



COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

**2016 Sunset Review:
Speech-language Pathology Practice Act**

October 14, 2016





COLORADO

**Department of
Regulatory Agencies**

Executive Director's Office

October 14, 2016

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

This year, Colorado's sunset review process celebrates its 40th anniversary with the publication of the 2016 sunset reports. The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Since that time, Colorado's sunset process has gained national recognition and is routinely highlighted as a best practice as governments seek to streamline regulation and increase efficiencies.

The Colorado Office of Policy, Research and Regulatory Reform (COPRRR), located within my office, is responsible for fulfilling these statutory mandates. To emphasize the statewide nature and impact of this endeavor, COPRRR recently launched a series of initiatives aimed at encouraging greater public participation in the regulatory reform process, including publication of a new "Citizen's Guide to Rulemaking" (available online at www.dora.colorado.gov/opr).

Section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), directs the Department of Regulatory Agencies to:

- Conduct an analysis of the performance of each division, board or agency or each function scheduled for termination; and
- Submit a report and supporting materials to the office of legislative legal services no later than October 15 of the year preceding the date established for termination.

Accordingly, COPRRR has completed the evaluation of the Speech-language Pathology Practice Act. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2017 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 43.7 of Title 12, C.R.S. The report also discusses the effectiveness of the Director of the Division of Professions and Occupations and staff, in carrying out the intent of the statutes and makes recommendations for statutory changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

Joe Neguse
Executive Director





COLORADO

Department of Regulatory Agencies

Colorado Office of Policy, Research &
Regulatory Reform

2016 Sunset Review Speech-language Pathology Practice Act

SUMMARY

What Is Regulated?

Speech-language pathologists work to prevent, assess, diagnose and treat speech, language, social communication, cognitive-communication and swallowing disorders in children and adults. Such disorders can occur when a person is unable to produce speech sounds correctly or fluently, or has problems with his or her voice or resonance. These disorders can result from a variety of causes, including stroke, brain injury, hearing loss, developmental delay, Parkinson's disease, a cleft palate or autism. Speech-language pathologists often work in schools (where they are regulated by the Department of Education), as well as in hospitals, private practice and a wide array of other settings. When working outside of the state's public schools, they must be certified by the Director of the Division of Professions and Occupations (Director and Division, respectively). As of the end of fiscal year 15-16, there were 2,255 active Director-certified speech-language pathologists. As of August 2016, the Director had issued 164 provisional certifications to those who had not yet completed all of the certification requirements.

Why Is It Regulated?

Speech-language pathologists work with a wide array of patients who suffer from cognitive and communicative disorders. They also work with patients who rely on ventilators and tracheostomy tubes to breathe. State certification of speech-language pathologists ensures a minimal level of initial and ongoing competency.

Who Is Regulated?

In fiscal year 15-16, the Director certified 2,255 speech-language pathologists.

How Is It Regulated?

To obtain a certification as a speech-language pathologist from the Director, a candidate must obtain a master's degree or higher in communication sciences, complete a clinical fellowship and pass an examination. To renew that certification, a speech-language pathologist must, on an annual basis, participate in a continuing professional competency program. Those who have earned their degrees and passed the examination, but have not yet completed their fellowships, may obtain a provisional certification, which is valid for two years but cannot be renewed.

What Does It Cost?

In fiscal year 15-16, the Director allocated 0.25 full-time equivalent employees to the regulation of speech-language pathologists and spent approximately \$78,840.

What Disciplinary Activity Is There?

Between fiscal years 13-14 (when regulation by the Director began) and 15-16, the Director received 13 complaints, resulting in two letters of admonition and the placement of one practitioner on probation.

KEY RECOMMENDATIONS

Continue the Speech-language Pathology Practice Act for five years, until 2022.

Speech-language pathologists work with individuals who may have cognitive and communicative disorders, rendering them particularly vulnerable. In a survey of practitioners, 16.8 percent of respondents indicated that they work in home care, which can be a relatively isolated work-setting. Furthermore, when speech-language pathologists work with patients who are breathing with the aid of ventilators or tracheostomy tubes, the potential for serious harm is high. State certification of speech-language pathologists ensures a minimal level of initial and ongoing competency.

Repeal statutory references to the American Speech-Language-Hearing Association.

The American Speech-Language-Hearing Association is referenced by name at least three times in the Speech-language Pathology Practice Act. These references pertain to which certification examination the Director is to use, and the qualifications of clinical fellowship supervisors. Naming specific organizations in statute can be problematic for several reasons. The better practice is to authorize the Director to promulgate appropriate rules.

METHODOLOGY

As part of this review, staff of the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) interviewed Division staff, representatives of state and national professional associations, representatives of facilities that routinely employ speech-language pathologists and other stakeholders and reviewed Division records, Colorado statutes and Director rules. To better understand the practice of speech-language pathology, COPRRR staff observed practitioners in a variety of settings, including inpatient rehabilitation, outpatient rehabilitation and acute care. Additionally, in July 2016, COPRRR staff conducted two surveys related to this report: one of speech-language pathology practitioners and one of health care facilities.

MAJOR CONTACTS MADE DURING THIS REVIEW

American Speech-Language-Hearing Association
Colorado Academy of Audiology
Colorado Chapter, American Physical Therapy Association
Colorado Department of Education
Colorado Department of Law
Colorado Department of Regulatory Agencies, Division of Professions and Occupations
Colorado Medical Society
Colorado Speech-Language-Hearing Association
Home Care Association of Colorado

What is a Sunset Review?

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are prepared by:
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Background

Introduction

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria¹ and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are based on the following statutory criteria:

- Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;

¹ Criteria may be found at § 24-34-104, C.R.S.

