



State of Nevada  
Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board

## NOTICE OF PUBLIC MEETING

Wednesday, April 22, 2020 ~ 4:30pm

### Location

#### **NO PHYSICAL ACCESS**

*Per Governor Sisolak's March 21, 2020 Emergency Directive 006 suspending the physical meeting location requirement for public bodies. Please see teleconference options below.*

*Supporting material relating to this meeting will not be physically available but electronic copies may be requested by contacting the Board office by phone at (775) 787-3421 or via email at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org).*

### Teleconference Access

Video: <https://zoom.us/j/5319419132>

Audio: 1-877-810-9415 Audio Access Code: 8997531

*Participants may join using audio only or using both audio AND video. Video only will not include sound.*

## AGENDA

The **STATE OF NEVADA SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING BOARD** may: address agenda items out of sequence (b) combine agenda items or (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030). Action by the Board on any item may be to approve, deny, amend or table.

1. **Call to Order, Confirmation of Quorum**

2. **Public Comment**

*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)*

3. **Approval of the Minutes: Board Meeting of January 22, 2020**  
*(for possible action)*

4. **Approval of the Minutes: Board Meeting of February 12, 2020**  
*(for possible action)*

5. **License Reinstatement Application: Lorena Smith, License #HAS-2277 Apprentice**  
*(for possible action)*

6. **Discussion of Board Responsibility to Notify Practitioners of Code of Ethics Self-Reporting Following Disciplinary Action**

*(for possible action)*

**7. Public Hearing on Proposed Regulations LCB File No. R095-19\_Revised February 12, 2020**

*(informational only)*

Proposed additions, amendments, and or/repeal of regulations, Chapter 637B of the Nevada Administrative Code. The purpose of the hearing is to solicit comments from interested persons regarding the adoption of regulations that pertain to LCB File No. R095-19. The proposed regulations do the following:

- Sec. 2. Clarifies existing regulation language regarding the exemption from licensure by defining “practice within scope of credential” issued by the Department of Education;
- Sec. 3. Establishes parameters in existing regulation language on issuing citations to cease and desist and assessing administrative fines for violation of law for practicing without a valid license or endorsement, as well as a waiver of an administrative fine for “good cause”;
- Sec. 4. Grants the Board authority to consider requiring applicants take and pass a Jurisprudence Examination as a condition for initial license or reinstatement of an expired license;
- Sec. 5. Establishes a 30-day waiting period between attempts for the hearing aid dispensing practical examination.
- Sec. 6. Allows an individual who wishes to reinstate an Apprentice license credit for up to two (2) years of in-service training completed during the initial license period; and
- Sec. 7. Clarifies existing regulation language to require that a sponsor and an apprentice shall have the same employer.

**Public Comment on Proposed Regulations**

*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)*

**8. Consideration of Public Comments on Proposed Regulations LCB File No. R095-19\_Revised February 12, 2020**

*(for possible action)*

**9. Consideration of Adoption of Proposed Regulations LCB File No. R095-19\_Revised February 12, 2020**

*(for possible action)*

**10. Board Response to COVID-19**

*(for possible action)*

- a. Practitioner Compliance with Stay-At-Home Orders/Closure of Non-Essential Businesses
- b. Code of Ethics/Patient Abandonment
- c. Licensing Issues
  1. License Extensions/Waivers
  2. License Requirements
    - i. Transcripts
    - ii. Notary Requirement on Application
    - iii. Hard-copy Only Submission of Application
    - iv. Exams
    - v. Provisional SLP Clinical Fellowship Year
- d. Practitioners Supporting Long Term Care and Other Facilities
- e. Telehealth Questions

**11. Legislative Update: Sarah Adler, Silver State Government Relations**

*(informational only)*

**12. Work Session on Legislative Priorities and Review of Draft Licensee Survey**

*(for possible action)*

- a. NRS 637B.175 Increase Statutory Caps on Licensing Fees
- b. NRS New Speech-Language Pathology Assistant, Audiology Assistant

**13. Review of Drafted Revisions to Board Policy 03 – Dispensing Examinations and Related Forms**

*(for possible action)*

- a. Policy 03 - Dispensing Examinations\_V3\_Revised April 2020 DRAFT
- b. Proctor Appointment & Confidentiality Agreement DRAFT
- c. Test Subject Informed Consent and Waiver of Liability DRAFT

**14. Appointments/Reappointments to the Advisory Committee on Fitting and Dispensing Hearing Aids**

*(for possible action)*

- a. Nanci Campbell, AuD
- b. Jennifer Joy-Cornejo, MA, CCC-A/FAAA
- c. Melissa D. Maestas, BC-HIS, HAS

**15. Executive Director's Report**

*(for possible action)*

- a. Licensure Statistics
- b. FY20 Q2 Financials
- c. Board Member Appointments/Reappointments
- d. Complaints

**16. Report from Legal Counsel**

*(for possible action)*

**17. Reports from Board Chair and Members**

*(for possible action)*

- a. Report from Board Chair and Board Members
- b. 2020 Meeting Schedule
- c. Future Agenda Items
  - 1. Board Orientation/Training for Members and Staff
  - 2. FY21 Budget
  - 3. Continued work on Legislative Priorities:
    - i. NRS 637B.175 - Increase Statutory Caps on Licensing Fees
    - ii. NRS New - Speech-Language Pathology Assistant, Audiology Assistant

**18. Public Comment**

*No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)*

**19. Adjournment**

*(for possible action)*

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*Public comment is welcomed by the Board. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to action items on the agenda and on any matter not specifically included on the agenda as the last item on the agenda. At the discretion of the President, additional public comment may be heard when that item is reached. The President may allow additional time to be given a speaker as time allows and in his/her sole discretion. (NRS 241.020, NRS 241.030)*

*Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126)*

*Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 787-3421; or fax (775) 746-4105 no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.*

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**THIS MEETING HAS BEEN PROPERLY NOTICED AND POSTED IN THE FOLLOWING LOCATIONS:**

<b>Office of the Attorney General</b> 100 N. Carson Street Carson City, Nevada 89701	<b>Office of the Attorney General</b> 5420 Kietzke Lane, Suite 202 Reno, Nevada 89511	<b>Grant Sawyer State Office Building</b> 555 E. Washington Avenue, #3900 Las Vegas, Nevada 89101
<b>Washoe County Courthouse</b> 75 Court Street Reno, NV 89501	<b>Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board</b> 6170 Mae Anne Avenue, Suite 1 Reno, Nevada 89523	<b>Washoe County Clerk</b> 1001 E. 9th Street, Building A Reno, NV 89520
<b>Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board Website</b> <a href="http://www.nvspeechhearing.org">www.nvspeechhearing.org</a>		<b>State of Nevada Administrative Website</b> <a href="http://www.nv.gov">www.nv.gov</a>

This agenda has been sent to all members of the Board and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

Supporting material relating to public meetings of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board is available ~~at the Board's administrative offices located at 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523~~ or by contacting Jennifer R. Pierce, Executive Director by phone at (775) 787-3421 or email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org).

**No physical access to copies of materials for this meeting. Meeting Notice not posted at sites marked above per State of Nevada Declaration of Emergency Directive 006.**

Anyone desiring additional information regarding the meeting is invited to call the Board office at (775) 787-3421.





State of Nevada

## Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

[www.nvspeechhearing.org](http://www.nvspeechhearing.org) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

## NOTICE OF INTENT TO ACT UPON A REGULATION

### Notice of Hearing for the Adoption of LCB File No. R095-19 of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board

The Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board will hold a Public Hearing as follows:

**Wednesday, April 22, 2020 ~ 4:30pm**

#### Location:

**NO PHYSICAL ACCESS**

*Per Governor Sisolak's March 21, 2020 Emergency Directive suspending the physical meeting location requirement for public bodies. Please see teleconference options below.*

#### Teleconference Access

**Video:** <https://zoom.us/j/5319419132>

**Audio:** 1-877-810-9415 **Audio Access Code:** 8997531

*Participants may join using audio only or using both audio AND video. Video only will not include sound.*

The purpose of the hearing is to receive comments from all interested parties regarding the adoption of regulations that pertain to LCB File No. R095-19, Chapter 637B of the Nevada Administrative Code.

#### 1. Need and Purpose of the Proposed Regulations or Amendments

The need for the proposed regulations is to protect the public health, safety and welfare by ensuring that only qualified and competent speech-language pathologists, audiologists, and hearing instrument specialists are licensed in the state.

The purpose of the adopted regulation is to provide clarity for the public, individuals and licensees through regulations. The proposed regulation changes do the following:

- Sec. 2. Clarifies existing regulation language regarding the exemption from licensure by defining "practice within scope of credential" issued by the Department of Education;
- Sec. 3. Establishes parameters in existing regulation language on issuing citations to cease and desist and assessing administrative fines for violation of law for practicing without a valid license or endorsement, as well as a waiver of an administrative fine for "good cause";
- Sec. 4. Grants the Board authority to consider requiring applicants take and pass a Jurisprudence Examination as a condition for initial license or reinstatement of an expired license;
- Sec. 5. Allows an individual who wishes to reinstate and Apprentice license credit for up to two (2) years of in-service training completed during the initial license period;
- Sec. 6. Clarifies existing regulation language to require that a sponsor and an apprentice shall have the same employer.

## 2. How to Obtain the Approved or Revised Text of Regulations Prepared By LCB

A copy of the proposed regulations may be obtained by doing one of the following:

- Send a written request to the Board office via US Mail at 6170 Mae Anne Avenue, Suite 1, Reno, NV 89523
- Send a written request to the Board office via email at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)
- Call the Board office at 775-787-3421
- Download from the Board website at <https://www.nvspeechhearing.org/about/proposedlawsregs.asp>

## 3. Methods Used in Determining the Impact on a Small Business

The Board used informed, reasonable judgment in determining that there will not be an impact on small businesses due to the nature of the regulation changes. In making this determination, the Board considered whether or not the speech-language pathology, audiology, and hearing aid dispensing practitioners regulated by the Board will have their practice impacted. On the whole, the speech-language pathology, audiology and hearing aid dispensing practices will not be impacted to any degree that a small business will be affected.

## 4. Estimated Economic Effect of Regulations on Business and the Public

- a) **Adverse and Beneficial Effects:** There will be no adverse economic effect of these adopted regulations on small businesses. The Board regulates individuals in the practice of speech-language pathology, audiology and the fitting and dispensing of hearing aids. The adopted regulations will benefit small businesses and the speech-language pathology, audiology and hearing aid dispensing practitioners by providing clarifications to the regulations and providing access to qualified professionals.
- b) **Immediate and Long-Term Effects:** Immediate effect will be to improve and clarify existing law and regulatory requirements. Long-term, small businesses may experience the effect of having more knowledgeable practitioners.

## 5. Cost for Enforcement of the Regulations

There are no additional costs involved in the enforcement of these adopted regulations.

## 6. Overlap or duplication of other state or local governmental agencies

The proposed regulations do not overlap or duplicate any regulation of other state or local governmental entities.

## 7. Regulation required by federal law

Not applicable

## 8. More stringent than federal regulations

The Board is not aware of any similar federal regulations of the same activity in which the state regulations are more stringent.

## 9. New or increases in existing fees

The proposed regulations do not contain any new fees or increases in existing fees.

A copy of the proposed regulations may be obtained at the workshop or by contacting the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, 6170 Mae Anne Avenue, Suite 1,

Reno, Nevada 89523. Copies of the proposed regulations are available for viewing or printing on the Board's website [www.nvspeechhearing.org](http://www.nvspeechhearing.org). Written comments will be accepted in hard copy or by email to [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org).

All licensees and interested parties are encouraged to participate in the regulatory review process.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements are necessary, please notify Jennifer R. Pierce, Executive Director at (775) 787-3421 within 72 hours of the meeting date and time.

**This Notice of Intent to Act Upon a Regulation has been sent and posted as follows:**

**SENT VIA EMAIL TO THE FOLLOWING:**

- ✓ All Nevada licensed Speech-Language Pathologists, Audiologists, and Hearing Aid Specialists
- ✓ All persons on the agency's mailing list for administrative regulations

**POSTED ONLINE AT THE FOLLOWING SITES:**

**Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board Website**  
[www.nvspeechhearing.org](http://www.nvspeechhearing.org)

**Nevada Administrative Website**  
<https://notice.nv.gov/>

**Nevada Legislature Website**  
<https://www.leg.state.nv.us/App/Notice/A/>

**POSTED AT THE FOLLOWING PHYSICAL LOCATIONS:**

**State of Nevada, Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**  
 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523

**Nevada State Library, Archives and Public Records**  
 100 North Stewart Street, Carson City, NV 89701

**Office of the Attorney General**  
 100 North Carson Street, Carson City, NV 89701

**Office of the Attorney General**  
 5420 Kietzke Lane, Ste 202, Reno, Nevada 89511

**Office of the Attorney General**  
 Grant Sawyer State Office Building, 555 E. Washington Ave #3900, Las Vegas, NV 89101

**Washoe County Clerk**  
 1001 E. 9th Street, Building A, Reno, NV 89520

**Washoe County Courthouse**  
 75 Court Street, Reno, NV 89501

**All Nevada County Public Libraries**

***Dated: March 20, 2020***

## AGENDA ITEM 3

### Approval of Minutes

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The minutes of the meeting of January 22, 2020 are presented for approval.

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**ACTION:** Approve, table or take no action on the January 22, 2020 Meeting Minutes

**ATTACHMENT(S):**

1. *2020 1 22 Minutes\_Not Yet Approved*



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

### MINUTES OF PUBLIC MEETING & PUBLIC WORKSHOP

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

January 22, 2020

**Members Present:** Tami Brancamp, Andrea Menicucci, Michael Hodes, Bonnie Lamping, Jane McEvoy, Thomas Rainford

**Members Absent:** Nighat Abdulla

**Staff Present:** Jennifer Pierce, Executive Director  
Stacey Whittaker, Executive Assistant/Licensing Coordinator  
Henna Rasul, Sr. Deputy Attorney General, Board Counsel

**Public Present:** Sarah Adler, Amy Cocanour, Cydni Horikawa, Nancy Kuhles, Melissa Monteil, Nikki Murphy, Dan Musgrove, Alex Penchek, Kim Reddig, Rachel Walden.

### Call to Order, Confirmation of Quorum

Tami Brancamp, Board Chair, called the meeting to order at 4:32 p.m. A roll call confirmed a quorum was present.

### Public Comment

Nancy Kuhles, Speech-Language Pathologist and Co-Chair of the NSHA Coalition to Address Personnel Shortages referenced Agenda Item 7, Section 2, the proposed regulation that addresses exemptions for public employees who hold a Nevada DOE teaching license and do not engage as an independent contractor/private practitioner. Ms. Kuhles stated that she was seeking confirmation on the following: if the employee engages in independent contracting/private practice work, then they *must* hold a current license for that practice setting, which is a license issued by this Board.

There was no additional public comment.

### Approval of Minutes

Tami Brancamp asked if there were any corrections or revisions to the minutes of the meeting of October 18, 2019. A correction was noted on page 3 to amend the following sentence (correction in bold): *"Ms. Ponton confirmed that she is currently registered, but Ms. Pierce is not and would not be able to do so until the legislative session, but she would recommend **Ms. Pierce** do so."* Additionally, it was noted that a correction to the spelling of Jane McEvoy's last name was needed on page 7. Hearing no further comments, Ms. Brancamp called for a motion. Andrea Menicucci

*Minutes have not yet been approved and are subject to revision at the next meeting.*

made a motion to approve the minutes of October 18, 2019, as revised. Michael Hodes seconded the motion. The motion passed.

**License Reinstatement Application: Cydni Horikawa, SLP License # SP-2377**

Tami Brancamp called on Jennifer Pierce who explained the circumstances of Ms. Horikawa's Reinstatement Application and subsequent admission that she has continued to practice in Nevada since her license expired. Jane McEvoy recused herself from this item as she had prior knowledge of the case via an acquaintance reaching out to her with questions. The Board reviewed Ms. Horikawa's application and supporting documents and heard from Ms. Horikawa who explained the circumstances surrounding the license lapse. Ms. Horikawa's former employer, Melissa Montiel was also present via phone and explained that she also had not caught the lapse, though the licenses of the other therapists she employs all expire on the old calendar year/December 31 cycle. The Board discussed the serious nature of unlicensed practice and how the renewal process works, confirming that an email is sent to practitioners by the licensing database approximately 60 days in advance of the expiration date. The Board also considered that Ms. Horikawa is a newly licensed practitioner and has no history of disciplinary issues. A suggestion was made to impose a fine and reinstatement of the license with no conditions.

Tami Brancamp called for a motion. Michael Hodes made a motion to impose a fine of \$200 for unlicensed practice and approve the reinstatement application with no conditions imposed on the license. Andrea Menicucci seconded the motion. Jane McEvoy abstained. The motion passed.

**Disciplinary Matters: Recommendation for Approval of Consent Decrees**

- **Case # H19-04 Cynthea Clark, HAS; License # HAS-0513**

Tami Brancamp called on Henna Rasul, Board Counsel, who summarized the complaint case and copies of the Consent Decree were distributed for review to members in the room. Board members participating by telephone were instructed to open the electronic copies they received via confidential email. The Board took some time to read and understand the Consent Decree thoroughly and indicated their agreement with the proposed discipline.

Tami Brancamp called for a motion. Andrea Menicucci made a motion to accept the Consent Decree as presented. Michael Hodes seconded the motion. The motion passed.

- **Case #A20-01 Scott Sumrall, AuD; License # A-2133**

Tami Brancamp recused herself from this item, citing a prior relationship with Mr. Sumrall as a professor, and with his wife as a colleague. Michael Hodes also recused himself from this item, citing a prior relationship with Mr. Sumrall's family while growing up and having previously considered purchasing Mr. Sumrall's audiology business. Andrea Menicucci, Board Vice Chair assumed control of the meeting for this agenda item.

Henna Rasul, Board Counsel summarized the complaint case and copies of the Consent Decree were distributed for review to members in the room. Board members participating by telephone were instructed to open the electronic copies they received via confidential email.

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The Board took some time to read and understand the Consent Decree thoroughly and indicated their agreement with the proposed discipline.

Andrea Menicucci called for a motion. Jane McEvoy made a motion to accept the Consent Decree as presented. Bonnie Lamping seconded the motion. Tami Brancamp and Michael Hodes abstained. The motion passed.

### **Report from Advisory Committee on Fitting and Dispensing Hearing Aids**

Tami Brancamp called on Michael Hodes, Chair of the Advisory Committee who reported the following:

- Practical Exam Policy
  - The Committee discussed the potential use of a Proctor Agreement and Confidentiality Form between the Board and any proctor who administer exams. Currently, several members of the Board and Advisory Committee serve as proctors for the IHS practical exam, yet the demand is sometimes more than the current proctors have capacity for. Board staff have identified a need to use proctors who are not already formally associated with the Board as members or Advisory Committee members.
  - The Committee discussed the potential use of a Test Subject Informed Consent Form for individuals who agree to sit as test subjects during exams. Currently, examinees are required to bring a test subject with them, i.e. a relative or friend who has agreed to have their ear(s) used for the exam. In some cases, when an examinee must travel for the exam or cannot located a test subject, Board staff have agreed to sit as test subjects. Additionally, examinees may or may not hold a license at the time of the exam. There is inherent risk to the test subject as the examinee must perform specific tasks in and around the test subject's ear, leading to potential medical liability issues for the Board, the exam proctor, and the examinee.

It was agreed that both items would be appropriate for a Board policy that the Advisory Committee is recommending. Jennifer Pierce confirmed that she could draft a policy on Practical Examinations for review by the Board at its next scheduled meeting.

- Practical Exam Waiting Period
 

Michael Hodes also reported that the Advisory Committee on Fitting and Dispensing Hearing Aids voted to recommend the Board also consider a regulation revision to NAC 637B.0373 regarding Practical Examinations for Fitting and Dispensing Hearing Aids. Specifically, the Committee feels it would be appropriate to draft a revision to the regulation to add a waiting period of thirty (30) days between each exam attempt. Jennifer Pierce explained that since there is a Public Workshop as a later item on this meeting's agenda, it is allowable to add this item to the proposed regulation and incorporate it as a new section in the redrafting of the regulations following the workshop.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

- **Jurisprudence Exam**  
The Committee also discussed the addition of the Jurisprudence Exam, which was required in the past under the old Hearing Aid Dispensing Board. Jennifer Pierce confirmed that this regulation is in the current proposed regulations and once that regulation is in place the Board may consider how it is implemented. There was discussion and agreement about requiring the exam at the time of application for any new license, likely administered online and managed by Board staff, with different versions of the exam developed and tailored to the different license types.
- **Proposed Legislation: New NRS to License SLP and Audiologist Assistants**  
Michael Hodes reported that the Committee recommends the Board consider creation of an Audiology Subcommittee to work on specific guidance around Audiology assistants.
- **IHS Practical Exam Content Feedback**  
The Advisory Committee considered IHS's request for feedback on the content included in the practical exam. Committee members agreed to send their response to the Board office by the end of the month and it will be forwarded to IHS.

Tami Brancamp called for a motion to authorize the Executive Director to draft a Practical Exam policy. Michael Hodes made a motion. Andrea Menicucci seconded the motion. The motion passed.

#### **Public Workshop: LCB File No. R095-19**

Tami Brancamp opened the Public Workshop on Proposed Regulation LCB File No. R095-19. The following revisions were presented for public comment:

- **Sec. 2.** Jennifer Pierce summarized this regulation, which clarifies existing regulation language regarding the exemption from licensure by defining “practice within scope of credential” issued by the Department of Education.
  - **Public Comment:** Kim Reddig, NSHA President commented as a follow up to Nancy Kuhles' comment earlier in the meeting. There is some confusion in practice and a question of whether it is possible for an individual to be practicing in private practice but also hold the DOE license, as the current language reads as one may do “one or the other” but not both. Ms. Reddig acknowledged that there has been misinterpretation of the DOE exemption with some believing it allows them to engage in private practice for which they are not licensed by the Board. Ms. Reddig stated that it would be helpful to clarify this language to say that practitioners who qualify for both the Board license and the DOE credential are not restricted from doing both. Jennifer Pierce clarified that the intent was not to restrict those practitioners, only to ensure that those who hold the DOE license do not assume it allows them to also engage in private practice if they do not also hold the Board license. There was additional discussion about work in charter schools and whether Medicaid is billed for those services and a suggestion was made that it may depend on whether the charter school is state-sponsored, but that in most private schools and charter schools, the practitioner is considered an independent contractor.



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- *Sec. 3.* Jennifer Pierce summarized this regulation, which establishes parameters in existing regulation language on issuing citations to cease and desist and assessing administrative fines for violation of law for practicing without a valid license or endorsement, as well as a waiver of an administrative fine for “good cause”.
  - Public Comment: There was no public comment on this item.
- *Sec. 4.* Jennifer Pierce summarized this regulation, which grants the Board authority to consider requiring applicants take and pass a Jurisprudence Examination as a condition for initial license or reinstatement of an expired license.
  - Public Comment: There was no public comment on this item.
- *Sec. 5.* Jennifer Pierce summarized this regulation, which allows an individual who wishes to reinstate an Apprentice license credit for up to two (2) years of in-service training completed during the initial license period.
  - Public Comment: There was no public comment on this item.
- *Sec. 6.* Jennifer Pierce summarized this regulation, which clarifies existing regulation language to require that a sponsor and an apprentice shall have the same employer.
  - Public Comment: Amy Cocanour commented that this provision is not included in ASHA guidelines and it was clarified that this section is only applicable to hearing aid dispensing.

Jennifer Pierce reported for the record that she has received and responded to all emails and telephone calls received for clarification on Section 2 of these regulations.

- *NAC 637B.0373 Practical Examinations for Fitting and Dispensing Hearing Aids*  
Jennifer Pierce reiterated that the Advisory Committee on Fitting and Dispensing Hearing Aids voted to recommend the Board also consider a regulation revision to NAC 637B.0373 regarding Practical Examinations for Fitting and Dispensing Hearing Aids during its meeting on January 8, 2020. Specifically, the Committee feels it would be appropriate to draft a revision to the regulation to add a waiting period of thirty (30) days between each practical exam attempt.
  - Public Comment: There was no public comment on this item.

This agenda item was informational only and no action was taken.

### **Consideration of LCB File No. R095-19 Based on Comments Received at Public Workshop: LCB File No. R095-19**

Tami Brancamp led the Board in considering additions, amendments, and/or repeal of regulations taking into consideration comments and feedback from licensees and the public on LCB File No. R095-19.

- *Sec. 2.* Ms. Brancamp summarized the concerns that were heard in Section 2 clarifying existing regulation language regarding the exemption from licensure by defining “practice within scope of credential” issued by the Department of Education. The Board discussed whether a DOE credentialed practitioner, not holding a Board license, can be hired as an independent

*Minutes have not yet been approved and are subject to revision at the next meeting.*

contractor to work in a school. There was consensus that the interpretation is that the person may technically be hired but may not practice with Nevada students. There was robust discussion about how this impacts charter schools and their employees/contractors with agreement to look into the status of charter schools in Nevada. ASHA also provides guidance on how these DOE credentialed providers are supervised in the school setting and allowance by Medicaid for billing these services. There was discussion of how to clarify the language with consensus that Jennifer Pierce will draft changes and send them to LCB for revision.

- *Sec. 3.* No discussion.
- *Sec. 4.* No discussion.
- *Sec. 5.* No discussion.
- *NAC 637B.0373.* Andrea Menicucci inquired as to the best way to craft language around the 30-day waiting period. Jennifer Pierce explained that she had copied language from a similar, existing regulation and would send the draft to LCB for revision.

There was no vote taken as the draft will be sent back to LCB for further revision. If there is significant revision it may require a second Public Workshop, otherwise it may be placed on the April agenda for a Public Hearing.

### **Work Session on Legislative Priorities**

Tami Brancamp called on Jennifer Pierce who summarized the potential legislative priorities presented for the Board's consideration, and the Board engaged in the following discussions:

- *NRS 637B.238 - Apprentices: Limitation on Period of Apprenticeship*  
Per the earlier report from the Advisory Committee, it is recommended that the Board not pursue this revision as a legislative bill, as there is little evidence that it is an area of need based on very few requests historically, and other priorities that are a better use of the Board's resources at this time.
- *NRS 637B.175 - Fees*  
This revision proposes changing the law to increase the maximum allowable fees the Board can charge but would not require the Board to increase the fees immediately. The Board discussed this being an important issue to take on to support. It was agreed that the proposed new fee caps are very reasonable, as doubling the cap amounts would give the Board room to increase fees gradually and not require engaging in legislative work during multiple sessions. It was clarified that this legislation would only increase fee caps, with later work required through regulation to change the actual fees assessed. Discussion also included the cost to the Board for proctor time and testing materials from IHS which, out of the Board's control, may increase in the future. The Board agreed to the proposed fee caps as presented with the following changes: increase Obtaining License Information fee cap to \$100; and increase Examination fee cap to \$400.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

Tami Brancamp called for a motion to move forward on a legislative bill to increase fee caps in NRS 637B.175. Andrea Menicucci made a motion. Thomas Rainford seconded the motion. The motion passed.

- **NRS - New - *Speech-Language Pathologist Assistant, Audiologist Assistant***

This proposed new legislation would define and create authority and criteria for licensing Speech-Language Pathology Assistants and Audiology Assistants in the State of Nevada.

Tami Brancamp suggested that if ASHA is going to provide a model to train and encourage the use of assistants, then it would be in Nevada's best interests to follow suit. Ms. Brancamp also stated that she feels this is a big change for our state and it will be very important to have discussions with our stakeholders as the Board considers this issue. The consensus amongst the Board was to move forward and consider forming a subcommittee to look at how each assistant type would be defined.

Tami Brancamp called for a motion to move forward with licensing SLP and Audiology assistants as a legislative priority. Andrea Menicucci made the motion as stated by Ms. Brancamp and added that the Board should consider establishing subcommittees to work on each licensing type. Michael Hodes seconded the motion. The motion passed.

### **Review of Proposals and Contract Award for Government Relations Services**

Tami Brancamp called on Jennifer Pierce who recalled the Board's decision at its October 18, 2019 meeting to issue a Solicitation for Government Relations Services to hire a lobbyist in the wake of Paula Berkley's retirement. Ms. Pierce reported that the solicitation was sent to (3) firms, with two (2) responses received from Strategies 360 and Silver State Government Relations. Both proposals were provided to the Board for review with a cost comparison worksheet showing the total costs for each in FY20 and FY21, to include the 2021 legislative session. Dan Musgrove of Strategies 360 and Sarah Adler of Silver State Government Relations were both present via telephone and invited to elaborate on their proposals to the Board. Both proposers summarized their experience and discussed their opinion on what the focus of the next legislative session will be. There was discussion that both firms appear equally impressive and competent, but that given the Board's small size and limited budget, it would be necessary to make the most prudent financial choice. Silver State Government Relations' proposal was the less expensive of the two.

