

# Occupational Authorizations

for the meeting of the

ALC-OCCUPATIONAL LICENSING REVIEW SUBCOMMITTEE

Monday, September 11, 2023 at 1:30 PM

## Arkansas Board of Examiners in Speech-Language Pathology and Audiology

### AUDIOLOGIST

Authorization Type: Licensure # of Individuals Regulated:

Entity Division Name: Arkansas Department of Health

Scope of Practice: 11.2. The practice of audiology includes:  
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 rehabilitating peripheral and central auditory and peripheral and central vestibular system dysfunctions;  
C. Providing and interpreting behavioral and (electro) physiological measurements of auditory and vestibular & facial nerve functions;  
D. Selecting, fitting, programming, and dispensing of amplification, assistive listening and alerting devices and other systems (e.g., implantable devices) and providing training in their use;  
E. Providing aural rehabilitation and related counseling services to individuals with hearing loss and their families;  
F. Screening of speech-language, cognition and other factors affecting communication function;  
G. Interpreting results, implementing, and monitoring newborn hearing screening programs;  
H. Providing consultation to educators, industry, consumers, and families and the general public about the hearing and balance systems, hearing loss, and hearing conservation;  
I. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers;  
J. Providing education and administration in audiology and professional education programs;  
K. Cerumen management to prevent obstructions of the external ear canal and of amplification devices.

Statutory Requirement(s): 17-100-102. Public Policy  
It is declared to be a policy of the State of Arkansas that, in order to safeguard the public health, safety, and welfare; to protect the public from being misled by incompetent, unscrupulous, and unauthorized persons and from unprofessional conduct on the part of qualified speech-language pathologists and audiologists,; and to help assure the availability of the highest possible qualified speech-language pathology and audiology services to individuals with disabilities that are communicative in nature who reside in this state, it is necessary to provided regulatory authority over persons offering speech-language pathology and audiology services to the public.

Ark. Code Ann. § 17-100-301

- a.) No person shall practice or represent himself or herself as a speech-language pathologist or audiologist in this state unless he or she is licensed in accordance with the provisions of this chapter.
- b.) A license shall be granted either in speech-language pathology or audiology independently. A person licensed in both areas if he or she meets the respective qualifications.

Pursuant to Arkansas Code §17-4-104, do you provide an automatic licensure to a uniformed service member stationed in the State of Arkansas, a uniformed service veteran who resides in or establishes residency in the State of Arkansas; and the spouse of a uniformed service member who is stationed in, resides in, or establishes residency in the State of Arkansas; a uniformed service member who is assigned a tour of duty that excludes the uniformed service member’s spouse from accompanying the uniformed service member and the spouse relocates to this state; and a uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in the state?

If NO, the rule establishing the expedited process and procedure:

*(none provided)*

**Arkansas Board of Examiners in Speech-Language Pathology and Audiology (Continued)**

**AUDIOLOGIST (Continued)**

**Fees & Penalties**

Fee Type	Fee Description	Amount (\$)	Frequency
Fee	Renewal	\$60.00	Annually
Fee	Application	\$100.00	Once
Fee	Inactive	\$40.00	Once
Fee	Reactive	\$40.00	Once
Penalty	Late Renewal (July 16-Dec. 31)	\$100.00	Once
Penalty	Late Renewal (Jan. 1-June 30)	\$200.00	Once
Penalty	Late Renewal (after 1 year)	\$300.00	Once

**Administrative Rules Documents**

Document Type	Document
Rules	<a href="#">ABESPA-FINAL-COPY.pdf</a>

**Supporting Evidence Documents**

*No Supporting Evidence Documents Provided*

**SPEECH-LANGUAGE PATHOLOGIST**

Authorization Type: Licensure # of Individuals Regulated:

Entity Division Name: Arkansas Department of Health

Scope of Practice: The practice of speech-language pathology includes:

A. providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:

1. speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
2. language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing, preliteracy and language-based literacy skills, including phonological awareness;
3. swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
4. cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions);
5. sensory awareness related to communication, swallowing, or other upper aerodigestive functions.

B. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).

C. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training, speech-reading, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).

D. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, screening with otoacoustic emissions, and for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.

E. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.

**SPEECH-LANGUAGE PATHOLOGIST (Continued)**

- F. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
- G. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive communication disorders.
- H. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
- I. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
- J. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
- K. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positions for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
- L. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
- M. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

Statutory Requirement(s): 17-100-102. Public Policy  
 It is declared to be a policy of the State of Arkansas that, in order to safeguard the public health, safety, and welfare; to protect the public from being misled by incompetent, unscrupulous, and unauthorized persons and from unprofessional conduct on the part of qualified speech-language pathologists and audiologists; and to help assure the availability of the highest possible qualified speech-language pathology and audiology services to individuals with disabilities that are communicative in nature who reside in this state, it is necessary to provided regulatory authority over persons offering speech-language pathology and audiology services to the public.

