



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

NOTICE OF PUBLIC MEETING

Wednesday, January 22, 2025 ~ 4:30pm

Location: Board Office ~ 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523

Supporting materials relating to this meeting will be physically available but in an effort to reduce costs and preserve resources, attendees are encouraged to access electronic copies on the Board's website at

<https://www.nvspeechhearing.org/about/Minutes.asp>

Teleconference Access

ZOOM VIDEO & AUDIO:

<https://us02web.zoom.us/j/81280267587?pwd=2aAff5Q35yVeecOd2aSt9NedB8rOkg.1>

AUDIO ONLY BY TELEPHONE: (669) 900-6833

Meeting ID: 812 8026 7587 **Passcode:** 013389

If you are outside the United States or need **toll-free telephone access**, please contact the Board office at board@nvspeechhearing.org or (775) 787-3421 to request a toll-free number no later than 3:00pm Pacific on the day of the meeting.

Public Comment

Any person wishing to make public comment may attend the meeting and provide comment as follows:

- 1) In person at the physical location(s) listed above, 2) Virtually through the Zoom teleconference video link listed above, or 3) Telephonically through the Zoom telephone number listed above. Please see additional public comment instructions at the end of this agenda.

AGENDA

The **STATE OF NEVADA SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING BOARD** may: (a) 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 October 23, 2024 *(for possible action)*

4. New Board Member Welcome *(informational only)*

5. Legislative Update from Strategies 360 and Board Staff with Consideration for Work with Partners and Stakeholders, and/or Approval of Board Position on Proposed Legislation *(for possible action)*

6. Consideration to Approve SLP Subcommittee Recommendations for Revisions to NAC 637B, Approve Final SLP Subcommittee Meeting Minutes of January 14, 2025, and Dissolve SLP Subcommittee *(for possible action)*

7. Disciplinary Cases Recommended for Dismissal *(for possible action)*

- a. Case #H24-02 *(for possible action)*

8. Executive Director's Report

- a. Licensure Statistics *(for possible action)*
- b. FY25 Q2 Financial Report *(for possible action)*
- c. Board Member Appointments/Reappointments *(for possible action)*
- d. Complaints *(for possible action)*

9. Report from Legal Counsel *(informational only)***10. Reports from Board Chair and Members**

- a. Report from Board Chair and Board Members *(for possible action)*
- b. 2025 Proposed Meeting Schedule: Next meeting proposed: Wednesday, April 23, 2025 at 4:30pm.
Teleconference hosted via Zoom and in-person at the Reno Board Office. Or consideration for in-person meeting in Reno or Las Vegas. *(for possible action)*
- c. Future Agenda Items *(for possible action)*
 - 1) 2025 Legislative Session Update and Report Out
 - 2) Other Items As Proposed

11. 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)

12. Adjournment *(for possible action)*

PUBLIC COMMENT

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 Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their 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).

ACCOMMODATIONS

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

AGENDA POSTING & DISSEMINATION

This meeting has been properly noticed and posted in the following locations:

- Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board [Website](#) and Office, 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523
- State of Nevada Public Notices Website: www.notice.nv.gov

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 MATERIALS

Supporting material relating to public meetings of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board is available at the Board's administrative office located at 6170 Mae Anne Avenue, Suite 1, Reno, Nevada 89523 on the Board's website at <https://www.nvspeechhearing.org/about/Minutes.asp> or by contacting Jennifer R. Pierce, Executive Director by phone at (775) 787-3421 or email at board@nvspeechhearing.org. Anyone desiring additional information regarding the meeting is invited to call the Board office at (775) 787-3421 or board@nvspeechhearing.org.



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

AGENDA ITEM 1

Call to Order, Confirmation of Quorum

Call to Order, Confirmation of Quorum.

Action: Meeting Called to Order



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Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 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).

CHAIR/VICE CHAIR: PLEASE READ PRIOR TO CALLING FOR PUBLIC COMMENT:

I will now review the instructions for providing public comment during this meeting:

Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways:

1. Attend the meeting and provide public comment in-person at the physical location; OR
2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR
3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed at the end of the meeting agenda with additional public comment instructions.

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 Board Chair, additional public comment may be heard when that item is reached.
- The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion.
- 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.

Action: None – Informational Only



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AGENDA ITEM 3

Approval of the Minutes: Board Meeting of October 23, 2024

The minutes of the Board Meeting of October 23, 2024 are presented for approval.

Attachment on next page: *Minutes Not Yet Approved 2024 10 23*

Action: Approve, Table, or Take No Action on the Matter



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Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

MINUTES OF PUBLIC MEETING

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

**Board Meeting
 October 23, 2024**

Members Present:	Timothy Hunsaker, Lynee Anderson, Shawn Binn, Jennifer Joy-Cornejo, Branden Murphy, Adrienne Williams
Members Absent:	Vacant SLP
Staff Present:	Jennifer Pierce, Executive Director Stacey Whittaker, Licensing Coordinator Henna Rasul, Sr. Deputy Attorney General, Board Counsel Izack Tenorio, Board Lobbyist
Public Present:	Katie Allen, Brooke Bowen, Laura Fussell, Karin H. (last name not listed), Amy Noyes, Kim Reddig, Shawna Ross, Sabrina Schnur, Belz & Case "Note-Taking-Bot"

Call to Order, Confirmation of Quorum

Vice Chair Hunsaker called the meeting to order at 4:31pm. A roll call confirmed a quorum was present.

