlike the registration rule, a licensing system prohibits unqualified individuals from practicing speech-language pathology and audiology, and provides consumers with a readily identifiable and accessible means of complaint and response.

4. Any associations, organizations, or other groups representing the occupation seeking regulation and approximate numbers of each in Minnesota;

Speech-language pathologists in Minnesota are represented by the Minnesota Speech-Language-Hearing Association and nationally by the American Speech-Language-Hearing Association. Audiologists are represented in Minnesota by the Minnesota Speech-Language-Hearing Association and the Minnesota Academy of Audiology and nationally by the American Speech-Language-Hearing Association and the American Academy of Audiology.

The American Speech-Language-Hearing Association is the professional and scientific association for more than 97,000 speech-language pathologists; audiologists; and speech, language, and hearing scientists in the United States and internationally. ASHA was established in 1925 and began certifying individuals in 1952. ASHA is recognized nationally as an organization that maintains high standards of ethical conduct and professionalism, produces quality journals and continuing education programs, and monitors and participates in the development and implementation of health care reform proposals and programs at the federal and state levels.

American Speech-Language-Hearing Association
10801 Rockville Pike, Rockville, Maryland 20852-3279
1-800-498-2071

The Minnesota Speech-Language-Hearing Association, MSHA, was founded in 1936, and is a nonprofit organization with approximately 800 members in the professions of speech-language pathology and audiology. The organization's goals are concerned with the prevention,

assessment, and treatment of communication disorders and the study of normal and disordered human communication.

Contact persons: Co-presidents Meredith Boo, M.A., CCC-SLP; Carol Henderson, M.A., CCC-SLP

MSHA, PO Box 26115, St. Louis Park, MN 55426
612-920-0787 or 1-800-344-8808

The American Academy of Audiology represents approximately 7000 audiologists. The organization was founded in 1988 with the mission of providing quality hearing care to the public, enhancing the ability of its members to achieve career objectives, providing professional development through education and research, and increasing public awareness of hearing disorders and audiologic services.

American Academy of Audiology
8300 Greensboro Dr., Suite 750, McLean, Virginia 22102
1-800-AAA-2336

The Minnesota Academy of Audiology represents approximately 200 audiologists in Minnesota from clinics, ENT offices, private practice, manufacturers, schools, and hospitals. The purpose of the organization is to promote the public good by fostering the growth, development, recognition, and status of the profession of audiology.

Contact persons: Rebecca Crowell, M.A., CCC-A, Julie Perreault, Au.D., CCC-A
MAA, PO Box 20499
Bloomington, MN 55420

5. The functions typically performed by members of this occupational group and whether they are identical or similar to those performed by another occupational group or groups;

Practice of Audiology is defined as the application of principles, methods, and procedures related to hearing, the disorders of hearing, and is related to language and speech disorders, including but not limited to (a) facilitating the conservation of auditory system function; developing and implementing environmental and occupational hearing conservation programs; (b) screening, identifying, assessing, and interpreting, diagnosing, preventing and (re)habilitating peripheral and central auditory system dysfunctions; (c) providing and interpreting behavior and (electro)physiological measurements of auditory and vestibular functions; (d) selecting, fitting, dispensing and monitoring of amplification, FM systems, assistive listening and alerting devices and other systems (i.e., implantive devices) and providing training in their use; (e) providing aural (re)habilitation and related counseling services to individuals with hearing loss and their families; (f) cerumen removal; and (g) screening of speech-language and other factors affecting communication function for the purposes of an audiologic evaluation and/or initial identification of individuals with other communication disorders provided that judgments and descriptive statements about the results of such screenings are limited to pass/fail determinations.

Audiologists work in private practice offices; hospitals and medical centers; clinics; public and private schools; community hearing and speech centers; managed health care systems; industry; the military; home health; sub-acute rehabilitation; and long-term care and intermediate-care facilities. Audiologists provide academic education in universities to students and practitioners in audiology, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, assessment, and non-medical management of auditory, balance, and related disorders.

