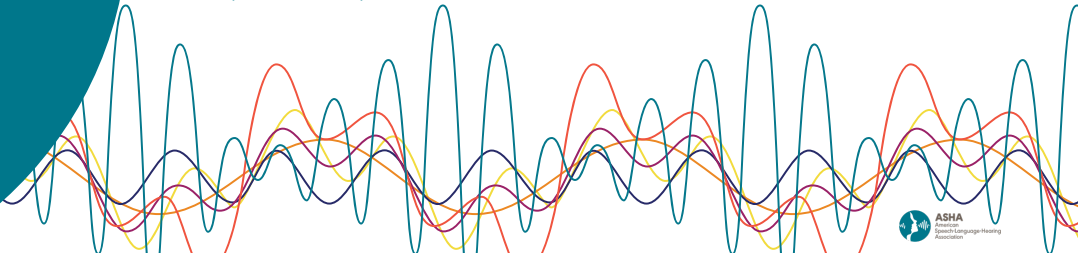



## Stretch Your Knowledge of Telepractice: Audiology and Speech-Language Pathology Considerations

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*ASHA, Director, State Health Care & Education Affairs*

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## Working with Arizona

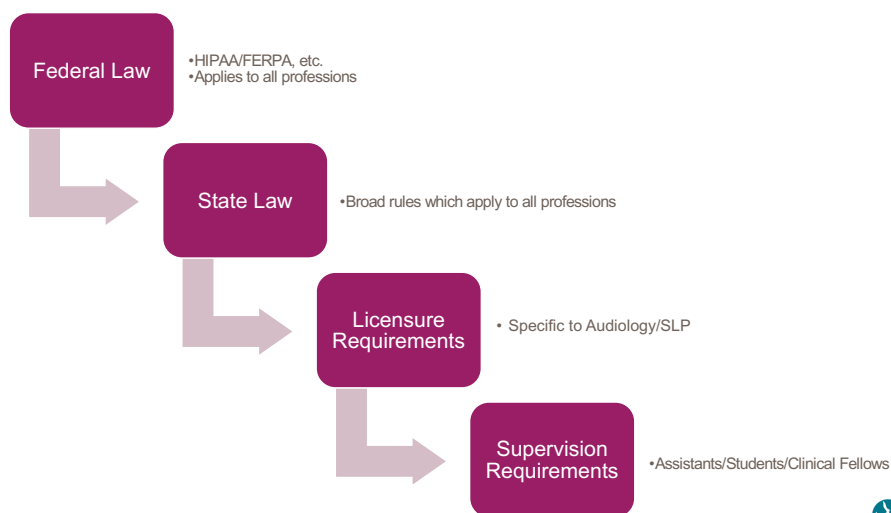
- ASHA has 3,500+ members in AZ
- We collaborate with and support the Arizona Speech-Language-Hearing Association (ArSHA).
- We advocate directly with AZ policymakers.
- ASHA's state team and practice teams provide technical assistance to members.





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## Audiology and SLP Telehealth Policy Framework