Tami Brancamp called for a motion. Michael Hodes made a motion to award the contract for Government Relations Services to Silver State Government Relations. Jane McEvoy seconded the motion. The motion passed.

### **Draft Policy 07 - Moral Character/Criminal History Pursuant to AB 319 of the 80<sup>th</sup> Session of the Nevada Legislature**

Tami Brancamp called on Jennifer Pierce who introduced *Draft Policy 07 - Moral Character/Criminal History* written in response to Assembly Bill 319 of the 80<sup>th</sup> Session of the Nevada Legislature which 1) authorizes individuals to petition a professional or occupational licensing board for a determination of whether the person's criminal history will disqualify him or her from obtaining a

*Minutes have not yet been approved and are subject to revision at the next meeting.*

license, and 2) requires professional/occupational licensing boards to implement a process for such a petition. Ms. Pierce further explained that the Attorney General's Office has asked for an update on this process and it is expected that Legislative Counsel Bureau reporting requirements will soon include questions on our activities in this area. Board members reviewed the draft policy, paying particular attention to the circumstances that were listed specifically as not considered or automatically considered potential moral character issues or disqualifying criminal history events. Henna Rasul, Board Counsel provided guidance on these items as well, explaining that a one-time, minor occurrence should not preclude licensure and should be considered differently than a pattern of problematic behavior. Andrea Menicucci questioned Ms. Pierce as to whether she felt comfortable making decisions regarding moral character, and Ms. Pierce explained that she had performed these tasks in prior employment roles. Ms. Pierce stated that she does feel comfortable doing so, especially as this policy prescribing situations that the Board has pre-approved and gives her the latitude to elevate any situation she feels necessary to the Board's attention for review and determination.

Tami Brancamp called for a motion. Andrea Menicucci made a motion to approve the policy as drafted. Thomas Rainford seconded the motion. The motion passed.

#### **NRS 629.021 "Health Care Records": Request for Input from the Board of Psychological Examiners**

Tami Brancamp called on Jennifer Pierce who explained the request received from the Board of Psychological Examiners, whose Executive Director reached out via email regarding issues around interpretation of NRS 629.021 "Health Care Records". The matter is specific to the retention of training session recordings as some are interpreting the definition of Health Care Records to include these. The Board of Psychological Examiners requested the following: 1) Whether our Board has been approached with a similar interpretation by members of their profession; 2) Whether our Board would be opposed to adding a revision to the above statute that would allow recording materials used for the purpose of training to be destroyed and not be a part of the patient's records; and 3) Whether our Board has any further input on the issue. Board members indicated they were not aware of the issue and did not wish to take a position on the matter at this time.

Tami Brancamp called for a motion. Michael Hodes made a motion to authorize the Executive Director to respond to the Board of Psychological Examiners on behalf other Board and indicate that the Board has no position on the matter and no additional information to offer at this time. Andrea Menicucci seconded the motion. The motion passed.

**Executive Director's Report** - Andrea Menicucci called on Jennifer Pierce who directed the members to the written report and summarized as follows:

- *Licensure Statistics*  
Licensure statistics for the period of October 1, 2019 through December 31, 2019 show a net increase of 41 new licenses, a 3% increase compared to the Q2 FY 2019 total of 1198 licensees.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

- *FY 2020 2<sup>nd</sup> Quarter Summary*

Due to the timing of this Board meeting, the 2<sup>nd</sup> Quarter financial statements are not yet complete and will be reviewed during the next meeting. Expenses and license revenue have remained stable, though we have incurred several large invoices for DAG fees due to multiple complaint cases in progress, as well as expected costs for new equipment, IT/Technical support for email conversion/setup, and the ZOOM Meetings account. Moving expenses were in line with the budgeted amount and less was spent on equipment than was budgeted.

- *Update on Office Move*

The office move was completed successfully on November 12, 2019. The Post Office Box was not renewed to save costs, and operations have been successfully separated from the Occupational Therapy and REHS Boards through conversion of the website and email hosting plan to an upgraded Office 365 account.

- *Website Development Update*

We experienced a website problem during the Office 365 migration, but it was resolved successfully. Board staff are working closely with Albertson Consulting to expedite development of the upgraded website and Albertson has agreed to manage/support the current website in the meantime.

- *Update on Sunset Subcommittee Meeting of January 10, 2020*

The Sunset Subcommittee held its first meeting of the interim on Friday, January 10, 2020 and our Board was not included in the list of those selected for review. The next meeting is scheduled for Friday, February 21, 2020.

- *Update on Board Appointments*

We are still awaiting a new appointment to replace Jane McEvoy whose term expired 7/1/2019. The Governor's Office responded to a request for a status update in late December indicating that they are still accepting and processing applications and will notify us when an appointment has been made.

- *Complaints*

There are now no outstanding complaints in the investigative process as of this meeting and the acceptance of the two Consent Decrees presented for approval.

Tami Brancamp called for a motion. Andrea Menicucci made a motion to approve the Executive Director's report as submitted. Jane McEvoy seconded. The motion passed.

### **Report from Legal Counsel**

Henna Rasul, Board Counsel reported there is no new activity to report as the two complaint cases have now been resolved via Consent Decree earlier in this meeting.

*Minutes have not yet been approved and are subject to revision at the next meeting.*

## **Report from Board Chair and Board Members**

- **Meeting Schedule**

Jennifer Pierce discussed the schedule for upcoming Board meetings and there was consensus to schedule the next regular Board meeting on April 22, 2020 at 4:30pm. Ms. Pierce will send an email confirming the date. Suggestions were made to discuss strategic planning and the assistant licensing during the meeting with a plan to involve stakeholders as much as possible.

Ms. Pierce also confirmed that the February 1, 2020 Public Hearing that was scheduled to hear a disciplinary case is now cancelled with the Board's approval of the Consent Decrees heard earlier.

- **Future Agenda Items**

Since the Board agreed to move forward on work to license assistants, it was agreed that another brief Board meeting will need to be held soon to consider establishing a subcommittee to work on the project. Jennifer Pierce indicated that she would send out a Doodle Poll as soon as possible with several possible dates for an interim, one-agenda item meeting to consider this matter.

## **Public Comment**

Amy Cocanour thanked the Board for their time in volunteering to serve.

## **Adjournment**

Tami Brancamp adjourned the meeting at 7:13 p.m.

## **AGENDA ITEM 4**

### **Approval of Minutes**

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The minutes of the meeting of February 12, 2020 are presented for approval.

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**ACTION:** Approve, table or take no action on the February 12, 2020 Meeting Minutes

**ATTACHMENT(S):**

1. *2020 2 12 Minutes\_Not Yet Approved*



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

**MINUTES OF PUBLIC MEETING**

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

**February 12, 2020**

**Members Present:** Tami Brancamp, Timothy Hunsaker, Bonnie Lamping, Thomas Rainford

**Members Absent:** Nighat Abdulla, Michael Hodes, Andrea Menicucci

**Staff Present:** Jennifer Pierce, Executive Director  
 Stacey Whittaker, Executive Assistant/Licensing Coordinator  
 Henna Rasul, Sr. Deputy Attorney General, Board Counsel  
 Sarah Adler, Silver State Government Relations, Board Lobbyist  
 Alex Tanchek, Silver State Government Relations, Board Lobbyist

**Public Present:** Kim Reddig, Jessenia Villanueva

**Call to Order, Confirmation of Quorum**

Tami Brancamp, Board Chair, called the meeting to order at 4:33pm. A roll call confirmed a quorum was present.

**Public Comment**

There was no public comment.

**License Reinstatement Application: Jessenia Villanueva, SLP License # SP-2384**

Tami Brancamp called on Jennifer Pierce who explained the circumstances of Ms. Villanueva's Reinstatement Application and admission that she has continued to practice in Nevada since her license expired. The Board reviewed Ms. Villanueva's application and supporting documents and heard from Ms. Villanueva who explained the circumstances surrounding the license lapse. The Board considered the serious nature of the six (6) months of unlicensed practice but acknowledged that Ms. Villanueva is a newly licensed practitioner and has no history of disciplinary issues. The Board recalled a similar case heard in January 2020 where the unlicensed practice occurred over a four (4) month period, and the license was reinstated with a \$200 fine. It was suggested that the Board also reinstate Ms. Villanueva's license with no restrictions and impose a \$300 fine as the unlicensed practice had occurred for six (6) months in this case.



*Minutes have not yet been approved and are subject to revision at the next meeting.*

Tami Brancamp called for a motion. Bonnie Lamping made a motion to impose an administrative fine of \$300 for unlicensed practice and approve the reinstatement application with no conditions imposed on the license. Thomas Rainford seconded the motion. The motion passed.

### **Legislative Subcommittee for Bill Draft on Licensing Speech-Language Pathology and Audiology Assistants in Nevada and Other Relevant Legislative Matters**

This proposed new legislation would define and create authority and criteria for licensing Speech-Language Pathology Assistants and Audiology Assistants in the State of Nevada. During the Board's most recent meeting on January 22, 2020 the Board voted to move forward to draft legislation to license SLP and Audiology Assistants and set this meeting to consider establishing subcommittees to work on each licensing type.

The initial discussion centered on the number of Board members that should/could serve on a subcommittee. As of the date of this meeting, four (4) of seven (7) Board members have volunteered to serve. DAG Henna Rasul advised that a subcommittee of four (4) or more members is discouraged as it would essentially constitute a regular Board meeting. Thomas Rainford indicated that he had not previously volunteered but would also like to be involved in the discussions. The Board discussed the logistics of working on the legislation as a large group with clarification that the matter could be an agenda item on a regular Board meeting agenda. There were multiple comments proposing that whichever method is used, there should be ample feedback and input sought from licensees, stakeholders, and the public during the process to ensure the work is done collaboratively.

There was consensus that no action should be taken to establish a subcommittee, and the Board will continue to work on this item as a larger group.

The Board then discussed next steps, including identifying stakeholders, convening stakeholder meetings in both Northern and Southern Nevada, and putting together a survey of licensees and Stakeholders. Board lobbyist, Sarah Adler advised that the Board may consider using a professional, neutral facilitator to run the meetings. Ms. Adler also advised that while it would be ideal to have a bill draft ready by June 2020, there is additional time beyond that prior to the start of the Legislative Session if the Board needs more time to hear from the public and draft language. Tami Brancamp asked Board members to send the names of potential stakeholders to Jennifer Pierce.

### **Public Comment**

There was no public comment.

### **Adjournment**

Tami Brancamp adjourned the meeting at 5:12pm.

## AGENDA ITEM 5

### License Reinstatement Application

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On April 14, 2020 Board staff received a License Reinstatement Application from Ms. Lorena Smith , who was initially licensed as a Hearing Aid Specialist Apprentice on March 9, 2018. Ms. Smith's license expired on March 8, 2020, and she attested in her reinstatement application that she has maintained consistent employment with Neider Hearing LLC and has been practicing since the expiration of her license.

As the license has expired and there is evidence of subsequent unlicensed practice, the reinstatement application is presented to the Board for review and disposition.

---

**ACTION:** Take one of the following actions regarding the application: 1) Approve without conditions; 2) Approve with conditions; 3) Deny.

The Board may also consider a civil penalty (fine) not to exceed \$5,000 per NRS 637B.280. As a reference, the Board has proposed a new regulation to set guidelines for these fines as follows (see Agenda Item 6):

- *If unauthorized practice occurred over a period of 30 days or less, not less than \$50 or more than \$200.*
- *If the unauthorized practice occurred over a period of 30 days or more, not less than \$200 or more than \$5,000.*

**ATTACHMENT(S):**

1. *Smith\_Reinstatement Application & Documents*



6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

[www.nvspeechhearing.org](http://www.nvspeechhearing.org) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)**License Reinstatement Application**License Number: HAS-2277 Apprentice☐ Speech-Language Pathologist ☐ Audiologist ☒ Hearing Aid Specialist**Licensee Information**

If different than previous name on Nevada license, legal proof of name change is required.

Legal Name: Lorena SmithMailing Address: [REDACTED]  
Street / P.O. Box City State ZIPHome Phone [REDACTED] Alternate / Cell Phone [REDACTED]E-mail Address: [REDACTED] Name: \_\_\_\_\_SSN: [REDACTED]**Explanation of Reinstatement Request**Have you been employed and practicing in Nevada since your license expired? ☒ Yes ☐ NoIf **yes**, please attach a written explanation of the reasons and/or circumstances your license was not renewed on time. Please note that your application may require further review by the Board.**Employment Information Update (last 3 years)**Current Nevada Employer: Neider Hearing LLC Start Date: 3/1/18  
Address: 4295 RIM FILER, ID 83328 Work Phone 208-733-3340  
VISTA RD Street City State Zip

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip**Certification Status Update**

\*Attach copy of current certification or card

☐ ASHA ☐ ABA ☐ NBC-HIS Number \_\_\_\_\_ Expiration \_\_\_\_\_

## Notice of Mandatory Reporting

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice audiology or speech pathology.

04.13.2020  
Date

Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Fees Paid By: ☐ Credit Card ☐ Check/MO#\_\_\_\_\_ Amount Paid: \$\_\_\_\_\_

☐ Certification Verification    ☐ License Verification    ☐ Continuing Education

License Type	State	License #	Expiration
APPRENTICE LIC	NV	HAS-2277	3/8/20

**Nevada Business License Information – Check appropriate answer. An answer is mandatory.**

- ☐ I have a Nevada Business License number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.  
Name on business license: \_\_\_\_\_  
Business License #: \_\_\_\_\_

☒ I do NOT have a Nevada business license number.

**Child Support Information – Please check appropriate answer. An answer is mandatory**

- ☒ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Legal Information (YES answer requires explanation)**

Since the date of your last application or renewal, have there been any disciplinary actions or legal actions taken against your professional license for any reason?

☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings in process?

☐ Yes ☒ No

Since the date of your last application or renewal, have you had a professional license, certification or registration denied, restricted, suspended or revoked?

☐ Yes ☒ No

Since the date of your last application or renewal, have you relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?

☐ Yes ☒ No

Since the date of your last application or renewal, have you been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations not involving drugs or alcohol.)

☐ Yes ☒ No

Lorena Smith

[REDACTED]

[REDACTED]

April 13, 2020

State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

6170 Mae Anne Ave

Suite 1

Reno, NV 89523

775-787-3421

Dear Members of the Board:

I am writing this letter to please get reinstated by the board for my apprentice license. My apprentice license expired 3/8/20 and I was unaware. I believe the notice to renew was lost amongst our mail in the office. I apologize for the extra work.

I have been making great progress and am applying to take the ILE as soon as the IHS can make the test available given the circumstance we are in right now with COVID-19.

Sincerely,

Lorena Smith, HAS – 2277 Apprentice





## Reinstatement Form

### Receipt

Your confirmation number is 25567.

**Name:** Ryan L. Neider

**Total:** \$200.00

**Card:** [REDACTED]

**Date/Time:** 4/13/2020 2:33:57 PM

If you are connected to a printer, you may print this receipt for your records by clicking below. However, a copy of this receipt will be sent to your email address. Print



[Home](#)

[Home](#) > [My courses](#) > [Health Sciences](#) > [IHS2](#) > [Final Exam](#) > [Take the Final Exam \(Note: not available until you complete all Lesson Tests\)](#)

## Take the Final Exam (Note: not available until you complete all Lesson Tests)

Time limit: 2 hours

Grading method: Highest grade

### Summary of your previous attempts

Attempt	State	Grade	Review	Feedback
1	Finished Submitted Thursday, 28 June 2018, 3:09 PM	100.00	Review	<p>Thank you for participating in IHS' Distance Learning for Professionals in Hearing Health Sciences course. You must have a minimum of 75% in order to pass the course.</p> <p>You may take the final exam again once you have re-studied the course material and feel you are ready.</p>
2	Finished Submitted Thursday, 23 January 2020, 2:25 PM		Review	<p>Thank you for participating in IHS' Distance Learning for Professionals in Hearing Health Sciences course. You must have a minimum of 75% in order to pass the course.</p> <p>You may take the final exam again once you have re-studied the course material and feel you are ready.</p>



Attempt State 100.00 Review Feedback

Finished  
Submitted  
Thursday,  
3 23 79.00 Review  
January  
2020, 7:16  
PM

**Congratulations! You completed IHS' Distance Learning for Professionals in Hearing Health Sciences course and PASSED the final examination. Please print your certificate of completion. This course and the final examination was designed to provide a solid foundation for your career as a hearing healthcare professional. Our final examination does not supersede nor substitute any requirements of your state or provincial regulatory body in their licensing process. It is your responsibility to submit documentation to the regulatory body, if required.**

Highest grade: 79.00 / 100.00.

### Overall feedback

**Congratulations! You completed IHS' Distance Learning for Professionals in Hearing Health Sciences course and PASSED the final examination. Please print your certificate of completion.**

**This course and the final examination was designed to provide a solid foundation for your career as a hearing healthcare professional. Our final examination does not supersede nor substitute any requirements of your state or provincial regulatory body in their licensing process.**

**It is your responsibility to submit documentation to the regulatory body, if required.**

Re-attempt quiz



Administration



Course administration

My profile settings

# International Hearing Society

awards this Certificate of Completion of Distance Learning

for

Professionals in Hearing Health Sciences

to

## Lorena Smith

presented

### April 14, 2020

Kathleen Mennillo, MBA  
Executive Director

This program is approved by the International Hearing Society and its educational committee, the International Institute of Hearing Instrument Studies.  
There are no continuing education credits associated with this program, nor does it substitute any state certification.



STATE OF NEVADA

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

P.O. BOX 34540

Reno, Nevada 89533-4540

Phone: (775) 787-3421 / Fax: (775) 746-4105

Page 31 of 133



STATE OF NEVADA

**SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY &  
HEARING AID DISPENSING BOARD**

## Hearing Aid Apprentice

**Lorena Smith**

**License No. HAS-2277 Apprentice**

The person whose name appears on this document has complied with the provisions of the Nevada Revised Statutes 637B;  
and is duly licensed and authorized to practice the above referenced profession in the State of Nevada.

Original Issue Date: 3/9/2018

Expiration Date: 3/8/2020

Cut on Dash Lines



*State of Nevada  
Speech-Language Pathology, Audiology &  
Hearing Aid Dispensing Board*

**Lorena Smith**

**Hearing Aid Apprentice**

**License No. HAS-2277 Apprentice**

Expires 3/8/2020

Licensed pursuant to the provisions of NRS 637B



*State of Nevada  
Speech-Language Pathology, Audiology &  
Hearing Aid Dispensing Board*

PO Box 34540, Reno, NV 89533-4540  
(775) 787-3421 / (775) 746-4105 Fax

The person whose name appears on this document has complied with the  
provisions of the Nevada Revised Statutes 637B and holds the license  
specified on the front of this card.

Fold on Solid Line





State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

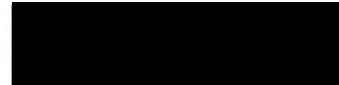
6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

[www.nvspeechhearing.org](http://www.nvspeechhearing.org) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

April 14, 2020

Lorena Smith



Certified Mail

**RE: License #HAS-2277 Apprentice (Expired)  
Notice to Cease and Desist**

Dear Ms. Smith,

This office received a License Reinstatement Application on April 14, 2020 for reinstatement of your license as a Hearing Aid Specialist Apprentice which expired on March 8, 2020. You were issued License #HAS-2277 Apprentice on March 9, 2018. Your reinstatement application indicates that you have maintained consistent employment with Neider Hearing LLC and have continued to practice since the expiration of your license.

Please note, by failing to timely renew your license and continuing to practice as an unlicensed Hearing Aid Specialist Apprentice suggests violation of the following Speech-Language Pathology, Audiology and Hearing Aid Dispensing laws and regulations:

**Nevada Revised Statutes (NRS)**

***NRS 637B.290 Practice without license: Prohibition; penalties.***

- 1. A person shall not engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids in this State without holding a valid license issued pursuant to the provisions of this chapter.*
- 2. In addition to any other penalty prescribed by law, if the Board determines that a person has engaged in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids in this State without holding a valid license issued pursuant to the provisions of this chapter, the Board may:*
  - (a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation.*

***NRS 637B.310 Injunctive relief against person practicing without license.***

1. *The Board through its Chair or Vice Chair may maintain in any court of competent jurisdiction a suit for an injunction against any person engaging in the practice of audiology, speech- language pathology or fitting and dispensing hearing aids without a license valid under this chapter.*
  2. *Such an injunction:*
    - (a) *May be issued without proof of actual damage sustained by any person, this provision being a preventive as well as a punitive measure.*
    - (b) *Shall not relieve such person from criminal prosecution for practicing without a license.*
- (Added to NRS by 1979, 1257; A 2015, 2310)*

***NRS 637B.320 Penalty.***

*Any person who violates any of the provisions of this chapter is guilty of a misdemeanor.*  
*(Added to NRS by 1979, 1257)*

You are hereby ordered to Cease and Desist practice as a Hearing Aid Specialist Apprentice until the Board considers your License Reinstatement Application.

You are hereby given notice of the Board's intent to consider your character, alleged misconduct, professional competence or health at its meeting on **Wednesday, April 22, 2020 beginning at 4:30pm**. Per Governor Sisolak's March 21, 2020 Emergency Directive suspending the physical meeting location requirement for public bodies, there will be no physical access to the meeting, which will be held via teleconference as follows:

**Video:** <https://zoom.us/j/5319419132>

**Audio:** 1-877-810-9415 **Audio Access Code:** 8997531

*Participants may join using audio only or using both audio AND video. Video only will not include sound*

You may attend the meeting or waive your right to participate in this meeting by sending the following to the Board, *in writing*, via email at [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org) or by mail at 6170 Mae Anne Avenue, Suite 1, Reno, NV 89523: (1) the voluntary nature of the waiver; (2) your knowledge about the statutory right; and (3) your intention to relinquish that right.

The meeting is a public meeting, and you are welcome to attend. The Board may go into closed session to consider the following general topics: your License Reinstatement Application and your alleged unlicensed practice from March 9, 2020 to present. You are welcome to attend the closed session, have an attorney or other representative of your choosing present during the closed meeting, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health.

Pursuant to NRS 637B.280, the Board may take any of the following actions in consideration of your application:




***NRS 637B.280 Authority of Board to take disciplinary or other action; private reprimands prohibited; orders imposing discipline deemed public records.***

1. *If, after notice and a hearing as required by law, the Board determines that the applicant or licensee has committed any act which constitutes grounds for disciplinary action, the Board may, in the case of the applicant, refuse to issue a license, and in all other cases:  
(a) Refuse to renew a license;  
(b) Revoke a license;  
(c) Suspend a license;  
(d) Administer to the licensee a public reprimand;  
(e) Impose conditions on the practice of the licensee;  
(f) Impose a civil penalty not to exceed \$5,000 for each act constituting grounds for disciplinary action; or  
(g) Impose any combination of the disciplinary actions described in paragraphs (a) to (f), inclusive.*
2. *The Board shall not administer a private reprimand.*
3. *An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.*  
*(Added to NRS by 1979, 1257; A 2003, 3453; 2005, 776; 2015, 2309)*

If you have any questions regarding this process, please feel free to contact the Board office at (775) 787-3421.

Your prompt attention to this matter is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer R. Pierce", with a large, looping flourish at the end.

Jennifer R. Pierce, Executive Director  
Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board

cc: Henna Rasul, State of Nevada, Senior Deputy Attorney General; Counsel to the Board



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

[www.nvspeechhearing.org](http://www.nvspeechhearing.org) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)**WAIVER**

**Notice of Public Meeting  
Wednesday, April 22, 2020**

The Nevada open Meeting Law, NRS 241.033(1) (see below), states that the “public body shall not hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person, unless it has given written notice to that person of the time and place of the meeting.” Such written notice must either be (a) delivered personally to that person at least five (5) working days before the meeting, or (b) sent by certified mail to the last known address of that person at least twenty-one (21) working days before the meeting.

I hereby acknowledge my right to be noticed under NRS 241.033, however, I hereby waive such notice so that the State of Nevada Speech-Language Pathology Audiology and Hearing Aid Dispensing Board (“Board”) may discuss and consider my Reinstatement Application. I further understand the meeting is scheduled to commence at 4:30 p.m. on Wednesday, April 22, 2020. Per Governor Sisolak’s March 21, 2020 Emergency Directive suspending the physical meeting location requirement for public bodies, there will be no physical access to the meeting, which will be held via teleconference as follows: Video: <https://zoom.us/j/5319419132>; Audio: 1-877-810-9415 Audio Access Code: 8997531. Participants may join using audio only or using both audio AND video. Video only will not include sound.

Signature

4/14/2020

Date

Lorena Smith

Print name

**NRS 241.033**

**NRS 241.033 Meeting to consider character, misconduct, competence or health of person or to consider appeal of results of examination: Written notice to person required; exception; public body required to allow person whose character, misconduct, competence or health is to be considered to attend with representative and to present evidence; attendance of additional persons; copy of record.**

1. A public body shall not hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person or to consider an appeal by a person of the results of an examination conducted by or on behalf of the public body unless it has:
  - (a) Given written notice to that person of the time and place of the meeting; and
  - (b) Received proof of service of the notice.
2. The written notice required pursuant to subsection 1:
  - (a) Except as otherwise provided in subsection 3, must be:
    - (1) Delivered personally to that person at least 5 working days before the meeting; or
    - (2) Sent by certified mail to the last known address of that person at least 21 working days before the meeting.
  - (b) May, with respect to a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of a person, include an informational statement setting forth that the public body may, without further notice, take administrative action against the person if the public body determines that such administrative action is warranted after considering the character, alleged misconduct, professional competence, or physical or mental health of the person.
  - (c) Must include:
    - (1) A list of the general topics concerning the person that will be considered by the public body during the closed meeting; and
    - (2) A statement of the provisions of subsection 4, if applicable.

## AGENDA ITEM 6

### Discussion of Board Responsibility to Notify Practitioners of Code of Ethics Self-Reporting Following Disciplinary Action

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Following the Board's February 12, 2020 meeting wherein the Board heard a Reinstatement Application that involved unlicensed practice, a question was posed regarding what responsibility, if any, the Board has to inform licensees of their responsibility to self-report per the Code of Ethics to a certifying organization such as ASHA, AAA, or NBC-HIS.

The Board is not mandated to report to these organizations, but often the individual is. An example of the ASHA Code of Ethics states:

*Principle of Ethics IV, Rule T:*

*Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.*

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**ACTION:** Take action, table the matter, or take no action on the request.

**ATTACHMENT(S):**

*None.*



## AGENDA ITEM 7

### Public Hearing on Proposed Regulations LCB File No. R095-19

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The proposed regulations are on this agenda for a Public Hearing to hear comments and feedback from licensees and the public. If the language is changed substantially, it may be necessary to send the regulations back to the LCB for redrafting and/or hold a second public hearing. If not, the Board may consider feedback and adopt these regulations during this meeting in a later agenda item.

<b>NRS 637B.080</b> Practice Within Scope of Credential Issued under Chapter 391	<b>New Regulation</b> The proposed regulation provides clarification of the exemption from licensure by defining “practice within scope of credential” issued by the Department of Education.
<b>NRS 637B.290</b> Citations, Administrative Fines; Practice Without Valid License or Endorsement	<b>New Regulation</b> The proposed regulation establishes parameters for issuing citations to cease and desist and assessing administrative fines for violation of law for practicing without a valid license or endorsement. The regulation also provides for a waiver of an administrative fine for “good cause”.
<b>NRS 637B</b> Jurisprudence Exam	<b>New Regulation</b> The proposed regulation grants the Board authority to require applicants take and pass a Jurisprudence Examination as a condition for initial license or reinstatement of an expired license.
<b>NAC 637B.0373</b> Examination for License to Engage in Practice of Fitting and Dispensing Hearing Aids	<b>Revision</b> Establishes a 30-day waiting period between attempts for the hearing aid dispensing practical examination.
<b>NAC 637B.0391</b> In-Service Training for Apprentices	<b>Revision</b> Revises the regulation to allow an individual who wishes to reinstate an Apprentice license credit for up to 2-years of in-service training completed during the initial license period.
<b>NAC 637B.0396</b> Qualifications to Act as a Sponsor to an Apprentice	<b>Revision</b> Revises the regulation to require that a sponsor and an apprentice shall have the same employer.

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**ACTION:** None – INFORMATIONAL ONLY. Receipt of public comments and feedback on proposed regulations.

