FRAMEWORK FOR DESCRIBING AND EVALUATING SCOPE OF PRACTICE AND/OR NEW LICENSURE PROPOSALS FOR POLICYMAKERS

# Introduction

This framework is designed to aide policymakers in the objective analysis of legislative proposals relating to scope of practice changes for regulated health professions/occupations.

The framework was developed for the State of Minnesota by a core team of professional health care associations, health licensing boards, state legislators, and the Minnesota Department of Health, Office of Rural Health and Primary Care in partnership with the National Governors Association and the National Conference of State Legislatures. The core team remains interested in the use and applicability of this framework. Please send any feedback on the framework and examples of its use to: [Nitika.moibi@state.mn.us](mailto:Nitika.moibi@state.mn.us). Thank you.

# Using the Framework

The framework is organized into two parts:

* **Part 1 (Summary and Details)**: This part is intended to summarize and organize key information about the scope of practice proposals to facilitate an objective review for legislators. **It is intended to be completed by the author(s) of the proposed statutory change**.

Part 1 includes two sections:

* + ***Section I (Proposal Summary/Overview)***: This section is designed to provide an overview of the rationale for the proposal, including a summary (500-word count limit).
  + ***Section II (Proposal Details)***: This section includes a series of structured questions capturing and organizing key information on the proposed change and its impact on dimensions important to analyzing such changes. Proposal author(s) may complete only those questions relevant/pertinent to the proposal (not all questions will be applicable in all situations).
* **Part 2 (Legislator Review/Evaluation Tool)**: This part is meant to support legislators in the process of reviewing and evaluating the proposed legislative changes. It includes a series of open-ended questions designed to provoke critical review of key information. **It is meant to be completed by the legislator(s) reviewing the proposal** and serve as a quick reference.

# Part 1

# Section 1- Proposal Summary/ Overview

### To be completed by proposal sponsor. (500 Word Count Limit)

1. State the profession/occupation that is the subject of the proposal.

Speech-Language Pathology Assistants (SLPAs)

1. For existing professions, briefly describe the proposed statutory change or expansion and its intended outcomes, including a brief statement of importance. For currently unregulated or emerging professions, briefly describe the proposed scope of practice and/or other regulatory requirements.

**Background:**

SLPAs are unregulated in Minnesota. The Minnesota Speech-Language-Hearing Association (MNSHA) is proposing legislation (HF 1122) that would establish licensure for SLPAs and supervisory requirements for the SLPA and the supervising speech-language pathologist (SLP).

SLPAs assist SLPs providing direct services to clients, patients and students. SLPAs work in a variety of settings including schools, healthcare settings, early intervention and private clinics.

Minnesota Statute 148.5192 defines the following duties of an SLP assistant:

* Assist with speech, language, and hearing screenings
* Implement documented treatment plans developed by the supervising SLP
* Collect outcome data and document performance
* Assist with materials and scheduling, as directed
* Perform equipment maintenance checks
* Support the supervising SLP in research, training and public relations programs

The proposed legislation would require SLPAs to work under the supervision of a licensed SLP. Minnesota Statute 148.5192 stipulates the following supervisory requirements:

* For the first 90 work days within a 40 hour week, 30% of the work performed by the SLPA must be supervised and at least 20% time must be under direct supervision;

For the work period after the initial 90-day period, 20 % of the work performed must be supervised and at least 10 % must be under direct supervision.

The American Speech-Language Hearing Association (ASHA) revised the scope of practice for SLPAs in 2013 <https://www.asha.org/policy/SP2013-00337/>. The Minnesota statute reflects those requirements and allows for either of the following educational pathways:

* an associate degree from an SLPA program, accredited by the Higher Learning Commission of the North Central Association of Colleges or its equivalent as approved by the commissioner; or
* a bachelor's degree in the discipline of communication sciences/disorders

with additional transcript credit in the instruction in assistant-level service

delivery and completion of at least 100 hours of supervised field work

as an SLPA student.

**Documented Shortages:**

There is a documented shortage of individuals to treat the over 46 million individuals in the US and in Minnesota with communication disorders according to the National Institute on Deafness and Other Communication Disorders (NIDCD): <https://www.nidcd.nih.gov/about/strategic-plan/2017-2021-nidcd-strategic-plan#sp3a> . According to the Bureau of Labor Statistics (BLS) an additional 25,400 will be needed to meet the demand by 2026. <http://www.projectionscentral.com/Projections/LongTerm>. ASHA’s School Survey 2016 54% of SLPs reported more job vacancies than job seekers: <https://www.asha.org/uploadedFiles/2016-Schools-Survey-SLP-Workforce.pdf>.