Practice of Speech-Language Pathology is defined as the application of principles, methods, and procedures related to the development and disorders of human communication, including but not limited to (a) screening, identifying, assessing and interpreting, diagnosing, rehabilitating, and preventing disorders of speech (e.g., articulation, fluency, voice) and language;

(b) screening, identifying, assessing and interpreting, diagnosing, and rehabilitating disorders of oral-pharyngeal function (e.g., dysphagia) and related disorders; (c) screening, identifying, assessing and interpreting, diagnosing and rehabilitating cognitive/communication disorders; (d) assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use; (e) providing aural rehabilitation and related counseling services to hearing impaired individuals and their families; (f) enhancing speech-language proficiency and communication effectiveness (e.g., accent reduction); and (g) screening of hearing and other factors for the purpose of speech-language evaluation and/or the initial identification of individuals with other communication disorders provided the judgments and descriptive statements about the results of such screening are limited to pass/fail determinations. Speech-Language Pathologists work in private practice offices; hospitals, public and private schools; community hearing and speech centers; managed health care systems; home health; sub-acute rehabilitation; and long-term care and intermediate-care facilities. Speech-Language Pathologists provide academic education in universities to students and practitioners in speech-language pathology, to medical and surgical students and residents, and to other related professionals.

Persons and Practices Affected. (1) Licensure shall be granted either in audiology or speech-language pathology independently. A person may be licensed in both areas if that person meets the respective qualifications. No person shall practice audiology or speech-language pathology, or represent himself/herself as an audiologist or speech-language pathologist in this state, unless such person is licensed in accordance with this Act.

6. Whether any specialized training, education, or experience is required to engage in the occupation and, if so, how current practitioners have acquired that training, education, or experience;

Audiologists and Speech-Language Pathologists are autonomous professions, related but distinctly different groups that are currently certified at a national level by the same certification board, known as the American Speech-Language-Hearing Association (ASHA). Audiologists and Speech-Language Pathologists have received a Master's or Doctoral degree from an accredited university graduate program. ASHA certified Audiologists and Speech-Language Pathologists serve a 9-month postgraduate fellowship and pass a national standardized examination before they are considered nationally certified to practice. Their academic and clinical training provides the foundation for patient management from birth through adulthood.

7. Whether the proposed regulation would change the way practitioners of the occupation acquire any necessary specialized training, education, or experience and if so, why;

Since the requirement for specialized training, education, and clinician practicum hours in the proposed licensure of speech-language pathologists and audiologists is identical to the present title registration, there would be no change in the way speech-language pathologists and audiologists would acquire it.

8. Whether any current practitioners of the occupation in Minnesota lack whatever specialized training, education, or experience might be required to engage in the occupation and, if so, how the proposed regulation would address that lack;

No significant impact on the existing supply of speech-language pathology and audiology practitioners is expected with the proposed regulation. While any regulation purposely restricts the individual who may practice speech-language pathology or audiology to those who meet basic professional qualification standards, ample opportunities exist to attain and utilize these qualifications. Practitioners who are unable to demonstrate basic education, examination and competency standards should not be practicing. As the standards will not change with the current proposal, all speech-language pathology and audiology practitioners currently registered should be able to attain a license.

9. Whether new entrants into the occupation would be required to provide evidence of necessary training, education, or experience, or to pass an examination, or both;

New entrants into Speech-Language Pathology or Audiology licensure would be required to provide the same necessary evidence of education, experience and examination required under

the current registration system. Current requirements include a Master's Degree in Communications Disorders. New entrants must complete a clinical fellowship year (CFY) of post-graduate professional experience and provide evidence of a qualifying score on the National Examination in Speech Language Pathology or Audiology (NESPA). Renewal of Speech-Language Pathology or Audiology licensure would require documentation of continuing education consistent with the current registration system.

10. Whether current practitioners would be required to provide evidence of any necessary education, or experience, or to pass an examination, and, if not, why not;

As the standards will not change with the current proposal, all speech-language pathologists and audiologists currently registered should be able to attain a license. Current practitioners would be required to comply with the education standards referenced in #6.

11. The expected impact of the proposed regulation on the supply of practitioners of the occupation and on the cost of services or goods provided by the occupation;

Changing from a registration to a licensure system will not impact the supply of speech-language pathology or audiology practitioners. Qualifications to be licensed as a speech-language pathologist or audiologist will remain the same as they were for registration. Currently registered speech-language pathologists and audiologists will be able to be licensed.

The costs of speech-language pathology and audiology services do not vary according to a state's level of regulation. Speech-language pathology and audiology practitioners' salaries are not different in licensed versus non-licensed states.