Public Comment

Vice Chair Hunsaker introduced this agenda item and read the following statement pursuant to AB219 (2023):

"I will now review the instructions for providing public comment during this meeting: Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways: 1. Attend the meeting and provide public comment in-person at the physical location; OR 2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR 3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed above. Please see additional public comment instructions at the end of this agenda. 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 Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion. 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."

Vice Chair Hunsaker then called for public comment, and there was none.

Approval of the Minutes: Board Meeting of July 31, 2024

Vice Chair Hunsaker asked if there were any corrections or revisions to the minutes of the meeting of July 31, 2024 and none were noted. Shawn Binn made a motion to approve the minutes of July 31, 2024 as written and Adrienne Williams seconded the motion. The motion passed unanimously.

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

Update and Report Out from Strategies 360 and Board Staff on Legislative and Lobbying Activities and Other Initiatives Impacting the Board in the 2024 Interim and 2025 Legislative Session

Executive Director Pierce explained that this item was scheduled earlier on the meeting agenda to provide an update on legislative issues that may impact the Board and the appointment of new members. Ms. Pierce explained that the Office of Boards and Commissions in the Department of Business and Industry (B&I) held several meetings with Executive Directors from boards in August 2024 to share their plans for a Bill Draft Request, sponsored by the Governor's Office, to expand the authority granted by SB 431 in the 2023 legislative session and assume board operations and oversight to include consolidating small boards under larger "umbrella" boards. Ms. Pierce also shared that B&I has scheduled individual meetings with Board Executive Directors and lobbyists to discuss specific plans for each board. Ms. Pierce and Dr. Tenorio are scheduled to meet with B&I on Tuesday, October 29, 2024 and Ms. Pierce will send an informational update to the Board via email after the meeting. Ms. Pierce shared that the Board's current SLP vacancy and outstanding reappointment for Lynee Aderson could be related to these proposed changes, though this is not confirmed, and staff has requested but not received a response from the Governor's office on the status of appointments.

Izack Tenorio of Strategies 360 explained that during the B&I meeting, he and Ms. Pierce will listen and gather information to bring back to the Board at its next meeting along with B&I's drafted bill in order to inform any position the Board opts to take on the matter. Dr. Tenorio also explained that despite sponsorship from the Governor's Office, the B&I bill will still have to make its way through the legislative process as required for any other bill, so there is no guarantee it will pass, or pass as originally written. The November election and resulting composition of the Nevada Senate and Assembly will also likely impact most legislative efforts, so much is as yet unknown. Dr. Tenorio shared that he continues to receive positive feedback about this Board's proposed bill, and explained that the Board should identify subject matter experts in each practice area who will be able to attend committee hearings, answer questions, and explain why the bill should be passed. No action was taken.

New Board Member Welcome, Elections for Board Chair & Vice Chair, Appointments of Bank Signatories and Financial Reviewer, and Consideration to Authorize Board Chair and/or One or More Board Members to Appear on Behalf of the Board in Front of the Legislature Per NRS 241.015(1)

Ms. Pierce directed the Board to the discussion on the prior agenda item and explained that the Board may choose to elect a new Chair at this meeting with subsequent appointments, or wait until the legislative session ends to see what occurs with the B&I bill, continuing with Vice Chair Hunsaker serving as acting Chair. Consensus was to wait, and the following sections of this agenda item were skipped to be brought back as needed in 2025: Welcome New Board Member, Election of Board Chair & Vice Chair, and Appointment of Banking Signatories & Financial Reviewer.

In lieu of the Board's proposed bill and external legislative efforts, the Board proceeded with consideration to authorize the Chair and/or one or more Board or Subcommittee members to appear on behalf of the Board in front of the Legislature. Vice Chair Hunsaker called for volunteers and a motion. Shawn Binn made a motion to authorize Timothy Hunsaker (Dispensing Audiologist), Adrienne Williams (SLP), and Lynee Anderson (Hearing Aid Specialist) to appear on behalf of the Board in front of the Legislature. Timothy Hunsaker seconded the motion, and the motion passed unanimously.

Disciplinary and Administrative Matters

- Consent Decree Recommended for Approval: Case #H24-01, Brooke Bowen, License #HAS-3732 (Active) and HAS-3441 Temporary (Expired)

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

Ms. Pierce explained that this complaint alleged unprofessional conduct, obtaining licensure and/or employment in Nevada, Colorado, and Alabama through fraudulent means, providing false statements or omitting relevant information in connection with an application for a license or the renewal of a license, including prior criminal charges or convictions and failure to disclose child support obligations, and referring to oneself as an Audiologist to patients. After investigation and review of all documentation received in regard to the above referenced complaint, it was determined that there was sufficient evidence to file a formal complaint for hearing before the Board and the facts set forth in the accusations were sufficient to establish a violation of Chapter 637B of the Nevada Revised Statutes or the Nevada Administrative Code. The practitioner opted to settle the matter by entering into a Consent Decree which is presented to the Board for review and recommended for approval.

Ms. Bowen was present at this meeting via Zoom and Board Counsel Henna Rasul directed Ms. Pierce to send the proposed Consent Decree to the Board members under separate cover and asked the members to review it and ask questions as needed. All members acknowledged receipt and review of the document and no questions were asked. Vice Chair Hunsaker invited Ms. Bowen to speak, who offered that she misread the application questions, felt horrible about the oversight, and would complete all conditions of the Consent Decree. Vice Chair Hunsaker called for a motion. Adrienne Williams made a motion to accept the Consent Decree as presented, and Lynee Anderson seconded the motion. The motion passed unanimously.