Since there is a documented shortage of SLP service providers in Minnesota, licensing SLPAs will allow employers to hire trained and supervised assistants to help meet the demand.

**Licensure Pathway**:

Individuals seeking to enter the field will have two pathways to meet the requirements for licensure. Alexandria Technical Community College (ATCC) offers a two year online associates program for SLPAs. The current program is able to graduate 30 SLPAs per class. Individuals with a Bachelor’s degree in communication sciences and disorders who do not seek a master’s degree (the entry-level degree for an SLP) may choose a career as a SLP Assistant once the training requirements are met through programs like the online option at ATCC. Furthermore, individuals who are interested in a future career as an SLP may elect to work as an assistant prior to or in conjunction with pursuing a graduate degree.

# Section 2 – Proposal Details

**To be completed by the proposal sponsor. Please respond to applicable questions. A response is not required for questions which do not pertain to the profession/occupation (may indicate “not applicable” or leave the response area blank). Where applicable, please provide supporting evidence (including source of information and citations, where appropriate). Please note, this section has been designed to provide more detailed information about the proposal. Some overlap with the summary provided in Section 1 is expected.**

## Public Safety and Well-Being

* 1. Describe, using evidence to the extent possible, how the proposed scope and regulation may improve or may harm the health, safety, and welfare of the public?

**SLPAs are unregulated and can be hired without demonstrating minimum competence. Further without appropriate supervision, SLPAs can create harm to clients by practicing in areas clearly within the scope of practice of a licensed SLP, such as swallowing treatment, where a greater risk of injury can occur with untrained providers**. **Utilizing appropriately trained and supervised SLPAs will ensure the public that SLPAs have met minimum standards and perform duties, as assigned, within their scope of practice.**

* 1. Is there any research evidence that the proposed change(s) might have a risk to the public? Please cite.

**There is no research to demonstrate an increased risk to the public, in fact, licensing SLPAs will provide greater consumer protection**

* 1. Will a regulatory entity/board have authority to discipline practitioners?

**Yes, SLPA licensure will be overseen by the Minnesota Department of Health Speech-Language Pathologist and Audiologists Licensing Division:** [Health.SLPA@state.mn.us](mailto:Health.SLPA@state.mn.us)

* 1. Describe any proposed disciplinary measures to safeguard against unethical/unfit professionals. How can consumers access this information?

**SLPAs must perform only those duties included in their scope of practice and under the supervision of a licensed SLP. Licensed SLPAs may not act as independent, autonomous practitioners. Proposed safeguards include a detailed description of the allowable duties within the SLPA scope of practice, requirement to identify the SLP supervisor and require supervisor acknowledgement in the SLPA licensure application, title protection, and prohibition against false advertising. The Minnesota Department of Health Speech-Language Pathologist and Audiologists Licensing Division will have jurisdiction over the practice and will have the full force of law to investigate and adjudicate complaints. Information about the SLPA scope of practice, supervisory responsibilities of the licensed SLP and how to file a complaint will be housed on the Minnesota Department of Health Speech-Language Pathologist and Audiologists Licensing Division:** [Health.SLPA@state.mn.us](mailto:Health.SLPA@state.mn.us).

## Access, Cost, Quality, Care Transformation Implications

* 1. Describe how the proposed change(s) will affect the availability, accessibility, cost, delivery, and quality of health care.

**Licensed SLPAs will increase the number of professionals able to serve individuals with communication disorders. Individuals interested in working as an assistant will have multiple pathways to become a licensed SLPA. SLPAs working under supervision and within their scope of practice will reduce the demand and help alleviate the shortage of qualified service providers. On the 2016 ASHA Schools Survey over 31% of the respondents indicated that the use of SLPAs decreased their workload and 23% indicated that the use of assistants improved their ability to serve students on their caseload, the top two areas indicated by all respondents as their greatest challenges:** <https://www.asha.org/uploadedFiles/2016-Schools-Survey-SLP-Workforce.pdf>. **Further, hiring officials indicate that they have the greatest difficulty locating licensed SLPs to work in rural settings. SLPAs are often members of those communities trained, as SLPAs, who are willing to stay. The average salary for an SLP is in school settings is $60,000. The average salary for an SLP in Minnesota is $62, 980:** <https://www.asha.org/uploadedFiles/2016-Schools-Survey-SLP-Salaries-Wages.pdf>**. The average salary for an SLPA is $29,000:** [**https://www.payscale.com/research/US/Job=Speech-Language\_Pathology\_Assistant\_(SLPA)/Hourly\_Rate**](https://www.payscale.com/research/US/Job=Speech-Language_Pathology_Assistant_(SLPA)/Hourly_Rate)**. The average salary in Minnesota is $34,210 according to BLS:** [**https://www.onetonline.org/link/summary/31-9099.01#WagesEmployment**](https://www.onetonline.org/link/summary/31-9099.01#WagesEmployment) **. Increasing the number of practitioners at lower salaries will help the state meet the demand for services and reduce the shortages in hard to staff areas.**