The current health care climate mitigates and controls the costs of services to the consumer and reimbursement to the practitioner. Implementation of financial controls such as discounted fees and capitated payments by the managed care organizations have resulted in stable to lower salaries for speech-language pathologists and audiologists. Also, the major budget cuts in Medicare and Medicaid have resulted in decreased salaries for speech-language pathologists and audiologists and possible increased out-of-pocket expenses for the consumers, but this is occurring irrespective of occupational regulation.

Speech-language pathologists and audiologists also provide extensive early intervention and school-based services to children under the Federal Individuals with Disabilities Education Act (IDEA). Regulation of speech-language pathologists in the schools will continue to be done through the Board of Teaching of the Minnesota Department of Children, Families, and Learning, which issues licenses to practice in the schools. Licensure of audiologists and health care speech-language pathologists will not impact the supply of practitioners working in the schools.

Additional contents; health related occupations.

1. Typical work settings and conditions for practitioners of the occupation;

Speech-language pathologists and audiologists provide services in settings that are deemed appropriate, including but not limited to health care, educational, community, vocational, and home settings. Speech-language pathologists and audiologists serve diverse populations and may work as employees or consultants. A small percentage of speech-language pathologists and audiologists are in private practice. The following list demonstrates the diversity of settings in which speech-language pathology and audiology may be practiced.

Institutional Settings: inpatient hospitals, inpatient rehabilitation, subacute units / transitional care, nursing facilities.

Outpatient Settings: outpatient hospital, outpatient clinics, outpatient office, outpatient rehabilitation.

Home and Community Settings: home care, group homes, assisted living, sheltered workshops, industry and business, schools, early intervention centers, halfway houses, community mental health centers, hospice.

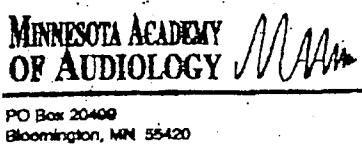
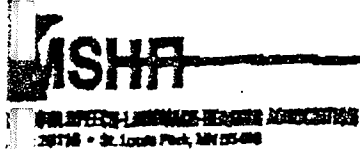
2. Whether practitioners of the occupation work without supervision or are supervised and

monitored by a regulated institution or by regulated health professionals;

Regardless of the setting, the American Speech-Language-Hearing Association practice standards for speech-language pathologists and audiologists clarify that only speech-language pathologists can supervise the speech-language service to patients and audiologists can supervise the audiology services to patients. It is recognized that speech-language pathologists and audiologists may be administratively supervised by others, such as principals, physicians, or facility administrators, however persons not trained and qualified as speech-language pathologists and audiologists are not acceptable to supervise speech-language pathology and audiology services.

Speech-language pathologists and audiologists who have completed master's degree programs who are completing their Clinical Fellowship Year (CFY) and who are eligible for temporary licensure require supervision. The applicant must complete the postgraduate clinical experience within a maximum of 36 consecutive months and must be supervised in no less than 36 activities, including 18 one-hour on-site observations that are consultative in nature.

The current registration rule, as well as professional policies, indicates that speech-language pathologists and audiologists are ultimately responsible for all aspects of the speech-language pathology and audiology services provided. Speech-language pathologists and audiologists conduct evaluations and establish treatment goals and plans. Speech-language pathologists and audiologists also carry out treatment plans, collect data, and modify the treatment plans as needed.



February 4, 2002

RE: SF 424, HF 942, Licensing requirements for Speech-Language Pathologists and Audiologists

Speech-language pathologists, audiologists, occupational therapists, and physical therapists are all members of helping professions in health care and educational settings. We provide services to individuals of all ages who have impairments of one or more functions of life. Our purpose is to improve function through a range of skilled interventions to enable the individual to live as independently and productively as possible.

The organizations representing these professions in Minnesota are the Minnesota Speech-Language-Hearing Association (MSHA), Minnesota Academy of Audiology (MAA), Minnesota Occupational Therapy Association (MOTA), and the Minnesota Chapter of the American Physical Therapy Association (MN APTA). In July of 1997, these groups formed an alliance to:

- provide an arena to explore and communicate interprofessional issues,
- provide and promote joint educational opportunities, and
- promote projects and activities that are in the interest of the public.

Each profession recognizes and supports the value the others have in serving the needs of consumers. We believe regulation of individual professions is necessary to ensure protection for the consumer and promote high standards of professional practice. This is accomplished through appropriate credentialing and disciplinary action.

