

FLORIDA | Board of Speech-Language
Pathology and Audiology

Teleconference Meeting Minutes

**March 9, 2018
3:00 p.m.**

Meet Me #: [\(888\) 670-3525](tel:8886703525)

Participation Code: 7251145521



Peter Johnson, PhD
Chair

Frederick Rahe, Au.D.
Vice-Chair

Kama Monroe
Executive Director

March 9, 2018

The Meeting was called to order by Board chair, Peter Johnson at 3 p.m. Present for all or part of the meeting include:

MEMBERS PRESENT:

Peter Johnson, Ph.D, Chair
Frederick Rahe, Au.D., Vice-Chair
Kristen Rutland.
Paul Boyev, M.D.
Sherry Jordan, Ed.S

BOARD STAFF PRESENT:

Kama Monroe, Executive Director
Carol Taylor, Program Administrator
Christa Peace, RSIII

MEMBERS ABSENT:

Sergio Guerreiro, Au.D

BOARD COUNSEL:

Rachelle Munson, Board counsel

Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline.

TAB 1: Discussion Regarding Direct Supervision of Assistants

The meeting began with the Board chair identifying the purpose of the meeting as discussion regarding the direct supervision of assistants and ensuring that the members had received the materials for discussion. The board chair stated that proposed changes to Rules 64B20-4.003 and 64B20-4.004 had been submitted to the board through an ad hoc committee of the Florida Association of Speech Language Pathologists and Audiologists (FLASHA). Board counsel provided the board with copies of FLASHA's proposed changes and alternative proposed language changes submitted by the board counsel Rachelle Munson and board member Dr. Rahe. The Board chair stated Board counsel did a good job summarizing the proposed changes and suggested going through and using it as a guide.

Ms. Munson started by thanking Dr. Rahe publicly for taking the time to review some of the changes and for continued discussion with her as they reviewed FLASHA's suggestions. As an overview she wanted to be sure that everyone on the board be clear on the definition of direct supervision as defined by the practice act. Any changes being made would be within the parameters of the practice act. Additional information from the practice act regarding the supervision requirements of an audiologist or speech-language pathologist regarding supervision was provided. Ms. Munson identified the attachments provided in the materials and identified the contents of each.

Discussion began by reviewing the proposed changes from FLASHA and then moved forward. Dr. Rahe brought the board's attention to Attachment C which was the language proposed by FLASHA for Rule 64B20-4.003. He noted the proposed substantive changes to the rule remove specific dates and basically make the rule competency based in lieu of time based. Dr. Johnson questioned line 30 on Attachment C regarding the addition of the example, "(e.g., TEP, oral/pharyngeal dysphagia.). The discussion centered around whether the addition of the example excluded other procedures. Debbie Campbell, public member participating in the board discussion as a representative for the Medicaid Task Force, provided background as to why the example was listed in the proposed changes. Ms. Munson noted and the board concurred that the inclusion of the example created confusion as to whether the list was inclusive or exclusive. After discussion it was determined that the distinction draws attention to the condition which bears to the fact that using an example should not be included in rule making. It was the consensus of the board that the regulatory best practice is not to include a list. Following a lengthy discussion, the suggestion was made to leave the language in Attachment A (30)(f) as it was originally and not to include the language proposed by

FLASHA “(e.g., TEP, oral/pharyngeal dysphagia.)” at this time.

The Board was then directed to compare Exhibit C and Exhibit E (proposed alternative language from board counsel and Dr. Rahe). Ms. Munson noted that this was a matter of determining which draft of proposed language better met the needs and the direction in which the board wished to proceed. Dr. Rahe noted there was not much substantive language changes; stating that most of the changes were grammatical to be consistent with regulatory best practice wording. Dr. Johnson then inquired as to board’s thoughts regarding whether reducing assistant supervision would negatively affect the opportunities for licensed Speech Language Pathologists and Audiologists. In response, Dr. Rahe brought up a concern that a pathologist had brought to his attention. The concern was whether this action would then allow schools, such as charter schools, to employ just speech assistants rather than speech language pathologists. Ms. Rutland noted that unfortunately this is already occurring in Florida due to a shortage of speech language pathologists. She noted there are speech language pathology assistants at bachelor level already providing services. She also stated that she didn’t foresee that there would be a large influx of that situation, noting that the structure may change a little. She also noted another way to look at the situation would be to consider the likelihood of more students actually receiving better treatment or higher quality services because caseloads could possibly go down or they could bring in more groups which would result in more minutes being allowed. It was noted that the concern is quality of care and if this is not an issue there is not a concern there. Ms. Rutland pointed out that every county is set up differently according to their needs.

Beatriz Leon, public member participating in the board discussion, as Executive Director of the Hearing and Speech Center of Florida, interjected that she works in Miami and that she is not a proponent of the changes. She noted that her organization currently works with charter schools. She opined that the standards of supervision currently in place are already not being followed. She opined that the shortage in the schools is due to funding. Her concern is that there will be more clinicians in the system and there still will be a shortage in speech language pathologists. She opined that they are not getting the supervision resulting in a quality of care issue. The board informed her that ethics falls on the clinician and if someone sees a violation they are required to report it. She identified a second concern would be that there are programs that are certifying speech language pathology assistants to go and work, despite the fact they have not really had a clinician and that they are being allowed to work without experience. She questioned if the changes occur the language should include how.