* 1. Describe the unmet health care needs of the population (including health disparities) that can be served under this proposal and how the proposal will contribute to meeting these needs.

**There is a shortage of SLPs across all settings. Utilizing SLPAs in rural and underserved areas will decrease the demand for services. Licensing SLPAs will ensure that those individuals with communication disorders will have access to high quality services delivered by licensed SLPs and SLPAs in every setting across the state**

* 1. Please describe whether the proposed scope includes provisions to encourage or require practitioners to serve underserved populations.

**See response #3 above. Regulating SLPAs will allow administrators and hiring officials to employ SLPA with lesser requirements (associates or bachelor’s degree), including culturally competent service providers**

* 1. Describe how this proposal is intended to contribute to an evolving health care delivery and payment system (e.g. interprofessional and collaborative practice, innovations in technology, ensuring cultural agility and competence in the profession, value based payment etc.)

**ASHA is developing a credentialing process for SLPAs to encourage uniformity of providers across states and settings. Once requirements are harmonized, it is anticipated that SLPAs will be able to bill for services delivered in health settings, similar to licensed Occupational and Physical Therapy Assistants. Interprofessional practice is an objective of the association and team based care is encouraged in all settings. The Individual with Disabilities Education Act (IDEA), 2004:** [**https://idea.ed.gov/**](https://idea.ed.gov/) **, requires that evaluation and service delivery goals be developed and provided by teams of qualified providers in educational settings.**

## Regulation

* 1. If the services or individuals are currently unregulated, what is the proposed form of credentialing/regulation (licensure, certification, registration, etc.)? State the rationale for the proposed form/level of regulation. i If there is a lesser degree of regulation available, state why it was not selected.ii

**The proposed form of regulation is licensure. Licensure ensures that only qualified SLPAs with appropriate training and supervision are allowed to practice across settings. Licensure requires SLPAs to meet minimum standards so that the public is assured that the practitioners providing services are qualified and creates a mechanism for the board to accept and investigate complaints**

* 1. Describe if a regulatory entity/board currently exists or will be proposed. Does/will it have statutory authority to develop rules related to a changed/expanded scope or emerging profession, determine standards for education and training programs, assessment of practitioners’ competence levels? If not, why not?iii

**Yes, the Minnesota Department of Health Speech-Language Pathologist and Audiologists Licensing Division:** [Health.SLPA@state.mn.us](mailto:Health.SLPA@state.mn.us) **has the statutory authority to develop rules, determine standards and continuing education requirements, determine if applicants meet the minimum standard of practice and investigate complaints.**

* 1. Is there model legislation for the profession available at the national level? If so, from what organization? Which states have adopted it? Briefly describe any relevant implementation information.

**ASHA has model language for the regulation of SLPAs:** [**https://www.asha.org/uploadedFiles/State-Licensure-Model-Bill.pdf**](https://www.asha.org/uploadedFiles/State-Licensure-Model-Bill.pdf)**. Currently, 17 states license SLPAs with requirements that mirror ASHA’s SLPA model language. More states are considering licensure for SLPAs.**

* 1. Does the proposal overlap with the current scope of practice for other professions/practitioners? If so, describe the areas of overlap. (This question is not intended to imply that overlap between professions is negative.

**No.**

## Education and Professional Supervision

* 1. Describe the training, education, or experience that will be required for this professional based on this proposal, including plans for grandfathering in prior qualifications and/or experience where appropriate.