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- Whether the agency through its licensing or certification process imposes any disqualifications on applicants based on past criminal history and, if so, whether the disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subparagraph (i) of paragraph (a) of subsection (8) of this section shall include data on the number of licenses or certifications that were denied, revoked, or suspended based on a disqualification and the basis for the disqualification; and
 - Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Types of Regulation

Consistent, flexible, and fair regulatory oversight assures consumers, professionals and businesses an equitable playing field. All Coloradans share a long-term, common interest in a fair marketplace where consumers are protected. Regulation, if done appropriately, should protect consumers. If consumers are not better protected and competition is hindered, then regulation may not be the answer.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation.

Licensure

Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection - only those individuals who are properly licensed may use a particular title(s) - and practice exclusivity - only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Certification

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Registration

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements - typically non-practice related items, such as insurance or the use of a disclosure form - and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

Title Protection

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency - depending upon the prescribed preconditions for use of the protected title(s) - and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

Regulation of Businesses

Regulatory programs involving businesses are typically in place to enhance public safety, as with a salon or pharmacy. These programs also help to ensure financial solvency and reliability of continued service for consumers, such as with a public utility, a bank or an insurance company.

Activities can involve auditing of certain capital, bookkeeping and other recordkeeping requirements, such as filing quarterly financial statements with the regulator. Other programs may require onsite examinations of financial records, safety features or service records.

Although these programs are intended to enhance public protection and reliability of service for consumers, costs of compliance are a factor. These administrative costs, if too burdensome, may be passed on to consumers.

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at: dora.colorado.gov/opr.

The functions of the Director of the Division of Professions and Occupations (Director and Division, respectively) as enumerated in Article 43.7 of Title 12, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2017, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the administration of the Director and Division staff pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed program to certify speech-language pathologists should be continued and to evaluate the performance of the Director. During this review, the Director must demonstrate that the program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff interviewed Division staff, representatives of state and national professional associations, representatives of facilities that routinely employ speech-language pathologists and other stakeholders and reviewed Division records, Colorado statutes and Director rules.

To better understand the practice of speech-language pathology, COPRRR staff observed practitioners in a variety of settings, including inpatient rehabilitation, outpatient rehabilitation and acute care.

Additionally, in July 2016, COPRRR staff conducted two surveys related to this report:

Survey of Speech-language Pathology Practitioners. A link to the survey was sent via email to all 2,106 certified speech-language pathologists. Of these, 2,092 were successfully delivered and 423 individuals responded. This represents a response rate of 20.2 percent. Survey questions and responses may be found in Appendix A.

Survey of Health Care Facilities. The Colorado Department of Public Health and Environment emailed a link to the survey, via the Colorado Health Facilities Web Portal.² A total of 7,423 emails were sent to 2,907 distinct facilities, and of these 104 individuals responded. This represents a response rate of 1.4 percent of all emails, or 3.6 percent of distinct facilities. Survey questions and responses may be found in Appendix B.

Profile of the Profession

Speech-language pathologists work to prevent, assess, diagnose and treat speech, language, social communication, cognitive-communication and swallowing disorders in children and adults. Such disorders can occur when a person is unable to produce speech sounds correctly or fluently, or has problems with his or her voice or resonance.³ These disorders can result from a variety of causes, including stroke, brain injury, hearing loss, developmental delay, Parkinson's disease, a cleft palate or autism.⁴

The July 2016 COPRRR survey of speech-language pathologists revealed that practitioners work in a variety of areas. Some of the more popular, among respondents, include:

- 60.3 percent = Child language disorders
- 56.1 percent = Cognitive-communication disorders
- 55.6 percent = Apraxia of speech⁵
- 51.6 percent = Speech sound development and disorders
- 44.2 percent = Autism

² The Colorado Health Facilities Web Portal is the official and direct means by which the Colorado Department of Public Health and Environment communicates with the regulated health facility community.

³ American Speech-Language-Hearing Association. *Learn about the CSD Professions: Speech-Language Pathology*. Retrieved on August 5, 2016, from www.asha.org/Students/Speech-Language-Pathology/.

⁴ U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook: Speech-Language Pathologists*. Retrieved on August 5, 2016, from www.bls.gov/ooh/healthcare/speech-language-pathologists.htm.

⁵ Apraxia of speech is a motor speech disorder that occurs when messages from the brain to the mouth are disrupted, rendering the person unable to move his or her lips or tongue to the right place to say sounds correctly, even though the muscles are not weak.

As this small sample exemplifies, many speech-language pathologists practice in multiple areas.

Not surprisingly, speech-language pathologists work in an equally diverse number of settings. COPRRR's survey rendered the following top five responses:

- 26.8 percent work in schools
- 25.2 percent work in hospitals or acute treatment units
- 25.6 percent work in physical therapy or speech therapy pathology services
- 16.8 percent work in home care
- 9.6 percent work in nursing homes

To work as a speech-language pathologist in Colorado, a practitioner must be licensed by the Colorado Department of Education (CDE) to work in the state's public schools, or be certified by the Director of the Colorado Department of Regulatory Agencies' Division of Professions and Occupations (Director and Division, respectively).

While the Director's certification program is the focus of this sunset review, it is reasonable to acknowledge the overlap of the two programs. Not quite half (40.3 percent), or two of every five respondents to COPRRR's survey of practitioners, indicated that they are both licensed by CDE and certified by the Director.

To become certified by the Director, a practitioner must:⁶

- Complete a master's degree or higher in communication sciences and disorders at an accredited institution of higher education recognized by the United States Department of Education,
- Complete a speech-language pathology clinical fellowship, and
- Pass the national examination adopted by the American Speech-Language-Hearing Association (ASHA) or its successor organization or any other examination approved by the Director.