- Case #UP24-02: Administrative Unlicensed Practice Case and License Reinstatement Application: Amy Noyes, SLP, License #SP-2901, Expired July 2, 2024
Ms. Pierce introduced this item, and Adrienne Williams disclosed that she is a former employer of Ms. Noyes and recused herself and abstained from voting on the advice of Board Counsel Sr. DAG Henna Rasul. Ms. Pierce explained that the Board office received a Reinstatement Application from Ms. Noyes on August 15, 2024 for SLP license issued 12/28/2020 and expired 7/2/2024. The reinstatement application affirmed that she had continued to engage in SLP practice in her employment at Kid's Therapy Place during the license lapse, approximately 1 month 12 days. Given the 30 day late grace period, Ms. Noyes was eligible to renew with a late fee up to 8/1/2024. Ms. Noyes was sent license reminders directly from Board staff to the current email address in her profile on 5/30/2024, 7/1/2024, and 8/1/2024. A system-generated email reminder was also sent from the licensing database on 5/3/2024. A Cease & Desist letter and notice of this hearing was sent to Ms. Noyes via email and U.S. Postal Mail on 8/21/2024 per the notice requirement in the Nevada Open Meeting Law. Ms. Noyes was present at the meeting via Zoom and when asked by Lynee Anderson about the lapse, she stated that she mixed up the renewal date with her ASHA certification date. Vice Chair Hunsaker called for a motion and Shawn Binn made a motion to reinstate the license without conditions and assess an administrative fine of \$200.00. Jennifer Joy-Cornejo seconded the motion. Adrienne Williams abstained from voting, and the motion passed unanimously.

Review & Approval of Proposed Contract with Christiansen Accounting Network for FY24-FY25 Financial Audit Services Pursuant to NRS 218G.400

Per the Board's approval at the July 31, 2024 meeting to elect a biennial audit for FY24-FY25 to satisfy the audit requirement in NRS 218G.400, an engagement letter and proposed contract with the Certified Public Accounting firm Christiansen Accounting Network were presented for the Board's review and approval. No questions were posed and Vice Chair Hunsaker called for a motion. Branden Murphy made a motion to approve the contract as presented and Adrienne Williams seconded the motion. The motion passed unanimously.

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

Executive Director's Report

Ms. Pierce directed the Board to the written Executive Director's Report and revised report/FY25 Q1 financial reports sent out earlier in the week due to the Board's bookkeeper being out of the office earlier in the month. FY25 Q1 ended with income slightly higher than budgeted at 26.92% and expenses slightly lower at 21.58%. Net income totaled \$3,779.09, and equity totaled \$123,074.73, an increase of approximately \$3,300 from the prior quarter and \$4,200 from FY24 Q1. There were no unexpected expenses or deviations from the budget in FY25 Q1. Ms. Pierce further reported that there was one open complaint case following the July 2024 meeting, with two new complaints received. One open case was satisfied earlier in this meeting through approval of a Consent Decree, leaving one open case. The Board received one report of unlicensed practice following the July 2024 meeting and that case was also satisfied earlier in this meeting through approval of the reinstatement application and assessment of an administrative fine.

Report from Legal Counsel

Henna Rasul, Board Counsel had no new information to report on legal matters.

Reports from Board Chair and Board Members

- a. There were no reports from the Board Chair or members.
- b. 2025 Proposed Meeting Schedule: The next meeting was scheduled for Wednesday, January 22, 2025 at 4:30pm. Ms. Pierce shared that this date would follow the scheduled meeting of the SLP Subcommittee on Tuesday, January 14, 2025, at which time it is expected the Subcommittee will make its final recommendations for NAC changes and take action to disband the Subcommittee and delegate approval of its final meeting minutes to the Board.
- c. Future Agenda Items: The following matters were identified for the January 2025 meeting and future agendas:
 - 1) Update and Report Out from Strategies 360 on Board BDR and Legislative Activities for 2024 Interim and 2025 Legislative Session
 - 2) Consideration to Approve SLP Subcommittee Recommendations for Revisions to NAC 637B
 - 3) Consideration to Approve Final SLP Subcommittee Meeting Minutes and Disband Subcommittee
 - 4) Other Items As Proposed

Public Comment

There was no public comment.

Adjournment

Timothy Hunsaker adjourned the meeting at 5:33 pm.



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AGENDA ITEM 4

New Board Member Welcome

The Board is still awaiting an appointment from the Governor's Office to fill the SLP seat vacated by Andrea Menicucci and complete reappointment of Lynee Anderson.

As of the date this packet was disseminated, no appointments have been made but we will keep the agenda item in place in case the appointment is received prior to the meeting.

Per the October 2024 meeting, the Board will hold off on elections and reappointments to Board roles until summer 2025.

Action: Informational Only



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AGENDA ITEM 5

Legislative Update from Strategies 360 and Board Staff with Consideration for Work with Partners and Stakeholders, and/or Approval of Board Position on Proposed Legislation

Izack Tenorio of Strategies, 360 and Jennifer Pierce, Executive Director will provide the Board with an update on plans and activities, as well as external initiatives that may impact the Board during the 2024 Interim and 2025 legislative session.