**There are two education pathways for SLPAs seeking licensure:**

* **an associate degree from an SLPA program, accredited by the Higher Learning Commission of the North Central Association of Colleges or its equivalent as approved by the commissioner; or**
* **a bachelor's degree in the discipline of communication sciences/disorders**

**with additional transcript credit in the instruction in assistant-level service**

**delivery and completion of at least 100 hours of supervised field work**

**as an SLPA student which may be within the first year of employment.**

**Any individual currently working as an assistant would be grandfathered in with a restricted license, allowing them to continue practicing in their current work setting as long as they completed the required continuing education. A grandfathered assistant would be eligible for a full license if they completed the required course sequence, such as the program offered online at ATCC. No SLPA currently practicing at the time licensure is enacted would lose their position as a result of licensure.**

* 1. Is the education program available, or what is the plan to make it available? Is accreditation or other approval available or proposed for the education program? If yes, by whom?

**Yes see # 1 above**

* 1. Do provisions exist or are they being proposed to ensure that practitioners maintain competency in the provision of services? iv If so, please describe.

**Yes, SLPAs would be subject to the same Continuing Education requirements as SLPs. (30 hours over 3 years).**

* 1. Is there a recommended level/type of supervision for this practitioner—independent practice, practice needing formal agreements or delegated authority, supervised practice? If this practitioner will be supervised, state by whom, the level, extent, nature, terms of supervision.v

**The proposed legislation would require SLPAs to work under the supervision of a licensed SLP. The supervisor will be identified on the SLPA application for licensure.**

**Minnesota Statute 148.5192 stipulates the following supervisory requirements:**

* **For the first 90 work days within a 40 hour week, 30% of the work performed by the SLPA must be supervised and at least 20% time must be under direct supervision;**

**For the work period after the initial 90-day period, 20 % of the work performed must be supervised and at least 10 % must be under direct supervision.**

## Finance Issues – Reimbursement, Fiscal Impact to state, etc.

* 1. Describe how and by whom will the new or expanded services be compensated (e.g., Medical Assistance, health plans, etc.)? What costs and what savings would accrue and to whom (patients, insurers, payers, employers)?

**SLPAs are primarily employed by school districts and are compensated through existing special education funds (619).** **Once requirements are harmonized, it is anticipated that SLPAs will be able to bill for services delivered in health settings, similar to licensed Occupational and Physical Therapy Assistants. Cost savings include lower salaries for those employed as assistants**

* 1. Describe whether reimbursement is available for these services in other states?

**Services delivered by SLPAs are primarily in school settings in all states. Reimbursement for SLPA services will be considered by public and private insurers once there are more uniform standards such as those required through licensure.**

* 1. What are the projected regulatory costs to the state government, and how does the proposal include revenue to offset those costs?

**There are no new anticipated costs for the state, however revenue will be generated through fees. This bill is projected to be budget neutral**

* 1. Do you anticipate a state fiscal impact of the proposed bill?

☐XNo ☐Yes

If, yes, describe briefly and complete table below to the extent possible:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fund (specify) | FY2017 FY2018 | | FY2019 FY2020 | |
| **Expenditure** |  |  |  |  |

## Workforce Impacts

* 1. Describe what is known about the projected supply/how many individuals are expected to practice under the proposed scope?vii If possible, also note geographic availability of proposed providers/services. Cite any sources used.

**According to the Bureau of Labor Statistics, there were 97,000 SLPAs employed in 2016. The projected growth rate is faster than average and the number of projected job openings nationwide is projected to be 13,700. In Minnesota, there were 3,250 SLPAs employed in 2016 with at least 120 projected openings**. <https://www.onetonline.org/link/summary/31-9099.01#WagesEmployment> .**If SLPAs were licensed it is anticipated that more SLPAs would obtain licensure to help alleviate the shortage and meet the demand.**

* 1. Describe, with evidence where possible, how the new/modified proposal will impact the overall supply of the proposed services with the current/projected demand for these services.

**Once SLPAs are licensed it is anticipated that more SLPAs would obtain the necessary training to be eligible for licensure, be hired in hard to staff areas and help alleviate the shortage and meet the demand. More insurers would consider reimbursing for SLPA services and employers would be able to hire licensed SLPAs to work in additional health settings.**

## Proposal Supporters/Opponents

(Sponsor should understand and attempt to address the concerns of the opposition before submitting the document)

* 1. What organizations and groups have developed or reviewed the proposal?