During this legislative session, as in the past, our professions will continue to monitor and address areas of mutual concern. MSHA will seek legislative changes to their current statutes and rules as outlined in SF 424, HF 942.

As presidents of our respective associations, we recognize each profession as most appropriate to determine the regulatory structure and requirements which would best serve the professional and consumer. We therefore, agree to remain neutral in reference to each profession's currently drafted proposed regulatory changes. The position of neutrality has been formally agreed upon by our three professions.

We appreciate your time and consideration for these legislative actions and are available for your questions and concerns at the numbers listed below.

Sincerely,

Jo Ellen Andersen
 Jo Ellen Andersen, M.S. CCC-SLP
 President, MSHA
 612-863-4004

Sandra L. Wenner
 Sandra L. Wenner, M.S., OTR
 President, MOTA
 888-404-7768

Julie Perrault
 Julie Perrault, Au.D. CCC-A
 President, MAA
 651-464-8486

Linda J. Bell, PT
 Linda J. Bell, PT
 President, MN APTA
 651-628-1726

REGULATION of AUDIOLOGISTS (AUDs) and SPEECH-LANGUAGE PATHOLOGISTS (SLPs)

States with Licensure of AUDs and SLPs

Alabama *	1975
Alaska	1986 & 2000
Arizona	1996
Arkansas *	1975
California *	1974
Connecticut	1974
Delaware	1973
Florida *	1969
Georgia *	1974
Hawaii	1974
Illinois	1989
Indiana *	1977
Iowa *	1977
Kansas	1991
Kentucky *	1972
Louisiana	1972
Maine *	1976
Maryland *	1979
Massachusetts	1983
Mississippi *	1975
Missouri	1973
Montana	1975
Nebraska *	1978
Nevada *	1979
New Hampshire *	1992
New Jersey *	1984
New Mexico	1981
New York *	1976
North Carolina *	1975
North Dakota *	1975
Ohio *	1975
Oklahoma *	1973
Oregon *	1973
Pennsylvania *	1984
Rhode Island *	1973
South Carolina *	1974
Tennessee *	1973
Texas *	1983
Utah *	1975
Virginia *	1972
West Virginia *	1992
Wisconsin *	1990
Wyoming *	1975

TOTAL **43/50 = 86%**

State with Licensure of AUDs only

South Dakota 1997

States with Registration

Colorado *
Minnesota * 1991

State with Certification

Washington 1996

States without Regulation

Idaho
Michigan
Vermont

* States with Separate Regulations for Schools 32/50 = 64%

SUMMARY:

States with Licensure:	44/50 = 88%
States with Registration:	2/50 = 4%
States with Certification:	1/50 = 2%
States without Regulation:	3/50 = 6%
States with Separate Regulations for Schools:	32/50 = 64%

Minnesota Regulation Questions
July 21, 2002

15. Is the workforce growing? If so, at what rate? What are the estimated demand requirements and workforce supply for the occupation?

Vector Research, Incorporated, conducted a study for the American Speech-Language-Hearing Association (ASHA) that assessed the 1998 and the projected future supply of and demand for audiologists and speech-language pathologists (SLPs).

There were approximately 15,700 FTE audiologists at the end of 1998. Data were collected on salaries, unemployment rates, and satisfaction levels and revealed no strong indication of either a shortage or surplus. Thus, it was concluded that supply and demand for audiologists were in relative balance.

There were about 80,900 FTE SLPs at the end of 1998. At the time of the study, implementation of a Medicare prospective payment system in nursing homes was beginning to stem a previous high demand for SLP services in these settings. The investigators assumed that, although the job market for SLPs was in transition, that supply and demand for SLPs would evolve into relative balance, as has appeared to occur.

The study did indicate that, in eight to ten years from the time of the study, it will be necessary to train more professionals to replace the retiring baby boomer audiologists and SLPs and to meet the demands of the aging U.S. population that is prone to medical conditions that result in hearing, speech, and language problems. Medical advances are also improving the survival rate of premature infants and trauma and stroke victims, who then need assessment and possible treatment.