**ATTACHMENT(S):**

1. R095-19\_Revised February 12, 2020

**REVISED PROPOSED REGULATION OF THE  
SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND  
HEARING AID DISPENSING BOARD**

**LCB File No. R095-19**

February 12, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 637B.080 and 637B.132; §3, NRS 637B.132 and 637B.290; §4, NRS 637B.132, 637B.160, 637B.191 and 637B.194; §5, NRS 637B.132, 637B.191 and 637B.194; §§6 and 7, NRS 637B.132, 637B.194 and 637B.235.

A REGULATION relating to professions; defining the authorized scope of practice for audiologists and speech-language pathologists holding certain credentials; establishing provisions governing penalties for the unlicensed practice of audiology, speech-language pathology and fitting and dispensing hearing aids; authorizing the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board to require applicants to submit proof of passing an examination regarding certain laws relevant to the practice area of an applicant; revising provisions governing the in-service training of apprentices in the practice of fitting and dispensing hearing aids; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law exempts a person who holds a credential issued by the Department of Education and who engages in the practice of audiology or speech-language pathology within the scope of that credential from the provisions of chapter 637B of NRS which govern the practice of audiology and speech-language pathology in this State. (NRS 637B.080) **Section 2** of this regulation establishes the circumstances under which a person qualifies for this exemption.

Existing law authorizes the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board to impose certain penalties against a person who engages in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids without a license, including the issuance of an order to cease and desist, the issuance of a citation and the imposition of an administrative fine. (NRS 637B.290) **Section 3** of this regulation provides that the Board will issue an order to cease and desist and a citation to a person who has engaged in

the practice of audiology, speech-language pathology or fitting and dispensing hearing aids without the applicable license. **Section 3** also establishes requirements for the imposition of administrative fines for unauthorized practice and authorizes the Board, under certain circumstances, to waive an administrative fine that has been imposed.

Existing law requires an applicant for a license to engage in the practice of audiology, speech-language pathology or fitting and dispensing hearing aids to pass an examination prescribed by the Board by regulation. (NRS 637B.160, 637B.191, 637B.194) **Section 4** of this regulation authorizes the Board to require an applicant to submit proof that he or she has passed an examination that tests the familiarity of an applicant with the laws and regulations relevant to the practice area for which the applicant is applying. **Section 5** of this regulation prohibits a person who has failed to achieve a passing score on an examination concerning the practice of fitting and dispensing hearing aids to retake the examination sooner than 30 days after the date of the previous examination.

Existing regulations require a person who has been issued an apprentice license by the Board to participate in certain in-service training for a minimum of 2 years. (NAC 637B.0391) **Section 6** of this regulation authorizes a person whose apprentice license has expired but has been reinstated to receive credit for up to 2 years of in-service training from his or her initial license period.

Existing regulations establish the eligibility criteria for a hearing aid specialist or dispensing audiologist to act as the sponsor of an apprentice. (NAC 637B.0396) **Section 7** of this regulation requires a sponsor of an apprentice to have the same employer as the apprentice during the term of the on-site training period.

**Section 1.** Chapter 637B of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

**Sec. 2. 1.** *Except as otherwise provided in subsection 2, for the purposes of subsection 1 of NRS 637B.080, the provisions of chapter 637B of NRS do not apply to a person who holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto who engages in the practice of audiology or speech-language pathology, as applicable, within the scope of that credential if the person:*

*(a) Holds an active teacher's license issued pursuant to chapter 391 of NRS and an endorsement to teach pupils who have hearing impairments or to teach pupils who have speech and language impairments;*

*(b) Is employed by a public educational institution; and*

*(c) Does not engage in the practice of audiology or speech-language pathology as an independent contractor or provide services in the private practice of audiology or speech-language pathology.*

*2. If a person who holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto also holds a valid license to engage in the practice of audiology or the practice of speech-language pathology pursuant to the provisions of chapter 637B of NRS and any regulations adopted pursuant thereto, such a person is subject to the provisions of chapter 637B of NRS and any regulations adopted pursuant thereto to the extent that he or she engages in the practice of audiology or speech-language pathology as an independent contractor or provides services in the private practice of audiology or speech-language pathology.*

**Sec. 3.** *1. If a person has engaged or is engaging in the practice of audiology, the practice of speech-language pathology or the practice of fitting and dispensing hearing aids in this State without holding a valid license issued pursuant to the provisions of chapter 637B of NRS, the Board will issue and serve on the person a citation that contains an order for the person to cease and desist as authorized by NRS 637B.290.*

*2. A citation issued pursuant to subsection 1 may include the assessment of an administrative fine against the person to whom the citation is issued. If an administrative fine is assessed against a person to whom a citation is issued, such an administrative fine must be:*

*(a) If unauthorized practice occurred over a period of 30 days or less, not less than \$50 or more than \$200.*

*(b) If the unauthorized practice occurred over a period of more than 30 days, not less than \$200 or more than \$5,000.*

*3. A person to whom a citation is issued pursuant to subsection 1 may appeal the citation by submitting a written request for a hearing to the Board. The written request for a hearing must be submitted to the Board not later than 30 days after the date on which the citation was issued. Upon receipt of a written request for a hearing, the Board will conduct a hearing on the citation. At the conclusion of the hearing, the Board may waive any administrative fine assessed against the person to whom the citation was issued if:*

*(a) The administrative fine was assessed for a first offense;*

*(b) The unauthorized practice for which the administrative fine was assessed occurred due to a failure by the person to renew his or her license in a timely manner pursuant to NAC 637B.036 and the license was reinstated not later than 60 days after the date on which the license expired; or*

*(c) The Board determines that good cause exists. As used in this paragraph, “good cause” includes, without limitation, circumstances under which a person suffers from an illness, injury or disability, experiences a family hardship or is subject to other circumstances beyond the person’s control as may be determined by the Board.*

*4. If a person against whom a citation has been issued pursuant to subsection 1 submits a written request for a hearing to the Board and the written request seeks a waiver of any administrative fine assessed against the person, the person who submits such a written request must include with the request proof necessary to demonstrate the existence of one or more of the circumstances justifying the waiver of the administrative fine as set forth in subsection 3.*

**Sec. 4.** *The Board may require an applicant for any category of license issued by the Board to submit with his or her application for licensure proof that the applicant has passed an examination that tests the familiarity of the applicant with the provisions of this chapter and chapter 637B of NRS and all other federal laws and regulations relevant to the practice area for which the applicant is applying.*

**Sec. 5.** NAC 637B.0373 is hereby amended to read as follows:

637B.0373 1. The examination prescribed by the Board pursuant to NRS 637B.194 must consist of a written portion and a practical portion. The examination may also include a portion that tests the familiarity of an applicant with the provisions of this chapter and chapter 637B of NRS and all other federal laws and regulations relevant to the practice of fitting and dispensing hearing aids in this State.

2. To be eligible to take the examination set forth in subsection 1, an applicant must:

- (a) File a completed application with the Executive Director of the Board; and
- (b) Pay the examination fee prescribed by NAC 637B.030.

3. The Board will establish the passing score for the examination set forth in subsection 1.

4. If an applicant does not achieve a passing score on the examination set forth in subsection 1, as established by the Board pursuant to subsection 3, he or she may retake the examination *not*

*sooner than 30 days after the date of the previous examination* upon payment of the examination fee prescribed by NAC 637B.030.

5. The Board may approve and accept a passing score obtained on a written examination taken within the immediately preceding 12 months if the examination taken by the applicant was substantially the same as the written portion of the examination prescribed by the Board.

**Sec. 6.** NAC 637B.0391 is hereby amended to read as follows:

637B.0391 1. Except as otherwise provided in subsection 3, the in-service training of a person who has been issued an apprentice license by the Board pursuant to NRS 637B.195 must consist of:

(a) An academic portion, as set forth in NAC 637B.0392; and

(b) An on-site training and work experience portion which is competency-based, as set forth in NAC 637B.0394.

2. An apprentice shall participate in the in-service training set forth in subsection 1 under the direct supervision of a sponsor for a minimum of 2 years and, in accordance with NRS 637B.238, may not serve as an apprentice for more than 3 years without passing the examination set forth in NAC 637B.0373.

3. An apprentice is not required to participate in the in-service training required by this section if the apprentice:

(a) Holds an associate's degree in hearing instrument sciences which is approved by the National Board for Certification in Hearing Instrument Sciences; or

(b) Successfully completes a program of education or training in hearing instrument sciences which is approved by the Board.

*4. If approved by the Board, an apprentice whose license as an apprentice expired but is reinstated may receive credit for not more than 2 years of in-service training completed during the initial license period.*

**Sec. 7.** NAC 637B.0396 is hereby amended to read as follows:

637B.0396 1. To be eligible to act as a sponsor of an apprentice, a hearing aid specialist or dispensing audiologist must:

(a) Hold a standard license that is on active status;

(b) Have experience as a hearing aid specialist or dispensing audiologist for a minimum of 3 years; ~~and~~

(c) *Be employed by the same employer as the apprentice during the term of the on-site training and work experience portion of the in-service training of the apprentice; and*

(d) Be in good standing with the Board and have no record of disciplinary action.

2. A hearing aid specialist or dispensing audiologist shall not sponsor more than two apprentices at one time, and an apprentice shall not have more than two sponsors at one time.



## **AGENDA ITEM 8**

### **Consideration of Public Comments on Proposed Regulations LCB File No. R095-19**

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The Board will consider additions, amendments, and/or repeal of regulations taking into consideration comments and feedback from licensees and the public.

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

1. *R095-19\_Revised February 12, 2020*

## **AGENDA ITEM 9**

### **Consideration of Adoption of Proposed Regulations LCB File No. R095-19**

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The Board will consider additions, amendments, and/or repeal of regulations taking into consideration comments and feedback from licensees and the public.

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

1. *R095-19\_Revised February 12, 2020*

## AGENDA ITEM 10

### Board Response to COVID-19

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Board staff have received inquiries regarding several different areas of licensing and practice impacted by COVID-19 and are presenting the following for the Board's consideration. Below is a list of all Emergency Directives issued by Governor Sisolak, with those that impact our Board in bold and attached for reference. The full list of all may be found on the Governor's website at: [http://gov.nv.gov/News/Emergency\\_Orders/Emergency\\_Orders/](http://gov.nv.gov/News/Emergency_Orders/Emergency_Orders/)

- Emergency Directive 001\_3 15 2020\_School Closure to 4 6 2020
- Emergency Directive 002\_3 18 2020\_Closure of Gaming Activities
- Emergency Regulations NAC 414\_3 20 2020\_Essential Businesses
- **Emergency Directive 003\_3 20 2020\_Closure of Nonessential Businesses**
- Emergency Directive 004\_3 20 2020\_DMV & Licensing
- **Emergency Directive 006\_3 22 2020\_Open Meeting Law**
- Emergency Directive 007\_3 24 2020\_Social Distancing and Gatherings
- Emergency Directive 008\_3 29 2020\_Housing Provisions
- **Emergency Directive 009 Revised\_4 1 2020\_Occupational Licensing**
- **Emergency Directive 010\_3 31 2020\_Stay at Home Order**
- Emergency Directive 011\_4 1 2020\_Medical Licensing
- Emergency Directive 012\_4 1 2020\_Activation of National Guard
- **Emergency Directive 013\_4 8 2020\_Essential Businesses and Gatherings**

The following questions/issues have been raised for the Board's consideration regarding COVID-19:

**a. Practitioner Compliance with Stay-At-Home Orders/Closure of Non-Essential Businesses**

*Should the Board issue guidance/take a position on essential/elective services?*

Concerns have been brought to the Board's attention regarding hearing aid dispensing in lieu of the Governor's stay at home order (Emergency Directive 010). Many healthcare providers not providing essential services have reduced services to emergency appointments only or closed, but there is concern that some of our Board's licensees may be engaging in "business as usual".

- Nevada has not included our practitioners in any directives defining essential medical personnel (Emergency Directive 011)
- As an example, the Nevada Board of Dental Examiners has informed all dentists that no elective procedures should be done during the state stay at home order.
- Emergency Directive 013, Section 8 states: *"Essential licensed businesses providing services or selling goods to the public shall implement measures to control in-store traffic to ensure social distancing standards are maintained. These businesses shall ensure that customers, patrons, and patients queued to enter the premises or pay for goods are adequately spaced in a manner consistent with COVID-19 social distancing standards."* (Section 8).

**b. Code of Ethics/Patient Abandonment**

Should the Board issue guidance/take a position on code of ethics/potential patient abandonment issues or address any complaints that are received on a case-by-case basis?

The Board has received at least two (2) inquiries from practitioners who are concerned about future disciplinary action for patient abandonment during COVID-19 if they refuse to provide care to patients due to a threat to their own safety due to lack of PPE or being asked to provide non-essential services, or leave their position to relocate elsewhere to shelter in place, though they have provided proper notice to the employer.

**c. Licensing Issues**

**1. License Extensions/Waivers**

Should the Board issue any license extensions/fee waivers due to COVID-19?

- No license extension or fee waiver requests have been received to date. There are 204 (of 1240 total) licenses scheduled to expire between April 1, 2020 and June 30, 2020.
- Per Emergency Directive 009, Section 3: *“All licenses and permits issued by the State of Nevada, Boards, Commissions, Agencies, or political subdivisions of the State of Nevada that expire or are set to expire during the period the Declaration of Emergency dated March 12, 2020 is in effect shall be extended for a period of 90 days from the current expiration date, or 90 days from the date the state of emergency declared on March 12, 2020 is terminated, whichever is later, if reduced government operations due to the state of emergency makes timely renewal of the license or permit impracticable or impossible.”* Our Board has remained open throughout the pandemic and has an extremely efficient licensing process already in place that has seen no interruptions.
- California example: On March 30, 2020 California Governor Newsom issued Executive Order N-39-20 authorizing the director of the Department of Consumer Affairs (DCA) to waive any of the professional licensing requirements relating to healing arts licensees. Effective through October 1, 2020, this directive waives CE requirements for reactivation of a license and any fees associated with reactivation of a license for Speech-Language Pathologists who have been in a Retired, Inactive, or Cancelled status for no longer than five (5) years. The Board also *“encourages licensed Speech-Language Pathologists to be part of the workforce to support the medical surge during this time of need. The state is in need for help at quarantine sites, testing sites, and medical surge facilities and needs assistance with pre-hospital triage and pharmacy services.”*

**2. License Requirements**

Should the Board defer/provide an alternative to license requirements during COVID-19?

- i. **Transcripts:** It is possible that we may see a delay in receipt of official transcripts and may need to consider deferring the transcript requirement or temporarily allowing for an alternative.

- ii. **Notary Requirement on Application:** The Board currently requires that new applications be notarized and may need to consider deferring this requirement to support the Governor's stay-at-home order.
- iii. **Hard-copy Only Submission of Application:** The Board currently requires that new applications be submitted via hard copy in person or by US mail only and may need to temporarily consider allowing for receipt of electronic submissions.
- iv. **Exams:** Praxis and Hearing Aid Dispensing exams have been suspended/rescheduled which may prevent practitioners from becoming licensed/beginning employment.
- v. **Provisional SLP Clinical Fellowship Year:** In order to earn their CCC-SLP through ASHA, Provisional SLPs must complete a Clinical Fellowship Year and some may lose time due to COVID-19.

**d. Practitioners Supporting Long Term Care and Other Facilities**

*Should the Board take a position on the role of practitioners as "helpers" in facilities during COVID-19?*

The Board received a request for guidance on asking SLP (and OT/PT) clinicians in their facilities to assist with basic resident needs, including but not limited to: helping pass feeding trays, answering call lights, non-therapy assistance with basic ADLs, resident transportation within the facility, etc., Their interpretation was that in doing so as a helper, custodial in nature, and not as a clinician, practice act/rules and scope of practice would not apply or be considered billable treatment time.

The request referenced guidance from the American Health care Association (AHCA) and National Center for Assisted Living (NCAL) on "The Role of Physical and Occupational Therapy and Speech-Language Pathology Personnel in LTC Facilities During the COVID-19 Pandemic". See attachment.

**e. Telehealth Questions**

*Should the Board offer any guidance on Telehealth beyond what is currently included in our practice law?*

Most of the questions received have been related to telehealth and Board staff have been able to direct practitioners to our current NRS. This information is also posted in our COVID-19 alert on the Board's website homepage.

*NRS 637B.244 Telepractice: Requirements for practice.*

1. *A person who engages in the practice of audiology or speech-language pathology by telepractice within this State and is a resident of this State or provides services by telepractice to any person in this State must:*
  - (a) *Hold a license to engage in the practice of audiology or speech-language pathology, as applicable, in this State;*
  - (b) *Be knowledgeable and competent in the technology used to provide services by telepractice;*
  - (c) *Only use telepractice to provide services for which delivery by telepractice is appropriate;*

- (d) *Provide services by telepractice that, as determined by the Board, are substantially equivalent in quality to services provided in person;*
  - (e) *Document any services provided by telepractice in the record of the person receiving the services; and*
  - (f) *Comply with the provisions of this chapter and any regulations adopted pursuant thereto.*
2. *As used in this section, "telepractice" means engaging in the practice of audiology or speech-language pathology using equipment that transfers information electronically,*
- 

**ACTION:**

Take action to issue guidance on one (1) or more item(s), table the matter, or take no action.

**ATTACHMENT(S):**

1. *Emergency Directive 003\_3 20 2020\_Closure of Nonessential Businesses*
2. *Emergency Directive 006\_3 22 2020\_Open Meeting Law*
3. *Emergency Directive 009 Revised\_4 1 2020\_Occupational Licensing*
4. *Emergency Directive 010\_3 31 2020\_Stay at Home Order*
5. *Emergency Directive 013\_4 8 2020\_Essential Businesses and Gatherings*
6. *ASHA Audiology Service Delivery Considerations in Health Care During COVID-19*
7. *ASHA SLP Service Delivery Considerations in Health Care During Coronavirus\_COVID-19*
8. *AHCA NCAL Guidance*



## DECLARATION OF EMERGENCY FOR COVID-19- DIRECTIVE 003

**WHEREAS**, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada issued a Declaration of Emergency to facilitate the State's response to the COVID19 pandemic; a

**WHEREAS**, on March 13, 2020, Donald J. Trump, President of the United States declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

**WHEREAS**, the World Health Organization and United States Centers for Disease Control and Prevention have advised that there is a correlation between density of persons gathered and the risk of transmission of COVID-19; and

**WHEREAS**, close proximity to other persons is currently contraindicated by public health and medical best practices to combat COVID-19; an

**WHEREAS**, recreational social gatherings unnecessarily extend periods of interpersonal contact and promulgates spread of COVID-19; a

**WHEREAS**, certain non-essential activities result in the congregation of persons for extended periods of time; and

**WHEREAS**, fire services, law enforcement agencies, emergency medical services, and public safety agencies are essential to the welfare, safety, and health of our communities; and

**WHEREAS**, NRS 414.060 outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

**WHEREAS**, NRS 414.070 outlines additional powers delegated to the Governor during the existence of a state of emergency, including without limitation, enforcing all laws and regulations relating to emergency management and assuming direct operational control of any or all forces, including, without limitation, volunteers and auxiliary staff for emergency management in the State; providing for and compelling the evacuation of all or part of the population from any stricken or threatened area or areas within the State and to take such steps as are necessary for the receipt and care of those persons; and performing and exercising such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population; and

**WHEREAS**, NRS 414.090 limits the powers of political subdivisions in the event of an emergency, and provides that counties shall, and cities may, in pertinent part establish local organizations for emergency management in accordance with the state emergency management plan and program for emergency management; enter into contracts and incur obligations necessary to combat such an emergency or disaster, protect the health and safety of persons and property and provide emergency assistance to the victims of such an emergency or disaster; and exercise the powers vested under NRS 414.090 in the light of the exigencies of the extreme emergency or disaster without regard to timeconsuming procedures and formalities prescribed by law, except constitutional requirements, pertaining to the performance of public work, entering into contracts, the incurring of obligations, the employment of temporary workers, the rental of equipment, the purchase of supplies and materials, the levying of taxes, and the appropriation and expenditure of public funds; and

**WHEREAS**, the Nevada Attorney General opined in Opinion Number 57-336 that "there can be no question but that the Legislature intended to give to the Governor the broadest possible powers consistent with constitutional government in a time of dire emergency;" and

**WHEREAS**, the Nevada Attorney General opined in Opinion Number 9 5-03 that, in the context of the Governor's exercise of powers under NRS Chapter 414, municipalities exceed their statutory authority in adopting emergency powers that:

- Establish a curfew allowing only authorized persons in public places;
- Forbid or limit the number of persons who may gather or congregate in public places;
- Prohibit or restrict traffic on public streets and roads;
- Prohibit the sale or distribution of gasoline (or other flammable/ combustible), except in vehicle gas tanks or other proper container;
- Close businesses which sell gasoline (or other flammable/combustible);
- Prohibit the sale or distribution of alcohol;
- Close businesses which sell alcohol;
- Prohibit the sale or distribution of guns, ammunition or explosives; or
- Close businesses which sell guns, ammunition or explosives; and

**WHEREAS**, the Nevada Attorney General further opined in Opinion Number 95-03 that such powers as outlined immediately above, if enacted, would be preempted by other grants of power set forth in Chapter 414 and elsewhere; and

**WHEREAS**, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada;" and

**WHEREAS**, on March 17, 2020, I directed Nevadans to implement the following measures; and

**WHEREAS**, non-essential businesses continue to operate and avail themselves to the general public, further exacerbating the public health emergency:

**NOW, THEREFORE**, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020, Emergency Declaration,

<b>SECTION 1:</b>	Non-Essential Businesses, as further defined in regulations promulgated under this Directive, that promote recreational social gathering activities including, but not limited to, recreation centers, clubhouses, nightclubs, movie theaters, massage parlors, adult entertainment establishments, brothels, and live entertainment venues, and any other such Non-Essential Business shall close effective March 20, 2020, at 11:59 p.m., for the duration that this Directive shall be in effect.
<b>SECTION 2:</b>	Non-Essential Businesses that promote extended periods of public interaction where the risk of transmission is high, including fitness establishments such as gyms and studios; aesthetic services such as beauty shops, barber shops, nail salons, tanning salons, and wax salons; and any other such Non-Essential Business shall close effective March 20, 2020, at 11 :59 p.m., for the duration that this Directive shall be in effect.
<b>SECTION 3:</b>	<p>The Nevada general public may utilize restaurants and food establishments serving prepared meals. Such establishments may continue serving the public, but shall cease onsite dining effective March 20, 2020 at 11:59 p.m., for the duration that this Directive shall be in effect. Food establishments open to the Nevada general public shall only serve customers through a take-out, drive-through, curbside pickup, or delivery capacity. Food establishments shall adopt COVID-19 risk mitigation policies including, but not limited to:</p> <ul style="list-style-type: none"> <li>• To the extent practicable, ensuring that customers receiving orders outside the food establishment maintain adequate social distancing practices by not congregating within a minimum of six feet of separation between each other. This social distancing requirement does not apply to persons residing in the same household.</li> <li>• To the extent practicable, disallowing the formation of queues whereby persons congregate in a manner that violates the social distancing guidelines above.</li> <li>• Adopting contactless payment systems whenever possible.</li> <li>• All food workers must strictly abide by all applicable hygiene guidelines including handwashing and glove requirements.</li> <li>• Follow United States Centers for Disease Control and Prevention sanitization recommendations, including disinfecting surfaces routinely and at frequent intervals throughout the workday.</li> </ul>



<b>SECTION 4:</b>	An Essential Licensed Business, including but not limited to, and as further defined in regulations promulgated under this Directive, healthcare providers, veterinary services, grocery stores, pharmacies, financial institutions, hardware stores, convenience stores, security services, and gas stations, is encouraged to continue operation, but must adopt COVID-19 risk mitigation measures that reduce the risk of community disease spread, including but not limited to:
<b>SECTION 5:</b>	Retail cannabis dispensaries may operate by delivery only pursuant to the guidance that Retail cannabis dispensaries may operate by delivery only pursuant to the guidance that
<b>SECTION 6:</b>	The construction, mining, manufacturing, and infrastructure sector labor force may continue operations, but shall maintain strict social distancing practices to facilitate a minimum of six feet of separation between workers, and to adopt policies and practices that ensure minimum contact between the workforce and the general public. This social distancing restriction shall not be construed to supersede any safety practices imposed on the industry by state or federal law. Business sectors operating under this authority must comply with any applicable COVID-19 risk mitigation policies, as further defined in regulations promulgated under this Directive, and any precautionary measures and guidance that shall be promulgated by Nevada Department of Business and Industry.
<b>SECTION 7:</b>	This Directive shall not be construed to hinder the ability of the industries identified in the U.S. Department of Homeland Security Cyber & Infrastructure Security Agency Essential Critical Infrastructure Workforce memorandum dated March 19, 2020 to continue their operation appropriately modified to account for Centers for Disease Control (CDC) workforce and consumer protection guidance.
<b>SECTION 8:</b>	Businesses not delineated above or in regulations promulgated under this Directive may continue operations, not to include retail sales, if they are able to implement social distancing safeguards for the protection of their employees and: <ul style="list-style-type: none"> <li>• Perform operations without contact with the Nevada general public; or</li> <li>• To the extent practicable, provide services without causing members of the Nevada general public to congregate in a manner contrary to social distancing goals of a minimum of six feet of separation for more than incidental contact; or</li> <li>• Provide services without causing more than ten members of the Nevada general public to congregate.</li> </ul>
<b>SECTION 9:</b>	Businesses that do not comply with this Directive or regulations promulgated under his Directive, after receiving written notice from law enforcement, may be subject to criminal prosecution and civil penalties under NRS 202.595, NRS 202.450, and any other applicable statute, ordinance, or regulation. All law enforcement agencies in the State of Nevada are authorized to enforce this Directive and regulations promulgated under this Directive. The Office of the Attorney General is given concurrent jurisdiction to prosecute violations of this Directive and any regulations promulgated thereunder.
<b>SECTION 10:</b>	Pursuant to NRS 414.060(3)(£), I hereby authorize all local, city, and county governments to enforce this Directive and regulations promulgated thereunder. This includes, but is not limited to, suspending a license, revoking a license, or issuing penalties for violating business, professional, liquor, tobacco, or gaming licenses issued by the local jurisdiction for actions that jeopardize the health, safety, or welfare of the public; conduct which may injuriously affect the public health, safety, or welfare; conduct that may be detrimental to the public peace, health, or morals; or any other applicable ordinance or requirement for such a license.
<b>SECTION 11:</b>	This Directive. shall remain in effect until April 16, 2020, unless renewed by a ubsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic.

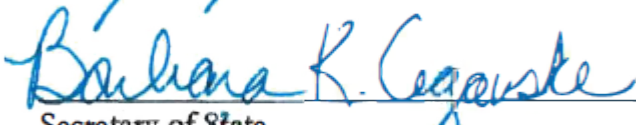
Emergency Order Instructions



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 20th day of March, in the year two thousand twenty.