Colorado is home to two ASHA-accredited speech-language pathology programs: the University of Colorado, Boulder and the University of Northern Colorado.⁷

The United States Bureau of Labor statistics reports that in 2015, the median pay for a speech-language pathologist in the United States was \$73,410 per year, and that the job outlook for these practitioners is "much faster than average" through 2024.⁸

⁶ § 12-43.7-106(1), C.R.S.

⁷ American Speech-Language-Hearing Association. *EdFind Search Results*. Retrieved August 5, 2016, from www.asha.org/edfind/results.aspx?area=SLP°ree=ALL&location=CO

⁸ U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook: Speech-Language Pathologists*. Retrieved on August 5, 2016, from www.bls.gov/ooh/healthcare/speech-language-pathologists.htm.

Legal Framework

History of Regulation

In August 2010, the Colorado Speech-Language-Hearing Association (CSHA) submitted to the Department of Regulatory Agencies' Colorado Office of Policy, Research and Regulatory Reform (COPRRR), the first sunrise application seeking to regulate speech-language pathologists. COPRRR declined to conduct a sunrise review, citing the fact that a majority of other states regulated the practice.⁹

In 2012, the General Assembly enacted House Bill 1303, regulating speech-language pathologists for the first time and scheduling the program to sunset in 2017. As part of the certification process, candidates were required to complete a clinical fellowship.

To facilitate the clinical fellowship and the ability to bill Medicaid, the General Assembly created a provisional certification in House Bill 15-1373.

Legal Summary

The Speech-language Pathology Practice Act (Act) is created in section 12-43.7-101, *et seq.*, Colorado Revised Statutes, and it defines speech-language pathology as,

the application of principles, methods, and procedures related to the development, disorders, and effectiveness of human communication and related functions, which includes providing prevention, screening, consultation, assessment or evaluation, treatment, intervention, management, counseling, collaboration, and referral services for [several enumerated disorders].¹⁰

These enumerated disorders include:¹¹

- Speech–sound production, fluency, resonance and voice;
- Language–phonology, morphology, syntax, semantics, pragmatic and social communication skills and literacy skills;
- Feeding and swallowing; and
- Cognitive aspects of communication–attention, memory, executive functioning and problem solving.

The practice also includes establishing augmentative and alternative communications techniques and strategies, such as:¹²

⁹ Between 2007 and 2012, DORA had the ability to decline to conduct a sunrise review if the proposed regulatory scheme appeared to impact fewer than 250 practitioners, DORA had previously conducted a review and no new information was submitted or if a majority of states regulated the profession or occupation in question.

¹⁰ § 12-43.7-103(7)(a), C.R.S.

¹¹ § 12-43.7-103(7)(a)(I through IV), C.R.S.

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- Developing, selecting and prescribing augmentative or alternative communications systems and devices;
 - Providing services to individuals with hearing loss and their families, such as auditory training, speech reading or speech and language intervention secondary to hearing loss;
 - Screening individuals for hearing loss or middle ear pathology;
 - Using instrumentation to observe, collect data and measure parameters of communication and swallowing;
 - Selecting, fitting and establishing effective use of prosthetic or adaptive devices for communication, swallowing or other upper aerodigestive functions; and
 - Providing services to modify or enhance communication performance.

To practice speech-language pathology in Colorado, a person must be certified by the Director of the Division of Professions and Occupations (Director) or be licensed by the Colorado Department of Education.¹³

To become certified, an applicant must:¹⁴

- Complete a master's degree or higher in communication sciences and disorders at an accredited institution of higher education recognized by the United States Department of Education,
- Complete a speech-language pathology clinical fellowship, and
- Pass the national examination adopted by the American Speech-Language-Hearing Association (ASHA) or its successor organization or any other examination approved by the Director.

Alternatively, an individual can obtain a certification by endorsement if that individual holds a license or certification from a jurisdiction that requires qualifications substantially equivalent to those of Colorado.¹⁵

An applicant may also demonstrate eligibility for certification by demonstrating to the Director that any training, education or experience acquired during military service is substantially equivalent to the certification requirements established by the Act.¹⁶

Certificates expire according to a schedule established by the Director,¹⁷ which is annually.

¹² § 12-43.7-103(7)(b), C.R.S.

¹³ § 12-43.7-105, C.R.S.

¹⁴ § 12-43.7-106(1), C.R.S.

¹⁵ § 12-43.7-106(4), C.R.S.

¹⁶ 4 CCR § 748-1-5, Rules Regulating Speech-Language Pathologist Certification, Practice and Discipline.

¹⁷ § 12-43.7-106(5), C.R.S.

Once certified, practitioners are required to maintain or be covered by professional liability insurance in an amount no less than \$1 million per claim and \$3 million per annum in the aggregate.¹⁸ Certificate holders who do not provide speech-language pathology services to patients are exempt from this requirement.¹⁹

To renew a certificate, practitioners must demonstrate continuing professional competency.²⁰ This requires them to:²¹

- Complete a self-assessment of their knowledge and skills;
- Develop, execute and document a learning plan based on the self-assessment; and
- Demonstrate, periodically, possession of their knowledge and skills through documentation of activities necessary to ensure at least minimal ability to safely practice.

Alternatively, a certificate holder can demonstrate compliance with the continuing professional competency requirement by satisfying the same requirement of an accrediting body or other entity approved by the Director.²²

The Act allows for provisional certification for those who have earned their degrees and have either passed the ASHA examination or another examination approved by the Director.²³ Provisional certifications are valid for two years and may not be renewed.²⁴

Provisional certificate holders may practice only under the general supervision of a speech-language pathologist who holds a Certificate of Clinical Competence awarded by ASHA.²⁵

Only those individuals certified by the Director or licensed by the Colorado Department of Education as speech-language pathologists may use the titles:²⁶

- Speech-language pathologist;
- Speech pathologist;
- Speech therapist;
- Speech correctionist;
- Speech clinician;
- Language pathologist;
- Voice therapist;
- Voice pathologist;
- Asphasiologist; or

¹⁸ § 12-43.7-106(2), C.R.S., and 4 CCR § 748-1-6(A)(2), Rules Regulating Speech-Language Pathologist Certification, Practice and Discipline.