The U.S. Bureau of Labor Statistics projects that employment of speech-language pathologists and audiologists is expected to grow much faster than the average (36% or more) for all occupations through the year 2010 (<http://www.bls.gov/oco/ocos085.htm#outlook>). The Bureau's State Occupational Projections specific to Minnesota (<http://almis.dws.state.ut.us/occ/projections.asp?page=DisplayResults>) indicate an employment of 1,450 speech-language pathologists and audiologists in 1998 with a projected need in 2008 for 2000 such professionals, an increase of 37%.

16. What evidence exists to demonstrate the efficacy of the services provided?

ASHA provides an extensive Treatment Efficacy Bibliography for audiology and speech-language pathology in the following ten disorder areas:

- Aphasia
- Child Language Disorders
- Dysarthria
- Dysphagia

- Hearing Loss in Children
- Hearing Loss, Hearing Aid Selection and Use Phonological Disorders in Children
- Stuttering
- Traumatic Brain Injury
- Voice Disorders

This bibliography, with more than 100 references in some areas, may be found at <http://professional.asha.org/resources/noms/Efficacy-Treatment-Bibliographies.cfm>

17. How does the occupation measure the safety and efficacy of the services it provides?

Audiologists and speech-language pathologists who practice in medical settings participate in the quality assurance studies of their facilities that include measures of safety. Professionals in schools, clinics, private practice, and other settings participate in such studies less routinely. ASHA standards for clinical service programs require evidence that any equipment used be maintained in good working order, be free of electrical or other safety hazards, and be calibrated on a periodic basis. A policy and procedure must be in place to identify equipment that is not in working order.

In addition to group studies like those cited in the answer to question 16, individual efficacy is measured by the ability to achieve specified treatment/intervention goals, both short-term and long-term. Documentation of this progress may include comparison of initial evaluation and testing results with results at different points of time during treatment, systematic observation of performance in real-life situations, report of progress by the patient/client or others like employers or teachers, and completion of satisfaction with services questionnaires.

18. What are the findings of studies (U.S. and international) that have been done on safety and risk of harm to patients/clients from the care approaches, treatments, and modalities used by members of the occupation?

Care approaches and modalities of treatment for audiologists and speech-language pathologists are generally non-invasive and safe for patients and clients when provided by qualified personnel. The literature does report an occasional case study of further hearing deterioration as the result of an individual fit with a high output hearing aid. Swallowing therapy to achieve improved oral feeding, via direct and/or indirect methods, does not seem to be associated with undue risk of pneumonia (via aspiration) or increased morbidity.

Risk would be expected to magnify significantly if services were provided by unqualified personnel who do not exercise appropriate precautions. These risks would be particularly prevalent for children, older adults, and persons with neurological disabilities, population segments for which the incidence of communication disabilities is particularly high.

19. Describe and document consequences to the consumer that result from incompetent or unethical practice or omission of appropriate practice. Include information on emotional consequences, financial consequences, physical consequences and social consequences.

Professional licensure is advisable for the professions of speech-language pathology and audiology because the lack of regulation could result in harm to the consumer. The determination as to the threat of consumer harm is based on a number of factors:

- (1) The qualifications necessary to practice speech-language pathology and audiology. Stringent entry requirements in combination with on-going scrutiny by government entities ensure the protection of the consumer public. Forty-eight states require a master's degree or higher, completion of a supervised clinical practicum, nine months of full-time postgraduate professional experience and the passage of an exam for the practice of audiology or speech-language pathology.
- (2) The extent to which consumers need a system to identify qualified practitioners. Based on survey results, Americans with disabilities are poorer and less educated than their counterparts without disabilities. Consequently, the population with disabilities as a whole, and those with speech, language, hearing and related disabilities in particular, are limited in abilities and resources to ascertain the qualifications of service providers and to determine the services that they are qualified to provide. Prevalence data show that children and the elderly are the two populations most in need of the services of a speech-language pathologist or audiologist.
- (3) Extent of autonomy and degree of supervision required of the profession. Speech-language pathology and audiology services are provided in coordination with other professions, but not under the supervision of other professionals. Because the formal education/practice requirements are very specific, there is no profession that is equipped to supervise speech-language pathology or audiology, including physicians. Physician evaluation is important to identify impairments that are medically treatable, but physicians usually receive little training in the management of communication disabilities. The independent practice of speech language pathology and audiology is fully supported by state regulatory provisions and other state and federal regulations. None of the 48 state licensing laws for speech-language pathology and audiology require services to be provided under the supervision or control of any other person.
- (4) Independent judgment. Speech-language pathologists and audiologists provide services in a number of different treatment settings ranging from individual private practice to institutions in which they serve as part of a rehabilitation team. Regardless of setting, speech-language pathologists and audiologists work directly with patients and make independent judgments regarding their communicative disorders.