  
Governor of the State of Nevada

  
Secretary of State

\_\_\_\_\_  
Deputy Secretary of State

[Emergency Regulations](#)

**Executive**

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- [Lt. Governor](#)
- [Secretary of State](#)
- [Attorney General](#)
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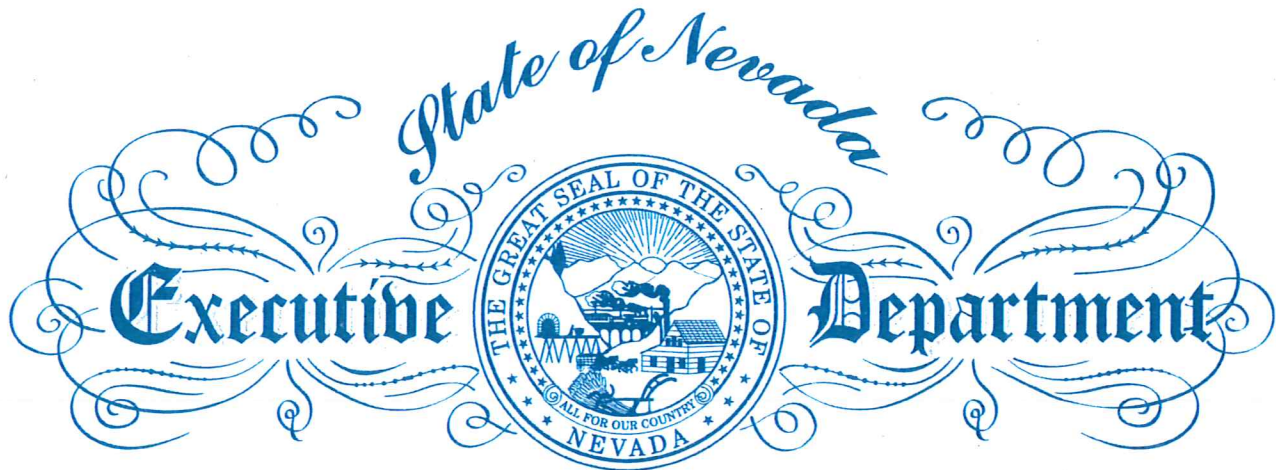
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**DECLARATION OF EMERGENCY  
DIRECTIVE 006**

**WHEREAS**, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

**WHEREAS**, on March 13, 2020, Donald J. Trump, President of the United States declared a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

**WHEREAS**, the World Health Organization and United States Centers for Disease Control and Prevention have advised that there is a correlation between density of persons gathered and the risk of transmission of COVID-19; and

**WHEREAS**, close proximity to other persons is currently contraindicated by public health and medical best practices to combat COVID-19; and

**WHEREAS**, recreational social gatherings unnecessarily extend periods of interpersonal contact and promulgates spread of COVID-19; and

**WHEREAS**, certain non-essential activities result in the congregation of persons for extended periods of time; and

**WHEREAS**, NRS 414.060 outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

**WHEREAS**, Nevada Revised Statutes 414.060(3) states: "In performing his or her duties under this chapter and to effect its policy and purpose, the Governor may: (a) Make, amend and rescind the necessary orders and regulations to carry out the provisions of this chapter within the limits of the authority conferred upon the Governor in this chapter, with due consideration of the plans provided by the Federal Government;" and

**WHEREAS**, NRS 414.070 outlines additional powers delegated to the Governor during the existence of a state of emergency, including without limitation, enforcing all laws and regulations relating to emergency management and assuming direct operational control of any or all forces, including, without limitation, volunteers and auxiliary staff for emergency management in the State; providing



for and compelling the evacuation of all or part of the population from any stricken or threatened area or areas within the State and to take such steps as are necessary for the receipt and care of those persons; and performing and exercising such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population; and

**WHEREAS**, on March 15, 2020, I directed executive branch agencies to close state offices to the public and to wind down in-person public services and to the extent practicable, transition services to online and over-the-phone services; and

**WHEREAS**, Nevada Revised Statutes 241.010 provides that “[i]n enacting this chapter, the Legislature finds and declares that all public bodies exist to aid in the conduct of the people’s business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly;” and

**WHEREAS**, the continued operations of state public bodies are essential to the State of Nevada; and

**WHEREAS**, on March 20, 2020, I issued Declaration of Emergency Directive 003 that ordered the closure of all Non-Essential Businesses by 11:59 p.m. on March 20, 2020, authorized criminal and civil penalties for Non-Essential Businesses that continued to operate in violation of that order, and authorized all local, city, and county governments along with the Office of the Attorney General to enforce that Directive; and

**WHEREAS**, immediate enforcement of Declaration of Emergency Directive 003 is vital to protect the Health and Safety of the public:

**NOW THEREFORE**, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020, Emergency Declaration,

IT IS HEREBY ORDERED THAT:

SECTION 1: The requirement contained in NRS 241.023(1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

SECTION 2: If a public body holds a meeting by means of teleconference or videoconference and a physical location where members of the public can attend is not provided, the public body must provide a means for the public to provide public comment, and post that means on the public notice agenda posted in accordance with NRS 241.020. Public comment options may include, without limitation, telephonic or email comment.

SECTION 3: The requirements contained in NRS 241.020(4)(a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.

SECTION 4: Public bodies must still comply with the requirements in NRS 241.020(4)(b) and NRS 241.020(4)(c) that public notice agendas be posted to Nevada’s notice website and the public body’s website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.

SECTION 5: The requirement contained in NRS 241.020(3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.

SECTION 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body's website, if it maintains one.

SECTION 7: A public body that holds a meeting pursuant to this Executive Order must ensure that any party entitled to or required to appear before it shall be able to do so through remote means and fully able to participate in the agenda items that pertain to them.

SECTION 8: The requirements of NRS 241.033, NRS 241.034 are suspended for any actions necessary to enforce Declaration of Emergency Directive 003 against entities, owners, representatives, agents, or employees that continue to operate or assist in operation after 11:59 p.m. on March 2020. Public bodies enforcing Declaration of Emergency Directive 003 against entities, owners, agents, or employees pursuant to this section shall provide the responding party with at least 24 hours notice of a meeting to take action; and

SECTION 9: Public bodies may enforce Declaration of Emergency Directive 003 at an emergency meeting as authorized by NRS 241.020(11) and may make use of all other amendments to NRS chapter 241 included in this Executive Order.

SECTION 10: This Directive shall remain in effect until April 16, 2020, unless renewed by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 22nd day of March, in the year two thousand twenty.



Governor of the State of Nevada

*Barbara K. Cegavske*  
Secretary of State

*Scott M. Kuehn*  
Deputy Secretary of State



## DECLARATION OF EMERGENCY DIRECTIVE 009 (REVISED)

**WHEREAS**, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

**WHEREAS**, on March 13, 2020, Donald J. Trump, President of the United States declared a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

**WHEREAS**, the World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC) have advised that there is a correlation between density of persons gathered and the risk of transmission of COVID-19; and

**WHEREAS**, as of March 31, 2020, the State of Nevada Department of Health and Human Services is reporting 1,113 positive cases of COVID-19, and 17 deaths resulting from COVID-19; and

**WHEREAS**, close proximity to other persons is currently contraindicated by public health and medical best practices to combat COVID-19; and

**WHEREAS**, efforts to treat, prevent, or reduce the spread of COVID-19 may make it medically necessary and reasonable to require individuals to remain in isolation or quarantine at their homes or otherwise remain indoors; and

**WHEREAS**, for the reasons stated herein, courts across Nevada, in consultation with the Chief Justice of the Nevada Supreme Court, have limited their operations to essential matters during the pendency of the COVID-19 pandemic; and

**WHEREAS**, certain legal actions and proceedings are subject to timelines and requirements that are impracticable during a period of a public health emergency and reduced court operations; and

**WHEREAS**, certain governmental and quasi-governmental licenses and permits require periodic renewal and may expire during a time when governmental resources necessary for renewal are unavailable or less accessible to the public; and

**WHEREAS**, NRS 414.060 outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

**WHEREAS**, NRS 414.070 outlines additional powers delegated to the Governor during the existence of a state of emergency, including without limitation, enforcing all laws and regulations relating to emergency management and assuming direct operational control of any or all forces, including, without limitation, volunteers and auxiliary staff for emergency management in the State; providing for and compelling the evacuation of all or part of the population from any stricken or threatened area or areas within the State and to take such steps as are necessary for the receipt and care of those persons; and performing and exercising such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population; and

**WHEREAS**, the Nevada Attorney General opined in Opinion Number 57-336 that "[t]here can be no question but that the Legislature intended to give to the Governor the broadest possible powers consistent with constitutional government in a time of dire emergency"; and



**WHEREAS**, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada":

**NOW, THEREFORE** by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020 Emergency Declaration,

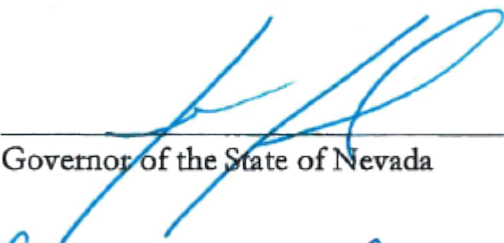
IT IS HEREBY ORDERED THAT:

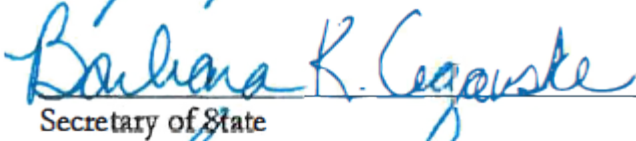
SECTION 1:	Declaration of Emergency Directive 009 dated March 31, 2020 is hereby amended by this Directive, effective April 1, 2020.
SECTION 2:	Any specific time limit set by state statute or regulation for the commencement of any legal action is hereby tolled from the date of this Directive until 30 days from the date the state of emergency declared on March 12, 2020 is terminated.
SECTION 3:	All licenses and permits issued by the State of Nevada, Boards, Commissions, Agencies, or political subdivisions of the State of Nevada that expire or are set to expire during the period the Declaration of Emergency dated March 12, 2020 is in effect shall be extended for a period of 90 days from the current expiration date, or 90 days from the date the state of emergency declared on March 12, 2020 is terminated, whichever is later, if reduced government operations due to the state of emergency makes timely renewal of the license or permit impracticable or impossible.
SECTION 4:	Any person who is subject to the provisions of NRS 76.130 and whose annual business license renewal fee becomes due during the period the Declaration of Emergency dated March 12, 2020 is in effect shall be entitled to a period of 60 days from the date the state of emergency declared on March 12, 2020 is terminated to pay the fee without suffering any of the consequences or penalties resulting from the application of subsections 4 and 5 of that statute. This provision shall be construed to include the penalties described in Title 7 of NRS for failure to timely file an annual list of the persons with managerial authority or control over a business entity; except that no person who has paid the fee required by NRS 76.130 prior to the due date as extended by this Directive shall be entitled to a refund thereof by virtue of this order.
SECTION 5:	This Directive shall remain in effect until the state of emergency declared on March 12, 2020 is terminated or unless renewed by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic.

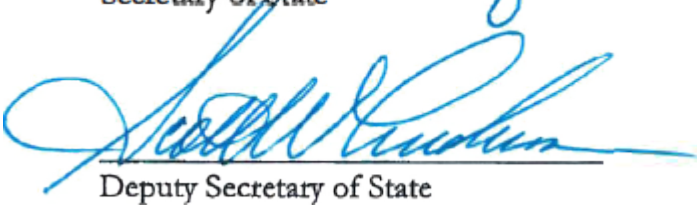
2020-04-01 Declaration of Emergency Directive 009 Stay at Home (Revised)



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 1st day of April, in the year two thousand twenty..

  
Governor of the State of Nevada

  
Secretary of State

  
Deputy Secretary of State

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## DECLARATION OF EMERGENCY DIRECTIVE 010 STAY AT HOME ORDER

**WHEREAS**, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

**WHEREAS**, on March 13, 2020, Donald J. Trump, President of the United States declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

**WHEREAS**, the World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC) have advised that there is a correlation between density of persons gathered and the risk of transmission of COVID-19; and

**WHEREAS**, close proximity to other persons is currently contraindicated by public health and medical best practices to combat COVID-19; and

**WHEREAS**, recreational social gatherings unnecessarily extend periods of interpersonal contact and promulgates spread of COVID-19; and

**WHEREAS**, the rate of community spread of COVID-19 can only be reduced by minimizing contact between infected persons and non-infected persons; and

**WHEREAS**, public health experts and epidemiologists indicate that COVID-19 may spread from infected persons to non-infected persons prior to the expression of symptoms in the infected person; and

**WHEREAS**, immediate containment of the spread of COVID-19 is vital to protect the Health and Safety of the Nevada public; and

**WHEREAS**, on March 17, 2020, I directed Nevadans to implement physical distancing measures to minimize opportunities for the disease to spread from infected persons to non-infected persons; and

**WHEREAS**, on March 20, 2020, I issued Directive 003 pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic and ordered the closure of all non-essential businesses, and restricted the activities of essential businesses to reduce opportunities for interpersonal contact whereby the novel coronavirus that causes COVID-19 may be spread from infected persons to non-infected persons; and

**WHEREAS**, on March 20, 2020, the Department of Public Safety promulgated emergency regulations defining essential and non-essential businesses, specifically including Essential Healthcare operations and Essential Infrastructure operations;

**WHEREAS**, on March 24, 2020, I issued Directive 007 pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic and ordered Nevadans to cease congregating in public spaces; and

**WHEREAS**, on March 29, 2020, Donald J. Trump, President of the United States, recommended the continuation of limitations on gatherings through April 30, 2020, and

**WHEREAS**, as of March 31, 2020, the State of Nevada Department of Health and Human Services is reporting 1,113 positive cases of COVID-19, and 17 deaths resulting from COVID-19; and

**WHEREAS**, the Governor's COVID-19 Medical Advisory Team has advised that Nevada has not yet experienced its peak infection rates of the COVID-19 disease; and

**WHEREAS**, [NRS 414.070](#) outlines additional powers delegated to the Governor during the existence of a state of emergency, including without limitation, enforcing all laws and regulations relating to emergency management and assuming direct operational control of any or all forces, including, without limitation, volunteers and auxiliary staff for emergency management in the State; providing for and compelling the evacuation of all or part of the population from any stricken or threatened area or areas within the State and to take such steps as are necessary for the receipt and care of those persons; and performing and exercising such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population; and

**WHEREAS**, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada;" and

**NOW, THEREFORE**, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020, Emergency Declaration,

IT IS HEREBY ORDERED THAT:

<b>SECTION 1:</b>	The March 12, 2020 Declaration of Emergency is hereby extended to April 30, 2020. All Directives promulgated pursuant to this Declaration shall be in force for the duration that the Declaration of Emergency shall be in effect, unless specifically terminated by a subsequent order.
<b>SECTION 2:</b>	With limited exceptions identified below, all Nevadans are ordered to stay in their residences. Gatherings of individuals outside the home is prohibited, subject to the same exceptions.
<b>SECTION 3:</b>	Individuals may leave their residences to provide services, perform work necessary, or obtain services from Essential Healthcare operations (as defined by Section 1 (a) of the March 20, 2020 Emergency Regulations) on behalf of themselves, pets, or those in their household.
<b>SECTION 4:</b>	Individuals may leave their residences to provide services or perform work necessary to the operations of Essential Infrastructure operations (as defined by Section 1 (b) of the March 20, 2020 Emergency Regulations).
<b>SECTION 5:</b>	Individuals may leave their residences to perform work necessary or obtain services or goods necessary from other Essential Licensed Businesses (as defined by Section 1 of the March 20, 2020 Emergency Regulations).
<b>SECTION 6:</b>	This Directive does not prohibit individuals from engaging in outdoor activity, including without limitation, activities such as hiking, walking, or running, so long as the activity complies with all requirements of Emergency Directive 007, participants maintain at least 6 feet distancing from other individuals, and individuals do not congregate in groups beyond their household members.
<b>SECTION 7:</b>	Individuals experiencing homelessness are exempt from this Directive.
<b>SECTION 8:</b>	This Directive shall remain in effect until April 30, 2020, unless renewed by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic.

2020-03-31 Declaration of Emergency Directive 010 Stay at Home

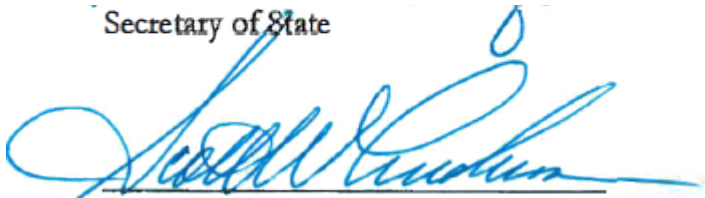


IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 31st day of March, in the year two thousand twenty.

Governor of the State of Nevada

*[Handwritten signature]*  
*Barbara K. Goehner*

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Deputy Secretary of State

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## DECLARATION OF EMERGENCY DIRECTIVE 013

**WHEREAS**, on March 12, 2020, I, Steve Sisolak, Governor of the State of Nevada issued a Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic; and

**WHEREAS**, on March 13, 2020, Donald J. Trump, President of the United States declared a nationwide emergency pursuant to Sec. 501(6) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"); and

**WHEREAS**, the World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC) have advised that there is a correlation between density of persons gathered and the risk of transmission of COVID-19; and

**WHEREAS**, close proximity to other persons is currently contraindicated by public health and medical best practices to combat COVID-19; and

**WHEREAS**, recreational social gatherings unnecessarily extend periods of interpersonal contact and promulgates spread of COVID-19; and

**WHEREAS**, the rate of community spread of COVID-19 can only be reduced by minimizing contact between infected persons and non-infected persons; and

**WHEREAS**, public health experts and epidemiologists indicate that COVID-19 may spread from infected persons to non-infected persons prior to the expression of symptoms in the infected person; and

**WHEREAS**, immediate containment of the spread of COVID-19 is vital to protect the Health and Safety of the Nevada public; and

**WHEREAS**, on March 17, 2020, I directed Nevadans to implement physical distancing measures to minimize opportunities for the disease to spread from infected persons to non-infected persons; and

**WHEREAS**, on March 20, 2020, I issued Directive 003 pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic and ordered the closure of all non-essential businesses, and restricted the activities of essential businesses to reduce opportunities for interpersonal contact whereby the novel coronavirus that causes COVID-19 may be spread from infected persons to non-infected persons; and

**WHEREAS**, on March 20, 2020, the Department of Public Safety promulgated emergency regulations defining essential and non-essential businesses, specifically including Essential Healthcare operations and Essential Infrastructure operations; and

**WHEREAS**, on March 24, 2020, I issued Directive 007 pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic and ordered Nevadans to cease congregating in groups of ten or more in public spaces; and

**WHEREAS**, on March 29, 2020, Donald J. Trump, President of the United States, recommended the continuation of limitations on gatherings through April 30, 2020; and

**WHEREAS**, on March 31, 2020, I issued Directive 010 to reinforce and clarify that Nevadans must avoid unnecessary inter-personal contact to lower the rate of disease transmission to ensure that our COVID-19 hospitalization rate never exceeds our COVID-19 hospital capacity; and

**WHEREAS**, as of April 8, 2020, the State of Nevada Department of Health and Human Services is reporting 2,318 positive cases of COVID-19, and 71 deaths resulting from COVID-19; and

**WHEREAS**, some participants engaged in activities explicitly or impliedly permitted in other Directives continue to demonstrate a disregard for Nevada's aggressive social distancing protocols; and

**WHEREAS**, the Governor's COVID-19 Medical Advisory Team has advised that gatherings of ten or more persons for more than ten minutes considerably increases the risk of transmission; and

**WHEREAS**, the Governor's COVID-19 Medical Advisory Team has advised that Nevada has not yet experienced its peak infection rates of the COVID-19 disease; and

**WHEREAS**, [NRS 414.060](#) outlines powers and duties delegated to the Governor during the existence of a state of emergency, including without limitation, directing and controlling the conduct of the general public and the movement and cessation of movement of pedestrians and vehicular traffic during, before and after exercises or an emergency or disaster, public meetings or gatherings; and

**WHEREAS**, [NRS 414.070](#) outlines additional powers delegated to the Governor during the existence of a state of emergency, including without limitation, enforcing all laws and regulations relating to emergency management and assuming direct operational control of any or all forces, including, without limitation, volunteers and auxiliary staff for emergency management in the State; providing for and compelling the evacuation of all or part of the population from any stricken or threatened area or areas within the State and to take such steps as are necessary for the receipt and care of those persons; and performing and exercising such other functions, powers and duties as are necessary to promote and secure the safety and protection of the civilian population; and

**WHEREAS**, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada;"

**NOW, THEREFORE**, by the authority vested in me as Governor by the Constitution and the laws of the State of Nevada and the United States, and pursuant to the March 12, 2020, Emergency Declaration,

IT IS HEREBY ORDERED THAT:

<b>SECTION 1:</b>	To the extent this Directive conflicts with earlier Directives or regulations promulgated pursuant to the March 12, 2020 Declaration of Emergency, the provisions of this Directive shall prevail.
<b>SECTION 2:</b>	Publicly accessible sporting and recreational venues that encourage social congregation, including without limitation, golf courses, golf driving ranges, tennis courts, basketball courts, volleyball courts, skate parks, bocce ball courts, handball courts, horseshoe pits, or pickleball courts, shall remain closed for the duration that this Directive is in effect.
<b>SECTION 3:</b>	Showrooms used to display goods for sale at essential businesses, including without limitation, auto showrooms, furniture showrooms, home furnishing, or appliance showrooms, shall be closed to the public. This provision shall not be construed to prohibit the sale of goods purchased from showrooms of essential businesses via means other than in-person sales where delivery can be effected by curbside delivery, home delivery, or shipment direct to the consumer's residence.
<b>SECTION 4:</b>	Places of worship shall not hold in-person worship services where ten or more persons may gather, including without limitation, drive-in and pop-up services, for the remainder of the Declaration of Emergency. Places of worship may, however, hold worship services via alternative means, including but not limited to, video, streaming, or broadcast, provided that any personnel needed to perform tasks related to such alternatives do so in a manner that is consistent with social distancing guidelines promulgated by the Nevada Health Response, the United States Centers for Disease Control and Prevention, and all Directives promulgated pursuant to the March 12, 2020 Declaration of Emergency, including without limitation, the prohibition on gatherings of ten or more persons and maintaining minimum separation distances of at least six feet between persons.
<b>SECTION 5:</b>	The Nevada Occupational Safety and Health Administration of the Division of Industrial Relations shall ensure that businesses continuing operations during the state of emergency provide adequate protections to their workers and adopt sanitation protocols that minimize the risk of spread of COVID-19 among their workforce.
	Open house showings, and in-person showings of single family and multi-family

<b>SECTION 6:</b>	residences currently occupied by renters of real estate on the market for sale, are hereby prohibited for the duration that this Directive is in effect. This provision does not prohibit the use of existing three dimensional interactive property scans; virtual tours, and virtual staging to showcase a property, and it allows, but does not require, the tenant to agree to provide photos, videos or other virtual access to the property owner for this use. Real estate professionals engaged in real estate sales during the state of emergency shall adopt precautionary measures and COVID-19 risk mitigation practices to minimize the risk of spread of the disease and are encouraged to avoid in-person transactions and services to the extent practicable. This provision shall not be construed to limit the sales of real estate during the state of emergency.
<b>SECTION 7:</b>	Persons licensed by the Nevada Board of Cosmetology or State Barbers' Health and Sanitation Board are prohibited from performing in-home beauty services to persons other than those in their household, for the duration that this Directive shall be in effect. Boards are directed to impose disciplinary measures against licensees who violate this provision.
<b>SECTION 8:</b>	Essential licensed businesses providing services or selling goods to the public shall implement measures to control in-store traffic to ensure social distancing standards are maintained. These businesses shall ensure that customers, patrons, and patients queued to enter the premises or pay for goods are adequately spaced in a manner consistent with COVID-19 social distancing standards.
<b>SECTION 9:</b>	Supermarkets and grocery stores operating as essential businesses are prohibited from offering self-serve food stations, salad bars, or unpackaged bulk dry goods to customers. Bulk dry goods, including without limitation, nuts, seeds, trail mix, coffee, or beans, may be sold only if offered in pre-weighed portions prepackaged by an employee. Additionally, supermarkets and grocery stores should follow the guidance provided in the Nevada Health Response Guidance on Protecting Grocery Store Personnel issued April 8, 2020, including any future amendments thereto.
<b>SECTION 10:</b>	It is hereby reaffirmed that a violation of Sections 1 through 3 of Directive 008 constitutes the use of coercion, duress, or intimidation in a transaction pursuant to <a href="#">NRS 598.0923</a> (4).
<b>SECTION 11:</b>	Government agencies may use all existing civil and criminal statutes, ordinances, codes, and regulations to enforce the provisions of this Directive.
<b>SECTION 12:</b>	The provisions of this Directive shall take effect on April 8th, 2020 at 11:59 p.m.
<b>SECTION 13:</b>	This Directive shall remain in effect until April 30, 2020, unless renewed by a subsequent Directive promulgated pursuant to the March 12, 2020 Declaration of Emergency to facilitate the State's response to the COVID-19 pandemic.

2020-04-08 COVID-19 Declaration of Emergency Directive 013 Orders

- [Declaration of Emergency Directive 013 \(PDF\)](#).



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 8th day of April, in the year two thousand twenty.

  
Governor of the State of Nevada

  
Secretary of State

  
Deputy Secretary of State



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# Audiology Service Delivery Considerations in Health Care During COVID-19

*Updated April 9, 2020*

ASHA is aware that the audiology community is facing challenging job requirements that may have you providing care to patients/clients without personal protective equipment (PPE), comprehensive patient/client screening protocols, or appropriate physical distancing measures. ASHA continues to advocate for your safety and welfare related to clinical and professional issues with lawmakers, governing bodies, and employers, and will update this page as new information becomes available.

On this page:

- Job Classification of Audiologists: Essential/Non-Essential
- In-person Audiology Services
  - Prioritizing Patient Care (updated April 9, 2020)
  - Audiologists' Role in Newborn Hearing Screening (updated April 9, 2020)
  - Infection Control (updated April 9, 2020)
- Limited Access to Personal Protective Equipment (PPE)
- Documentation of Delays/Gaps in Services
- Job Responsibilities Outside of Scope of Practice
- Return to Work After Exposure to COVID-19

## Job Classification of Audiologists: Essential/Non-Essential

Members have been asking about the classification of essential/non-essential worker regarding the COVID-19 pandemic. Typically, positions are designated as essential/non-essential worker on a contractual, seasonal, or situational basis (e.g., in the event of a weather-related emergency or a public health crisis). Worker classification, if included, is commonly addressed in the employee contract signed upon hire. Please refer to your own setting's employee handbook for specific guidance.

The designation of an essential or non-essential worker is usually assigned by one or more of the following entities:

1. **An employer**
2. **An employee union**
3. **The federal government during a national emergency:** For example, specifically in response to COVID-19, the U.S. Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) has issued guidance in the document "Essential Critical Infrastructure Workers" [PDF] in an advisory to state/local governments (page 5)



**Note:** While “Essential Critical Infrastructure Workers” does not explicitly list audiologists in the examples, the list is not exhaustive of all essential workers. The list of provided examples of a “caregiver” could reasonably include other caregivers, such as audiologists, who play a critical role in providing necessary services to patients, and who are involved in the continuity of care.

To the audiologists not identified as an essential/non-essential worker by nature of their work contract, and who are not employers, not part of a union, and who don’t interpret the CISA information [PDF] as being inclusive of audiologists, please note the guidance below.

We all must do what we can to help decrease the spread of COVID-19. If audiologists can physically isolate without denying essential patient services, they should do so. If audiologists can provide services for those in critical need while using every precaution at their disposal (e.g., enhanced infection control, physical distancing, PPE) for reducing COVID-19 spread, they should continue those necessary services.

Familiarize yourself with ASHA’s Code of Ethics. Every audiologist should make decisions that are the most appropriate for themselves, for their patients (see Code of Ethics, Principle I, and Principle I, Rule H), the facility at which the audiologist works, and the state regulations in place where the audiologist is licensed.

## In-Person Audiology Services

The Centers for Disease Control and Prevention (CDC) recommends that each facility and type of practice setting completes its risk assessment to establish guidelines regarding the provision of services. The CDC encourages health care facilities to explore alternatives to face-to-face triage and visits. ASHA encourages audiologists to discuss patient and provider risks of service delivery with their employers to determine the best course of action for in-person services.

**State licensure laws regulate audiologists, and their worker classification is determined by their employer, setting, or state; therefore, ASHA is unable to provide broad national directives related to this issue.**

ASHA recognizes that many members who work in health care settings are in situations in which they are expected to see patients with suspected coronavirus/COVID-19, or those who are at a high risk for contracting it. Audiology services are critical for individuals with communication disorders, which include hearing loss, vestibular disorders, and other auditory disorders.

While the welfare of the patient is paramount, ASHA’s Issues in Ethics: Client Abandonment states, “No clinician is ever ethically required to work...in physical danger in order to offer client care.” The CDC offers guidance for staff who may be at higher health risk (see this CDC resource on COVID-19 and pregnant women); your employer may consider alternatives to reduce the potential exposure to clients/patients/students who are ill. Depending on the current CDC Travel Health Notice information, you may want to ask clients/patients/students and families about their recent travel plans and consider a waiting period for in-person encounters in the interest of everyone’s safety. For information about COVID’s impact on children, please refer to the CDC’s Information for Pediatric Healthcare Providers.

See ASHA’s full list of telepractice resources, including research articles from Perspectives of the ASHA Special Interest Groups made open access.

## Prioritizing Patient Care

COVID-19 has had unprecedented impacts on service delivery, affecting health care workers, and the patients they serve. ASHA maintains that decisions about patients' care should be made based on the clinician's professional judgment and clinical expertise, per the ASHA Code of Ethics and Audiology Scope of Practice.

Every patient presents with unique characteristics and medical situations. Therefore, if clinicians face dilemmas prioritizing patients, decisions should be made using a team approach. Clinicians should seek guidance from administrators for facility-specific policies.

The Centers for Medicare and Medicaid Services' (CMS) "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)" [PDF] offers additional recommendations, stating that "facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives, and/or their family, and understanding their individual needs and goals of care. Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance."

The American Medical Association (AMA) recommends "health care facilities and clinicians prioritize urgent and emergency visits or procedures now and for the coming several weeks."