All 2025 bills and bill draft requests may be accessed through the [Nevada Legislature's website](#).

a. AB199 – Speech Language Board Bill to Revise NRS 637B

- This is our BDR that includes all approved revisions to NRS 637B. The bill text has not been released as of the date this packet was distributed but may be available any day and will be sent out to the Board once released.
- Our bill is sponsored by Assemblymember Cecilia González and co-sponsored by Assemblymember Tracy Brown-May. Both are members of the Assembly Health and Human Services (HHS) Committee and with Ms. Brown-May serving as Committee Chair. Our first bill hearing will be held in this Committee with a date to be determined.
- In October 2024 the Board voted to authorize Timothy Hunsaker (Dispensing Audiologist), Adrienne Williams (SLP), and Lynee Anderson (Hearing Aid Specialist) to appear on behalf of the Board in front of the Legislature.
- The Board may consider enlisting the support of stakeholders and partners in its efforts to pass these revisions.

No attachment.

b. SB78 - Department of Business and Industry - Board Consolidation Bill

- SB 78 intends to terminate and consolidate various Boards and revise the powers and duties of the Office of Nevada Boards, Commissions and Councils Standards of the Department of Business and Industry.
- The full text of the bill may be accessed [online through NELIS](#) and a condensed version containing just sections applicable to this Board is attached.
- B&I has shared that while SB 78 is currently available in a skeleton format, it “may be somewhat confusing and does not include the full bill language. We are optimistic that the bill language will be revised to fully incorporate the language we proposed regarding board reforms for the occupational and licensing boards, as well as the Office of Boards, Commissions, and Councils Standards.”
- B&I’s policy paper regarding boards and commissions is scheduled for release on January 21st, following the Governor’s State of the State address on January 15th. We will send this out when released and provide a verbal update at the January 22nd Board meeting.
- Board staff were also recently informed by the Legislative Counsel Bureau that Fiscal Notes for the 2025 session will be sent to the Department of Business and Industry rather than directly to Boards, as has



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been the case in prior sessions. B&I has confirmed that they will receive all fiscal note requests and will work with Boards on submission per the authority granted in SB 431.

- The Board may consider taking a position on this bill (in support/neutral/against), drafting public comments, and/or enlisting the support of stakeholders and partners in its efforts.

Attachment on next page: *SB78 B&I Board Consolidation Bill - Condensed*

c. SB34 – Patient Protection Commission - Interstate Compacts

- SB 34 seeks to reduce barriers for licensed healthcare providers to practice in Nevada by authorizing the state to join the following licensure compacts:
 - Audiology and Speech-Language Pathology Interstate Compact
 - Physical Therapy Licensure Compact
 - Physician Assistant Compact
 - Nurse Licensure Compact
 - Occupational Therapy Licensure Compact.
- The full text of the bill may be accessed [online through NELIS](#) and a condensed version containing just sections applicable to this Board is attached.
- The Board may consider taking a position on this bill (in support/neutral/against), drafting public comments, and/or enlisting the support of stakeholders and partners in its efforts.

Attachment on next page: *SB34 PPC Compact Bill - Condensed*

d. Other Bills of Note

To date, the following BDRs have been identified as potentially of interest to our Board, specifically BDR 54-568. Strategies 360 will also provide an update on proposed legislation during the meeting.

Bill	BDR	Requestor	Summary
TBD	54-630	Assembly Committee on Commerce and Labor	Makes various changes to provisions relating to the Chiropractic Physicians' Board of Nevada.
TBD	18-973	Legislative Commission	Revises provisions governing state boards and commissions.
TBD	34-531	Joint Interim Standing Committee on Education	Enacts the Interstate Compact for School Psychologists.
TBD	54-566	Assemblymember Marzola	Enacts the Physical Therapy Licensure Compact.
TBD	54-568	Assemblymember Marzola	Enacts the Audiology and Speech-Language Pathology Compact.
TBD	54-233	Assemblymember Marzola	Enacts the Occupational Therapy Licensure Compact.
TBD	54-877	Assemblymember Marzola	Enacts the Dental and Dental Hygienist Compact.
TBD	54-835	Assemblymember Torres-Fossett	Enacts the Cosmetology Licensure Compact.

Action: Approve, Table, or Take No Action on the Matter

SENATE BILL NO. 78—COMMITTEE ON
REVENUE AND ECONOMIC DEVELOPMENT

(ON BEHALF OF THE DEPARTMENT OF
BUSINESS AND INDUSTRY)

PREFILED NOVEMBER 20, 2024

Referred to Committee on Revenue and
Economic Development

SUMMARY—Revises provisions relating to boards, commissions, councils and similar bodies. (BDR 18-301)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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

AN ACT relating to governmental administration; revising in skeleton form the powers and duties of the Office of Nevada Boards, Commissions and Councils Standards of the Department of Business and Industry; making various changes in skeleton form to the composition and operation of various boards, commissions, councils and similar bodies; providing in skeleton form for the consolidation and termination of various boards, commissions, councils and similar bodies; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates the Office of Nevada Boards, Commissions and Councils Standards of the Department of Business and Industry and sets forth the powers and duties of the Office. (NRS 232.8413, 232.8415) This bill revises, in skeleton form, the powers and duties of the Office.