¹⁹ 4 CCR § 748-1-6(B), Rules Regulating Speech-Language Pathologist Certification, Practice and Discipline.

²⁰ §§ 12-43.7-107(1)(a) and -107(3)(a), C.R.S.

²¹ § 12-43.7-107(1)(b), C.R.S.

²² § 12-43.7-107(2), C.R.S.

²³ § 12-43.7-106.5(1), C.R.S.

²⁴ § 12-43.7-106.5(4), C.R.S.

²⁵ § 12-43.7-106.5(5), C.R.S.

²⁶ § 12-43.7-104(1), C.R.S.

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- Any other generally accepted terms, letter or figures that indicate that the person is a certified speech-language pathologist.

Specifically excluded from the certification requirements of the Act are:²⁷

- School speech-language pathologists working inside the state's public schools system,
- Individuals regulated by the state who are engaging in their professions or occupations as defined in the law under which they are regulated,
- Individuals pursuing a course of study in speech-language pathology,
- Individuals participating in speech-language pathology clinical fellowships, and
- Any legally qualified speech-language pathologist from another state or country when providing services on behalf of a temporarily absent speech-language pathologist certified by the Director.

The Director may revoke, suspend or deny a certification, or place a certificate holder on probation, issue a letter of admonition or a confidential letter of concern, impose a fine against a certificate holder, or issue a cease and desist order to a certificate holder who:²⁸

- Has engaged in a sexual act with a person receiving services while a therapeutic relationship existed or within six months immediately following termination of the therapeutic relationship;
- Has falsified information in an application or has attempted to obtain or has obtained a certificate by fraud, deceit or misrepresentation;
- Excessively or habitually uses or abuses alcohol or habit-forming drugs or habitually uses a controlled substance;
- Has failed to notify the Director of a physical or mental illness or condition that impacts the certificate holder's ability to practice safely;
- Has failed to act within the limitations created by such a physical or mental illness or condition;
- Has failed to comply with the limitations agreed to under a confidential agreement entered into with the Director related to such physical or mental illness or condition;
- Has failed to respond to a request or order of the Director;
- Has been convicted of or pleaded guilty or *nolo contendere* to a felony or any crime related to the practice of speech-language pathology;
- Has failed to notify the Director of the suspension or revocation of the person's license or certificate to practice speech-language pathology in any jurisdiction;
- Has fraudulently obtained, furnished or sold any speech-language pathology diploma, certificate, certification, renewal of certification, or record or aided or abetted such act;

²⁷ § 12-43.7-108(1), C.R.S.

²⁸ § 12-43.7-110(2), C.R.S.

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- Has failed to respond in an honest, materially responsive and timely manner to a complaint;
 - Has failed to refer a patient to an appropriate health care professional;
 - Has refused to submit to a physical or mental examination ordered by the Director;
 - Has failed to maintain or is not covered by professional liability insurance;
 - Has acted in a manner inconsistent with the health or safety of the certificate holder's patients;
 - Has acted in a manner that fails to meet generally accepted standards of practice; or
 - Has failed to make essential entries on patient records or falsified or made incorrect entries of an essential nature.

Although the Director has discretion to not discipline a certificate holder for excessive use or abuse of alcohol or drugs when the practitioner participates in a program designed to end such use or abuse,²⁹ the Director is generally prohibited from resolving complaints by deferred settlement, action, judgment or prosecution.³⁰

The Director has established a fining structure whereby:³¹

- A first violation may result in a fine of no more than \$1,000,
- A second violation may result in a fine of no more than \$2,500, and
- Any subsequent violations may result in fines of no more than \$5,000.

To impose discipline, the Director may utilize the services of an administrative law judge.³² All final actions are subject to review by the Colorado Court of Appeals.³³

The Director is required to promulgate rules necessary for the administration of the Act.³⁴

The first time a person practices speech-language pathology without a certificate, he or she commits a Class 2 misdemeanor, punishable by between 3 and 12 months imprisonment, a fine of between \$250 and \$1,000, or both. Any subsequent offense constitutes a Class 1 misdemeanor, punishable by between 6 and 18 months imprisonment, a fine of between \$500 and \$5,000, or both.³⁵

Speech-language pathologists must participate in the Healthcare Professions Profile Program and disclose any information required by the Director pursuant to the Michael Skolnik Medical Transparency Act of 2010.³⁶

²⁹ § 12-43.7-110(2)(c), C.R.S.

³⁰ § 12-43.7-111(6), C.R.S.

³¹ 4 CCR § 748-1-15(C), Rules Regulating Speech-Language Pathologist Certification, Practice and Discipline.

³² § 12-43.7-111(3)(c), C.R.S.

³³ § 12-43.7-111(5), C.R.S.

³⁴ § 12-43.7-113, C.R.S.

³⁵ §§ 12-43.7-112 and 18-1.3-501, C.R.S.

³⁶ § 24-34-110(3)(a)(XX), C.R.S.

Program Description and Administration

The Director of the Division of Professions and Occupations (Director and Division, respectively) within the Colorado Department of Regulatory Agencies is vested with the authority to regulate speech-language pathologists. By policy, the Director delegates specified powers and duties to the Deputy Director for Healthcare and the Program Director of the Office of Speech-Language Pathology Certification (Office).³⁷

Table 1 illustrates the expenditures and staff associated with speech-language pathology regulation since the program was implemented in fiscal year 12-13.

Table 1
Agency Fiscal Information

Fiscal Year	Total Program Expenditures	FTE
12-13	\$63,919	0.35
13-14	\$102,555	0.25
14-15	\$95,187	0.25
15-16	\$78,841	0.25

The overall fluctuation in expenditures can be attributed to the implementation of a new program.