Other AMA recommendations include:

- Delay all elective ambulatory provider visits
- Reschedule elective and non-urgent admissions
- Delay inpatient and outpatient elective surgical and procedural cases
- Urge patients to postpone routine dental and eye care visits

## **Audiologists' Role in Newborn Hearing Screening**

Many audiologists have been seeking advice on how soon a newborn would need to be tested after a "fail" result on the universal newborn hearing screening—whether the determination to perform a retest should wait until the environment is safe, or if the 1-3-6 guidelines should take precedence. There is no one universal answer for every facility. Position statements are expected from the American Academy of Otolaryngology Head and Neck Surgery (AAO-HNS) and the American Academy of Pediatrics (AAP), both addressing the need for continuation of newborn hearing screening services, as well as evaluations and treatment needs for those babies who fail the provided newborn hearing screening. Ultimately, the decision would be made by the hospital/facility according to the state guidelines it follows. It is ideal to have the retest performed as soon as safely possible. The best course of action would be to contact your state's Early Hearing Detection and Intervention (EHDI) coordinator for guidance. The National Center for Hearing Assessment and Management (NCHAM) provides a valuable list of contacts for each state.

## **Infection Control**

ASHA provides infection control resources for audiologists and speech-language pathologists, with updated information about COVID-19. All health care workers should follow infection control recommendations from the CDC and WHO [PDF].

For those who employ audiologists and audiology personnel, please refer to OSHA recommendations: “Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards.” See OSHA standards and directives for additional information on OSHA requirements.

## Limited Access to Personal Protective Equipment (PPE)

The following resources provide relevant information specifically related to access and use of PPE during the COVID-19 pandemic:

- The Joint Commission provides guidance on managing critical shortages of PPE during declared emergencies.
- The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) provides “Guidance on Preparing Workplaces for COVID-19” [PDF], including access to PPE.
- The World Health Organization outlines the rights, roles, and responsibilities [PDF] of health workers and their employers for occupational safety and health in light of the COVID-19 outbreak.
- The CDC offers “Strategies for Optimizing the Supply of PPE,” as well as contingency plans for when supplies are limited and/or have run out, which include cancelation or delay of non-urgent services. Some states and facilities have chosen to interpret this as inclusive of rehabilitation services.

If audiologists and their colleagues are unable to access appropriate PPE for service delivery during COVID-19, they are encouraged to voice their concerns to OSHA and local departments of health and human services (HHS) after appropriate engagement with their employers.

Many audiologists are concerned about client abandonment if they refuse to provide services without appropriate PPE. ASHA's Issues and Ethics Statement on Client Abandonment states that some disruptions of clinician-client relationships are involuntary. As such, “clinical relationships may also be interrupted if an organization decides to close a program or when natural disasters occur. It is expected that even in these types of situations, practitioners would hold paramount the welfare of the clients they serve; however, no clinician is ever ethically required to work without pay or to place themselves in physical danger in order to offer client care.”

## Documentation of Delays/Gaps in Services

Because of this national emergency, there may be unavoidable delays in care, or instances when audiologists cannot provide care. In cases where a clinician is unable to see the patient, those specific reasons should be documented in the patient's medical record and communicated to the patient's health care team, while providing alternate solutions for whenever possible.

If there are interruptions to clinical services that delay continued access to care, here's some additional guidance:

- Review patients' plans of care and consider making any updates or modifications that may be necessary to account for patient access issues related to COVID-19 (e.g., contacting the family by phone for discharge planning, providing treatment only in the patient's room, following CDC guidance for PPE while providing services, etc.).
- Communicate with patients and their families to help them understand the situation and assure them that you are doing all that you can to provide (or resume) services.
- Ensure that all members of the care team are documenting in the medical record their efforts to adhere to the patient's plan of care, including all refused attempts to see patients in-person and all alternative methods used to

## Job Responsibilities Outside Audiology Scope of Practice

Several audiologists have reported that during COVID-19 their employers have asked them to engage in tasks not directly related to their scope of practice (multiskilling). Multiskilling is often used in an attempt to enhance cost-effectiveness, efficiency, quality, and coordination of services.

The Audiology Scope of Practice is written in broad terms, and specific activities an audiologist may be asked to perform may not be mentioned. ASHA's Code of Ethics states that clinicians must be competent by virtue of training, education, and experience to perform any activities. Thus, appropriate training and support are necessary for an audiologist to undertake any activity in which they are not already competent. Your facility should develop a written policy that addresses the level of involvement and training that audiologists should have, and a mechanism for verifying their competency. ASHA has a position statement and a technical report on multiskilling that offer additional guidance. During COVID-19, it's essential to note that states may issue executive orders that can override ASHA or employer policies.

Please check your own state's executive orders for the latest guidance on the issue.

## Return to Work After Exposure to COVID-19

The CDC has established "Criteria for Return to Work for Healthcare Personnel With Confirmed or Suspected COVID-19." Employers are expected to make appropriate risk assessments for their staff and patients before permitting re-entry of employees suspected to have exposure to coronavirus into their facilities.



## The Role of Physical and Occupational Therapy and Speech-Language Pathology Personnel in LTC Facilities During the COVID-19 Pandemic

This document provides guidance for therapists and therapist assistants on how long term care (LTC) facilities (including skilled nursing centers and assisted living communities) can operationalize [federal](#) and state guidance to significantly restrict visitors and non-essential personnel, as well as restrict communal activities inside LTC facilities as part of the effort to prevent COVID-19 from spreading.

When deciding if a therapist needs to enter a building (regardless of their being an employee or outside contractor), we advise LTC facilities and therapy personnel to consider the intent of the federal and state guidance. The intent is to restrict entry of as many people as possible, as each additional person entering increases the risk of COVID-19 entering. Of course, this also needs to be balanced against trying to meet the needs of the resident. That risk-benefit trade off needs to be made on a case-by-case basis but should incorporate the high morbidity and mortality associated with contracting this virus in the elderly over 80 (estimated at 15-20% or more).

As result, you may need to make therapy-specific changes which may include the following steps:

1. Review the care plan and its goals and discuss with the resident if the current rehabilitation plan needs to continue or be modified.
  - a. Some therapy plans of care can be suspended or modified focusing on essential needs, which may vary depending on the current situation in the center or with individual residents.
  - b. This should evaluate which, if any, specialized rehabilitative services are essential to meet the resident's health care needs at this time, and which should be deferred.
    - i. NOTE: If COVID-19 begins to spread in your facility and staffing levels drop, therapy professionals in a LTC facility should anticipate being asked to provide additional public health support activities within the center and therapy services may need to be suspended in order to meet other residents' basic needs.
2. Group and concurrent therapy should be discontinued, if part of the care plan.
3. Consider delivering care in individual resident rooms rather than in therapy gyms, and individualized one-on-one care should be provided in a manner to maintain social distancing as practicable.
4. Extra care should be taken following CDC guidance when cleaning therapy equipment between use.

Non-essential personnel, especially non-direct care staff (e.g., billing) should continue their work as feasible through remote communication, such as via video chat or phone calls.

There may be situations where therapy clinicians furnish care in more than one LTC facility during a single day. Movement of staff between buildings is suspected to be one mechanism of



COVID-19 spread. As such, if COVID-19 is discovered in a building, therapists should consider limiting their movement to other buildings and self-monitor for fever or respiratory symptoms.

We understand how difficult this may be, however, the threat of coronavirus to older adults and those with underlying health conditions has shown to have dire consequences, and we must do everything we can to prevent the further spread into our buildings.

# SLP Service Delivery Considerations in Health Care During Coronavirus/COVID-19

*Updated April 9, 2020*

- ASHA hosted a recorded conversation with a panel of experts answering member questions about dysphagia services during COVID-19.
- On April 1 ASHA hosted a Virtual Town Hall focusing on speech-language pathology service delivery considerations in health care because of COVID-19. Watch the video.

ASHA recognizes that many of our members who work in health care settings are in situations in which they are expected to provide care for patients with suspected Coronavirus/COVID-19, or those who are at a high-risk for contracting it. Speech-language pathologists (SLPs) continue to do an outstanding job meeting the emerging needs of patients and their communities, sometimes in less than ideal situations as part of interprofessional teams. ASHA continues to advocate for your safety and welfare related to clinical and professional issues with law makers, governing bodies, and employers, and will share updates as we receive them. The following information has been compiled to help in decision making related to patient care and personal safety for SLPs in health care, and will be updated as the recommendations related to COVID-19 evolve.

On this page:

- Job Classification of Health Care-Based SLPs during COVID -19: Essential/Non-Essential
- In-person Speech-Language Pathology Services
- Limited Access to Personal Protective Equipment (PPE)
- Prioritizing Patient Care
- Documentation of Delays/Gaps in Services
- Multisite Service Delivery
- Job Responsibilities Outside of Scope of Practice
- Return to Work After Exposure to COVID-19
- Aerosol Generating Procedures
- Modifications to Dysphagia Services During COVID-19
- SLPs' Role in Endoscopic Procedures
- SLPs' Role in Videofluoroscopic Swallow Studies

## Job Classification of Health Care-Based SLPs: Essential/Non-Essential

Positions are typically designated as essential on a contractual, seasonal or situational basis, e.g., in the event of a weather-related emergency or a public health crisis. It is typically included in the employee contract signed upon hire. Please refer to your own organization's employee handbook for specific guidance.

The designation of essential or non-essential employee is usually assigned by one or more of the following entities:

1. an employer;
2. an employee union;
3. the federal government during national emergency: for example, specifically in response to COVID-19, the U.S. Department of Homeland Security has designated speech pathologists [sic] as "Essential Critical Infrastructure Workers" in an advisory to state/local governments [PDF] (page 5);
4. state governments in times of emergency. For example, during the COVID-19 pandemic, the governor of the state of New York [PDF] defined the classification as follows: "For the purpose of this directive, essential employees are defined as anyone whose job function is essential to the effective operation of their agency or authority, or who must be physically present to perform their job, or who is involved in the COVID-19 emergency response. Non-essential employees are defined as anyone who does not need to be physically present to perform job functions, or they are not required to meet the core function and programs of their agency during this emergency response." Many employers providing health care in New York are choosing to interpret this to include SLPs.

Ideally, managers need to communicate with their essential staff regarding expectations, work assignments, and relevant operational contingencies.

The American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) released a joint statement [PDF] on the role of physical therapy, occupational therapy, and speech-language pathology to reduce the spread of COVID-19 that also provides additional guidance related to this issue. They also provide additional guidance related to making decisions on essential staff entering the building [PDF].

While ASHA cannot designate the employment classification of speech-language pathologists (SLPs) and audiologists as essential or non-essential employees, the Association is actively engaged in advocating on behalf of SLPs engaged in service delivery during COVID-19. ASHA is engaging with some employers and their oversight bodies, to clarify the value of speech-language pathology services and the need to protect the health and safety of SLPs.

## In-Person Speech-Language Pathology Services

The Centers for Disease Control (CDC) recommends that each facility and type of practice setting completes their own risk assessment to establish guidance regarding provision of SLP services. The CDC encourages health care facilities to explore alternatives to face-to-face triage and visits. ASHA encourages SLPs to discuss patient and provider risks of service delivery with their employers to determine best course of action for in-person services. Since many states' emergency declarations classifying SLPs as "essential" workers (e.g., Massachusetts [PDF]) override the Association and employer-level guidance, ASHA is unable to provide broad national directives relating to this issue.

ASHA recognizes that many of our members who work in health care settings are in situations in which they are being expected to see patients with suspected coronavirus/COVID-19, or those who are at a high-risk for contracting it. Speech-language pathology services are a central part of a patient's plan of care. In many health care settings, the SLP facilitates the patient's ability to return to their homes quickly or remain in their homes as safely



as possible while minimizing the risk of infection. SLPs are competent in infection control procedures, contribute to the patients continued quality of life, and are an integral part of the care team for a patient's safe recovery and discharge to home.

While the welfare of the patient is paramount, ASHA's Issues in Ethics: Client Abandonment states, "no clinician is ever ethically required to work...in physical danger in order to offer client care." For staff who may be at higher health risk, your employer may consider alternatives to reduce the potential exposure to clients/patients/students who are ill. Depending on the current CDC Travel Health Notice information, you may want to ask clients/patients/students and families about their recent travel plans and consider a waiting period for in-person encounters in the interest of everyone's safety.

## Limited Access to Personal Protective Equipment (PPE)

The following resources provide relevant information specifically related to access and use of PPE during the COVID-19 pandemic:

- The Joint Commission provides guidance on managing critical shortages of PPE during declared emergencies.
- U.S. Department of Labor Occupational Safety and Health Administration (OSHA) provides Guidance on Preparing Workplaces for COVID-19 [PDF], including access to PPE.
- WHO outlines rights and responsibilities of healthcare workers and their employers for occupational safety and health in light of COVID 19 outbreak.
- The CDC offers Strategies for Optimizing the Supply of PPE, as well as contingency plans for when supplies are limited and/or have completely run out, which include cancelation or delay of non-urgent services. Some states and facilities have chosen to interpret this as inclusive of rehabilitation services.

If SLPs and their colleagues are unable to access appropriate PPE for service delivery during COVID-19, they are encouraged to voice their concerns to OSHA and local departments of health and human services (HHS), after appropriate engagement with their employers.

Many SLPs are concerned about client abandonment if they refuse to provide services without appropriate PPE. ASHA's Issues and Ethics Statement on Client Abandonment states that some disruptions of clinician-client relationships are involuntary. As such, "clinical relationships may also be interrupted if an organization decides to close a program or when natural disasters occur. It is expected that even in these types of situations, practitioners would hold paramount the welfare of the clients they serve; however, no clinician is ever ethically required to work without pay or to place themselves in physical danger in order to offer client care," (ASHA, 2019).

## Prioritizing Patient Care

COVID-19 has had unprecedented impacts on service delivery, impacting healthcare workers and the patients they serve. ASHA maintains that decisions about patients' care should be made based on the clinician's professional judgement and clinical expertise, in accordance with the ASHA Code of Ethics and SLP Scope of Practice. Every patient presents with unique characteristics and medical situations. Therefore, if clinicians are faced with dilemmas of prioritizing patients, decisions should be made using a team approach. Clinicians should seek guidance from administrators for facility specific policies. CMS's Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED) [PDF] offer additional recommendations stating "...facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident

representatives and/or their family, and understanding their individual needs and goals of care. Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.”

## Documentation of Delays/Gaps in Services

Due to this national emergency there may be unavoidable delays in care, or instances when one or more disciplines cannot provide care. In cases where a clinician is unable to see the patient, those specific reasons should be documented in the patient’s medical record and communicated to the healthcare team, while providing alternate solutions for the patient whenever possible.

If there are interruptions to clinical services that delay continued access to care, here’s some additional guidance:

- Review patients’ plans of care and consider making any updates or modifications that may be necessary to account for patient access issues related to COVID-19 (e.g., contacting the family by phone for discharge planning, providing treatment only in the patient’s room, following CDC guidance for PPE while providing services, etc.)
- Communicate with patients and their families to help them understand the situation and assure them that you are doing all that you can to provide (or resume) services; and
- Ensure that all members of the care team are documenting in the medical record their efforts to adhere to the patient’s plan of care, including all refused attempts to see patients in-person and all alternative methods used to perform patient visits (e.g., virtual visits via telepractice or e-visits).

## Multisite Service Delivery

There is no clear answer to this issue since different health care settings and organizations are assessing their risk for disease transmission differently. Health care providers are being strongly encouraged to enact policies that limit disease transmission, especially between vulnerable populations. However, every facility needs to use the resource provided by the CDC to complete its risk assessment for and public health management of healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease (COVID-19).

The American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) released a joint statement [PDF] on the role of physical therapy, occupational therapy, and speech-language pathology to reduce the spread of COVID-19. Recommended changes include discontinuation of group and concurrent treatments, limiting delivery of therapy in resident rooms, and the use of social distancing. The joint statement also advises against therapists moving between buildings, if COVID-19 is discovered in one building.

CMS has issued specific guidance for service delivery in skilled nursing facilities (SNFs) [PDF] which indicates that “Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.”

CMS has also issued guidelines for home health and hospice [PDF] services that address how to screen home health patients for COVID-19, when staff should avoid home visits, if and when patients with confirmed COVID-19 should be transferred to a hospital, and special consideration for patients requiring therapeutic interventions.

ASHA recommends implementation of infection control guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO) who propose specific recommendations for health care workers. However, ASHA recognizes that many of our members who work in health care settings that are facing acute (global) shortages of PPE. ASHA prioritizes the health and safety of its members and has strongly encouraged health care organizations with whom it has engaged in advocacy, to ensure appropriate supply of PPE for SLPs for all aspects of service delivery. Per Occupational Safety and Health Administration (OSHA), “Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens ( 29 CFR 1910.1030), Personal Protective Equipment ( 29 CFR 1910.132), and Respiratory Protection ( 29 CFR 1910.134) standards.” See the Standards page on the OSHA website for additional information on OSHA requirements.

## Job Responsibilities Outside Scope of Practice

Many SLPs have indicated that, during COVID-19, their employers ask them to engage in tasks not directly related to their scope of practice (multiskilling). Multiskilling is often used in an attempt to enhance cost-effectiveness, efficiency, quality, and coordination of services. The SLP Scope of Practice is written in broad terms and specific activities, such as suctioning or taking blood pressures, are not mentioned. SLPs may complete these tasks and others as a function of their job responsibilities. ASHA's Code of Ethics states that clinicians must be competent by virtue of training, education and experience to perform any activities. Thus, appropriate training and support is necessary for an SLP to undertake any activity in which they are not already competent. It is advisable for your facility to develop a written policy that addresses the level of involvement and training that SLPs will have, and a mechanism for verifying their competency. ASHA has a position statement and technical report on multiskilling that offer additional guidance. During COVID-19, it is important to note that states may issue executive orders that can override the Association or employer policies. For example, the governor of Maryland issued an executive order on March 3, 2020, that indicates that

A Health Care Practitioner may engage in activities that are not authorized by his/her license at a health care facility in Maryland if:

1. doing so is necessary to allow the health care facility to meet required staffing ratios or otherwise ensure the continued and safe delivery of health care services; and
2. qualified supervisory personnel at the health care facility:
  - a. reasonably conclude that the health care practitioner can competently engage in such activities, and;
  - b. reasonably supervise the health care practitioner while he/she is engaged in such activities.

Please check your own state executive orders for the latest guidance on the issue.

## Return to Work After Exposure to COVID-19

The CDC has established Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19. Employers are expected to make appropriate risk assessments for their staff and patients before permitting re-entry of employees suspected to have exposure to coronavirus into their facilities.

## Aerosol Generating Procedures

The CDC indicates that aerosol generating procedures (AGPs) are “procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways).” AGPs result in the release of airborne particles (aerosols/droplets) that can lead to the spread of respiratory infections. SLPs may engage in several procedures that can result in generation of aerosols, specifically by the trigger of the cough reflex. ASHA recommends that employers provide SLPs adequate protection from droplet transmission during AGPs consistent with the CDC recommended guidelines for personal protective equipment (PPE). ASHA has developed additional guidance regarding aerosol generating procedures and appropriate PPE.

## Modifications to Dysphagia Services During COVID-19

Since dysphagia assessment and treatment are classified as aerosol generating procedures, and many facilities are limiting access to instrumental assessments of swallowing, SLPs may have to provide dysphagia services in less-than-ideal conditions during the pandemic (e.g., creating a plan of care relying solely on clinical swallow examination with no input from an instrumental exam). While not optimal, ASHA recognizes that these constraints exist and that clinicians need to make reasonable accommodations to continue delivery of medically necessary, skilled services. For further information on this topic, ASHA's SIG 13 (Swallowing and Swallowing Disorders) has produced a web recording with contribution from experts from the Dysphagia Research Society (DRS), the American Board of Swallowing and Swallowing Disorders (ABSSD) and the ASHA Health Care Economics Committee (HCEC).

## SLPs' Role in Endoscopic Procedures

CMS issued a guidance [PDF] on March 18, 2020 to limit non-essential adult elective surgery and medical, surgical procedures to conserve critical resources such as ventilators and Personal Protective Equipment (PPE), as well as limit exposure of patients and staff to the coronavirus. Based on the tiered framework of risk assessment that they propose, CMS recommends postponing completion of endoscopies. In further clarification to ASHA on March 20, 2020 CMS indicated that the guidance extended to Fiberoptic Endoscopic Evaluation of Swallowing (FEES). The heightened risk can be extended to completion of procedures such as flexible laryngoscopy with or without stroboscopy as well.

Since existing evidence indicates that viral density is greatest in the nose and nasopharynx, it is likely that use of instrumentation in and through these areas would lead to increased risk for transmission of COVID-19 in providers completing these tasks. Additionally, procedures such as FEES may involve the use of sprays, which can aerosolize the pathogens on the mucosa.

ASHA supports the guidance issued by CMS and is in favor of delaying endoscopic examinations as much as possible, while assessing transmission risk based on the CMS framework. We recommend that these procedures be performed only after pre-screening COVID-19 status and, performed only with appropriate PPE as recommended by the Centers for Disease Control (CDC). CMS guidance does provide reasons for furnishing the service based upon the needs of the patients. The rationale for completing the service would need to be documented by justifying why the procedure is critical at the present time for the patient. Per CMS communication with ASHA, clearly documented rationale is key.

## SLPs' Role in Videofluoroscopic Swallow Studies (VFSS)

ASHA supports the guidance of The American College of Radiology (ACR) which states “The ACR fully supports and recommends compliance with the Centers for Disease Control and Prevention (CDS) guidance that advises medical facilities to “reschedule non-urgent outpatient visits”. This includes non-urgent imaging and fluoroscopy procedures, including but not limited to: screening mammography, lung cancer screening, non-urgent computed tomography (CT), ultrasound, plain film X-ray exams, magnetic resonance imaging (MRI) and other non-emergent or elective radiologic and radiologically guided exams and procedures.” Clinicians should take a person-centered and team-based approach for clinical decisions about the necessity and urgency of videofluoroscopic swallow studies (VFSS).

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## AGENDA ITEM 11

### Legislative Update

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Sarah Adler, Board Lobbyist will provide the Board with a general update on legislative activities.

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**ACTION:** None – INFORMATIONAL ONLY

**ATTACHMENT(S):**

*None*

## AGENDA ITEM 12

### Work Session on Legislative Priorities

NRS 637B.175 ~ Fees			
Overview	The Board’s authorized fee caps were last changed in 2015. Actual fees to be charged are established in regulation, not to exceed the fee caps as set in NRS. Current fees are at the maximum cap, except for the Examination fee which is set below the \$300 cap at \$200 for the practical examination for fitting and dispensing hearing aids.		
Status	In January 2020 the Board approved moving forward on a Bill Draft Request to change fee caps to the following:		
		Current	New
	Application fee	\$ 150	\$ 300
	License fee	\$ 100	\$ 200
	Fee for the renewal of a license	\$ 100	\$ 200
	Reinstatement fee	\$ 100	\$ 300
	Examination fee	\$ 300	\$ 400
	Fee for converting to a different type of license	\$ 50	\$ 100
	Fee for each additional license or endorsement	\$ 50	\$ 100
	Fee for obtaining license information	\$ 50	\$ 100
	The Board’s staff and lobbyist have been conducting research on the Board’s historical fee changes, budgetary history and future considerations, and comparison to fees charged by other Nevada Boards to support this BDR. Board Lobbyist Sarah Adler is preparing to reach out to potential legislative sponsors.		
	Potential survey questions related to both Fees and Assistants licensing are also attached for the Board’s review and input.		
	Continue working and pursue in the 2021 Legislative Session		
Recommendation(s)	<ul style="list-style-type: none"><li>• Conduct Survey in Spring 2020</li><li>• Include Board Work Session as a standing agenda item for every meeting</li><li>• Collaborate with stakeholders</li></ul>		

NEW ~ SLP Assistant and AUD Assistant Licensing	
<b>Overview</b>	This proposed new legislation would define and create authority and criteria for licensing Speech-Language Pathology Assistants and Audiology Assistants in the State of Nevada. This is a national trend with many states moving towards some form of legislation and licensing requirements.

<b>Status</b>	<p>The Board held a special meeting on February 12, 2020 to consider appointing a subcommittee to do this work but decided to keep it on the whole Board's agenda due to interest from most members to have input.</p> <p>Following that meeting, Board staff and lobbyist Sarah Adler held meetings with Tami Brancamp and Michael Hodes (separately) as well as Nancy Kuhles from the NSHA Coalition to better understand where to start and report back to the larger Board.</p> <p>Two things became quickly apparent:</p> <ol style="list-style-type: none"> <li>1. The Assistant roles for Audiology and SLP are quite different and with differing levels in scope of practice and considerations for licensing.</li> <li>2. Pursuing this as a legislative change will require a great deal of research and collaboration with stakeholders that does not lend itself to having a BDR ready for the 2021 legislative session. This has been further complicated and likely delayed by the current COVID-19 pandemic, as travel is restricted and resources are diverted elsewhere and may be for some period of time.</li> </ol> <p>To keep the work moving, research was compiled to assist the Board in understanding all the facets involved in Assistant licensing. Please refer to the attachments listed below:</p> <ul style="list-style-type: none"> <li>• <i>Considerations for Licensing Audiology Assistants_April 2020</i></li> <li>• <i>Considerations for Licensing Speech-Language Pathology Assistants_April 2020</i></li> </ul> <p>Potential survey questions related to both Fees and Assistants licensing are also attached for the Board's review and input.</p>
<b>Recommendation(s)</b>	<p><b>Continue working with plan to pursue in the 2023 Legislative Session</b></p> <ul style="list-style-type: none"> <li>• Conduct Survey in Spring 2020</li> <li>• Include Board Work Session as a standing agenda item for every meeting</li> <li>• Collaborate with stakeholders</li> </ul>

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

1. *Considerations for Licensing Audiology Assistants\_April 2020*
2. *Considerations for Licensing Speech-Language Pathology Assistants\_April 2020*
3. *Survey Questions on Fees & Assistants\_DRAFT April 2020*





State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

## Considerations for Licensing Audiology Assistants

April 2020

### Overview

#### ROLE

Audiology assistants perform delegated tasks that are prescribed, directed, and supervised by a certified and/or licensed audiologist. An audiology assistant must complete prescribed training and demonstrate competency to achieve certification.

#### NRS/NAC CONSIDERATIONS

NAC 637B allows for some duties related to hearing aids to be delegated to an unlicensed assistant by a dispensing audiologist or hearing aid specialist. This was added when the two Boards merged in 2016.

***NAC 637B.0442 Delegation of duties by hearing aid specialist or dispensing audiologist to unlicensed office assistant, aide or technician.*** (NRS 637B.132)

*1. Except as otherwise provided in subsection 2, a hearing aid specialist or dispensing audiologist may delegate certain duties to an office assistant, aide or technician who is not licensed pursuant to this chapter and chapter 637B of NRS and does not possess the professional or advanced training required for the practice of fitting and dispensing hearing aids if the hearing aid specialist or dispensing audiologist determines, before delegating a duty, that the office assistant, aide or technician possesses the necessary knowledge, competence, training and skills to perform the duty. The duties that may be delegated to an office assistant, aide or technician pursuant to this section include, without limitation:*

- (a) Cleaning a hearing aid;*
- (b) Repairing or replacing a broken part of a hearing aid with the same part;*
- (c) Replacing a thin tube or dome with a similar size or style;*
- (d) Replacing filters;*
- (e) Returning to a client a repaired hearing aid that does not require fitting, programming or adjusting;*
- (f) Accepting an in-office return of a hearing aid if a receipt is provided to the client to document proof of the return; and*
- (g) Performing clerical, secretarial and general administrative duties, including, without limitation, providing information that is readily available to the general public.*

*2. A hearing aid specialist or dispensing audiologist shall not delegate any duty to an office assistant, aide or technician pursuant to this section that requires professional or advanced training for the practice of fitting and dispensing hearing aids. Duties that may not be delegated pursuant to this section include, without limitation:*

- (a) Removing a hearing aid from or placing a hearing aid into a client's ear;*
- (b) Programming, adjusting or fitting a hearing aid;*
- (c) Conducting an interview, examination or evaluation relating to a client's hearing or hearing loss; and*
- (d) Conducting any activity involving direct physical contact with a client and a hearing-related procedure or instrument.*

*(Added to NAC by Speech-Language Pathology, Audiology & Hearing Aid Dispensing Bd. by R129-15, eff. 6-28-2016)*

## LICENSING OPTIONS

- *Licensing*: Most restrictive, making it illegal to engage in the practice without a license.
- *Certification*: Requires certified practitioners to meet certain state-established standards, but uncertified individuals could still engage if they don't use the title.
- *Registration*: Practitioners register with the Board, typically providing name & address, and pay a nominal registration fee. Standards are not necessarily required/may be minimal, and the Board may choose whether to handle complaints and take disciplinary action.