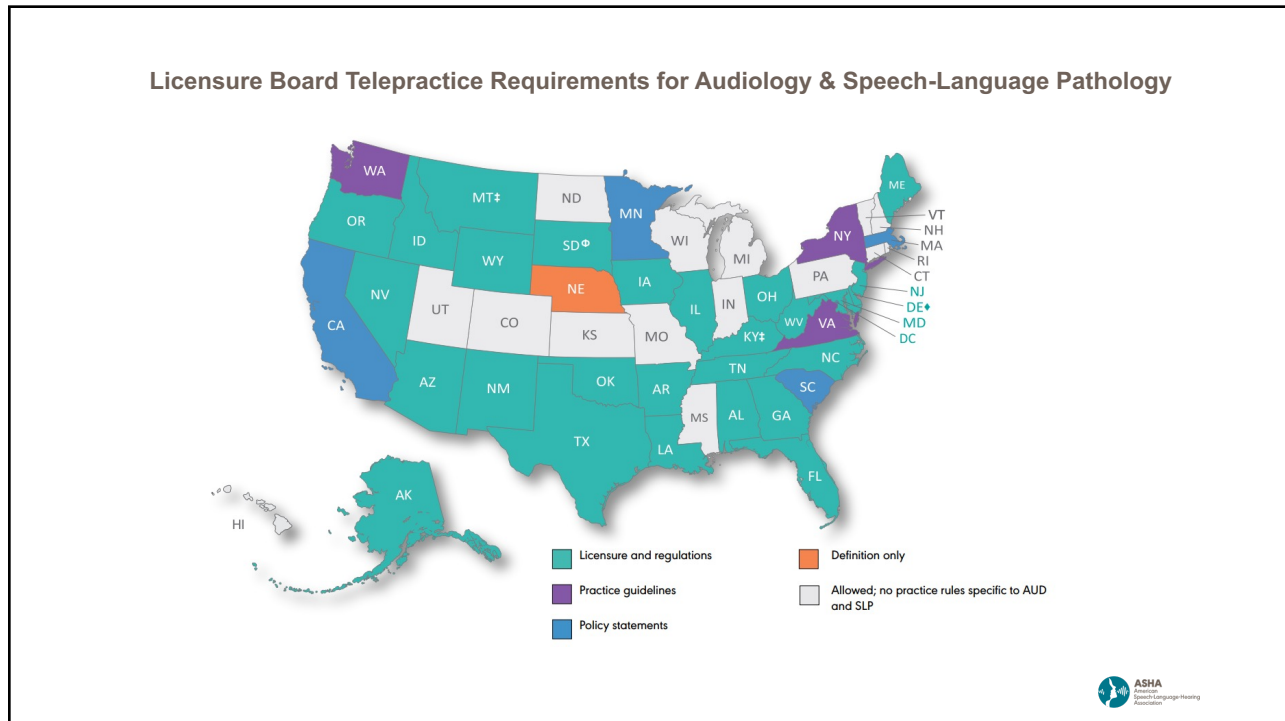
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## Licensing Considerations

- Generally, every state allows for telepractice, but Audiology/SLP-specific regulations vary.
- Clinical Fellows (CFs) are considered licensees, and the same telepractice rules apply to them.
- Students are generally exempt from licensure rules.
- Some states require an existing in-person patient relationship or a facilitator.
- Some states limit telepractice to synchronous encounters and prohibit “store & forward.”
- Scope of practice restrictions may apply (e.g., endoscopy or hearing screening).



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## Examples

### Massachusetts

“Before providing telepractice services, a speech-language pathologist or audiologist must obtain ten (10) hours of training in telepractice in classroom courses or via distance learning.”

“A telepractitioner may begin a client relationship via telepractice following an in-person evaluation of the prospective client.”

### Arkansas

“The telepractitioner is responsible for assessing the client’s candidacy for telepractice including behavioral, physical and cognitive abilities to participate in services provided via telecommunications.”

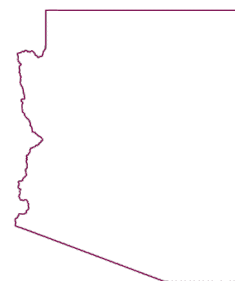
### Virginia

“Telepractice is considered a method of service delivery. The current, applicable regulations apply to all methods of service delivery, including telepractice. The licensee is responsible for using professional judgment to determine if the type of service can be delivered via telepractice at the same standard of care as in-person service.”

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## Arizona

- **Direct Supervision** is defined as “*viewing and communicating with the [assistant] via telecommunication technology as the [assistant] provides clinical activities if the supervising licensed [SLP] can provide ongoing immediate feedback throughout the clinical activity being provided [36-1901].*”
- **Telehealth requirements:**
  - Telehealth must generally adhere to the same requirements as in-person practice.
  - Obtain informed consent.
  - Determine if telehealth is appropriate for the patient.
- AZ regulations are similar to ASHA's guidance for our members.