In July 2016, there were 0.25 full-time equivalent (FTE) employees devoted to the Office, including:

- 0.1 FTE Program Manager II (Program Director): administers the day-to-day operations of the Office.
- 0.05 FTE Compliance Specialist V (Program Manager): assures that certificate holders comply with all probationary terms of a disciplinary action, responds to inquiries from certificate holders, the public, attorneys, law enforcement and governmental entities.
- 0.1 Technician IV: provides administrative support to the Office.

The FTE identified in Table 1 do not include employees in the centralized offices of the Division, which provide licensing, administrative, technical and investigative support to the Office. However, the cost of those employees is reflected in the Total Program Expenditures.

³⁷ Division of Professions and Occupations Policy Number 80-29.

Table 2 illustrates, for the fiscal years indicated, the fees associated with the program.

Table 2
Fees

Fiscal Year	Original	Endorsement	Renewal	Reinstatement
12-13	\$145	\$145	Not Applicable	Not Applicable
13-14	\$145	\$145	Not Applicable	Not Applicable
14-15	\$145	\$145	\$5	\$20
15-16	\$145	\$145	\$5	\$20

Speech-language pathologists renew their certifications annually. When initially implementing the Speech-language Pathology Practice Act (Act), the Director established April as the month in which practitioners would renew their certifications. However, in fiscal year 13-14, the Director changed the renewal month to November. Therefore, there were no renewals that year; the certifications that would have renewed in April 2014 (fiscal year 13-14) simply remained active until renewed in November 2014 (fiscal year 14-15).

Certifications

There are two primary paths to becoming a speech language pathologist under the Act: by examination and by endorsement.

To obtain a certificate by examination, an individual must:

- Complete a master’s degree or higher in communication sciences and disorders at an accredited institution of higher education recognized by the United States Department of Education,
- Complete a speech-language pathology clinical fellowship, and
- Pass the national examination adopted by the American Speech-Language-Hearing Association (ASHA) or its successor organization or any other examination approved by the Director.

ASHA has adopted the Educational Testing Service’s Praxis Speech-Language Pathology Examination 5331 (Praxis), which consists of 132 test items that must be completed within 150 minutes. Test items are a combination of multiple choice and interactive items. Praxis is divided into three roughly equal components:³⁸

- Foundations and Professional Practice
- Screening, Assessment, Evaluation and Diagnosis
- Planning, Implementation and Evaluation of Treatment

³⁸ *The Praxis Study Companion: Speech-Language Pathology 5331*, Educational Testing Service (2015), pp. 5 and 8.

The Praxis is administered via computer at Educational Testing Service test centers in Boulder, Colorado Springs, Denver, Fort Collins, Grand Junction, Greenwood Village and Longmont.³⁹ The fee to sit for Praxis is \$120.⁴⁰

Table 3 illustrates, for the fiscal years indicated, the national and Colorado pass rates for the Praxis.

**Table 3
Praxis Testing Data**

Fiscal Year	National Pass Rate	Colorado Pass Rate
12-13	93.4	98.3
13-14	93.9	97.2
14-15 ⁴¹	92.4	94.0
15-16	92.8	95.1

All pass rates are based on candidates' highest test scores. Colorado pass rates are based on those candidates who requested their test scores be sent to the Colorado Department of Education for approval by that agency to teach in the state's public schools. As a result, these pass scores are not completely reflective of the population seeking certification from the Director, but they provide a reasonable surrogate.

Overall, the Praxis pass rates are high and Colorado test takers tend to pass at higher rates than the national cohort.

The clinical fellowship must run at least 36 weeks and provide 1,260 hours of experience. However, since the fellows are allowed to participate on a part-time basis, it could take up to 18-24 months to complete. Office staff reports that most individuals complete the fellowship within 72 weeks.

To obtain a certificate by endorsement, the individual must possess a license or certificate from a jurisdiction with requirements substantially equivalent to Colorado's.

Table 4 illustrates, for the fiscal years indicated, the number of certificate holders and the pathways by which they obtained their certificates.

³⁹ Educational Testing Service. *Test Centers in Colorado*. Retrieved on August 5, 2016, from <http://maprequest.ets.org/tcenter/MQResultsPRX.jsp?searchBY=LOC&country=US&state=CO>.

⁴⁰ Educational Testing Service. *Test and Service Fees*. Retrieved on August 5, 2016, from www.ets.org/praxis/about/fees.

⁴¹ Praxis changed in 2014, as a result, the pass rates presented reflect candidates who took the examination between September 2014 and June 2015.

**Table 4
Certification Information**

Fiscal Year	Examination	Endorsement	Renewal	Reinstatement	Total Active
12-13	919	109	Not Applicable	Not Applicable	1,028
13-14	544	241	0	0	1,810
14-15	164	150	1,626	15	1,930
15-16	137	206	1,773	28	2,255

The number of new certificates issued each year has steadily decreased over the reporting period. This is to be expected with a new program, as mostly existing practitioners initially obtain the new certificate.

To renew their certificates, speech-language pathologists are required to participate in the Division’s continuing professional competency program. The Division’s Office of Division-Wide Programs and Systems is tasked with assisting individual programs, such as the Office, in developing their continuing competency programs, maintaining the computer system by which licensees comply with those requirements, and auditing licensees for compliance.

The first step in the continuing competency process occurs when the speech-language pathologist completes a self-assessment tool to determine his or her individual learning goals. The tool, available on the Division’s website, is a personal assessment that takes into account a practitioner’s current skill level, as well as how important the practitioner considers the skill to be to his or her current or planned practice. It consists of questions to be answered on a numerical scale. The questions cover multiple dimensions of professional skills. The dimensions covered are diverse and are intended to help the practitioner honestly reflect on his or her practice and realize potential areas for improvement.