**ASHA and MNSHA**

* 1. Note any associations, organizations, boards, or groups representing the profession seeking regulation and the approximate number of members in each in Minnesota. viii

**The only group seeking to regulate the profession of SLPAs is MNSHA.** **MNSHA currently has approximately 450 members.**

* 1. Please describe the anticipated or already documented position professional associations of the impacted professions (including opponents) will/have taken regarding the proposal.ix

**Professional associations support the licensure of SLPAs. State administrators and school districts would welcome additional professionals to serve those with communication disorders. Consumers will be protected and support the use of trained and supervised SLPAs, particularly in underserved areas.**

* 1. State what actions have been undertaken to minimize or resolve any conflict or disagreement with those opposing/likely to oppose the proposal.x

**Meeting have conducted with Minnesota Administrators for Special Education (MASE) as well as discussion with Minnesota Principal and Superintendent Associations to discuss the shortage of qualified personnel in the area of communication disorders and to have conversations about how to “home grow” staff that can meet the needs of students with communication disorders.**

* 1. What consumer and advocacy groups support/oppose the proposal and why?

**We are not aware of any opposition, and as stated above we have spent the past 3 years in conversations with interested stake holders from all parts of Minnesota**.

## Report to the Legislature

* 1. Please describe any plans to submit a report to the legislature describing the progress made in the implementation and the subsequent impacts (if measureable) of the scope of practice changes for regulated health professions/occupations. Describe the proposed report’s focus and timeline. Any proposed report schedule should provide sufficient time for the change to be implemented and for impacts to appear.

# Part 2- Proposal Summary Notes

**To be completed by legislators reviewing the proposal. This section serves as a companion to the information provided by authors (Part 1), and is designed for legislators to complete to serve as a guide/facilitate evaluation of proposed statutory changes.**

**Bill # (if introduced): Title: Author(s):**

**Proposal Summary Notes:**

**Public Safety and Well Being**

Review Notes:

### Access, Cost, Quality, Care Transformation Implications

Review Notes:

### Regulation

Review Notes:

### Education and Professional Supervision

Review Notes:

### Finance Issues – Reimbursement, fiscal impacts to state government, etc.

Review Notes:

Fiscal impact of the proposed bill:

☐No ☐YEs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fund (specify) | | FY2017 FY2018 | | | FY2019 FY2020 | |
| **Expenditure** |  | |  |  | |  | |

If, yes, describe briefly:

### Workforce Impacts

Review Notes:

### Proposal Supporters and Opponents

Review Notes:

### Reporting Requirements, if applicable:

Review Notes:

### Other

Does the bill promote health equity?

Does the bill positively impact my constituents?

# NOTES:

i Minnesota Health Occupation Review Program. Manual of Procedures for use by Occupations submitting proposals to the Minnesota Council of Health Boards. 2002. Available in hard copy upon request. See discussion on Credentialing Policy Guidelines – Part 4.

ii Minn Stat 214.002 Subd. 2. (3)

iii Federation of State Medical Boards. “Assessing Scope of Practice in Health Care Delivery: Critical Questions in assuring Public Access and Safety.” 2005

iv Federation of State Medical Boards. “Assessing Scope of Practice in Health Care Delivery: Critical Questions in assuring Public Access and Safety.” 2005

v Federation of State Medical Boards. “Assessing Scope of Practice in Health Care Delivery: Critical Questions in assuring Public Access and Safety.” 2005

vi Minnesota Health Occupation Review Program. Manual of Procedures for use by Occupations submitting proposals to the Minnesota Council of Health Boards. 2002. Available in hard copy upon request

vii Minnesota Health Occupation Review Program. Manual of Procedures for use by Occupations submitting proposals to the Minnesota Council of Health Boards. 2002. Available in hard copy upon request

viii Minnesota Health Occupation Review Program. Manual of Procedures for use by Occupations submitting proposals to the Minnesota Council of Health Boards. 2002. Available in hard copy upon request

1. Legislative Questionnaire for new or expanded regulation of health occupations. Submitted to the Minnesota Legislature by the Minnesota Advanced Practice Registered Nurse (APRN) in collaboration with the Minnesota Board of Nursing. January 29, 2014. This document includes more questions in addition to those required by Minn. Stat. 214.002. Only the new questions are included in the table.
2. Legislative Questionnaire for new or expanded regulation of health occupations. Submitted to the Minnesota Legislature by the Minnesota Advanced Practice Registered Nurse (APRN) in collaboration with the Minnesota Board of Nursing. January 29, 2014. This document includes more questions in addition to those required by Minn. Stat. 214.002. Only the new questions are included in the table.