The potential for physical harm does exist in the utilization of certain procedures particularly those used in the diagnosis and treatment of dysphagia (swallowing) for speech-language pathology and those procedures that require the insertion of instruments into the ear for audiology. However, the consequences of improperly or inadequately delivered services and the effect of incorrect decisions may, in the long run, be more harmful for consumers than the actual procedures used during the assessment or treatment process.

In addition to the potential for physical harm, the poorly prepared or unqualified practitioner in communication and related disorders may cause or exacerbate emotional distress in a patient due to missed diagnosis or an inaccurate prognosis. A missed diagnosis of a young child's speech, language or hearing disability, and therefore the lack of early intervention during the critical language acquisition process, may also result in further delay in the development of speech and language skills and an increased treatment time to address the problem at a later date.

Increased treatment time translates into increased costs. As in any service delivery system, costs of services can also be high from payment of weeks, months or even years of ineffective treatment from an incompetent provider without significant benefit of the service.

In the absence of licensure, existing legal recourse is not sufficient to protect the public. Without state regulation, the state could possibly witness a flurry of lawsuits brought by persons victimized by incompetent and unethical practitioners. However, more likely is the scenario that persons with communicative disabilities (predominantly children and older persons) would not be able, financially or otherwise, to launch or sustain effective legal action and would essentially suffer in silence. This particularly vulnerable population of persons with communicative disabilities needs the protection of the state to ensure that they receive quality care provided by competent and ethical providers.

In the absence of licensure, marketplace influences are not sufficient to protect the public. Remote or rural areas do not contain any marketplace influences, and persons with communicative disabilities have few opportunities to relate to or talk with other consumers regarding their health care. In addition, marketplace influences are not an appropriate method of regulation for services that, if improperly or negligently performed, could cause actual harm.

21. What are the findings of studies (US and international) that have been done on efficacy and effectiveness of the care approaches, treatments, and modalities used by members of the occupation?

There are methods and procedures for evaluation and treatment of all speech, language, hearing, and related disabilities that improve communication. Better communication

results in better school achievement, job performance, psychological adjustment, and socialization.

Some methods and procedures require evaluation and treatment by other professionals, e.g., physicians, psychologists, prosthetists, special educators, either exclusively or in collaboration with audiologists and speech-language pathologists. There are also methods and procedures that are less effective, not effective at all, or, in a few cases, potentially harmful. Qualified providers know the differences and implement the safest and most successful protocols. Overall, patients/clients, their families, teachers, and others report high satisfaction with audiology and speech-language pathology services when they are received from qualified providers.

22. Where does the occupation or field recognize gaps in its members' knowledge and perhaps even competency? What is the occupation's research agenda?

In 1997, ASHA created the National Center for Treatment Effectiveness in Communication Disorders to establish a national outcome database for audiologists and speech-language pathologists. Data have been collected, and continue to be collected, for adults in health care settings and for pre-school and elementary school children to determine functional outcomes, the length of time required to achieve such outcomes, satisfaction with services, and other measures of effectiveness and efficiency of treatment. Members of the professions continue to initiate their own scientific studies that investigate new and improved evaluation and treatment methodology for a broad range of speech, language, hearing, and related disabilities.

23. How is the occupation working internally and with other occupations to support the safe development of new and unconventional practices?

ASHA has its own committee, the Research and Scientific Affairs Committee, that promotes investigation into the normal processes of speech, language, hearing, and related functions and the disabilities associated with them. ASHA and its members also participate on several joint committees with other national professional and self-help organizations (e.g., American Academy of Otolaryngology – Head and Neck Surgery, American Psychological Association, Council for Exceptional Children, Council on Education of the Deaf, American Stroke Association, Learning Disabilities Association) to discuss the needs of patients/clients and how they can be better met through multidisciplinary approaches, including research. Most recently, ASHA supported a multidisciplinary research symposium for clinicians, researchers, and people who stutter to stimulate innovative research in this area of practice. ASHA publicizes to its members the availability of research grant awards from federal and private sources and, through the American Speech-Language-Hearing Foundation, provides its own research grants, primarily in the form of seed money for new investigators.