While this tool is available on the Division’s website, the completed document is retained by the practitioner. The tool is confidential and may be requested by the Director only as part of a continuing competency compliance audit, but it is not subject to public inspection. Similarly, the tool is considered not to be subject to discovery in any civil action.

Results from this tool guide the practitioner in creating learning goals that the practitioner will work toward over the compliance period. These goals serve as a resource to guide the practitioner’s continuing competency activities.

Next, the practitioner develops a learning plan, which is also available on the Division’s website. This plan provides a framework to guide continuing competency activities over the compliance period. The form contains checkboxes with approved continuing competency activities to alert the practitioner of potential ways in which he or she may achieve the learning goals created.

Over the course of the compliance period, the practitioner participates in learning activities. Speech-language pathologists must complete 10 hours of learning activities each year.

An additional option for some speech-language pathologists, such as those licensed by the Colorado Department of Education, is to satisfy the continuing competency requirement through “deemed status.” This allows a certificate holder who participates in another continuing competency program to claim credit for such a program and avoid having to duplicate his or her continuing competency efforts.

As part of this sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) conducted a survey of certified speech-language pathologists. One series of questions pertained to the continuing competency requirement. When asked whether they were in compliance with the requirement, 95.6 percent indicated that they are in compliance. When asked to indicate the reasons why they are out of compliance:

- 7.9 percent indicated that the state website and process are too confusing,
- 7.5 percent indicated that keeping separate records for the state and for ASHA is too confusing,
- 1.5 percent indicated that they were not aware of the requirement, and
- 0.8 percent indicated a lack of affordable educational opportunities.

Since these figures account for more than the 4.4 percent of respondents who admitted to being out of compliance, it is reasonable to conclude that some respondents who are in compliance took the opportunity to express some frustrations with having to comply. Regardless, as of this writing, the Director had begun the first compliance audit.

Effective September 2015, the Director began issuing provisional certificates to individuals who had earned their degrees and passed Praxis, but who had not yet completed their clinical fellowships. Provisional certificates are valid for two years and may not be renewed. As of August 2016, the Director had issued 164 provisional certificates.

Finally, all certificate holders, except for provisional certificate holders, must participate in the Healthcare Professions Profile Program (HPPP). The HPPP is an on-line system through which speech-language pathologists self-disclose elements of their professional history, such as any disciplinary actions from any jurisdiction, any malpractice suits and any other jurisdictions in which they are licensed or certified.

Complaints/Disciplinary Actions

Anyone, including consumers, employers, and the Director, can file a complaint against a speech-language pathologist, or an uncertified person (e.g., someone who performed the tasks of a speech-language pathologist without being certified by the Director).

Table 5 illustrates, for the fiscal years indicated, the number and nature of complaints filed against speech-language pathologists. No complaints were logged during fiscal year 12-13, the first year of regulation.

**Table 5
Complaint Information**

Nature of Complaint	FY 13-14	FY 14-15	FY 15-16
Practicing Without a Certificate	0	2	2
Standard of Practice	1	1	6
Scope of Practice	0	0	0
Sexual Misconduct	1	0	0
Substance Abuse	0	0	0
Felony Conviction	0	0	0
Total	2	3	8

As Table 5 illustrates, the Director has received remarkably few complaints against speech-language pathologists. Several explanations present themselves. First, speech-language pathologists may be a compliant population, thereby generating few complaints. Alternatively, this is a new regulatory program and people may not yet know that they can, or know how to, file complaints. Nevertheless, the number of complaints has steadily increased over the reporting period.

The Director has taken even fewer disciplinary actions against speech-language pathologists, placing a single certificate holder on probation and issuing just two letters of admonition. The Director also dismissed three cases by way of issuing confidential letters of concern.

Collateral Consequences – Criminal Convictions

Section 24-34-104(6)(b)(IX), Colorado Revised Statutes (C.R.S.), requires COPRRR to determine whether the agency under review, through its licensing processes, imposes any disqualifications on applicants or licensees based on past criminal history, and if so, whether the disqualifications serve public safety or commercial or consumer protection interests.

Section 12-43.7-110(2)(g), C.R.S., authorizes the Director to, among other things, deny, suspend or revoke a certificate of a speech-language pathologist who,

Has been convicted of or pled guilty or *nolo contendere* to a felony or any crime related to the certificate holder’s practice of speech-language pathology or has [been criminally convicted of practicing without a valid certificate].

However, the Director has not yet exercised this authority.

Analysis and Recommendations

Recommendation 1 – Continue the Speech-language Pathology Practice Act for five years, until 2022.

The first sunset criterion asks whether regulation is necessary to protect the health, safety and welfare of the public. Thus, it is reasonable to examine the manner in which the existing regulatory structure attempts to protect the public.

The Speech-language Pathology Practice Act (Act) establishes the minimum qualifications to obtain state certification:

- Complete a master’s degree or higher in communication sciences and disorders at an accredited institution of higher education recognized by the United States Department of Education,
- Complete a speech-language pathology clinical fellowship, and
- Pass the national examination adopted by the American Speech-Language-Hearing Association (ASHA) or its successor organization or any other examination approved by the Director.

Once certified, speech-language pathologists must satisfy the state’s continuing professional competency requirements, which entails, among other things, completing 10 hours of learning activities each year.

These requirements are remarkably similar to those of ASHA’s Certificate of Clinical Competence (CCC) in speech-language pathology, which requires practitioners to:⁴²

- Earn a graduate degree from an accredited program,
- Complete 1,600 hours of supervised clinical experience,
- Pass a national examination, and
- Complete 30 hours of continuing education every three years.