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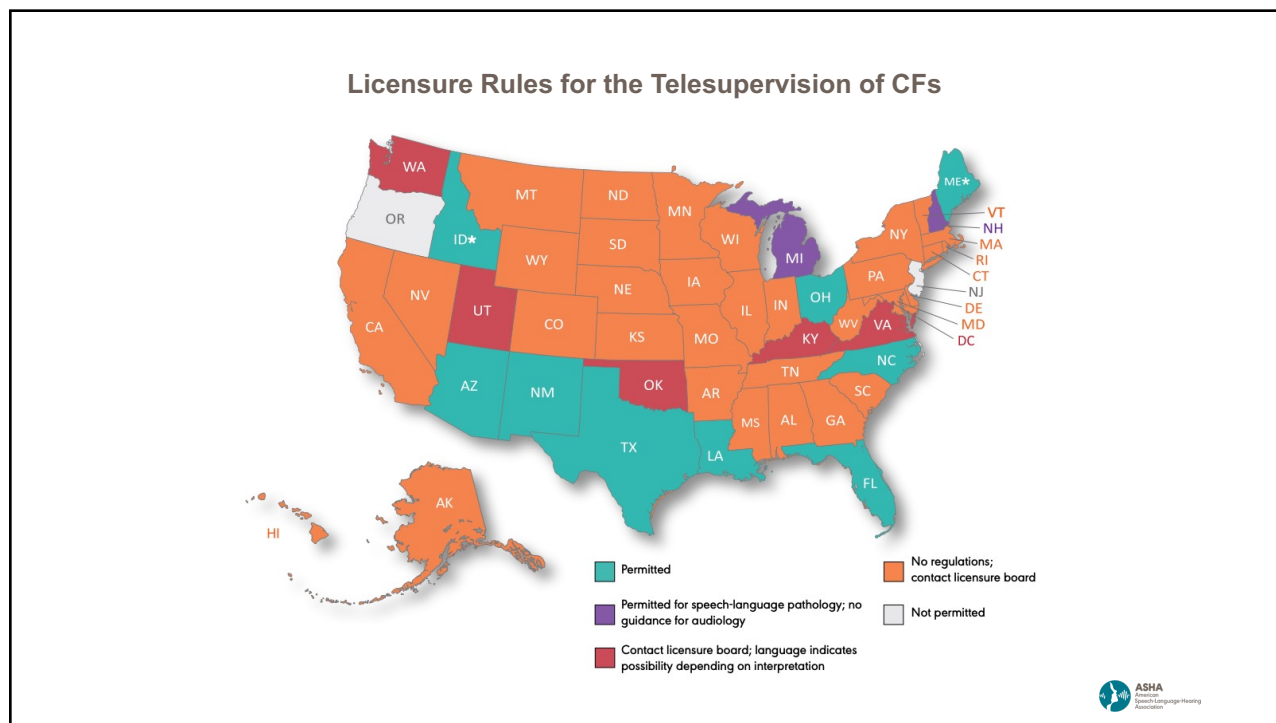
## Telesupervision



- States generally allow telesupervision but regulation is inconsistent.
- What constitutes “supervision” is poorly defined.
- CFs and student regulations are often unclear.
  - CF's are duly licensed and can work independently, but evaluation requirements still apply.
  - Students are exempt from the practice act, but some states still regulate telesupervision.
- Most states that regulate telesupervision do not require supervisors to go through extra steps.
- Policy for supervising across state lines is complicated and usually undefined.



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## Examples

### North Carolina

"[It is] the Board's policy to accept telesupervision of temporary licensees as direct supervision, when the supervising licensee has determined that the circumstances are appropriate."

### Florida

"Evaluation of the provisional licensee must include at least eighteen (18) hours of **direct observations** of diagnostic and therapeutic procedures. At least six (6) on-site evaluations must be accrued for each one-third of the provisional period. No more than nine (9) of the eighteen (18) hours may be accrued for evaluation of clinical records."

### New Mexico

"Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the supervisee. This can include viewing and communicating with the supervisee via telecommunication technology so long as the supervisor or qualified sponsor is able to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time."