25. Is the occupation affirmatively regulated in any states? (Note: for more detailed information regarding statutory licensure requirements in the states, please reference the ASHA publication entitled *State Regulation of Audiology and Speech-Language Pathology*)

At the present time, there are 48 states that regulate one or both professions (speech-language pathology and audiology). Idaho and Michigan do not regulate either speech-language pathology or audiology. The state of Vermont recently passed legislation requiring licensure for speech-language pathology and audiology. There are two states (Colorado, South Dakota) that regulate only audiology but not speech-language pathology.

Of the states that do regulate one or both professions, all but two states (Colorado and Minnesota) do so by means of licensure which protects both title and practice. Colorado and Minnesota regulate via registration which is not required to practice the professions but persons who want to use the protected titles must meet certain requirements and be registered. Prior to the past state legislative session, the state of Washington regulated speech-language pathology and audiology by way of certification. Legislation (H.B. 2589) was signed into law in April by Washington Governor Gary Locke (D) that now requires licensure for speech-language pathology and audiology.

Of the states that regulate the professions, 41 states require continuing education for license renewal. In the majority of states that regulate the professions, a licensure board comprised of licensed practitioners and at least one public member is administered through the state department of health. Typically board members are state residents appointed by the Governor that serve a term of three or four years. The number of board members ranges from five to thirteen members with the majority of boards having seven or eight members.

26. Does any state prohibit the practice of the occupations? No

27. How do the rest of the states treat the occupations from a regulatory or legislative standpoint?

In the states that do not regulate the professions of speech-language pathology and audiology, the occupations are statutorily ignored with a few exceptions. In every state, the dispensing of hearing aids is regulated and there is a certain amount of overlap in the scope of practice of a hearing aid dispenser and an audiologist. In many states that require licensure for audiology, licensed audiologists may dispense hearing aids without having to obtain a separate hearing aid dispensing license.

The states that do not regulate speech language pathology or audiology do have regulations or requirements for those individuals that provide services in the public schools. Typically, some type of teacher or related service personnel credentialing is

required for these practitioners by the state department of education. In fact, even in the states that do require licensure for speech-language pathology and audiology, there are usually separate requirements for public school practitioners that are typically not as rigorous as those requirements for licensure.

29. If this occupation is regulated in other jurisdictions, is there third-party reimbursement for the services provided by the occupation in those jurisdictions?

Many private health plans recognize the importance of offering speech, language, and hearing benefits; however, some plans do not cover these services or offer only very limited coverage. These services are also covered under Medicare, Medicaid (as a required benefit for children), State Children's Health Insurance Programs, and other government health plans.

Typically, before a health plan approves an individual speech-language pathologist or audiologist to be a provider under the health plan, an application is reviewed and the individual's licensure status ascertained. There have been instances in which benefits have been denied in those states that do not require licensure for speech-language pathology or audiology based on the absence of a licensed provider.

30. Is malpractice insurance widely available to members of the occupation? What information is available about members of the occupation from malpractice monitoring services?

Malpractice insurance is widely available to members of the professions. Group malpractice insurance from the Chicago Insurance Company (brokered through Albert H. Wohlers and Co.) is maintained by approximately one-third of the ASHA membership. Some members purchase professional liability insurance from ASHA's program; other members may obtain coverage from separate carriers or are covered by various forms of employer-provided insurance. Some members may remain uncovered. Although the speech-language pathology and audiology professions are not considered "catastrophic exposure" industries by the insurer, all claims require investigation, whether initially appearing serious or frivolous. Data from Albert H. Wohlers reveal that 129 incidents were reported between January 1982 and June 1993. Listed below are the top ten general categories under which the claims fell with the number of incidents reported within each category:

- a. Improper procedure/treatment (25 claims)
- b. Hearing aids—incidents relating to the testing, fitting, dispensing and use of hearing aids (23 claims)
- c. Employment conflict (15 claims)
- d. Physical injury to the ear/hearing (13 claims)
- e. Physical injury to other parts of the body (11 claims)
- f. Improper diagnosis (10 claims)
- g. Injuries due to falls (9 claims)

- h. Client death (8 claims)
- i. Sexual harrassment (3 claims)
- j. Property damage (3 claims)