Charlene Westman, public participant in the board discussion, representing FLASHA noted that the guideline as it exists states that each speech language pathologist can only supervise up to two (2) speech language pathology assistants. She noted that perhaps there are people who are not following the guidelines; but that is a different issue. Ms. Campbell noted that currently when a school hires a bachelor’s level speech language pathology assistant directly from college the difference would be that as a speech language pathologist they have to determine competency prior to ever having indirect supervision where in the school system that is not required. As such, this should result in more competency due to more supervision in schools. It was noted in discussion that public schools can be confusing because in a public school, a speech language pathologist or speech language pathology assistant can be hired as a licensee of the Board of Speech Language Pathology and Audiology or through teaching certification by the Department of Education. Discussion today only applies to licensure.

It was also pointed out that the board must look out for the best interest of the entire state and that while it is understood Miami is experiencing difficulties, it is just one area of the state.

Discussion then ensued regarding how competency would be documented. Ms. Munson noted the rule regarding the documentation of competency and noted that there could be additional opportunities to better define how said information could be better documented. There was much discussion regarding current documentation requirements and proposed documentation requirements. Part of the conversation included the fact that ASHA is moving towards certification at a national level.

Christina Leeds, public participant in the board discussion, inquired about teaching certificates. It was explained that the board does not issue teaching certificates. The Department of Education issues teaching certificates as an entirely different regulatory procedure.

Discussion then continued regarding documentation. Dr. Johnson inquired of Ms. Munson if she was looking for some documentation form that states the tasks for which the assistant exhibited competency. Ms. Munson clarified that her point was to ensure that any change in language of the rules must be clear, notwithstanding the existing requirement in the rule regarding documentation of competency. However, it was further noted that a specific form regarding the documentation of competency does not currently exist. It was determined that to create a form would increase regulatory oversight. Current rule puts the supervising speech language pathologist responsible. The consensus of the board was not to create the need for more paperwork at this time, as it would not be beneficial.

Dr. Johnson noted that his intent was to ensure there is solid documentation.

The proposed changes in Exhibit E (alternative language) was reviewed regarding Rule 64B20-4.003(10)(a-c). There was consensus of the board that the following language was acceptable.

(10) The speech-language pathologist shall observe the speech-language pathology assistant's service as follows:

(a) Solely by direct supervision during the period devoted to on-the-job training and until the assistant achieves the required certification and documentation of competency for each required task.

(b) After the assistant receives certification and documentation of achieved competency for each required task, the licensee shall have the option of providing direct supervision, as the licensee deems necessary, or indirect supervision that does not require the licensee to physically be on site during the assistant's service.

(c) When supervising the speech-language pathology assistant through indirect supervision, the speech-language pathologist shall monitor the activities of the speech-language pathology assistant by reviewing all client-care documentation, including therapy progress notes, at least once per week. The speech-language pathologist shall sign and date each document when reviewed as proof of monitoring and before billing for the rendered speech-language pathologist services.

Other changes that were identified was in Rule 64B20-4.003(3) wherein there is a website that is no longer an active link, which would need to be deleted.

Motion: by Dr. Rahe, seconded by Ms. Rutland to move forward with the Attachment E (alternative language). Motion carried.

Rule 64B20-4.004

Discussion then ensued regarding the minor proposed changes to Rule 64B20-4.004. Due to the proposed changes to the speech language pathology assistant supervision requirement the need to revise Rule 64B20-4.004(3) is now required to define the supervisory requirements of an audiologist assistant and a speech language pathology assistant. Dr. Rahe pointed out that at this time there aren't any supervisory changes being suggested for Audiology.

Motion: by Ms. Rutland, seconded by Dr. Rahe to move forward with the proposed changes as noted in Exhibit E (alternative language). The proposal includes updated language to a revision of Form SPA-3D as referenced in 64B20-4.004(2)(d). Motion carried. The following changes were also approved:

(3) Assistants must be under the supervision of a licensee who has met all the requirements of Section 468.1185, F.S. Direct supervision, pursuant to Section 468.1125(9), F.S., requires the physical presence of the licensee in the same facility when the assistant is carrying out assigned responsibilities, in order for the licensee to be available for consultation and direction. The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide direct supervision to the assistant when the supervising licensee is not available. In the event that a supervising licensee is not on the premises, the assistant may only perform duties not involving direct client contact.

(a) Audiology assistants must be under the direct supervision of a licensee at all times unless the assistant is performing duties not involving direct client contact.

(b) Speech-Language Pathology assistants shall be under direct supervision during the period of time devoted to on-the-job training of required tasks and until the Speech-Language Pathology Assistant has demonstrated competency to carry out required tasks as defined in 64B20-4.003, F.A.C. The speech-language pathologist shall otherwise have the option to supervise the speech-language pathology assistant using direct or indirect supervision as the licensee deems necessary.

Motion: by Ms. Rutland, seconded by Dr. Rahe, that the proposed changes for Rule 64B20-4.003, F.A.C., will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed and no legislative ratification is needed. Motion carried.

Motion: by Dr. Rahe, seconded by Ms. Rutland, that the proposed changes for Rule 64B20-4.004, F.A.C., will not make an adverse impact on small business and proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of \$200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed and no legislative ratification is needed. Motion carried.

Motion: by Dr. Rahe, seconded by Dr. Johnson, to find that a violation of Rule 64B20-4.003, F.A.C. or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Johnson, seconded by Dr. Rahe, to find that a violation of Rule 64B20-4.004, F.A.C. or any part of this rule would not be considered a minor violation. Motion carried.

Adjourn Motion: by Dr. Rahe, seconded by Ms. Rutland to ADJOURN at 4:41 p.m. Motion carried.

**Next Meeting: April 18, 2018
Tallahassee, Florida**