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## Teleaudiology

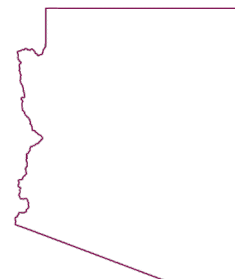
- The creation of over the counter (OTC) hearing aids will continue to expand opportunities for teleaudiology.
- Dispensing of prescription (traditional) hearing aids is still highly regulated by states (especially for minors).
- Many states still define hearing testing and hearing aid dispensing in a way that is not conducive to telehealth.
- Check your state practice act (ASHA tracks hearing aid licensure rules at [asha.org/siteassets/advocacy/state-licensure-for-prescription-and-otc-hearing-aids.pdf](https://www.asha.org/siteassets/advocacy/state-licensure-for-prescription-and-otc-hearing-aids.pdf))



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## Arizona

- Audiologists may dispense hearing aids under an audiology license.
- OTCs are exempt from licensure, and rules allow Auds to “prescribe” Rx hearing aids.
- Telehealth-friendly regulations, with no mandated physician in-person examination/procedures (for audiologists).
- Under state law, dispensers must conduct audiometric tests for minors unless they were screened within the previous six months.



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## Examples

### North Carolina

“Examine the patient's ear canal; and

(4) Test the patient's hearing with properly calibrated equipment in an environment that meets current ANSI standards, except when performed for screening purposes.”

### Minnesota

“A dispenser when conducting a hearing test for the purpose of prescription hearing instrument aid dispensing must: (3) inspect the client's ears with an otoscope; and

(4) conduct the following tests on both ears of the client (i) air conduction at 250, 500, 1,000, 2,000, 4,000, and 8,000 Hertz. (ii) bone conduction at 500, 1,000, 2,000, and 4,000 Hertz for any frequency where the air conduction threshold is greater than 15 dB HL.”



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## Reimbursement Considerations



- Payer policy can and does differ from licensure rules.
- Private pay (no insurance) does not change licensure rules.
- Interstate practice is subject to Medicaid and private-payer restrictions.
- CF Reimbursement is payer-specific.
- Telehealth modifiers apply (coding).



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# Schools

- Telepractice policy depends on licensure requirements (universal licensure vs. school certification).

### States w/ Universal Licensure:

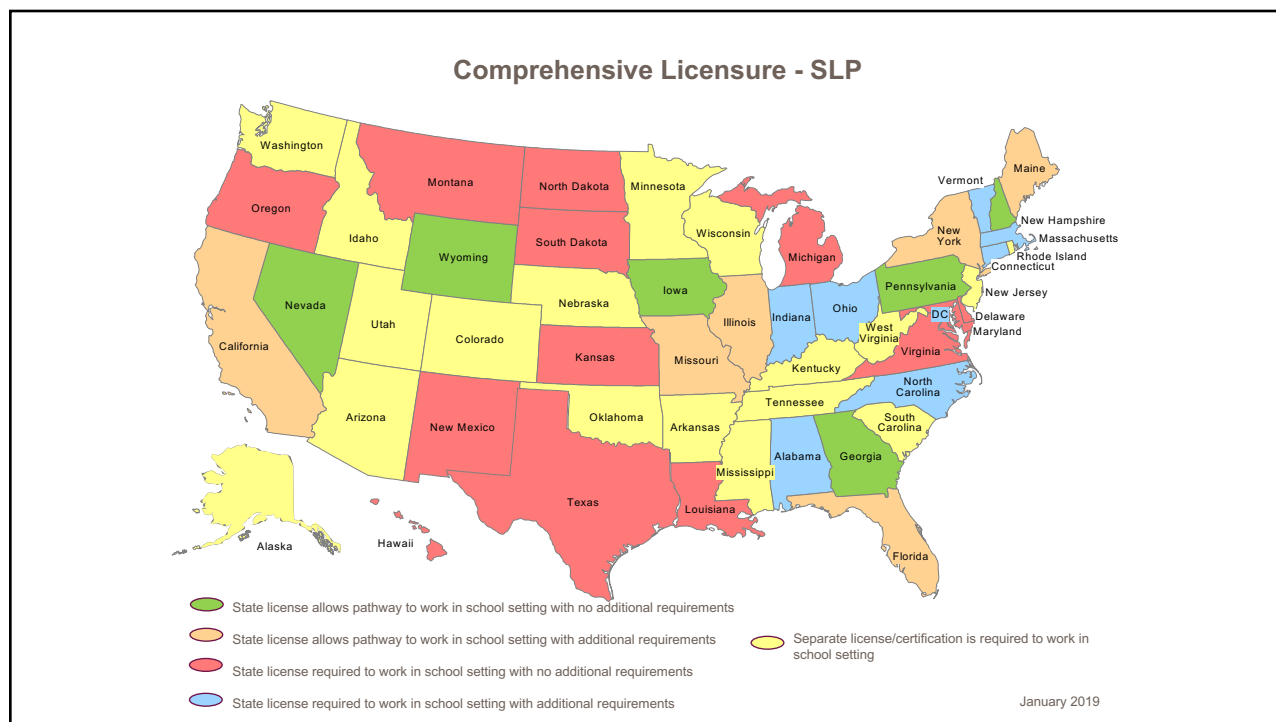
- State licensing rules for telepractice apply.
- There are some restrictions based on school/district policy.