## IDENTIFIED COLLABORATORS

- American Academy of Audiology (AAA)
- American Speech-Language Hearing Association (ASHA)
- International Hearing Society (IHS)
- Nevada Speech-Language and Hearing Association NSHA
- Nevada Hearing Society (NHS)

## INFORMATION STILL NEEDED

1. Survey data from current licensees to assess potential demand.
2. Availability & cost of ASHA training Modules.

## Proposed Timeline

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## Questions to Consider

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1. Is there a need/demand for this professional role in Nevada?
2. What is the most appropriate licensing path (see below) given the duties assigned, cost to the licensee, cost to the Board, and requirement that the supervising Audiologist assume full responsibility for the assistant?
3. The ASHA-recommended allowable services are almost exclusive to hearing aid fitting and dispensing, raising the question of whether this role could support **both** Audiologists and Hearing Aid Specialists.
4. Does the current NAC regarding delegation to an office assistant allow for this role in some capacity already, and would a regulation change be sufficient to allow for the use of support personnel, especially given that the burden is already on the licensed practitioner to ensure an audiology assistant is qualified and skilled to complete delegated tasks?

5. What is the most appropriate fee range for this role given income potential?
6. What may be the increased cost to the Board (licensing activities, oversight & discipline, database enhancements) and does the value of potential new licensing fees support this, especially given the potentially small number of applicants.

## Need & Benefit

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### HISTORY

ASHA has an Associates Program that allows support personnel in speech-language pathology and audiology to affiliate if working under the supervision of an ASHA-certified speech-language pathologist or audiologist<sup>1</sup>, but there are currently no Audiology Associates registered with ASHA in Nevada<sup>2</sup>.

### USE NATIONALLY

A total of 35 states currently regulate audiology support personnel through various methods. Three states that do not (CT, IA, WI) still address support personnel in their practice laws.

Licensed 12	Registered 18	Certified 4	School Settings Only 1	None 15
<ul style="list-style-type: none"> <li>• Arizona</li> <li>• Idaho</li> <li>• Illinois</li> <li>• Louisiana</li> <li>• Maryland</li> <li>• Massachusetts</li> <li>• New Mexico</li> <li>• Ohio</li> <li>• Oklahoma</li> <li>• South Carolina</li> <li>• South Dakota</li> <li>• Texas</li> </ul>	<ul style="list-style-type: none"> <li>• Alabama</li> <li>• Alaska</li> <li>• Arkansas</li> <li>• California</li> <li>• District of Columbia</li> <li>• Delaware</li> <li>• Georgia</li> <li>• Indiana</li> <li>• Kansas</li> <li>• Maine</li> <li>• Mississippi</li> <li>• Missouri</li> <li>• Montana</li> <li>• Nebraska</li> <li>• North Carolina</li> <li>• Pennsylvania</li> <li>• Rhode Island</li> <li>• West Virginia</li> </ul>	<ul style="list-style-type: none"> <li>• Florida</li> <li>• New Hampshire</li> <li>• North Carolina</li> <li>• Wyoming</li> </ul>	<ul style="list-style-type: none"> <li>• Hawaii</li> </ul>	<ul style="list-style-type: none"> <li>• Connecticut</li> <li>• Iowa</li> <li>• Kentucky</li> <li>• Michigan</li> <li>• Nevada</li> <li>• New Jersey</li> <li>• New York</li> <li>• Wisconsin</li> <li>• SLPA Only</li> <li>• Colorado</li> <li>• Minnesota</li> <li>• North Dakota</li> <li>• Oregon</li> <li>• Tennessee</li> <li>• Virginia</li> <li>• Washington</li> </ul>

### CURRENT STATE OF PRACTICE IN NEVADA

According to the US Bureau of Labor Statistics, in 2018 there were approximately 13,600 Audiologist jobs nationally, with a 16% increase (2,200 new jobs) expected by 2028, identified as a “much faster than average” increase.<sup>3</sup>

According to the 2019 ASHA Membership and Affiliation Profile<sup>4</sup>, Audiologists in Nevada are working in the following settings:

- Education: 12.9%
- Healthcare: 71.0%
- Other: 16.1%
- Private Practice (full or part time): 55%
- Not in Private Practice: 45%

As of March 31, 2020, there were a total of 237 Audiologists and Hearing Aid Specialists licensed in Nevada. The majority are out of Clark County, with out-of-state licenses and Washoe County second and third highest.

	AUD	AUD-D	HAS	HAS-A	Total
Carson	0	2	2	1	5
Churchill	0	0	0	0	0
Clark	17	44	42	9	112
Douglas	1	1	1	1	4
Elko	0	1	0	1	2
Humboldt	0	0	0	0	0
Lyon	1	1	1	0	3
Mineral	0	0	0	0	0
Nye	0	0	0	1	1
Washoe	7	22	15	4	48
White Pine	0	0	1	0	1
Out of State	27	16	18	0	61
<b>Total</b>	<b>53</b>	<b>87</b>	<b>80</b>	<b>17</b>	<b>237</b>



#### POTENTIAL BENEFIT TO PUBLIC/CONSUMERS AND PRACTITIONERS

- ✓ Increases **access to services**, especially in rural Nevada
- ✓ Increased **productivity** by reducing wait times and enhancing **patient satisfaction**
- ✓ Reduce **costs** through delegation of tasks that do not require an audiologist
- ✓ Allows audiologists to spend time on tasks/services that are **more profitable**
- ✓ Ensures the entire audiology team is **practicing at the top of their licenses**
- ✓ Clarifies **practitioner roles** + scope of practice
- ✓ Increases **workforce** opportunities
- ✓ Employers rely on established national **standards**
- ✓ **Portability** between states and work settings
- ✓ **Systematic review** and maintenance of high caliber standards for assistants
- ✓ **Clarifies current NAC** allowing delegation of tasks to unlicensed office assistants
- ✓ Enhancement of **ethical practice**

#### POTENTIAL BENEFIT TO WORKFORCE

##### Career Continuum

This role would likely not be a foundational step to progress easily into HAS or AUD licensure, but could be the impetus for a practitioner to pursue one of those roles. It could also provide a more formal career path for individuals who are undereducated/underemployed but have strong career skills or those looking to make a career change that would benefit from a low-cost educational pathway into a professional role.

##### Earning Potential

ASHA does not track assistant salaries, but reports OT and PT assistants earn approximately 60-70% of professional level salaries.<sup>5</sup> The U.S. Bureau of Labor Statistics reports 2018 median pay for Audiologists at \$75,920 annually (\$36.50/hour). An Audiology assistant making 70% of this would earn \$53,144 annually (\$25.55/hour) though it is unknown if this rate of pay is commensurate with work duties.

### Reciprocity, Portability, & Military Personnel/Spouses

There is no intention currently to participate in an interstate licensing compact, though our practice law does outline processes for issuing a license by endorsement for any practitioner, or for an active member of the Armed Forces, the member's spouse, a veteran, or a veteran's surviving spouse.

Our licensing process is very efficient and complete applications are typically processed within 3-5 business days. We anticipate being able to continue to meet these standards for assistant licensing, as we would have initial applications online by the time this license type went into effect. There may be some initial delays if we receive too many new applications at once.

As most states already license support personnel<sup>6</sup>, establishing these license types would increase Nevada's appeal to certified assistants outside of the state wishing to come here and enter the workforce. Military spouses will also benefit from more career options than have been present historically, which may have limited military families from choosing orders, when choice is an option, to our state.

## ASHA Guidance on the Use of Audiology Assistants

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### TRAINING + CERTIFICATION<sup>7</sup>

There are limited formal educational options for this role and often these assistants gain most of their training on-the-job. ASHA is aware of only one formal audiology assistant training program in the U.S.<sup>8</sup>

ASHA is offering Certification for Audiology Assistants beginning in 2020. As of February 2020, the online modules had not been fully developed but ASHA estimates they will be ready by mid-summer 2020 and cover a total of 4-8 hours of material. Cost has not yet been established.

To sit for the ASHA certification exam, the candidate would have completed the following:

1. Completion of the following courses no more than 2 years prior to application to sit for the exam. (These requirements may also be met as part of an academic course.):
  - Completion of a 1-hour of ethics course
  - Completion of a 1-hour course in universal safety precautions
  - Completion of a 1-hour patient confidentiality training course (HIPAA, FERPA, etc.)
2. Completion of one of the of three education pathway options listed below:

#### Option 1

1. Bachelor's Degree in Communication Sciences and Disorders;
2. 500 hours patient services within the scope of practice for an audiology assistant under the supervision of an ASHA-certified audiologist

#### Option 2

- College degree, high school diploma, or GED;
- One (1) of the following:
  - ASHA Online Audiology Assistant Education Modules;
  - Associate degree or certificate program in becoming an audiology assistant<sup>8</sup>.

- 1,000 hours patient services within the scope of practice for an audiology assistant under the supervision of an ASHA-certified audiologist.

### Option 3

One (1) of the following:

- Military Active Duty: 1) Copy of service member training record; and 2) Military job series awarding certificate (audiology/ENT).
- Military Veteran: 1) Honorable discharge; 2) Military job series awarding certificate (audiology/ENT); and 3) Copy of military transcript.

## SCOPE OF PRACTICE

ASHA recommends the following regarding services performed by audiology assistants which must be:

- Planned, delegated, and supervised by the audiologist;
- Permitted by state law;
- Based on the training, available supervision, and specific work setting;
- Dictated by the scope of practice of the supervising audiologist.

### Allowable Services<sup>9</sup>

- |  |  |  |
|--|--|--|
| 1. Greeting and escorting patients   | 10. Demonstrating alerting and assistive listening devices   | 19. Performing nondiagnostic otoscopy  |
| 2. Scheduling patients   | 11. Instructing patients in proper ear hygiene   | 20. Performing pure-tone audiologic reassessment on established patients                           |
| 3. Packaging and mailing earmold orders, device repairs, and manufacturer/lab returns                      | 12. Assisting audiologists in treatment programs   | 21. Preparing the patient for vng/eng or evoked testing  |
| 4. Maintaining inventories of supplies and checking function of equipment                                  | 13. Assisting audiologists with setup and technical tasks  | 22. Assisting audiologists in hearing testing of pediatric patients                                |
| 5. Performing checks on hearing aids and other amplification devices                                       | 14. Preparing materials for ear impressions  | 23. Performing pure-tone hearing screening and universal newborn hearing screening tests           |
| 6. Performing troubleshooting and minor repairs to hearing aids, earmolds, and other amplification devices | 15. Maintaining and restocking test and treatment rooms  | 24. Performing infection control duties within the clinic/service                                  |
| 7. Cleaning hearing aids and other amplification devices   | 16. Performing equipment maintenance and biological checks   | 25. Assisting patients in completing case history or other relevant forms                          |
| 8. Performing electroacoustic analysis of hearing aids and other amplification devices                     | 17. Conducting hearing and tympanometric screening on older children and adults (without interpretation) | 26. Interacting with hearing instrument manufacturers/suppliers regarding status of orders/repairs |
| 9. Instructing patients in proper use and care of hearing aids and other amplification devices             | 18. Conducting otoacoustic emission screening  | 27. Translation/Interpretation <sup>10</sup>   |

### Prohibited Services

- |  |   |
|--|---|
| 1. Determining case selection or evaluation protocols;   | 6. Assisting with patients without following the treatment plan prepared by the audiologist or without proper supervision;  |
| 2. Interpreting observations or data into diagnostic statements of clinical management strategies or procedures;   | 7. Transmitting or disclosing clinical information, either orally or in writing, to anyone, including the patient, without the approval of the supervising audiologist; |
| 3. Participating in team or case conferences or on any interdisciplinary team, without the presence of the supervising audiologist or an audiologist designated by the supervising audiologist;  | 8. Selecting patients for treatment services or discharging patients from treatment services;   |
| 4. Writing, developing, or modifying a patient's individualized treatment plan;  | 9. Counseling or consulting with the patient, family, or others regarding the patient status or service or making referrals for additional services;                    |
| 5. Composing or signing any formal documents (e.g., treatment plans, reimbursement forms, or reports). Progress Notes written by audiology assistants may be reviewed and cosigned by the supervising audiologist, subject to employer policy; | 10. Referring to themselves either orally or in writing with a title other than one determined by the supervising audiologist.  |

## Specialized Services<sup>11</sup>

Audiology assistants with specialized training from the Council for Accreditation in Occupational Hearing Conservation (CAOHC) may be allowed to perform services under the supervision of a certified and/or licensed audiologist or physician.

### Allowable by CAOHC-Trained Assistants

- Checks and calibration of audiometric instrumentation;
- Otoscopic screening and pure-tone threshold testing for the purpose of hearing conservation;
- Basic counseling of employees concerning test results and criteria for employee referral;
- Fit and training of employees on personal hearing protection devices;
- Fit testing of hearing protection devices;
- Assistance to CAOHC course directors in conducting training courses;
- Employee hearing conservation education, training, and motivation;
- Recordkeeping;
- Generation of periodic hearing conservation statistical reports.

### Prohibited by CAOHC-Trained Assistants

- Assuming the role of a professional supervisor of the audiometric monitoring portion of a hearing conservation program;
- Assuming the role of an instructor of other occupational hearing conservationists;
- Interpreting audiograms;
- Conducting any type of audiometric testing other than air conduction, such as bone-conduction testing or speech audiometry;
- Diagnosing hearing disorders;
- Independently evaluating hearing conservation program effectiveness;
- Conducting noise surveys and analyses or being responsible for noise-control solutions;

## Supervision

Supervision should be comprehensive, periodic, and documented in writing. Assistants should be given written information on roles and functions.

## Qualifications of a Supervising Audiologist

- *Required:* Hold a full, current, and unrestricted license to practice audiology from a state, territory, commonwealth, or the District of Columbia (where applicable) and
- *Recommended:* Hold Certificate of Clinical Competence in Audiology granted by ASHA.

## Exemptions from State Licensure

If the audiologist is exempt from state licensure based on practice in a specific institution or setting, ASHA recommends at least one (1) of the following:

- Hold an ASHA Certificate of Clinical Competence in Audiology;
- Have met ASHA certification requirements;
- Passed a national examination in audiology.

## Roles and Responsibilities of the Supervising Audiologist

The supervising audiologist has the ultimate clinical, ethical, and legal responsibility for the care provided to the patient.<sup>9</sup> Responsibilities include:

- Administrative actions related to audiology assistants, such as hiring, training, determining competency, and
- Conducting performance evaluations;
- Final approval of all directives given by administrators and other professionals regarding audiology tasks;
- Delegation and supervision of specific tasks to the support person (such tasks must not exceed the knowledge and skills of audiology assistants or exceed their scope of practice—specifically the exercise of professional judgment, interpretation of results, or development or modification of treatment plans);
- Assessment of the audiology assistant's proficiency in performing assigned tasks on a predetermined, periodic basis;
- Providing feedback to the audiology assistant to promote continuous performance improvement.

### Number of Assistants Supervised

There is **no maximum** prescribed by ASHA. Maximum number of assistants should allow for delivery of appropriate, quality service.<sup>7</sup>

### Type, Amount, and Frequency of Supervision

The supervising audiologist is responsible for determining the level of supervision that is required based on:<sup>7</sup>

- activities delegated to the assistant
- assistant skills, experience, & judgment
- clinical setting
- patient needs/condition complexity
- service delivery setting
- orientation of a new assistant
- new program, task, or equipment
- change in patient status
- major changes in the care plan

The following levels of supervision are recommended, and in some cases, more than one level of supervision may be used. As assistants gain more experience, they may assume more responsibility but must remain within their scope of practice.

<b>Direct</b>	<i>Present in the same room during direct health care activities.</i>
<b>Indirect</b>	<i>In the same physical area and immediately accessible as needed.</i> The supervising audiologist meets and interacts with patients/clients as needed. The audiology assistant and supervising audiologist discuss, plan, or review evaluation and treatment. Area supervision is available only when the audiology assistant has been formally assigned a graduated level of responsibility commensurate with this type of supervision. This level is synonymous with direct supervision.
<b>General</b>	<i>Not present but immediately available by phone or pager and able to be physically present as needed.</i> Services are furnished by the audiology assistant under the supervising audiologist's guidance.

## REIMBURSEMENT

There is no reimbursement currently under Nevada Medicaid and Medicare, private health plans vary, and teleaudiology services are limited. Billing may be allowed under the license of the supervising audiologist. Though services are not billed, audiologists may benefit from delegating tasks to assistants that allow them more time to provide more profitable services.

## ETHICS + LIABILITY

The supervising audiologist maintains full legal and ethical responsibilities for all assigned audiology activities provided by support personnel.

- If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the Code.
- Only services permitted by state law may be delegated to an assistant.
- Supervising audiologists may be found in violation of the Code if they fail to provide adequate supervision.

ASHA has developed a Code of Conduct for assistants that will be effective in June 2020. The Code is both obligatory/disciplinary and “aspirational/descriptive” as it defines the role of an assistant. The code will apply to audiology assistants holding the Certified Audiology Assistant (C-AA) and applicants for audiology assistant certification.



## Model Bill Language

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In 2014 ASHA developed model bill language for licensing support personnel:<sup>12</sup>

### **AUDIOLOGY ASSISTANT**

*Defined as any person who assists in the practice of audiology and who meets the qualifications set forth in this Act.*

*A person represents himself/herself to be an audiology assistant when he/she holds himself/herself out to the public by any means, or by any service, or function performed, directly or indirectly, or by using the terms "audiology assistant," "audiologist assistant," "audiometry assistant," "audiometrist assistant," "audiologic assistant," "audiological assistant," "audiology support personnel," "audioprosthologist assistant," "audiometrics assistant," "hearing therapy assistant," "hearing therapist assistant," "hearing clinic assistant," "hearing clinician assistant," "hearing center assistant," "hearing aid audiologist assistant," or any variation, synonym, coinage, or other word that expresses, employs, or implies these terms, names, or functions.*

### **PERSONS AND PRACTICES AFFECTED**

*(1) Licensure shall be granted either in audiology or speech-language pathology independently. A person may be licensed in both areas if that person meets the respective qualifications. No person shall practice audiology or speech-language pathology or represent himself/herself as an audiologist or speech-language pathologist in this state, unless such person is licensed in accordance with this Act.*

*(2) On or after [date], an individual hired by a public school system, State approved nonpublic school for children with disabilities, or chartered educational institution of the State or the State Department of Education to practice speech-language pathology shall be licensed in accordance with this Act.*

*(3) On [date], an individual employed by a public school system, State approved nonpublic school for children with disabilities, or chartered educational institution of the State or the State Department of Education to practice speech-language pathology who does not otherwise meet the qualifications set forth in this Act, may be licensed to practice speech-language pathology as long as they are practicing continuously on and after [date] while performing the duties of that employment.*

*(4) Any person not eligible for licensure as an audiologist or not eligible for authorization to practice as an intern, who assists in the practice of audiology under the supervision of a licensed audiologist must be licensed as an audiology assistant. No person shall practice as an audiology assistant or represent himself/herself as an audiology assistant in this state, unless such person is licensed in accordance with this Act.*

*(5) Any person not eligible for licensure as a speech-language pathologist or not eligible for authorization to practice as an intern, who assists in the practice of speech-language pathology under the supervision of a licensed speech-language pathologist must be licensed as a speech-language pathology assistant. No person shall practice as a speech-language pathology assistant or represent himself/herself as a speech-language pathology assistant in this state, unless such person is licensed in accordance with this Act.*

### **QUALIFICATIONS: AUDIOLOGY ASSISTANT**

*To be eligible for licensure by the Board as an audiology assistant, the applicant shall:*

- (a) Submit a signed and notarized application to the Board, upon such form as prescribed by the Board;*
- (b) Pay to the Board the appropriate application fee;*
- (c) Possess a high school diploma, or its equivalent;*
- (d) Have committed no acts described in section 4.02 for which disciplinary action may be justified.*

## References

<sup>1</sup> ASHA SLPA Key Issues. Retrieved from [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Key_Issues). Accessed March 3, 2020.

<sup>2</sup> Email from Melanie Johnson, ASHA Membership Program Manager. March 6, 2020.

<sup>3</sup> U.S. Bureau of Labor Statistics. Occupational Outlook Handbook. Retrieved from <https://www.bls.gov/ooh/healthcare/audiologists.htm>. Accessed April 9, 2020.

<sup>4</sup> ASHA Membership and Affiliation Profile. Retrieved from <https://www.asha.org/research/memberdata/>. Accessed April 9, 2020.

<sup>5</sup> Frequently Asked Questions: Speech-Language Pathology Assistants (SLPAs). Retrieved from <https://www.asha.org/associates/SLPA-FAQs/#f1>. Accessed March 3, 2020.

<sup>6</sup> ASHA State Support Personnel Trends Chart. Retrieved from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Resources>. Accessed March 3, 2020.

<sup>7</sup> ASHA Audiology Assistants Certification: Eligibility Pathways. Retrieved from <https://www.ashaassistants.org/pathways-audiology-assistant>. Accessed March 3, 2020.

<sup>8</sup> ASHA is aware of only one formal audiology assistant training program in the country, at Nova Southeastern University.

<sup>9</sup> ASHA Audiology Assistants Key Issues. Retrieved from [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934665&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934665&section=Key_Issues). Accessed March 3, 2020.

<sup>10</sup> Only if 1) fluent in a language or languages in addition to spoken English; and 2) Who have the necessary training and skills.

<sup>11</sup> ASHA Audiology Assistants Overview. Retrieved from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934665&section=Overview>. Accessed March 3, 2020.

<sup>12</sup> ASHA Model Bill for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants - August 2014. Retrieved from <https://www.asha.org/Advocacy/state/State-Model-Bills-and-Mandates/>. Accessed March 3, 2020.



State of Nevada

Speech-Language Pathology, Audiology &amp; Hearing Aid Dispensing Board

## Considerations for Licensing Speech-Language Pathology Assistants

### April 2020

#### OVERVIEW

#### ROLE

Speech-language pathology assistants are support personnel who perform tasks prescribed, directed, and supervised by ASHA-certified speech-language pathologists. Training includes academic coursework, fieldwork, and on-the-job training. SLP support personnel are typically called “aides” or “assistants”, though each has different levels of training & responsibility with an “aide” having less training and experience than an “assistant”.<sup>1</sup>

#### NRS/NAC CONSIDERATIONS

This initiative will likely overlap with current law & regulations that allow the Nevada Department of Education to issue a teaching license endorsement that allows support personnel to provide direct SLP services to students under the supervision and direction of an SLP. These personnel may hold a bachelor’s degree in any field but must complete related, supplemental student teaching and coursework.

***NAC 391.370 Qualifications for teaching pupils who have speech and language impairments.***  
*(NRS 385.080, 391.019, 391.032)*

- 1. Before teaching pupils, ages 3 to 21, inclusive, who have speech and language impairments, a person must hold an endorsement issued pursuant to this section.*
- 2. To receive the endorsement, the person must:*
  - (a) Have completed a program of preparation for teaching pupils who have speech and language impairments, which has been approved by the Board;*
  - (b) Hold a certificate of clinical competence in speech from the American Speech-Language-Hearing Association or an equivalent license from the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board;*
  - (c) Hold a license or certificate, issued by another state, with an endorsement to teach pupils who have speech and language impairments;*
  - (d) Hold a bachelor’s or master’s degree in the area of speech and language impairments, and have 8 semester hours of student teaching, a clinical practicum, equivalent field experience or 1 year of verifiable teaching experience with pupils who have speech and language impairments; or*
  - (e) Have completed a bachelor’s or master’s degree and:*
    - (1) Have completed 8 semester hours in student teaching of pupils who have speech and language impairments, a clinical practicum with those pupils, equivalent field experience with those pupils or 1 year of verifiable teaching experience with those pupils; and*
    - (2) Have completed at least 28 semester hours of course work, including course work in the following areas:*
      - (I) Audiology;*

(II) *Methods for the assessment and treatment of the disorders of articulation, fluency, voice and language;*  
 (III) *The development of normal speech and language;*  
 (IV) *Science of speech and voice;*  
 (V) *Phonetics;*  
 (VI) *Introduction to special education or the education of pupils who have disabilities; and*  
 (VII) *Parental involvement in programs for pupils who have disabilities.*  
*[Bd. of Education, Certification Reg. § 391.610, eff. 10-23-81] — (NAC A 3-7-84;*

## LICENSING OPTIONS

- *Licensing:* Most restrictive, making it illegal to engage in the practice without a license.
- *Certification:* Requires certified practitioners to meet certain state-established standards, but uncertified individuals could still engage as long as they don't use the title.
- *Registration:* Practitioners register with the Board, typically providing name & address, and pay a nominal registration fee. Standards are not necessarily required/may be minimal, and the Board may choose whether to handle complaints and take disciplinary action.

## IDENTIFIED STAKEHOLDERS/COLLABORATORS

- |   |                                 |
|---|---------------------------------|
| • American Speech-Language Hearing Association (ASHA)   | • Nevada Medicaid               |
| • Nevada Speech-Language and Hearing Association (NSHA) | • Medicaid/CMS                  |
| • Nevada Department of Education, Office of Inclusion   | • Nevada Charter Schools        |
| • Nevada Department of Education, Licensure             | • Nevada State College          |
| • Nevada Healthcare Providers                           | • University of Nevada, Reno    |
| • Nevada Department of Health & Human Services          | • TMCC                          |
|   | • Great Basin College           |
|   | • Touro University              |
|   | • Washoe County School District |
|   | • Clark County School District  |

## INFORMATION STILL NEEDED

1. Survey data from current licensees and stakeholders to assess potential demand.
2. Availability & cost of ASHA training Modules.

## Proposed Timeline

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## Questions to Consider

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1. Is there a need/demand for this professional role in Nevada?
2. What is the most appropriate licensing path (see below) given the duties assigned, cost to the licensee, and cost to the Board?
3. Is there the possibility of other educational pathways being developed in Nevada besides the program currently operating out of NSC?
4. What are the implications for the crossover with the current NDE endorsement and how can we best collaborate?
5. What are the implications for the NSC training program and current NDE-endorsed staff if the Board adopts the ASHA recommendation for preferred training with an associate degree in in SLPA or a bachelor's degree in Speech-Language pathology?
6. What is the most appropriate fee range for this role given income potential?
7. What may be the increased cost to the Board (licensing activities, oversight & discipline, database enhancements) and does the value of potential new licensing fees support this, especially given the potentially small number of applicants.

## Need + Benefit

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### HISTORY

ASHA guidelines date back to 1969 and SLPAs have been in use since the 1970's. ASHA has an Associates Program that allows support personnel in speech-language pathology and audiology to affiliate if working under the supervision of an ASHA-certified speech-language pathologist<sup>2</sup>, but there are currently no SLP Associates registered with ASHA in Nevada<sup>3</sup>.

### USE NATIONALLY

A total of 38 states currently regulate SLP support personnel through various methods. Three states that do not (CT, IA, WI) still address support personnel in their practice laws. Like Nevada, Colorado's Department of Education also allows for a special endorsement for personnel in school settings.

Licensed 14	Registered 18	Certified 6	School Settings Only 2	None 10
<ul style="list-style-type: none"> <li>• Arizona</li> <li>• Idaho</li> <li>• Illinois</li> <li>• Louisiana</li> <li>• Maryland</li> <li>• Massachusetts</li> <li>• Minnesota</li> <li>• New Mexico</li> </ul>	<ul style="list-style-type: none"> <li>• Alabama</li> <li>• Alaska</li> <li>• Arkansas</li> <li>• California</li> <li>• District of Columbia</li> <li>• Georgia</li> <li>• Indiana</li> <li>• Kansas</li> </ul>	<ul style="list-style-type: none"> <li>• Florida</li> <li>• New Hampshire</li> <li>• Oregon</li> <li>• Virginia</li> <li>• Washington</li> <li>• Wyoming</li> </ul>	<ul style="list-style-type: none"> <li>• Colorado</li> <li>• Hawaii</li> </ul>	<ul style="list-style-type: none"> <li>• Connecticut</li> <li>• Iowa</li> <li>• Kentucky</li> <li>• Michigan</li> <li>• Nevada</li> <li>• New Jersey</li> <li>• New York</li> <li>• Wisconsin</li> </ul>

<ul style="list-style-type: none"> <li>• North Dakota</li> <li>• Ohio</li> <li>• Oklahoma</li> <li>• South Carolina</li> <li>• South Dakota</li> <li>• Texas</li> </ul>	<ul style="list-style-type: none"> <li>• Maine</li> <li>• Mississippi</li> <li>• Missouri</li> <li>• Montana</li> <li>• Nebraska</li> <li>• North Carolina</li> <li>• Pennsylvania</li> <li>• Rhode Island</li> <li>• Tennessee</li> <li>• West Virginia</li> </ul>			<ul style="list-style-type: none"> <li>• AUD only</li> <li>• Delaware</li> <li>• North Carolina</li> </ul>
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### CURRENT STATE OF PRACTICE IN NEVADA

According to the US Bureau of Labor Statistics, in 2018 there were approximately 153,700 SLP jobs nationally, with a 27% increase (41,900 new jobs) expected by 2028, identified as a “much faster than average” increase.<sup>4</sup>

According to the 2019 ASHA Membership and Affiliation Profile<sup>5</sup>, 864 SLPs who responded from Nevada reported working in the following settings:

- Education: 48.5%
- Healthcare: 44.2%
- Other: 7.4%
- Private Practice (full or part time): 28.1%
- Not in Private Practice: 71.9%

As of March 31, 2020, there were a total of 990 Speech-Language Pathologists licensed in Nevada. The majority are out of Clark and Washoe counties, with out-of-state licenses third highest.