Existing law provides, with certain exceptions, that all professional and occupational licensing boards created by the Legislature are under the purview of the Office. (NRS 232.8415) **Section 24** of this bill adds various other boards, commissions, councils and similar bodies within the Executive Department of the State Government to the purview of the Office. **Section 11** of this bill requires the Office to provide administrative services to each board, commission, council and similar body under its purview, including, without limitation, legal services, accounting services, information technology services, services pertaining to



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activities designed to influence the passage or defeat of any legislation and the services of hearing officers to adjudicate contested cases. **Section 11** requires the Office to prescribe a fee to cover the costs for such services and adopt such procedures as the Office may deem appropriate for the billing or collection of such fees from a board, commission, council or similar body to which such services are provided. **Section 11** prohibits a board, commission, council or similar body under the purview of the Office from paying any compensation to a natural person or entity other than the Office for a service that the Office provides. This bill would eliminate all provisions of existing law to the contrary. For example, existing law requires a regulatory body to determine whether a contested case will be heard by the regulatory body or a hearing panel or officer. (NRS 622A.300) **Section 79** of this bill requires any contested case before a regulatory body that is a professional or occupational licensing board under the purview of the Office to be heard by a hearing officer employed by the Office. Similarly, **section 83** of this bill eliminates the authority of the Nevada State Board of Accountancy to employ attorneys, as legal services for the Board would be provided by the Office.

Section 11 requires all money collected by the Office for the provision of services to boards, commissions, councils and similar bodies under its purview to be deposited in the State Treasury for credit to the Office of Nevada Boards, Commissions and Councils Standards Account, which is created by **section 12** of this bill.

Existing law requires the Director of the Department of Business and Industry to retain the required staff to effectively administer the responsibilities of the Office. (NRS 232.8413) **Section 23** of this bill provides that such staff may include, without limitation, hearing officers, accountants and other professional, clerical and operational employees. **Section 6** of this bill authorizes the Director to appoint a General Counsel of the Office and deputies to the General Counsel.

Section 15 of this bill: (1) requires the Office to maintain an Internet website through which each board, commission, council and similar body under the purview of the Office may post information; and (2) prohibits such a board, commission, council or similar body from posting information on any other Internet website. The bill would eliminate any provisions of existing law to the contrary. For example, existing law requires the Nevada State Board of Accountancy to maintain a website on the Internet and post certain information on that website. (NRS 628.130) **Section 84** of this bill requires that information to instead be posted on the Internet website maintained by the Office.

Section 13 of this bill sets forth the process that a board, commission, council or similar body under the purview of the Office must use if it wishes that a request for the drafting of a legislative measure be submitted to the Legislative Counsel.

Sections 7-9 of this bill require the Office, with certain exceptions, to periodically review each board, commission, council and similar body in this State within the Executive Department of the State Government and set forth procedures for conducting such a review. At the conclusion of such a review, **section 9** requires the Deputy Director to submit to the Governor his or her recommendation as to whether the board, commission, council or similar body should be terminated, modified, consolidated with another board, commission, council or similar body or continued. **Section 9** requires the Governor, if necessary, to request the drafting of a legislative measure to effectuate the recommendation. If the board, commission, council or similar body is an advisory body subject to termination pursuant to **section 29** of this bill and the Deputy Director makes certain specified findings concerning the advisory body, **section 9** requires the Deputy Director to submit a notice to the Governor and the Director of the Legislative Counsel Bureau recommending the continuation of the board, commission, council or similar body.

Section 29 requires any legislative measure enacted on or after July 1, 2026, which contains a provision creating an advisory body, with certain exceptions, to



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provide for the expiration by limitation of the provision 2 years after effective date of the provision. However, **section 29** also requires such legislation to provide for the extension of the provision for a period of 2 years each time the Deputy Director submits a notice to the Governor and the Director of the Legislative Counsel Bureau described in **section 9** recommending the continuation of the advisory body. As such, under **section 29**, any advisory body created on or after July 1, 2026, would terminate automatically after 2 years, but may be extended in 2-year increments if the Deputy Director, after a review of the advisory body, makes certain findings resulting in a recommendation for the continuation of the advisory body.

Section 10 of this bill authorizes the Office to: (1) establish procedures and requirements relating to the appointment of members to a board, commission, council or similar body under the purview of the Office; and (2) require any such body, before entering into a contract of any kind, to submit the contract to and obtain the approval of the Office.

Section 14 of this bill makes the person appointed by the Governor as the administrative head of the department within which a board, commission, council or similar body under the purview of the Office, other than a professional or occupational licensing board, responsible for the effective operation of the board, commission, council or similar body. **Section 14** provides that such boards, commissions, councils or similar bodies are authorized to meet only upon: (1) the call of the Chair of the board, commission, council or similar body; (2) the written request of a majority of the members of the board, commission, council or similar body; or (3) the call of the administrative head of the department responsible for its effective operation. This bill would eliminate all provisions of existing law to the contrary. For example, **section 21** of this bill removes provisions requiring the Advisory Council of the Division of Industrial Relations of the Department of Business and Industry to meet at least once annually. (NRS 232.580) All similar provisions requiring a board, commission, council or similar body under the purview of the Office that is not a professional or occupational licensing board to meet a certain number of times per year would be eliminated.

Section 16 of this bill authorizes the Office to have access to, inspect, copy and subpoena various records and use the information obtained to resolve matters relating to its duties.