- Ark. Code Ann. § 17-100-301
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Yes

<b>Fees &amp; Penalties</b>				
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**SPEECH-LANGUAGE PATHOLOGIST (Continued)**

**Administrative Rules Documents**

Document Type	Document
Rules	<a href="#">ABESPA-FINAL-COPY.pdf</a>

**Supporting Evidence Documents**

*No Supporting Evidence Documents Provided*

**SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

Authorization Type: Licensure # of Individuals Regulated:

Entity Division Name: Arkansas Department of Health

Scope of Practice: 13.15 SCOPE OF RESPONSIBILITIES OF THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT  
 A. Provided that the training, supervision, documentation and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology assistant:  
 1. Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.  
 2. Provide routine maintenance/generalization tasks as prescribed by the supervising speech-language pathologist. The SLP shall be solely responsible for performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders, for design of all intervention plans, and for directly implementing such plans through the acquisition stage of intervention.  
 3. Follow documented treatment plans or protocols developed by the supervising speech- language pathologist, not to exceed the activities delineated in #2 above.  
 4. Perform pure-tone hearing screenings (without interpretation).  
 5. Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.  
 6. Assist the speech-language pathologist during assessment of patients/clients, such as those judged to be difficult to test.  
 7. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech- language pathologist.  
 8. Perform checks and maintenance of equipment.  
 9. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist. An individual’s communication or related disorder or other factors may preclude the use of services from anyone other than a licensed speech-language pathologist.

The SLP-Assistant may not:

10. Perform standardized or non-standardized diagnostic tests, formal or informal evaluation, or interpret test results;
11. Perform intervention tasks associated with skill acquisition;
12. Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;
13. Provide patient/client or family counseling;
14. Write, develop, or modify a patient/client’s individualized treatment plan in any way;
15. Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (See Supervision Guidelines);
16. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports)

**SPEECH-LANGUAGE PATHOLOGY ASSISTANT (Continued)**

(The assistant may sign treatment notes for review and co-signature by the supervising professional.);

- 17. Select patients/clients for services;
- 18. Discharge a patient/client from services;
- 19. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;
- 20. Make referrals for additional services;
- 21. Communicate with the patient/client, family or others regarding any aspect of the patient/client status regarding diagnosis, prognosis, treatment, and progress;
- 22. Represent himself or herself as a speech-language pathologist.

Statutory Requirement(s): 17-100-102. Public Policy

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Yes

**Fees & Penalties**

*No Fees or Penalties Provided*

**Administrative Rules Documents**

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Rules	<a href="#">ABESPA-FINAL-COPY.pdf</a>

**Supporting Evidence Documents**

*No Supporting Evidence Documents Provided*

ALC – Occupational Licensing Review Subcommittee  
Occupational Entity Questionnaire  
**Arkansas Board of Examiners in Speech-Language Pathology and Audiology**

Responses to the following questions are due via email to Subcommittee staff no later than the 15<sup>th</sup> of the month immediately preceding the month the occupational authorization is scheduled for review by the Subcommittee.

1. Would consumers be at risk of substantial harm if Arkansas did not have this occupational authorization? What instances of specific and substantial harm have been documented in the past year?

Yes, consumers would be at risk of substantial harm if Arkansas did not have this occupational authorization. Both speech-language pathology and audiology are health professions that requires years of academia and residency to be able to fully help individuals with speech and audiology related care. No instances of specific and substantial harm have been documented in the past year by unauthorized individuals in Arkansas.

2. How many complaints were made to the occupational entity by consumers being harmed by unauthorized practitioners? What specific action was taken by the occupational entity?

Four complaints were received regarding practitioners practicing without a renewed license. All signed Consent Orders and paid a civil penalty in addition to late fees. The Board is not aware of specific harm to consumers with these complaints.

3. How many complaints were made to the occupational entity by consumers being harmed by authorized practitioners? What specific action was taken by the occupational entity?

Two complaints were received regarding authorized practitioners. One complaint was dismissed following an independent investigation where no violations were found. The other complaint is still pending investigation by Medicare.

4. Were any applicants who otherwise met authorization requirements denied an authorization in the past year? If so, why?

No applicants were denied in the past year. Applicants are made aware of the requirements for licensure. If the applicant meets all requirements and standards of the rules for licensure of the Board, the applicant receives a license.

## ALC – Occupational Licensing Review Subcommittee

### Occupational Entity Questionnaire

5. How much does the occupational entity collect annually in fees, and what are annual expenses? How much money does the occupational entity have in reserves?

\$231,841.64 collected in FY23. Expenses for FY23 totaled \$91,724.43. The Board's fund balance is \$2,392,850.00. Annual collection for FY24 will be reduced by the decrease in licensing and renewal fees by 95%.

6. If the occupational entity has a positive amount in reserves, when was the last time reserve funds were used? For what purpose?

Over the last couple of years, the Board has utilized portions of its funds to make upgrades to the Board's online licensure system.

7. Does the occupational entity have any other sources of revenue? Could occupational authorization fees be reduced without causing the occupational entity to be underfunded?

No other sources of revenue exist for this Board. Fees related to licensing and renewals have been reduced effective July 16, 2023. No underfunding is noted due to this reduction.

8. How many applicants for the occupational authorization fail each year? Does the occupational entity track how many applicants that do not progress are veterans, women, or minorities?

The Board has not had any applicants fail to receive licensing this past year.

9. Can applicants complete the training requirements for this occupational authorization with vocational or non-traditional education (e.g., apprenticeships)? What percentage of applicants complete apprenticeships?

N/A- A master's level degree is required for licensing. Applicants cannot complete non-traditional education or apprenticeships to receive this type of occupational authorization.

10. In what ways would removal of the occupational authorization or reduction of occupational authorization requirements be harmful to current authorization holders?

Licensure at the state level ensures a person practicing in the State of Arkansas has met all educational and testing standards required to treat consumers in the state properly. If the state removed the occupational authorization, the practitioners of this state would no longer be eligible for Medicaid, Medicare and subsequent health insurance programs payments. They must be

ALC – Occupational Licensing Review Subcommittee

Occupational Entity Questionnaire

licensed/registered in the state in which they provide service per the American  
Speech-Language-Hearing Association.