

January 29, 2021

The Honorable Wylie Galt
Speaker
Montana House of Representatives
106 71 Ranch Road
Martinsdale, MT 59053

RE: ASHA Comments on Assistants and Telepractice; HB 210

Dear Speaker Galt:

On behalf of the American Speech-Language-Hearing Association, I write to support House Bill 210 (HB 210), which regulates audiology and speech-language pathology assistants.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 540 ASHA members reside in Montana.¹

ASHA supports HB 210 and maintains that audiology and speech-language pathology assistants can play a critical role in addressing the needs of those with communication disorders, particularly in areas with shortages of audiology and speech-language pathology practitioners. ASHA supports the use of assistants who meet the standards specified in ASHA's model licensure bill that may be accessed on ASHA's website at <https://www.asha.org/siteassets/uploadedFiles/State-Licensure-Model-Bill.pdf>, and who are properly supervised by licensed and ASHA-certified audiologists and speech-language pathologists (SLPs). Regulating both audiology and speech-language pathology assistants via licensure, rather than registration, will help ensure that those most in need of services will receive them from a qualified provider who has met specified academic standards, completed a supervised clinical practicum with supervised professional experience, and passed an exam approved by the Montana Board of Speech-Language Pathologists and Audiologists.

Under the specified guidance and supervision of an ASHA-certified audiologist and/or licensed audiologist or an ASHA-certified SLP and/or licensed SLP, a licensed audiology or speech-language pathology assistant may provide services in a wide variety of settings including the following:

- a) public, private, and charter elementary and secondary schools;
- b) early intervention settings;
- c) hospitals (in- and outpatient);
- d) residential health care settings (e.g., long-term care and skilled nursing facilities);
- e) nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
- f) private practice settings;
- g) university/college clinics;
- h) research facilities;
- i) corporate and industrial settings; and
- j) patient's, client's, or student's residences; or via telepractice.

ASHA recommends adding a definition of direct supervision to Section 1, 37-15-102. Definitions, required by HB 210 for audiology and speech-language pathology assistants, which includes an allowance for direct supervision via telepractice. Direct supervision means in-view observation and guidance while a clinical activity is performed by the assistant. Direct supervision does not include reviewing a taped session at a later time. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each assistant. Further, 100% direct supervision of assistants for medically fragile students, patients, or clients is required.

As the leading national organization for the certification and advancement of audiologists and SLPs, ASHA supports the development and use of telepractice. ASHA maintains a collection of professional practice documents, including a position statement that defines telepractice as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation.”

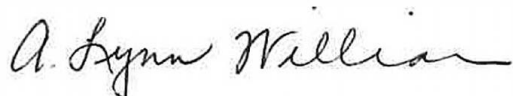
These documents include a technical report and service delivery guidelines that may be accessed on ASHA’s website at <http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

Research demonstrates the equivalence of telepractice to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.² Studies have shown high levels of patient, clinician, and parent satisfaction supporting telepractice as an effective alternative to the in-person model for delivery of care.³ Telepractice expands practitioners’ availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Despite proven benefits, telepractice remains underutilized nationwide within audiology and speech-pathology due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. Allowing licensed audiology and speech-language pathology assistants to offer their services via telepractice, while under the direct supervision of an ASHA-certified audiologist and/or licensed audiologist or an ASHA-certified SLP and/or licensed SLP will further support the health care needs of Montana residents during the COVID-19 pandemic and into the future.

Thank you for your consideration of ASHA’s position to support HB 210. If you or your staff have any questions, please contact Eileen Crowe, ASHA’s director, state association relations, at ecrowe@asha.org.

Sincerely,



A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President

cc: Abigail St. Lawrence, Attorney
Shelby Midboe, President Montana Speech-Language-Hearing Association

¹ American Speech-Language-Hearing Association. (2020). *Montana* [Quick Facts].
<https://www.asha.org/siteassets/uploadedfiles/Montana-State-Flyer.pdf>.

² Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, *16*, 134–139.

³ Ibid.