This bill also provides, in skeleton form, for various revisions to provisions relating to the membership of various boards, commissions, councils and similar bodies under the purview of the Office. For example, under existing law, the members of the Advisory Council of the Division of Industrial Relations are appointed by the Governor. (NRS 232.570) **Section 20** of this bill makes the Director of the Department of Business and Industry responsible for appointing the members of the Advisory Council. This bill would similarly make the administrative head of the department in which a board, commission, council or similar body under the purview of the Office that is not a professional or occupational licensing board responsible for the appointment of the members required to be appointed by the Governor under existing law. **Section 20** also provides that the term of office for a member of the Advisory Council is 2 years and that a member may not serve more than two terms. This bill would apply those term limits and terms of office to every board, commission, council or similar body under the purview of the Office that is not a professional or occupational licensing board.

This bill would also standardize the term limits and terms of office for professional and occupational licensing boards under the purview of the Office. For example, under existing law, a member of the State Contractors' Board serves a term of 3 years and is not limited in the number of terms he or she may serve. (NRS 232A.020, chapter 624 of NRS) However, an appointed member of the State



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Barbers' Health and Sanitation Board serves a term of 4 years and is prohibited from serving more than three terms. (NRS 643.020) **Sections 81 and 94** of this bill provide that the term of office for the appointed members of both of these boards is 4 years and each such member is prohibited from serving more than two terms. This bill would apply such term limits and terms of office to every professional and occupational licensing board under the purview of the Office.

This bill would also standardize the compensation to be paid to members of the boards, commissions, councils and similar bodies under the purview of the Office. For example, under existing law, each member of the Advisory Council of the Division of Industrial Relations is entitled to receive a salary of \$60 for each day's attendance at a meeting of the Council. (NRS 232.590) **Section 22** of this bill requires the members to serve without compensation, but provides that each member is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. This bill would require all members of all boards, commissions, councils and similar bodies under the purview of the Office, other than a professional or occupational licensing board, to serve without compensation. However, each member would be entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

This bill would also standardize the compensation to be paid to members of professional and occupational licensing boards under the purview of the Office. For example, under existing law, each member of the State Board of Pharmacy is entitled to receive: (1) a salary of not more than \$150 per day, as fixed by the Board, while engaged in the business of the Board; and (2) a per diem allowance and travel expenses at a rate fixed by the Board, while engaged in the business of the Board, which must not exceed the rate provided for state officers and employees generally. (NRS 639.050) **Section 92** of this bill requires those rates to be fixed by the Deputy Director of the Office, with the approval of the Director of the Department of Business and Industry, rather than the Board. This bill would add similar provisions with respect to every professional and occupational licensing board under the purview of the Office.

In addition to requiring each board, commission, council or similar body under its purview to utilize the administrative services of the Office, this bill would require the Director of the Department of Business and Industry to appoint each executive director of a professional or occupational licensing board, rather than the board itself. For example, existing law authorizes the State Board of Nursing to appoint an Executive Director to perform such duties as the Board may direct and to set the compensation of the Executive Director. (NRS 632.060) **Section 88** of this bill requires the Executive Director to instead be appointed by the Director of the Department of Business and Industry and to serve at a level of compensation set by the Deputy Director of the Office. Under **section 88**, the Executive Director of the Board serves at the pleasure of the Director and is required to perform such duties as are directed by the Deputy Director, as advised by the Board. This bill would add similar provisions with respect to each executive director or person with similar responsibilities of each professional or occupational licensing board. **Section 88** also eliminates a requirement specific to the State Board of Nursing that requires the Executive Director of the Board to be a professional nurse licensed in this State.

Section 87 of this bill authorizes the Board of Dental Examiners of Nevada, by regulation, to defer the expiration of a license issued by the Board to a person who is on active duty in any branch of the Armed Forces of the United States or who is the spouse or dependent child of such a person. This bill would similarly authorize every professional and occupational licensing board under the purview of the Office to take such action.

Existing law creates the Commission on Postsecondary Education within the Employment Security Division of the Department of Employment, Training and



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Rehabilitation and makes the Administrator of the Division, through the Administrator of the Commission, responsible for the administration of provisions of existing law governing the licensure and regulation of certain academic, vocational, technical and business schools and privately owned colleges and universities. (NRS 394.383, 612.220) **Sections 50 and 73** of this bill: (1) move the Commission from within the Employment Security Division to be within the Department of Business and Industry; (2) revise the membership of the Commission to replace a nonvoting member who is an employee of the Department of Employment, Training and Rehabilitation with a nonvoting member who is an employee of the Department of Business and Industry; and (3) eliminate the responsibility of the Administrator of the Employment Security Division with respect to the provisions of existing law governing the licensure and regulation of certain schools, colleges and universities.

Section 25 of this bill requires the Office of Minority Health and Equity of the Department of Health and Human Services, rather the Director of the Department of Business and Industry, to provide staff assistance to the Nevada Commission on Minority Affairs, except for those services provided by the Office pursuant to **section 11**.

This bill would eliminate, consolidate or revise the membership of various boards, commissions, councils and similar bodies both under and outside the purview of the Office.

The Nevada Air Service Development Commission would be eliminated and its duties transferred to the Nevada Aviation Technical Advisory Committee. (NRS 231.600-231.700) For example, **section 1** of this bill transfers the duty to administer the Nevada Air Service Development Fund and to adopt certain regulations from the Commission to the Nevada Aviation Technical Advisory Committee.