### States w/ School-Certification:

- State licensing rules may not apply.
- There are separate school-based telepractice rules (incl. supervision).
- Clinicians with their degree work without supervision.

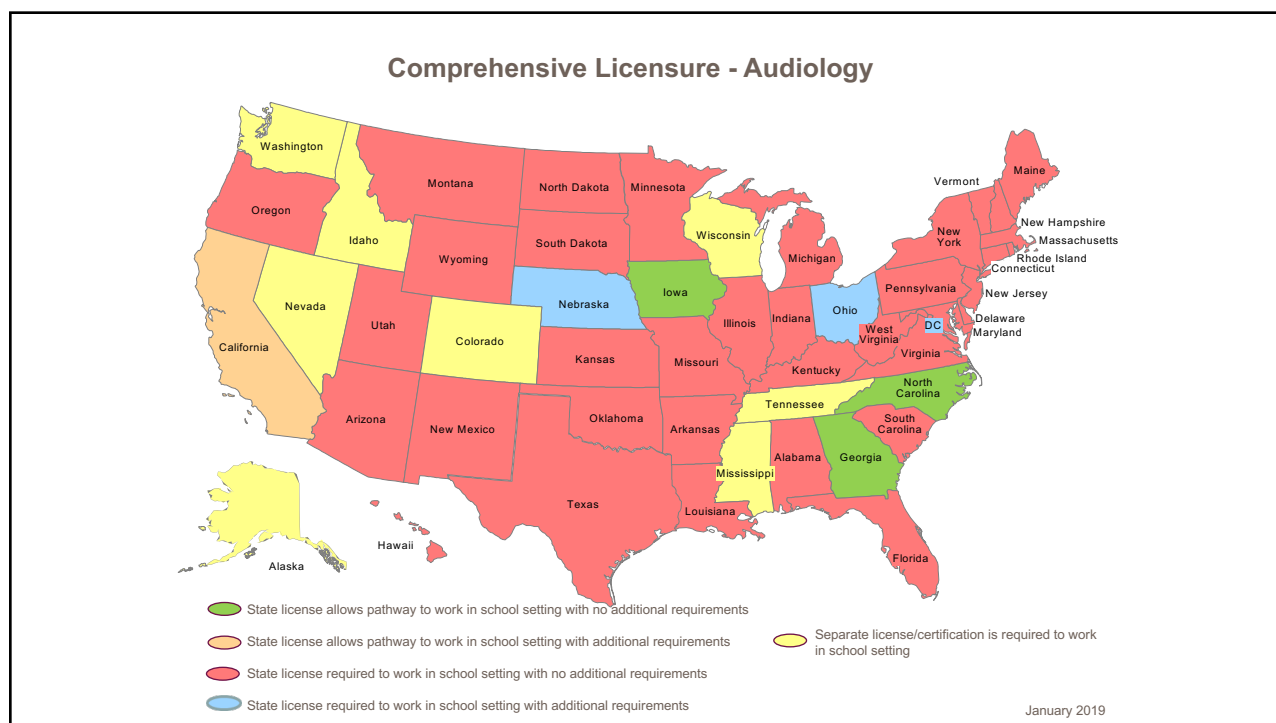


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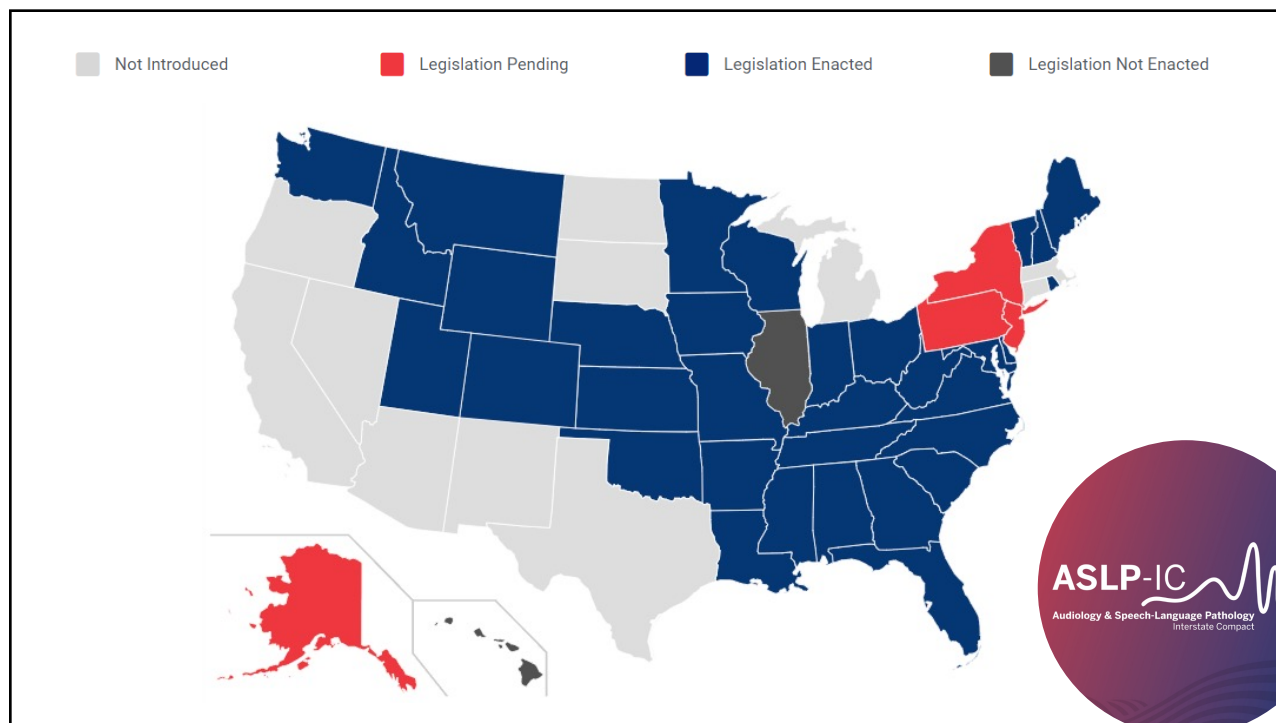
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## Practicing Across State Lines

- Most states do not offer flexibility for interstate practice without a license.
- **ASHA Guidance:**
  - Obtain a license from the state in which you reside (a.k.a. the "distant site").
  - Verify requirements where the client/student is located (a.k.a. the "originating site"), which may include in-state licensure.
- The ASLP-IC is a permanent solution.
- AZ, FL, LA, SC, VT, and WV allow out-of-state telehealth registration.
- **CFs and Students cannot work through the compact or state registration.**
- Some states allow for temporary practice (30 days) without an in-state license, with restrictions.

ASHA  
American Speech-Language Hearing Association

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## Other Considerations

- It's possible (and common) to hold a license in multiple states.
- Most states claim legal jurisdiction based on the location of the client/student, but the provider's location can matter too.
- School settings are not exempt if students travel out of state.

### International Considerations

- ASHA guidance and state law do not restrict telepractice with a client traveling outside the U.S..
- You must still follow the laws in the country the client is located. However, it's often unclear how/if these laws apply.
- ASHA has contacts for our counterpart associations in other countries.



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# Thank You!

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