	SLP
Carson	17
Churchill	3
Clark	494
Douglas	18
Elko	11
Humboldt	3
Lyon	5
Mineral	1
Nye	0
Washoe	301
White Pine	3
Out of State	134
<b>Total</b>	<b>990</b>



### POTENTIAL BENEFIT TO PUBLIC/CONSUMERS AND PRACTITIONERS

- ✓ Increases **access to services**, especially in rural Nevada
- ✓ Allows SLPs more time to increase the frequency and intensity of services to patients or clients, focus more on professional-level tasks,
- ✓ Reduce **costs** through delegation of tasks that do not require an SLP
- ✓ Clarifies **practitioner roles** + scope of practice
- ✓ Increases **workforce** opportunities
- ✓ Employers rely on established national **standards**
- ✓ **Portability** between states and work settings
- ✓ **Systematic review** and maintenance of high caliber standards for assistants
- ✓ Enhancement of **ethical practice**

## POTENTIAL IMPACT ON WORKFORCE

### Career Continuum

Moving from SLPA to SLP is possible in some states, though historically the associated course work and field work experiences required for SLPAs do not align with those required at the professional level. However, this role will create a new pathway for a bachelor's level-trained professional to enter the workforce immediately without additional graduate education to be licensed as an SLP. Currently there is no path into healthcare settings in Nevada with only an undergraduate degree. The Department of Education endorsement does provide a path into education, but requires supplemental training and coursework that is currently only offered at Nevada State College in Southern Nevada.

### Earning Potential

ASHA does not track assistant salaries, but reports OT and PT assistants earn approximately 60-70% of professional level salaries.<sup>6</sup> The U.S. Bureau of Labor Statistics reports 2018 median pay for SLPs at \$77,510 annually (\$37.26/hour).<sup>4</sup> An SLP assistant making 70% of this would earn \$54,257 annually (\$26.08/hour), though it is unknown if this rate of pay is commensurate with work duties.

### Reciprocity, Portability, & Military Personnel/Spouses

There is no intention currently to participate in an interstate licensing compact, though our practice law does outline processes for issuing a license by endorsement for any practitioner, or for an active member of the Armed Forces, the member's spouse, a veteran, or a veteran's surviving spouse.

Our licensing process is very efficient and complete applications are typically processed within 3-5 business days. We anticipate being able to continue to meet these standards for assistant licensing, as we would have initial applications online by the time this license type went into effect. There may be some initial delays if we receive too many new applications at once.

As most states already license support personnel<sup>7</sup>, establishing these license types would increase Nevada's appeal to certified assistants outside of the state wishing to come here and enter the workforce. Military spouses will also benefit from more career options than have been present historically, which may have limited military families from choosing orders, when choice is an option, to our state.

## ASHA GUIDANCE ON THE USE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

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### TRAINING & CERTIFICATION

ASHA recommends the following minimum training components for SLPAs. ASHA reports approximately 25 associate degree SLPA programs as of March 2013.

1. Completion of an approved course of academic study equivalent to:
  - a. An associate degree in an SLPA program;
  - or
  - b. A bachelor's degree in a speech-language pathology or communication disorders program.



2. Successful completion of a minimum of one hundred (100) hours of supervised field work experience under the supervision of an ASHA-certified and/or licensed SLP.
3. On-the-job training that allows for the demonstration of competency in SLPA responsibilities and workplace behaviors.

Currently Nevada State College in Henderson is the only program in Nevada that offers the supplemental coursework that allows individuals to complete the supplemental coursework needed for the NDE endorsement. Currently in Nevada both Nevada State College and University of Nevada, Reno offer both bachelor and master's degrees in Speech-Language Pathology.

ASHA is offering Certification for SLP Assistants beginning in 2020. As of February 2020, the online modules had not been fully developed but ASHA estimates they will be ready by mid-summer 2020 and cover a total of 4-8 hours of material. Cost has not yet been established.

To sit for the ASHA certification exam, the candidate would have completed the following:

1. Completion of the following courses no more than 2 years prior to application. (These requirements may also be met as part of an academic course.):
  - Completion of a 1-hour of ethics course
  - Completion of a 1-hour course in universal safety precautions
  - Completion of a 1-hour patient confidentiality training course (HIPAA, FERPA, etc.)
2. Clinical field work: A minimum of 100 hours, to include
  - 80 hours of direct patient/client/student services under the supervision of an ASHA-certified Speech-Language Pathologist
  - 20 hours of indirect patient/client/student services under the supervision of an ASHA-certified Speech-Language Pathologist
3. Completion of one of the of three education pathway options listed below:

#### **Option 1**

1. Completion of a minimum 2-year SLPA program degree from an accredited institution (e.g., associate degree from a community college, technical training program, certificate program, or bachelor's degree).

#### **Option 2**

1. Bachelor's degree in communication sciences and disorders from an accredited institution;
2. Complete ASHA's Online SLPA Assistant Education Modules or equivalent.

#### **Option 3**

1. College degree (associate's or bachelor's) from an accredited institution; and
2. Pass coursework from an accredited college institution in the areas below:
  - a. Introductory or overview course in communication disorders
  - b. Phonetics
  - c. Speech sound disorders
  - d. Language development
  - e. Language disorders
  - f. Anatomy and physiology of speech and hearing mechanisms; and

### 3. Complete ASHA's Online Assistant Education Modules or equivalent

Sample course work and field work for the SLPA bachelors or associate degree programs include

- General education: Oral and written communication, mathematics, technology, social and natural sciences
- Technical content:
  - Overview of normal processes of communication, including normal speech, language, communication, and hearing development; phonetics; and communication across the life span;
  - Overview of communication disorders, including introduction/survey to communication disorders and coursework in both speech disorders and language disorders.
  - Overview of the anatomy and physiology of the speech and hearing mechanism.
  - Instruction in assistant-level service delivery practices, including technical procedures for SLPAs, ethics for the practice of speech-language pathology, and procedures and processes about assisting the SLP in service delivery.
  - Instruction in workplace behaviors, including relating verbally and nonverbally to clients/caregivers in a pragmatic, supportive, and appropriate manner that considers the developmental, educational, cultural, and communication needs of these individuals; accepting and implementing the supervisor's feedback and instructions and seeking clarification as needed; maintaining confidentiality and ensuring the security of client information and records at all times; communicating effectively in oral and written formats that conform to speech-language pathology workplace standards of intelligibility and legibility and are consistent with state and federal regulations and instructions from the supervising SLP; following health and safety precautions, including universal precautions and other workplace procedures designed to provide a safe environment for clients and others.
  - Cultural and linguistic factors in communication, including one or more of the following: language and culture, interpersonal communication (verbal and nonverbal), sign language and other manually coded systems, bilingualism, or other multicultural issues.
- Observation: Direct, on-site or video observation of an ASHA-certified SLP.
- Field work experience
  - Minimum 100 clock hours of fieldwork to include direct and indirect client contact activities covering all responsibilities of an SLP
  - First 100 fieldwork hours supervised by an ASHA-certified SLP
  - Observation hours 1) Do not count in the required 100 hours of fieldwork; 2) Should be completed before starting fieldwork hours; 3) Minimum observation hours set by the training program
  - Direct supervision a minimum of 50% of the time during patient/client contact (on-site, in-view observation and guidance)
  - May be supervised by more than one SLP.

### SCOPE OF PRACTICE

SLPA's should NOT carry their own caseloads and instead help to provide services as directed for the caseloads of speech-language pathologists.

The SLPA may execute specific components of a speech, language, or feeding program as specified in treatment plans developed by the SLP, provided that the tasks are:

- Only those within the SLPA's scope of practice
- Those which the SLP has determined the SLPA has the training and skill to perform
- Supervised by the SLP at the minimum specified level to ensure quality of care

### Allowable Services

ASHA's Speech-Language Pathology Assistant Scope of Practice applies across all practice settings and allows for the following under the supervision of a speech language pathologist<sup>2</sup>:

<b>Service Delivery</b>	<ol style="list-style-type: none"> <li>1. Assist the SLP with speech, language, and hearing screenings without clinical interpretation;</li> <li>2. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation;</li> <li>3. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation<sup>8</sup>;</li> <li>4. Follow documented treatment plans or protocols developed by the supervising SLP;</li> <li>5. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model;</li> <li>6. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP;</li> <li>7. Program and provide instruction in the use of augmentative and alternative communication devices;</li> <li>8. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP;</li> <li>9. Serve as interpreter for patients/clients/students and families who do not speak English;</li> <li>10. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.</li> </ol>
<b>Administrative Support</b>	<ol style="list-style-type: none"> <li>1. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP;</li> <li>2. Perform checks and maintenance of equipment;</li> <li>3. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies &amp; equipment).</li> </ol>
<b>Prevention &amp; Advocacy</b>	<ol style="list-style-type: none"> <li>1. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities;</li> <li>2. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;</li> <li>3. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders;</li> <li>4. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;</li> <li>5. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.</li> </ol>

### Prohibited Services

1. Represent oneself as an SLP;
2. Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, or swallowing
3. Screenings/checklists;
4. Perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oral pharyngeal swallow therapy with bolus material);
5. Tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
6. Participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
7. Provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
8. Write, develop, or modify a student's, patient's, or client's treatment plan in any way;
9. Assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
10. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA should sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
11. Select students, patients, or clients for service;
12. Discharge a student, patient, or client from services;
13. Make referrals for additional service;
14. Disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;
15. Develop or determine the swallowing strategies or precautions for patients, family, or staff;
16. Treat medically fragile students/ patients/ clients independently;
17. Design or select augmentative and alternative communication systems or devices.

## SUPERVISION

### Qualifications of a Supervising SLP

1. Current ASHA certification and/or state licensure.
2. Completion of at least 2 years of practice following ASHA certification.
3. Completion of an academic course or at least 10 hours of continuing education credits in the area of supervision prior to or concurrent with the first SLPA supervision experience.
4. Have an active interest in use of and desire to use support personnel. Error! Bookmark not defined.

### Roles and Responsibilities of the Supervising SLP

- Conduct ongoing competency evaluations of the SLPAs.
- Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
- Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
- Make all case management decisions.
- Adhere to the supervisory responsibilities for SLPs.
- Retain the legal and ethical responsibility for all students, patients, and clients served.
- Adhere to the principles and rules of the ASHA Code of Ethics.
- Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

### Number of Assistants Supervised

No more than **two (2) full-time equivalent (FTE)** SLPAs in any setting or combination.

### Type, Amount, & Frequency of Supervision

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The

amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor. Error! Bookmark not defined.

Accurate documentation of both direct and indirect supervision must be maintained. Documentation of direct supervision must be completed **at least every 60 calendar days**.

- First 90 workdays
  - At least **30% supervision weekly**: minimum 20% direct and 10% indirect
  - Direct supervision **no less than 20%** of the actual student, patient, and client contact time weekly for each SLPA.
- After first 90 workdays
  - Minimum ongoing supervision **at least every 60 calendar days** must always include documentation of direct supervision provided by the SLP to each student, patient, or client.
  - A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.
  - **100% direct supervision** of SLPAs for medically fragile students, patients, or clients

<b>Direct</b>	<i>On-site, in-view observation and guidance while a clinical activity is performed by the assistant. May include telecommunication technology with immediate feedback provided.</i>
<b>Indirect</b>	<i>SLP is not physically present in person or via telecommunication in real time, but must be available by phone, pager, or other immediate or electronic means.</i>

## REIMBURSEMENT

Medicaid reimbursement of SLPAs varies from state to state. Medicare policy currently does not recognize SLPAs, regardless of the level of supervision and does not reimburse for SLPA services, though billing may be allowed under the license of the supervising SLP. Private insurance varies.<sup>2</sup>

## ETHICS & LIABILITY

The supervising SLPs maintains full legal and ethical responsibility for the students, patients, and clients served but may delegate specific tasks to an SLPA<sup>9</sup>.

- If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.
- SLPs must inform consumers when services are provided by support personnel.

ASHA has developed a Code of Conduct for assistants that will be effective in June 2020. The Code is both obligatory/disciplinary and “aspirational/descriptive” as it defines the role of an assistant. The code will apply to speech-language pathology assistants holding the Certified Speech-Language Pathology Assistant (C-SLPA) applicants for speech-language pathology assistant certification. SLPAs are expected to:

- Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.

## MODEL BILL LANGUAGE

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In 2014 ASHA developed model bill language for licensing support personnel:<sup>10</sup>

### **SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

*Defined as any person who assists in the practice of speech-language pathology and who meets the qualifications set forth in this Act.*

*A person represents himself/herself to be a speech-language pathology assistant when he/she holds himself/herself out to the public by any means, or by any service or function performed, directly or indirectly, or by using the terms “speech pathology assistant,” “speech pathologist assistant,” “speech language pathology support personnel,” “speech therapy assistant,” “speech therapist assistant,” “speech teacher assistant,” “speech correction assistant,” “speech correctionist assistant,” “speech clinic assistant,” “speech clinician assistant,” “language therapy assistant,” “language therapist assistant,” “language pathology assistant,” “language pathologist assistant,” “language specialist assistant,” “voice therapy assistant,” “voice therapist assistant,” “voice pathologist assistant,” “logopedics assistant,” “logopedist assistant,” “communicology assistant,” “communicologist assistant,” “communication specialist assistant,” “aphasiology assistant,” “aphasiologist assistant,” “phoniatriest assistant,” or any variation, synonym, coinage, or other word that expresses, employs, or implies these terms, names, or functions.*

### **SUPERVISING AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS**

*(1) Audiologists and speech-language pathologists supervising audiology assistants or speech-language*

*pathology assistants shall:*

- (a) Register with the Board the name of each assistant working under their supervision;*
- (b) Be responsible for the extent, kind, and quality of service provided by the assistant, consistent with the Board’s designated standards and requirements; and*
- (c) Ensure that persons receiving services from an assistant receive prior written notification that services are to be provided, in whole or in part, by an audiology assistant or a speech-language pathology assistant.*

*(2) Supervising audiologists must hold a valid state license and hold a Certificate of Clinical Competence*

*in Audiology from the American Speech-Language-Hearing Association.*

*(3) Supervising speech-language pathologists must hold a valid state license and hold a Certificate of*

*Clinical Competence in Speech-Language Pathology from the American Speech-Language-Hearing*

*Association. Each such supervisor shall not accept more than two full-time assistants.*

### **PERSONS AND PRACTICES AFFECTED**

*(1) Licensure shall be granted either in audiology or speech-language pathology independently. A person may be licensed in both areas if that person meets the respective qualifications. No person shall practice audiology or speech-language pathology or represent himself/herself as an audiologist or speech-language pathologist in this state, unless such person is licensed in accordance with this Act.*

*(2) On or after [date], an individual hired by a public school system, State approved nonpublic school for children with disabilities, or chartered educational institution of the State or the State Department of Education to practice speech-language pathology shall be licensed in accordance with this Act.*

*(3) On [date], an individual employed by a public school system, State approved nonpublic school for children with disabilities, or chartered educational institution of the State or the State Department of Education to practice speech-language pathology who does not otherwise meet the qualifications set forth in this Act, may be licensed to practice speech-language pathology as long as they are practicing continuously on and after [date] while performing the duties of that employment.*

*(4) Any person not eligible for licensure as an audiologist or not eligible for authorization to practice as an intern, who assists in the practice of audiology under the supervision of a licensed audiologist must be licensed as an audiology assistant. No person shall practice as an audiology assistant or represent himself/herself as an audiology assistant in this state, unless such person is licensed in accordance with this Act.*

*(5) Any person not eligible for licensure as a speech-language pathologist or not eligible for authorization to practice as an intern, who assists in the practice of speech-language pathology under the supervision of a licensed speech-language pathologist must be licensed as a speech-language pathology assistant. No person shall practice as a speech-language pathology assistant or represent himself/herself as a speech-language pathology assistant in this state, unless such person is licensed in accordance with this Act.*

#### **QUALIFICATIONS: SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

*To be eligible for licensure by the Board as a speech-language pathology assistant, the applicant shall:*

*(a) Submit a signed and notarized application to the Board, upon such form as prescribed by the Board;*

*(b) Pay to the Board the appropriate application fee;*

*(c) Possess an associate degree or bachelor degree with an emphasis in speech-language pathology from an accredited educational institution approved by the Board;*

*(d) Submit a bona fide official transcript or a written notification from the chair or program director of an academic institution verifying that the applicant attended the academic institution and completed the academic course work requirement.*

*(e) Complete a minimum of 100 clock hours of supervised clinical experience at the educational institution approved by the Board or during the first year of employment.*

*(f) Have committed no acts described in section 4.02 for which disciplinary action may be justified.*

*(5) Within 30 days of employment, the supervising audiologist or supervising speech-language pathologist must submit a notarized statement to the Board explicitly indicating that the supervisor agrees to supervise the assistant's practice and that the supervisor accepts full and complete responsibility for that practice.*

## REFERENCES

<sup>1</sup> ASHA Speech-Language Pathology Assistants Overview. Retrieved from <https://www.asha.org/Practice-Portal/Professional-Issues/Speech-Language-Pathology-Assistants/>. Accessed March 3, 2020.

<sup>2</sup> ASHA SLPA Key Issues. Retrieved from [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Key_Issues). Accessed March 3, 2020.

<sup>3</sup> Email from Melanie Johnson, ASHA Membership Program Manager. March 6, 2020.

<sup>4</sup> U.S. Bureau of Labor Statistics. Occupational Outlook Handbook. Retrieved from <https://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm>. Accessed April 9, 2020.

<sup>5</sup> ASHA Membership and Affiliation Profile. Retrieved from <https://www.asha.org/research/memberdata/>. Accessed April 9, 2020.

<sup>6</sup> ASHA Frequently Asked Questions: Speech-Language Pathology Assistants (SLPAs). Retrieved from <https://www.asha.org/associates/SLPA-FAQs/#f1>. Accessed March 3, 2020.

<sup>7</sup> ASHA State Support Personnel Trends Chart. Retrieved from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934664&section=Resources>. Accessed March 3, 2020.

<sup>8</sup> Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services (ASHA 2004)

<sup>9</sup> ASHA Assistants Code of Conduct. Retrieved from <https://www.asha.org/policy/Assistants-Code-of-Conduct/>

<sup>10</sup> ASHA Model Bill for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants - August 2014. Retrieved from <https://www.asha.org/Advocacy/state/State-Model-Bills-and-Mandates/>. Accessed March 3, 2020.



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**Fees & Assistants Survey ~ April 2020**

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**1. License(s) Held**

- Audiologist
- Dispensing Audiologist
- Hearing Aid Specialist
- Hearing Aid Specialist Apprentice
- SLP

**2. Age Range**

- Under 25
- 25-35
- 36-45
- 46-55
- Over 55
- Prefer Not to Disclose

**3. Gender**

- Female
- Male
- Prefer Not to Disclose

**4. Years in Practice**

- 0-5
- 6-10
- 11-20
- 21-30
- More than 30

**5. Highest Educational Degree Earned**

- High School Diploma or Equivalent
- Some College
- Associate degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

**6. Annual Salary**

- \$ 0 - \$29,999
- \$ 30,000 - \$59,999
- \$60,000 – \$89,999
- \$ 90,000 or more

- Prefer Not to Disclose

**7. If Employed, Employment Type**

- Employee
- Contractor
- Private Practice/Practice Owner
- Other

**8. If Employed, Employment Level**

- Full-time
- Part-time
- Contract/Per Diem

**9. Primary Work Setting**

- Audiology Practice
- Speech-Language Pathology, OT, or PT Practice
- Hearing Aid Provider
- Physician's Office
- Hospital
- Healthcare (Nursing or Residential) Facility
- Educational Setting: Practitioner
- Educational Setting: Educator
- Other
- Not Currently Employed/Practicing

**10. Geographic Practice Area (select all that apply)**

- Rural Central Nevada
- Rural Northern Nevada
- Rural Eastern Nevada
- Rural Southern Nevada
- Reno/Sparks/Carson City
- Las Vegas/Henderson

**11. Are you licensed in another state besides Nevada?**

- Yes
- No

**12. Do you provide services via Telehealth?**

- Yes
- No

**13. If you provide services via Telehealth, where do you practice?**

- In Nevada

- Outside Nevada

**14. Do you feel the Board's current licensing fees are fairly set and commensurate with your salary?**

- Yes
- No

**15. The Board is proposing to raise the fee caps in statute and institute a plan for a reasonable increase in fees in order to support continued Board operations and growth. Would you:**

- Strongly support
- Support
- Neutral
- Oppose
- Strongly oppose

**16. Has your practice volume or income been impacted by the COVID-19 pandemic?**

- Yes
- No

**17. If you have been impacted by COVID-19, how much has your practice volume or income been impacted by the COVID-19 pandemic?**

- 0 – 10% reduction in work/income
- 10 – 30% reduction in work/income
- 30 – 60% reduction in work/income
- 60 – 90% reduction in work/income
- 90 – 100% reduction in work/income

#### **SLPs ONLY**

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**18. Do you also hold the Nevada Department of Education Endorsement to provide SLP services?**

- Yes
- No

**19. Are there currently any support personnel in use in your work setting?**

- Yes
- No

**20. Do you see a need/benefit to adding licensing for SLP Assistants?**

- Yes
- No

**21. If yes, what need/benefits do you think there are to adding licensing for SLP Assistants? (select all that apply)**

- Increases access to services
- Allows SLPs more time to increase the frequency and intensity of services to patients or clients, focus more on professional-level tasks

- Reduces costs through delegation of tasks that do not require an SLP
- Clarifies practitioner roles + scope of practice
- Increases workforce opportunities
- Employers rely on established national standards
- Portability between states and work settings
- Establishes and maintains high caliber of standards for assistants
- Enhancement of ethical practice

**22. Do you have concerns about adding licensing for SLP Assistants?**

- Yes
- No

**23. If yes, what concerns do you have about adding licensing for SLP Assistants?**

- Encroachment on current SLP role
- No demand for Assistant role
- Activities are not billable
- Not enough training options available
- Concerned about supervision/oversight
- Other

**24. If an SLP Assistant role existed, what duties would you feel comfortable delegating to an assistant? (select all that apply)**

- Assist the SLP with speech, language, and hearing screenings without clinical interpretation
- Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
- Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation
- Follow documented treatment plans or protocols developed by the supervising SLP
- Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model
- Document student, patient, and client performance (e.g., tallying data for the SLP to use preparing charts, records, and graphs) and report this information to the supervising SLP
- Program and provide instruction in the use of augmentative and alternative communication devices
- Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP
- Serve as interpreter for patients/clients/students and families who do not speak English
- Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners
- Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP
- Perform checks and maintenance of equipment
- Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies & equipment)

- Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities
- Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers
- Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders
- Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding
- Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs

**25. ASHA guidelines suggest an SLP may supervise no more than two (2) SLP Assistants and that such supervision should be a minimum of one (1) hour of direct supervision weekly with documentation of supervision every 60 calendar days. Would these supervision requirements affect the kind/number of tasks you might assign to an assistant?**

- Yes
- No

#### **Audiologists/HAS Only**

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**26. Do you already delegate duties to an unlicensed office assistant, aide, or technician as allowed in NAC 637B.0442?**

- Yes
- No

**27. Are there currently any support personnel in use in your work setting?**

- Yes
- No

**28. Do you see a need/benefit to adding licensing for Audiology Assistants?**

- Yes
- No

**29. If yes, what benefits do you think there are to adding licensing for Audiology Assistants? (select all that apply)**

- Increases access to services
- Increases productivity by reducing wait times and enhancing patient satisfaction
- Reduces costs through delegation of tasks that do not require an audiologist/HAS
- Allows audiologists/HAS to spend time on tasks/services that are more profitable
- Ensures the entire team is practicing at the top of their licenses
- Clarifies practitioner roles + scope of practice
- Increases workforce opportunities
- Employers can rely on established national standards
- Portability between states and work settings

- Establishes and maintains high caliber of standards for assistants
- Clarifies current NAC allowing delegation of tasks to unlicensed office assistants
- Enhances ethical practice

**30. Do you have concerns about adding licensing for Audiology Assistants?**

- Yes
- No

**31. If yes, what concerns do you have about adding licensing for Audiology Assistants? (select all that apply)**

- Encroachment on current Audiologist role
- No demand for Assistant role
- Activities are not billable
- Not enough training options available
- Concerned about supervision/oversight
- Other

**32. If an Audiology Assistant role existed, what duties would you feel comfortable delegating to an assistant? (select all that apply)**

- Greeting and escorting patients
- Scheduling patients
- Packaging and mailing earmold orders, device repairs, and manufacturer/lab returns
- Maintaining inventories of supplies and checking function of equipment
- Performing checks on hearing aids and other amplification devices
- Performing troubleshooting and minor repairs to hearing aids, earmolds, and other amplification devices
- Cleaning hearing aids and other amplification devices
- Performing electroacoustic analysis of hearing aids and other amplification devices
- Instructing patients in proper use and care of hearing aids and other amplification devices
- Demonstrating alerting and assistive listening devices
- Instructing patients in proper ear hygiene
- Assisting audiologists in treatment programs
- Assisting audiologists with setup and technical tasks
- Preparing materials for ear impressions
- Maintaining and restocking test and treatment rooms
- Performing equipment maintenance and biological checks
- Conducting hearing and tympanometric screening on older children and adults (without interpretation)
- Conducting otoacoustic emission screening
- Performing nondiagnostic otoscopy
- Performing pure-tone audiologic reassessment on established patients
- Preparing the patient for vng/eng or evoked testing
- Assisting audiologists in hearing testing of pediatric patients
- Performing pure-tone hearing screening and universal newborn hearing screening tests

- Performing infection control duties within the clinic/service
- Assisting patients in completing case history or other relevant forms
- Interacting with hearing instrument manufacturers/suppliers regarding status of orders/repairs
- Translation/Interpretation

**33. ASHA guidelines do not prescribe a maximum number of Audiology Assistants that can be supervised by a practitioner, leaving it up to the supervisor to assess the Assistant's experience and skills against patient needs. Would supervision requirements affect the kind/number of tasks you might assign to an assistant?**

- Yes
- No



## AGENDA ITEM 13

### Review of Drafted Revisions to *Board Policy 03 – Dispensing Examinations* and Related Forms

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During its January 22, 2020 meeting the Board authorized the Executive Director to draft new policy language for Dispensing Examinations, specific to 1) the potential use of a Proctor Agreement and Confidentiality Form between the Board and any proctor who administer exams, and 2) the potential use of a Test Subject Informed Consent Form for individuals who agree to sit as test subjects during exams.

*Board Policy 03 – Examination Scores* was implemented in 2016 and revised in 2018 to address passing exam scores. This policy has been revised to include the two matters identified above and includes language regarding examination retakes that will encompass the proposed regulation changes requiring a 30-day waiting period. Board staff are also presenting a suggested change to the requirement for a practitioner to retake both exams when requesting a reinstatement, with an allowance to waive this if the individual is currently licensed and practicing in another state.

Drafts of both the *Proctor Agreement* and *Consent & Waiver* forms are attached for the Board's review as well. **As this is a revision, please note that changes/additions are underlined in the policy.**

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#### **ACTION:**

Approve revisions to *Policy 03 – Dispensing Examinations*, table the matter, or take no action.

#### **ATTACHMENT(S):**

1. *Policy 03 - Dispensing Examinations\_V3\_Revised April 2020 DRAFT*
2. *Proctor Appointment & Confidentiality Agreement DRAFT*
3. *Test Subject Informed Consent and Waiver of Liability DRAFT*



## State of Nevada

### Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

#### Policy 03

#### Dispensing Examinations & Scores

V3: Revised April 2020

V2: Revised July 2018

V1: Initiated July 2016

#### Background

NRS 637B.194(3) and NRS 637B.205(2) establish the requirement for passing an examination approved by the Board to practice the fitting and dispensing of hearing aids. NAC 637B.0373 establishes the examination as having a written and practical portion, establishes application eligibility requirements to sit for the examination, addresses retakes following failed examination attempts, and authorizes the Board to establish the passing scores.

#### Policy

It is the policy of the Board to evaluate the qualifications and determine the eligibility of any applicant or potential applicant for any license or endorsement of a license issued pursuant to NRS 637B.

The Board has delegated to the Executive Director the authority to evaluate the qualifications of and determine the eligibility of an applicant for any license, in accordance with the requirements established by the Board.