The Nevada Commission for Persons Who Are Deaf and Hard of Hearing would be eliminated and its duties transferred to the Nevada Equal Rights Commission. (NRS 233.030, 427A.750) **Section 26** of this bill revises the membership of the Nevada Equal Rights Commission.

The State Historical Records Advisory Board and the Committee to Approve Schedules for the Retention and Disposition of Official State Records would be eliminated. (NRS 239.073, 378A.030) The duties of those bodies would be transferred to the State Records and Historical Advisory Council created by **section 30** of this bill.

The Human Resources Commission, the Employee-Management Committee and Committee on Catastrophic Leave would be eliminated. (NRS 284.030, 284.068, 284.3627) The duties of those bodies would be transferred to the Committee on Human Resources created by **section 31** of this bill.

The Merit Award Board, the Nevada Awards and Honors Board and any selection committee for nominations of persons to receive the Nevada Medal of Distinction would be eliminated. (NRS 223.964, 223.966, 285.030) The duties of those bodies would be transferred to the Nevada Merit and Honors Board created by **section 32** of this bill.

The Commission for Cultural Centers and Historic Preservation and the Comstock Historic District Commission would be eliminated. (NRS 383.500, 384.040) The duties of those commissions would be transferred to the Commission for Cultural and Historic Preservation created by **section 37** of this bill.

The Commission on Innovation and Excellence in Education and the Nevada State Teacher and Education Support Professional Recruitment and Retention Advisory Task Force would be eliminated. (NRS 385.910, 391.492) The duties of those bodies would be transferred to the Nevada Commission on Innovation, Excellence and Education Workforce Development created by **section 38** of this bill.



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The committee on statewide school safety and the Advisory Committee on the Safety and Well-Being of Public School Staff would be eliminated. (NRS 388.1324, 391.942) The duties of those bodies would be transferred to the Advisory Committee on School and Staff Safety created by **section 43** of this bill.

The Commission on Professional Standards in Education and the Statewide Council for the Coordination of the Regional Training Programs would be eliminated. (NRS 391.011, 391A.130) The duties of those bodies would be transferred to the Nevada Commission on Professional Standards and Regional Education Training created by **section 48** of this bill.

The Advisory Board on Outdoor Recreation would be eliminated and its duties transferred to the State Outdoor Recreation and Education Advisory Council created by **section 51** of this bill. (NRS 407A.575)

The Board of Search and Rescue, the State Disaster Identification Coordination Committee and the Intrastate Mutual Aid Committee would be eliminated. (NRS 414.170, 414.270, 414A.110) The duties of those bodies would be transferred to the Nevada Emergency Response and Disaster Coordination Board created by **section 52** of this bill.

Existing federal regulations require that the State Plan for Medicaid provide for a Medicaid Advisory Committee and a Beneficiary Advisory Council to advise the state agency for the Medicaid program on matters of concern related to policy development and matters related to the effective administration of the Medicaid program. (42 C.F.R. § 431.12) **Sections 55-58** of this bill establish such a Medicaid Advisory Committee and Beneficiary Advisory Council and set forth the duties of those bodies. This bill would eliminate the Medical Care Advisory Committee and each reinvestment advisory committee and transfer the duties of those bodies to the Medicaid Advisory Committee created by **section 56** of this bill. (NRS 422.151, 422.205)

The Nevada Commission on Aging and the Task Force on Alzheimer's Disease would be eliminated. (NRS 427A.032, 439.5083) The duties of those bodies would be transferred to the Nevada Commission on Aging and Cognitive Health created by **section 60** of this bill.

Existing law creates a mental health consortium in each county whose population is 100,000 or more (currently Clark and Washoe Counties) and in the region consisting of all counties whose population are less than 100,000 (currently all counties other than Clark and Washoe Counties). (NRS 433B.333) This bill would eliminate those provisions. The duties of the mental health consortiums would be transferred to the Nevada Children's Mental and Behavioral Health Consortium created by **section 64** of this bill.

Existing law creates five behavioral health regions and creates a regional behavioral health policy board in each behavioral health region. (NRS 433.428, 433.429) **Sections 61 and 62** of this bill instead create three behavioral health regions and revise the membership of the regional behavioral health policy board created in each of the three regions.

The advisory committee established by the Division of Public and Behavioral Health of the Department of Health and Human Services concerning kidney disease, the Rare Disease Advisory Council and the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease would be eliminated. (NRS 439.261, 439.5075, 439.518) The duties of those bodies would be transferred to the Wellness and Prevention Advisory Council created by **section 65** of this bill.

The Board for the Administration of the Subsequent Injury Account for Self-Insured Employers and the Board for the Administration of the Subsequent Injury Account for Associations of Self-Insured Public or Private Employers would be eliminated. (NRS 616B.548, 616B.569) The duties of those boards would be transferred to the Administrator of the Division of Industrial Relations of the Department of Business and Industry as provided in **sections 74-77** of this bill.



Existing law creates the Occupational Safety and Health Review Board to hold hearings and render decisions concerning contests or appeal of citations issued by the Division of Occupational Safety and Health. (NRS 618.565-618.605) This bill would eliminate the Board and instead require the Division to appoint a hearing officer to hear such contests and appeals, as provided in **section 78** of this bill.