Thus, it is legitimate to conclude that if one is certified by ASHA to practice speech-language pathology, then one is qualified to obtain certification under the Act. Indeed, according to the survey conducted by the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) as part of this sunset review, 98.1 percent of survey respondents indicated that in addition to holding a certification under the Act, they also hold an ASHA certification.

⁴² American Speech-Language-Hearing Association. *What is ASHA Certification?* Retrieved on August 9, 2016, from www.ashacertified.org/about/

However, COPRRR's survey of health care facilities revealed that 60.9 percent of health care facilities that utilize speech-language pathologists require them to be ASHA-certified. With a 3.6 percent response rate, these data are of limited value, but informative nonetheless. These data are further limited by the fact that not all speech-language pathologists work in health care facilities. Many work in private practice.

Taken together, these data indicate that while the vast majority of survey respondents are ASHA-certified, just over half of employers require this of them. Thus, while it is tempting to claim that state regulation in this case is duplicative of what is occurring in the private sector, the data related to health care facilities indicates that this is not necessarily the case. If the Act were to sunset, it is reasonable to conclude that whatever protections state or ASHA certifications afford would be reduced.

Next, in any discussion about whether regulation protects the public, it is reasonable to look at complaint and disciplinary statistics. Complaints can be indicative of the need to regulate—if consumers are being harmed, they should be filing complaints. Disciplinary actions can also be indicative of the need to regulate—while anyone can file a complaint, only actual violations result in disciplinary actions.

Between fiscal years 13-14 and 15-16, the entire life of the program created under the Act, the Director of the Division of Professions and Occupations (Director and Division, respectively) received 13 complaints. Of these, eight alleged substandard practice. Considering the fact that the Director registered over 2,200 speech-language pathologists by the end of fiscal year 15-16, relatively few complaints are filed.

More telling, however, is the fact that during this same timeframe, the Director imposed discipline only three times by placing one practitioner on probation and issuing letters of admonition to two additional speech-language pathologists. Only one of these related to an allegation of substandard care.

These numbers, on their own, suggest that sunset might be warranted—the Act seems unnecessary given the low number of complaints and the low number of disciplinary actions. Data, however, do not tell the entire story.

Speech-language pathologists work with individuals who may have cognitive and communicative disorders, rendering them particularly vulnerable. They may not understand when they are abused or harmed; they may not be able to communicate that they have been abused or harmed.

Additionally, in COPRRR's survey of practitioners, 16.8 percent of respondents indicated that they work in home care, which can be a relatively isolated work-setting.

Furthermore, as part of this sunset review, a member of COPRRR's staff observed speech-language pathologists in an acute-care setting as well as both inpatient and outpatient rehabilitation settings. When speech-language pathologists work with patients who are breathing with the aid of ventilators or tracheostomy tubes, the potential for serious harm is high.

Finally, this is a relatively new program with only a few years' worth of data to examine. It is too soon to read definitive trends into the data or to be able to identify any serious problems with the manner in which the Act is being implemented.

Thus, continuation is justified. The continuation period should be relatively short, however, so that if the program is not necessary, it does not continue for too long.

For all these reasons, the General Assembly should continue the Act for five years, until 2022.

Recommendation 2 – Repeal statutory references to ASHA.

ASHA is referenced by name at least three times in the Act:

- Section 12-43.7-106(1)(c), Colorado Revised Statutes (C.R.S.), requires candidates for certification to pass an examination adopted by ASHA, its successor organization, or one approved by the Director.
- Section 12-43.7-106.5(1)(b), C.R.S., requires candidates for provisional certification to pass an examination adopted by ASHA, its successor organization, or one approved by the Director.
- Section 12-43.7-106.5(5), C.R.S., provides that provisional certificate holders may practice only under the supervision of a practitioner holding a CCC issued by ASHA and only in accordance with ASHA's clinical fellowship requirements.

Naming specific organizations in statute can be problematic. Organizations can change their names, they can merge with other organizations or they cease operations entirely. More problematic, however, is the fact that by naming organizations in statute, the General Assembly cedes the state's ability to deviate from the standards established by those organizations. Worse, these organizations are not subject to the state's rulemaking or transparency requirements. Thus, private organizations can establish state certification standards with very little public input, transparency or state participation.

The better practice is to authorize the regulator, in this case the Director, to adopt the appropriate examination and clinical fellowship programs. As a practical matter, very little is likely to change, since ASHA's examination is the only examination in existence and its fellowship program the only such program. Repealing the references to ASHA, however, provides the state greater flexibility in the event problems arise in the future.

Therefore, the General Assembly should repeal the statutory references to ASHA.

Appendix A - Survey of Speech-language Pathology Practitioners

In July 2016, the Colorado Office of Policy, Research and Regulatory Reform conducted a survey of speech-language pathology certificate holders. A link to the survey was sent via email to all 2,106 certified speech-language pathologists. Of these, 2,092 were successfully delivered and 423 individuals responded. This represents a response rate of 20.2 percent.

1. In addition to being certified by DORA, are you currently certified by the American Speech-Language-Hearing Association (ASHA)?

Yes	422	98.1%
No	8	1.9%

2. In addition to being certified by DORA, are you licensed by the Colorado Department of Education to work in the state’s public schools?