#### Purpose

The purpose of this policy is to establish the Board approved examinations, the passing score required to be achieved for an applicant as a Hearing Aid Specialist or Dispensing Audiologist and establish the process and timeline for examinations.

#### Procedure

Applicants must pass both the written and practical examinations as prescribed by the Board:

##### 1. Written Examination

- a. Upon receipt of application for licensure, Board staff will submit an *ILE Candidate Authorization Form* to the IHS.
- b. Candidates will receive an email from the IHS with instructions for scheduling the examination and payment of fees.
- c. The Board will accept a score of 71% or above as PASSING on the written examination.
- d. The Board may accept a passing score obtained on the ILE Examination taken within the immediately preceding 12 months.

##### 2. Practical Examination

- a. Upon passing the ILE Written Examination, the practitioner should contact the Board office directly to schedule the Practical Exam.

- b. An examination will be scheduled on an individual basis in either Reno or Las Vegas with a Board appointed proctor. Board staff will make every effort to schedule the examination in a timely manner but may be limited or delayed by proctor and/or candidate availability.
- c. Once scheduled, the candidate must pay the Practical Examination Fee prior to the scheduled exam date.
- d. Candidates are required to bring the following to the examination, with a more detailed list of requirements provided once the exam is scheduled:
  - 1) An audiometer; and
  - 2) An adult test subject. This individual may not be a person who would be a candidate for this examination in the foreseeable future.
- e. At the time of the examination, the proctor, candidate, and test subject must complete an *Informed Consent and Waiver of Liability* form.
- f. The Board will accept a comprehensive score of 75% or above as PASSING on the Practical Examination as follows:
  - 1) Each section of the Practical Examination must be scored at 75% or higher.
  - 2) If a section is scored below 75%, the examination will be discontinued with a FAIL.
- g. An applicant who fails an examination is eligible to re-take the examination per the provisions of NAC 637B.0373.

### 3. Special Circumstances

#### a. Apprentice Candidates

- i. An apprentice may apply to convert their apprentice license upon completion of 18 months of their apprenticeship period for purposes of scheduling and taking the written and/or practical examinations.
- ii. The written examination must be completed with a passing score, prior to the scheduling of the practical examination.
- iii. The written examination must be completed with a passing score, prior to the apprentice scheduling the NBC-HIS certification examination.

#### b. Audiology Graduate Student Candidates

A graduate student in audiology may apply for licensure up to six (6) months in advance of completion of their fourth-year audiology externship in order to facilitate the scheduling of the written and practical dispensing examinations required for licensure in Nevada.

#### c. Reinstatement of License

A dispensing audiologist or hearing aid specialist requesting license reinstatement must retake both the written and practical examinations unless one (1) of the conditions below applies:

- i. They passed the examinations within the past five (5) years;  
OR
- ii. They did not pass the examinations within the past five (5) years but are currently licensed and actively practicing in another state.

**State of Nevada**

Speech-Language Pathology, Audiology &amp; Hearing Aid Dispensing Board

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**Proctor Appointment & Confidentiality Agreement**  
**Dispensing Practical Examinations**

Pursuant to NRS 637B.194(3), NRS 637B.205(2), and NAC 637B.0373, the Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board requires that applicants for the practice of the fitting and dispensing of hearing aids must pass both a written and practical examination as prescribed by the Board.

Upon passing the written examination, candidates are scheduled to sit for the practical examination with a Board-appointed proctor. The following individual is hereby appointed to this role:

**Proctor Appointment**

**Proctor Name:** \_\_\_\_\_ **Appointment Date:** \_\_\_\_\_

**Confidentiality Agreement**

Exam Proctors are privy to information about hearing aid specialists, apprentices and audiologists that are of a sensitive and confidential nature. Proctors are personally responsible for maintaining strict confidentiality relative to the practical examination for the fitting and dispensing of hearing aids, specific aspects of the examination materials and process, and any other related activities.

In consideration of my position as an Examination Proctor with the Board and its activities, I agree to:

1. Not retain in any manner, any of the materials provided to me or any notes made during the process of my examination activities with the Board. All materials, notes, reports and/or any other media obtained during an examination will be provided to the Board upon completion of an examination.
2. Not discuss with anyone other than Board staff or authorized individuals, confidential information related to the business of the Board and the examination process without the express permission of the Executive Director or, in the absence of an Executive Director, the Chairperson of the Board.
3. Agree that all work generated in relation to my position with the Board is the sole and exclusive property of the Board.

*I accept this appointment and agree to abide by the terms of this Confidentiality Agreement. I also understand that violation of this Agreement constitutes unprofessional conduct.*

**Proctor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## State of Nevada

### Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

## ***Test Subject Informed Consent and Waiver of Liability*** **Dispensing Practical Examination**

Pursuant to NRS 637B.194(3), NRS 637B.205(2), and NAC 637B.0373, the Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board requires that applicants for the practice of the fitting and dispensing of hearing aids must pass both the written and practical International Licensing Examinations (ILE) for Hearing Healthcare Professionals, administered by the International Hearing Society.

Upon passing the written examination, candidates are scheduled to sit for the practical examination with a Board-appointed proctor. It is the policy of the Board that the candidate must bring an adult test subject for use during this examination. This *Informed Consent and Waiver of Liability* applies only to the examination date listed below only.

<b>Examination Date:</b>	
<b>Test Subject:</b>	
<b>Candidate Name:</b>	
<b>Proctor:</b>	

### ***Informed Consent***

#### **NATURE OF ACTIVITY**

The examination will include the candidate performing audiologic testing and screening on the test subject that includes: 1) audiometric testing that may occur inside or outside a sound booth using headphones; 2) a physical examination of the external and internal ear structure; and 3) ear mold impressions.

#### **EXPECTED BENEFITS OF THE SERVICE**

This activity is not provided as a "service" to the test subject, so no benefit is expected. However, the test subject may be advised of hearing concerns resulting from the audiometric testing or examination.

#### **MATERIAL RISKS OF THE SERVICE**

- *Probable or likely to occur:* None
- *Possible rather than probable, but can have serious consequences:* Damage to the ear during ear mold impression, including but not limited to: traumatic perforation, inner ear injury, and impression material entering the middle ear cavity and becoming embedded in the ossicles.
- *Anything else which would be considered relevant by a reasonable person in the same circumstances:* None.

**MATERIAL SIDE EFFECTS OF THE SERVICES**

- *Probable or likely to occur:* None
- *Possible rather than probable, but can have serious consequences:* None.
- *Anything else which would be considered relevant by a reasonable person in the same circumstances:* Soreness in the ear following earmold impressions.

**ALTERNATIVE COURSES OF ACTION**

This activity is not provided as a “service” to the test subject. The only alternative course of action is for the test subject to choose to not participate.

**LIKELY CONSEQUENCES OF NOT HAVING THE SERVICE**

This activity is not provided as a “service” to the test subject, so there is no consequence to not having the service.

***Waiver of Liability***

I, \_\_\_\_\_ (Test Subject), do hereby release and forever discharge and hold harmless the following:

- Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board (Board),
- \_\_\_\_\_ (Examination Proctor),
- \_\_\_\_\_ (Proctor’s Business),
- \_\_\_\_\_ (Test Candidate), an
- Any successors

of any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my activities while engaging as a test subject in this Dispensing Practical Examination. I understand that this Release discharges the Board, Examination Proctor, Proctor’s Business or location where the test takes place, and Test Candidate named above from any liability or claim that I may have against them with respect to any bodily or personal injury, illness, death, or property damage that may result from my participation in this examination. I also understand that the Board, Examination Proctor, and Test Candidate named above do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

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Test Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENDA ITEM 14

### Appointments/Reappointments to the Advisory Committee on Fitting and Dispensing Hearing Aids

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The terms of three (3) members of the Advisory Committee are scheduled to expire as follows:

- |   |                        |
|---|------------------------|
| • Nanci Campbell, AuD                       | Term expires 7/19/2020 |
| • Jennifer Joy-Cornejo, AuD, MA, CCC-A/FAAA | Term expires 7/19/2020 |
| • Melissa Maestas, BC-HIS                   | Term expires 7/19/2020 |

Per NAC637B.033: "Members may be reappointed to serve additional terms at the discretion of the Board."

Nanci Campbell, Jennifer-Joy Cornejo, and Melissa Maestas have all requested reappointment in writing.

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

*None*



## AGENDA ITEM 15

### Executive Director's Report

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Please see the Written Executive Director's Report.

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

1. *ED Report\_4 22 2020*
2. *FY Q2 Financials*



State of Nevada

**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

(775) 787-3421 / Fax (775) 746-4105

[www.nvspeechhearing.org](http://www.nvspeechhearing.org) Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)**EXECUTIVE DIRECTOR'S REPORT**

April 22, 2020

**a. Licensure Statistics**

The following chart provides licensing statistics for the period January 1, 2020 through March 31, 2019. There is a net decrease of 16 licenses (-1%), which is expected given that a large majority of our licenses still expired at the end of the calendar year (December 31) so we expect a larger than usual number of non-renewals during this quarter as licensees are allowed a 30-day grace period to complete late renewal. This is consistent with FY19 Q3 totals, which saw a drop of 29 licenses (-2%) at the end of March 2019.

Description	Total Licensees	Speech Pathologists	Audiologists	Dispensing Audiologists	Hearing Aid Specialists	Apprentices
<b>Dec 31, 2019</b>	<b>1240*</b>	<b>1000</b>	<b>53</b>	<b>88*</b>	<b>79</b>	<b>20</b>
Issued	42	32	3	1	4	2
Expired	55	42	3	3	4	6
<b>Mar 31, 2020</b>	<b>1224</b>	<b>990</b>	<b>53</b>	<b>86</b>	<b>79</b>	<b>16</b>
Change	-13	-10	0	-1	0	-4

*\*corrected***b. FY 2020 2<sup>nd</sup> Quarter Financial Summary****Profit and Loss Through Q2**

- Total Revenue: \$80,735.46      Percent of Budget: 49.99%
- Deferred Revenue: \$94,940.48
- Total Expenses: \$113,833.43      Percent of Budget: 54.15%
- **Net Income: -33,097.97**

**Deviations from Budget**

There were no significant deviations or overages in this quarter. The Q2 summary does not include planned moving costs or website redesign services, though those totals are anticipated to stay within budgeted amounts.

**Balance Sheet**

- Total Cash Assets: \$162,697.86
- Total Liabilities: \$101,189.80
- **Total Equity: \$70,344.06**

**c. Board Member Appointments/Reappointments**

Name	Credential/ Role	Location	Term	Term Expires	Eligible for Reappointment
Tami Brancamp	SLP Board Chair	Reno	1	7/1/2020	Yes
Andrea Menicucci	SLP Board Vice Chair	Reno	2	7/1/2021	No
Nighat Abdulla	Public Member	Las Vegas	2	7/1/2020	No
Michael Hodes	AuD Board Member	Reno	1	7/1/2020	Yes
Timothy Hunsaker	AuD Board Member	Las Vegas	1	7/1/2022	Yes
Bonnie Lamping	SLP Board Member	Las Vegas	2	7/1/2022	No
Thomas Rainford	BC-HIS Board Member	Las Vegas	2	7/1/2021	No

The Board has three (3) members whose terms are set to expire in July 2020. Nighat Abdulla, Public Member will have served two (2) terms and is not eligible for reappointment. The position is posted on the Board's website and it is recommended that Board members and licensees assist in actively recruiting for a new Public member.

Two other members, Tami Brancamp, Board Chair, and Michael Hodes, Board Member, are eligible for reappointment and if desiring to remain on the Board, will need to apply to the Governor's Office for reappointment.

The application link is located on the Board website at:  
<https://www.nvspeechhearing.org/about/members.asp>

**d. Complaints**

There are no outstanding Complaints currently in the investigative process.

**Profit Loss Budget vs. Actual**  
**July 2019 through December 2019**

	<b>Annual Budget</b>	<b>Actuals July 19 -Dec 19</b>	<b>Remaining Balance</b>	<b>% of Budget Spent</b>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
Fees	31,500.00	12,125.00	19,375.00	38.49%
License Fees	119,250.00	64,263.15	54,986.85	53.89%
Exams, List and Interest	10,750.00	4,347.31	6,402.69	40.44%
<b>Total Income</b>	<b>161,500.00</b>	<b>80,735.46</b>	<b>80,764.54</b>	<b>49.99%</b>
<b>Expense</b>				
Administrative Support	93,915.18	42,148.23	51,766.95	44.88%
Attorney General / Legal Fees	4,000.00	2,281.25	1,718.75	57.03%
Audit Fees	0.00	0.00	0.00	0.00%
Bank Service Charges	3,230.00	1,593.07	1,636.93	49.32%
Board Compensation	3,150.00	1,275.00	1,875.00	40.48%
Dues	450.00	450.00	0.00	100.00%
Equipment Purchase	5,000.00	2,115.98	2,884.02	42.32%
Examinations	3,000.00	2,579.70	420.30	85.99%
Executive Director	36,000.00	36,000.00	0.00	100.00%
Insurance	1,500.00	100.00	1,400.00	6.67%
Licensing Program Subscription	7,300.00	3,600.00	3,700.00	49.32%
Meeting Expenses	750.00	184.31	565.69	24.58%
Office Lease	12,240.00	4,212.28	8,027.72	34.41%
Office Supplies	880.00	881.00	-1.00	100.11%
Postage	850.00	132.45	717.55	15.58%
Printing	200.00	0.00	200.00	0.00%
<b>Professional Fees</b>				
Legislative Services	18,000.00	6,000.00	12,000.00	33.33%
Accounting	3,000.00	1,500.00	1,500.00	50.00%
IT / Technical Support	9,200.00	4,680.69	4,519.31	50.88%
<b>Total Professional Fees</b>	<b>30,200.00</b>	<b>12,180.69</b>	<b>18,019.31</b>	<b>40.33%</b>
Telephone	750.00	316.89	433.11	42.25%
<b>Travel</b>				
In-state Travel	2,800.00	710.94	2,089.06	25.39%
Out of State Travel	4,000.00	3,071.64	928.36	76.79%
<b>Total Travel</b>	<b>6,800.00</b>	<b>3,782.58</b>	<b>3,017.42</b>	<b>55.63%</b>
<b>Total Expense</b>	<b>210,215.18</b>	<b>113,833.43</b>	<b>96,381.75</b>	<b>54.15%</b>
<b>Net Ordinary Income</b>	<b>-48,715.18</b>	<b>-33,097.97</b>	<b>-15,617.21</b>	<b>67.94%</b>
<b>Net Income</b>	<b>-48,715.18</b>	<b>-33,097.97</b>	<b>-15,617.21</b>	<b>67.94%</b>

**Balance Sheet**  
**As of December 31, 2019**

**Dec 31, 2019**

**ASSETS****Current Assets****Checking/Savings**

Wells Fargo Bank - Checking 59,865.74

Wells Fargo Bank - Savings 102,832.12

**Total Checking/Savings** 162,697.86

**Total Current Assets** 162,697.86

**Other Current Assets**

Prepaid Expenses 6,000.00

**Total Other Current Assets** 6,000.00

**Fixed Assets**

Capital Assets 2,836.00

**Total Fixed Assets** 2,836.00

**TOTAL ASSETS** 171,533.86

**LIABILITIES & EQUITY****Liabilities****Current Liabilities****Accounts Payable**

Accounts Payable 0.00

**Total Accounts Payable** 0.00

**Other Current Liabilities**

Deferred Revenue 94,940.48

Paid Time Off 3,539.68

Payroll Liabilities 2,518.25

Payroll Tax Liability 191.39

**Total Other Current Liabilities** 101,189.80

**Total Current Liabilities** 101,189.80

**Total Liabilities** 101,189.80

**Equity**

Invested in Capital Assets 2,836.00

Retained Earnings 100,606.03

Net Income -33,097.97

**Total Equity** 70,344.06

**Balance Sheet**  
**As of December 31, 2019****Dec 31, 2019**  

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**TOTAL LIABILITIES & EQUITY****171,533.86**  

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**Transaction Detail by Account**

October through December 2019

Type	Date	Num	Name	Memo	Amount
<b>Wells Fargo Bank - Checking</b>					
Deposit	10/01/2019			Deposit	100.00
Check	10/01/2019	1419	Lorylynn Ltd.	Executive Director salary	-6,000.00
Check	10/01/2019	1425	Numbers, Inc.	Bookkeeping services	-750.00
Check	10/01/2019	1420	Michael Hodes	Examination fees	-400.00
Check	10/01/2019	1421	Melissa Maestas	Examination fees	-100.00
Check	10/01/2019	1422	IH5 - Practical Exam Materials	Examination materials	-615.25
Check	10/01/2019	1423	Jolie Mortensen	Reinstatement	-50.00
Check	10/01/2019	1424	Jean Brannman	Military Discount	-125.00
Liability Check	10/02/2019		QuickBooks Payroll Service	Adjusted for voided paycheck(s)	-990.78
Liability Check	10/02/2019		QuickBooks Payroll Service	Payroll expense	-1,898.93
Paycheck	10/03/2019	DD1055	Stacey Whittaker	Direct Deposit	0.00
Paycheck	10/03/2019	DD1056	Jennifer Pierce	Direct Deposit	0.00
Deposit	10/03/2019			Deposit	100.00
Check	10/03/2019		Voya	Payroll expense	-328.62
Transfer	10/03/2019			Funds Transfer	30,000.00
Deposit	10/04/2019			Deposit	750.00
Deposit	10/08/2019			Deposit	350.00
Deposit	10/09/2019			Deposit	50.00
Check	10/09/2019	1429	AT&T	Telephone expense	-20.57
Check	10/09/2019	1431	Board of Occupational Therapy	Postage reimbursement	-132.45
Check	10/09/2019	1428	Michael Hodes	Examination fees	-100.00
Check	10/09/2019	1430	Retail Assoc of Nevada	Insurance	-100.00
Check	10/09/2019	1426	Jennifer Pierce	Travel reimbursement	-227.14
Check	10/09/2019	1427	Tami Brancamp	Travel reimbursement	-183.50
Deposit	10/10/2019			Deposit	550.00
Check	10/10/2019			Merchant fees	-148.49
Deposit	10/11/2019			Deposit	50.00
Deposit	10/14/2019			Deposit	450.00
Deposit	10/15/2019			Deposit	500.00
Liability Check	10/16/2019		QuickBooks Payroll Service	Payroll expense	-2,889.71
Deposit	10/16/2019			Deposit	100.00
Paycheck	10/17/2019	DD1057	Jennifer Pierce	Direct Deposit	0.00
Paycheck	10/17/2019	DD1058	Stacey Whittaker	Direct Deposit	0.00
Deposit	10/17/2019			Deposit	700.00
Check	10/17/2019		Voya	Payroll expense	-328.62
Deposit	10/17/2019			Deposit	600.00
Deposit	10/18/2019			Deposit	150.00
Deposit	10/21/2019			Deposit	25.00
Deposit	10/22/2019			Deposit	175.00
Deposit	10/23/2019			Deposit	300.00
Deposit	10/25/2019			Deposit	350.00
Deposit	10/26/2019			Deposit	150.00
Check	10/28/2019	1438	Puliz Records Management	Records storage	-40.00



## Transaction Detail by Account

October through December 2019

Type	Date	Num	Name	Memo	Amount
Check	10/28/2019	1439	Information Technology	Telephone expense	-13.34
Tc Check	10/28/2019	1441	Attorney General	Legal fees	-154.36
TO Check	10/28/2019	1433	Michael Hodes	Board Salary	-75.00
Check	10/28/2019	1434	Jane McEvoy	Board Salary	-75.00
Check	10/28/2019	1435	Rainford, Thomas	Board Salary	-75.00
Check	10/28/2019	1436	Nighat Abdulla	Board Salary	-75.00
Check	10/28/2019	1437	Andrea Menicucci	Board Salary	-75.00
Check	10/28/2019	1445	Dell	Equipment purchase	-2,115.98
Check	10/28/2019	1440	Melissa Maestas	Examination fees	-100.00
Check	10/28/2019	1444	Stacey Whittaker	Meeting expense	-60.00
Check	10/28/2019	1443	Lorylynn Ltd.	Executive Director salary	-6,000.00
Liability Check	10/29/2019	E-pay	US Treasury	Payroll expense	-2,608.26
Deposit	10/29/2019			Deposit	275.00
Liability Check	10/30/2019		QuickBooks Payroll Service	Payroll expense	-2,889.71
Deposit	10/30/2019			Deposit	500.00
Paycheck	10/31/2019	DD1059	Jennifer Pierce	Direct Deposit	0.00
Paycheck	10/31/2019	DD1060	Stacey Whittaker	Direct Deposit	0.00
Check	10/31/2019		Voya	Payroll expense	-328.62
Deposit	10/31/2019			Interest income	0.87
Deposit	11/01/2019			Deposit	3,400.00
Check	11/01/2019	1442	Albertsons Consulting Inc.	Licensing system Nov19-Oct20	-7,200.00
Deposit	11/01/2019			Deposit	50.00
Deposit	11/02/2019			Deposit	1,200.00
Deposit	11/03/2019			Deposit	1,400.00
Deposit	11/04/2019			Deposit	2,000.00
Deposit	11/05/2019			Deposit	1,075.00
Deposit	11/06/2019			Deposit	2,050.00
Deposit	11/06/2019			Deposit	675.00
Check	11/06/2019	1446	Staples	Office supplies	-90.57
Deposit	11/07/2019			Deposit	800.00
Deposit	11/08/2019			Deposit	700.00
Deposit	11/09/2019			Deposit	500.00
Check	11/09/2019		Wells Fargo	IT support	-432.46
Deposit	11/10/2019			Deposit	250.00
Deposit	11/11/2019			Deposit	200.00
Deposit	11/11/2019			Deposit	300.00
Deposit	11/12/2019			Deposit	1,000.00
Liability Check	11/13/2019		QuickBooks Payroll Service	Payroll expense	-2,889.71
Deposit	11/13/2019			Deposit	900.00
Check	11/13/2019			Merchant fees	-121.37
Paycheck	11/14/2019	DD1061	Jennifer Pierce	Direct Deposit	0.00
Paycheck	11/14/2019	DD1062	Stacey Whittaker	Direct Deposit	0.00
Deposit	11/14/2019			Deposit	1,150.00
Check	11/14/2019	1452	AT&T	Telephone expense	-23.03

**Transaction Detail by Account**

October through December 2019

Type	Date	Num	Name	Memo	Amount
Check	11/14/2019	1449	Information Technology	Telephone expense	-3.23
Check	11/14/2019	1451	AT&T	Telephone expense	-23.97
Check	11/14/2019	1450	Attorney General	Legal fees	-463.08
Check	11/14/2019	1448	Puliz Records Management	Records storage	-40.00
Check	11/14/2019		Voya	Payroll expense	-366.12
Check	11/14/2019	1447	Oxford SMB	Technical support	-125.00
Check	11/14/2019	1453	Staples	Office supplies	-516.20
Check	11/14/2019	1454	Tao Consultants	Website consulting	-62.50
Deposit	11/15/2019			Deposit	900.00
Deposit	11/17/2019			Deposit	500.00
Deposit	11/18/2019			Deposit	1,350.00
Deposit	11/19/2019			Deposit	1,150.00
Deposit	11/20/2019			Deposit	1,500.00
Deposit	11/21/2019			Deposit	1,100.00
Deposit	11/22/2019			Deposit	1,100.00
Liability Check	11/23/2019	E-pay	US Treasury	Payroll expense	-1,721.84
Deposit	11/23/2019			Deposit	275.00
Deposit	11/24/2019			Deposit	500.00
Deposit	11/25/2019			Deposit	1,475.00
Liability Check	11/26/2019		QuickBooks Payroll Service	Payroll expense	-2,831.71
Deposit	11/26/2019			Deposit	1,225.00
Deposit	11/26/2019			Deposit	850.00
Paycheck	11/27/2019	DD1063	Jennifer Pierce	Direct Deposit	0.00
Paycheck	11/27/2019	DD1064	Stacey Whittaker	Direct Deposit	0.00
Deposit	11/27/2019			Deposit	25.00
Check	11/27/2019		Voya	Payroll expense	-366.12
Deposit	11/28/2019			Deposit	300.00
Deposit	11/29/2019			Deposit	300.00
Deposit	11/29/2019			interest	0.74
Deposit	11/30/2019			Deposit	300.00
Deposit	12/01/2019			Deposit	500.00
Deposit	12/02/2019			Deposit	1,075.00
Check	12/02/2019	1458	Lorylynn Ltd.	Executive Director salary	-6,000.00
Check	12/02/2019	1455	Staples	Office supplies	-18.07
Check	12/02/2019	1459	Staples	Office supplies	-36.16
Check	12/02/2019	1457	IH5 - Practical Exam Materials	Examination materials	-614.45
Check	12/02/2019	1456	Michael Hodes	Examination fees	-250.00
Deposit	12/03/2019			Deposit	1,750.00
Deposit	12/04/2019			Deposit	1,625.00
Deposit	12/05/2019			Deposit	600.00
Deposit	12/06/2019			Deposit	300.00
Deposit	12/10/2019			Deposit	3,650.00
Liability Check	12/11/2019		QuickBooks Payroll Service	Payroll expense	-2,860.22
Deposit	12/11/2019			Deposit	2,500.00

**BEASP**  
**Transaction Detail by Account**  
October through December 2019

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Type	Date	Num	Name	Memo	Amount
Check	12/11/2019			Merchant fees	-600.94
Paycheck	12/12/2019	DD1065	Jennifer Pierce	Direct Deposit	0.00
Paycheck	12/12/2019	DD1066	Stacey Whittaker	Direct Deposit	0.00
Deposit	12/12/2019			Deposit	1,100.00
Check	12/12/2019		Voya	Payroll expense	-366.12
Deposit	12/13/2019			Deposit	1,550.00
Deposit	12/13/2019			Deposit	460.36
Deposit	12/14/2019			Deposit	1,075.00
Deposit	12/15/2019			Deposit	975.00
Deposit	12/16/2019			Deposit	1,325.00
Check	12/16/2019	1464	AT&T	Telephone expense	-101.77
Check	12/16/2019	1463	Puliz Records Management	Records storage	-60.00
Check	12/16/2019	1461	Tao Consultants	Website consulting	-718.75
Check	12/16/2019	1462	Michael Hodes	Examination fees	-100.00
Check	12/16/2019	1460	NCSB	Annual dues	-450.00
Deposit	12/17/2019			Deposit	1,975.00
Deposit	12/18/2019			Deposit	2,050.00
Deposit	12/19/2019			Deposit	1,600.00
Deposit	12/20/2019			Deposit	2,225.00
Deposit	12/20/2019			Deposit	850.00
Liability Check	12/21/2019	2	US Treasury	Payroll expense	-1,722.84
Deposit	12/21/2019			Deposit	825.00
Deposit	12/22/2019			Deposit	650.00
Deposit	12/23/2019			Deposit	1,400.00
Liability Check	12/24/2019		QuickBooks Payroll Service	Payroll expense	-2,860.20
Deposit	12/24/2019			Deposit	750.00
Deposit	12/25/2019			Deposit	100.00
Paycheck	12/26/2019	DD1067	Jennifer Pierce	Direct Deposit	0.00
Paycheck	12/26/2019	DD1068	Stacey Whittaker	Direct Deposit	0.00
Deposit	12/26/2019			Deposit	1,300.00
Check	12/26/2019		Voya	Payroll expense	-366.12
Deposit	12/27/2019			Deposit	2,125.00
Deposit	12/28/2019			Deposit	1,100.00
Deposit	12/29/2019			Deposit	1,000.00
Deposit	12/31/2019			Deposit	2,875.00
Deposit	12/31/2019			Deposit	2,450.00
Deposit	12/31/2019			Deposit	1.09
					<u>44,011.18</u>
					<u><b>44,011.18</b></u>

## AGENDA ITEM 16

### Report from Legal Counsel

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Henna Rasul, Board Counsel will provide the Board with a general update on legal activities.

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**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

*None*

## AGENDA ITEM 17

### Report from Board Chair and Board Members

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- a. Report from Board Chair and Board Members
  - b. 2020 Proposed Meeting Schedule
    - July 2020: Wednesday, July 22, 2020 4:30pm ~ Teleconference
    - October 2020: Wednesday, October 21, 2020 4:30pm ~ Teleconference
  - c. Future Agenda Items:
    - 1) Board Orientation/Training for Members and Staff
    - 2) Approval of FY21 Budget
    - 3) Continued work on Legislative Priorities:
      - NRS 637B.175 - Increase Statutory Caps on Licensing Fees
      - NRS New - Speech-Language Pathologist Assistant, Audiologist Assistant
- 

**ACTION:** Take action, table the matter, or take no action.

**ATTACHMENT(S):**

*None*