Yes	173	40.3%
No	256	59.7%

3. Which of the following best describes the setting in which you currently practice?

Acute Treatment Unit	29	6.8%
Ambulatory Surgical Center	2	0.5%
Assisted Living Residence	11	2.6%
Birth Center	1	0.2%
Community-based Health Care Program (i.e., adult day care, children with Autism and day treatment for brain injury patients)	15	3.5%
Community Clinic/Community Clinic with an Emergency Room	1	0.2%
Community Mental Health Center	0	0%
Comprehensive Outpatient Rehabilitation Facility	23	5.4%
Convalescence Center	1	0.2%
Dialysis Treatment Clinic	1	0.2%
Home Care Agency	72	16.8%
Hospice	3	0.7%
Hospital	79	18.4%
Intellectual and Developmental Disabilities Service Provider	21	4.9%
Intermediate Care Facility for People with Intellectual Disabilities	0	0%

Nursing Home	41	9.6%
Physical Therapy or Speech Therapy Pathology Services	110	25.6%
Portable X-ray Services	2	0.5%
Residential Care Facility for the Developmentally Disabled	0	0%
Rural Health Clinic	3	0.7%
Schools, Private	19	4.4%
Schools, Public	96	22.4%
Not currently practicing	16	3.7%
Other	113	26.3%

4. Which of the following best describes your area(s) of practice?

Accent Modification Services	7	1.6%
Adult Language Disorders	124	29%
Aging	61	14.3%
Aphasia	152	35.5%
Apraxia of Speech	238	55.6%
Auditory Processing Disorder	112	26.2%
Augmentative and Alternative Communication	161	37.6%
Autism	189	44.2%
Child Language Disorders	258	60.3%
Cleft Lip and Cleft Palate	65	15.2%
Cochlear Implants	26	6.1%
Cognitive-Communication Disorders	240	56.1%
Dementia	112	26.2%
Developmental Norms for Speech and Language	128	29.9%
Dysarthria	140	32.7%
Dysphagia	164	38.3%
Early Intervention	201	47%
End-of-Life Issues	48	11.2%
Literacy	102	23.8%
Orofacial Myofunctional Disorders	32	7.5%
Pediatric Dysphagia	53	12.4%
Pragmatic Language Disorders	180	42.1%
Preschool Language Disorders	171	40%

Prevention	52	12.1%
Prosthetic Devices for Voice, Speech and Swallowing	14	3.3%
Selective Mutism	34	7.9%
Severe Disabilities	91	21.3%
Social Communication Disorders	176	41.1%
Speech Sound Development and Disorders	221	51.6%
Stuttering	129	30.1%
Tracheostomy and Ventilator Dependence	67	15.7%
Traumatic Brian Injury	160	37.4%
Voice and Voice Disorders	112	26.2%
Other	20	4.7%

5. Are you currently in compliance with your DORA-required continuing competency requirements?

Yes	409	95.6%
No	19	4.4%

6. If you are not currently in compliance with your DORA-required continuing competency requirements, why not?

The state website and process are too confusing	21	7.9%
Keeping separate records for the state and for ASHA is too confusing	20	7.5%
Lack of educational opportunities	0	0%
Lack of affordable educational opportunities	2	0.8%
I am in compliance	218	82.3%
I was not aware of the continuing competency requirement	4	1.5%

Appendix B - Survey of Health Care Facilities

In July 2016, the Colorado Office of Policy, Research and Regulatory Reform conducted a survey of health care facilities that typically employ speech-language pathologists. The Colorado Department of Public Health and Environment emailed a link to the survey, via the Colorado Health Facilities Web Portal.⁴³ A total of 7,423 emails were sent to 2,907 distinct facilities, and of these 104 individuals responded. This represents a response rate of 1.4 percent of all emails, or 3.6 percent of distinct facilities.

1. Do you utilize speech-language pathologists at your facility?

Yes **67** 65.7%
 No **35** 34.3%

2. Which of the following best describes the facility for which you are responding?

Acute Treatment Unit	11	15.9%
Ambulatory Surgical Center	2	2.9%
Assisted Living Residence	8	11.6%
Community-based Health Care Program (i.e., adult day care, children with Autism and day treatment for brain injury patients)	1	1.4%
Community Clinic/Community Clinic with an Emergency Room	1	1.4%
Community Mental Health Center	0	0%
Comprehensive Outpatient Rehabilitation Facility	3	4.3%
Convalescence Center	0	0%
Dialysis Treatment Clinic	0	0%
Home Care Agency	18	26.1%
Hospice	2	2.9%
Intellectual and Developmental Disabilities Service Provider	3	4.3%
Intermediate Care Facility for People with Intellectual Disabilities	2	2.9%
Nursing Home	18	26.1%
Physical Therapy or Speech Therapy Pathology Services	14	20.3%
Portable X-ray Services	2	2.9%
Residential Care Facility for the Developmentally Disabled	0	0%
Rural Health Clinic	1	1.4%
Other	11	15.9%

⁴³ The Colorado Health Facilities Web Portal is the official and direct means by which the Colorado Department of Public Health and Environment communicates with the regulated health facility community.

3. Which of the following best describes the speech-language pathologists who work in your facility?

Employees of Medical Groups	3	4.4%
Employees of the Facility	42	61.8%
Independent Contractors	19	27.9%
Other	6	8.8%

4. Prior to approving a speech-language pathologist to work at your facility, do you verify that the person is certified by the Department of Regulatory Agencies?

Yes	60	88.2%
No	8	11.8%

5. Prior to approving a speech-language pathologist to work at your facility, do you verify the person's education in speech-language pathology?

Yes	54	79.4%
No	14	20.6%

6. Prior to approving a speech-language pathologist to work at your facility, do you verify that the person has completed a speech-language pathology clinical fellowship?

Yes	37	54.4%
No	31	45.6%

7. Prior to approving a speech-language pathologist to work at your facility, do you inquire as to whether the person has been subject to professional discipline?

Yes	52	76.5%
No	16	23.5%

8. Prior to approving a speech-language pathologist to work at your facility, do you complete a criminal history background investigation of that person?

Yes	55	80.9%
No	13	19.1%

9. Do you require speech-language pathologists who work at your facility to be certified by the American Speech-Language-Hearing Association (ASHA)?

Yes	35	50.7%
No	34	49.3%

10. Do you require speech-language pathologists who work at your facility to complete any type of continuing education or continuing professional development?

Yes	42	60.9%
No	27	39.1%