The State Board of Architecture, Interior Design and Residential Design, the State Board of Landscape Architecture, the State Board of Professional Engineers and Land Surveyors and the Board of Environmental Health Specialists would be eliminated. (NRS 623.050, 623A.080, 625.100, 625A.030) The duties of those boards would be transferred to the Nevada Board of Professional Design and Environmental Specialist created by **section 80** of this bill.

This bill would eliminate provisions providing for the licensure and regulation of music therapists by the State Board of Health, thereby authorizing a person to engage in the practice of music therapy without a license. (Chapter 640D of NRS) **Section 85** of this bill removes music therapists from the definition of "provider of health care" set forth in existing law.

This bill would eliminate the Nevada Board of Homeopathic Medical Examiners and provisions providing for the licensure and regulation of persons who provide homeopathic services by the Board, thereby authorizing a person to provide such services without a license. (Chapter 630A of NRS) **Section 27** of this bill removes references to homeopathy and homeopathic physicians set forth in the general definition of "physician" set forth in existing law.

The Board of Medical Examiners and the State Board of Osteopathic Medicine would be eliminated. (NRS 630.050, 633.181) The duties of those boards would be transferred to the Nevada Medical Board created by **section 86** of this bill.

The Chiropractic Physicians' Board of Nevada, the State Board of Oriental Medicine, the Nevada Physical Therapy Board, the Board of Occupational Therapy, the Board of Athletic Trainers and the Board of Massage Therapy would be eliminated. (NRS 634.020, 634A.030, 640.030, 640A.080, 640B.170, 640C.150) The duties of those boards would be transferred to the Nevada Board of Healing and Rehabilitative Practice created by **section 89** of this bill.

The State Board of Podiatry, the Nevada State Board of Optometry, the Board of Dispensing Opticians and the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board would be eliminated. (NRS 635.020, 636.030, 637.030, 637B.100) The duties of those boards would be transferred to the Nevada Board of Vision, Speech and Mobility Professions created by **section 91** of this bill.

The Board of Psychological Examiners, the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors, the Board of Examiners for Social Workers, the Board of Examiners for Alcohol, Drug and Gambling Counselors and the Board of Applied Behavior Analysis would be eliminated. (NRS 641.030, 641A.090, 641B.100, 641C.150, 641D.200) The duties of those boards would be transferred to the Nevada Behavioral Wellness Alliance Board created by **section 93** of this bill.

Sections 18, 68, 90, 95 and 96 of this bill make the State of Nevada Advisory Council on Palliative Care and Quality of Life, the Committee on Emergency Medical Services, the Naprapathic Practice Advisory Board, the Medical Laboratory Advisory Committee, and the Radiation Therapy and Radiologic Imaging Advisory Committee subcommittees of the State Board of Health. (NRS 232.4855, 450B.151, 634B.100, 652.170, 653.450)

Sections 17, 19, 28, 33-36, 39-42, 44-47, 49, 53, 54, 59, 63, 66, 67, 69-72 and 82 of this bill revise the membership of the Grants Management Advisory Committee, the Council on Food Security, the Juvenile Justice Oversight Commission, the Committee on Local Government Finance, the State Council on Libraries and Literacy, the Board of Museums and History, the State Board of Education, the Advisory Council for Family Engagement, the Nevada Commission



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on Mentoring, the Commission on School Funding, the Committee on Responses to Power-Based Violence in Schools, the State Financial Literacy Advisory Council, the Advisory Committee on Language Development for Children Who Are Deaf, Hard of Hearing, Blind or Visually Impaired, the State Council for the Coordination of the Interstate Compact on Educational Opportunity for Military Children, the Teachers and Leaders Council of Nevada, the Interagency Council on Veterans Affairs, the Nevada Veterans Services Commission, the Committee to Review Child Support Guidelines, the Advisory Committee for a Resilient Nevada within the Department of Health and Human Services, the Advisory Committee on the State Program for Oral Health, the State Environmental Commission, the Commission on Off-Highway Vehicles, the State Board of Agriculture, the State Apprenticeship Council and the Commission on Construction Education. (NRS 62B.600, 232.383, 232.4966, 354.105, 380A.031, 380A.041, 381.002, 385.021, 385.610, 385.760, 387.1246, 388.1326, 388.5175, 388.5966, 388F.020, 391.455, 417.0191, 417.150, 425.610, 433.726, 439.2792, 445B.200, 490.067, 561.045, 561.055, 610.030, 624.570)

This bill would eliminate the Commission on Behavioral Health, the Nevada Interagency Advisory Council on Homelessness to Housing, the Nevada Commission for Women, the Executive Council of the Land Use Planning Advisory Council, the Council to Establish Academic Standards for Public Schools, the Nevada Commission on Services for Persons with Disabilities, the Nevada Commission on Autism Spectrum Disorders, the working group established by the Division of Environmental Protection of the State Department of Conservation and Natural Resources study issues relating to environmental contamination resulting from perfluoroalkyl and polyfluoroalkyl substances, the Nevada Threat Analysis Center Advisory Committee, the Advisory Board on Automotive Affairs, the Mining Oversight and Accountability Commission, the Nevada Employment Security Council, Dietitian Advisory Group, Occupational Safety and Health Review Board, the Credit Union Advisory Council, the Nevada High-Speed Rail Authority, the Oversight Panel for Convention Facilities and the task force established by the Director of the Department of Business and Industry to study issues of concern to common-interest communities. (NRS 232.361, 232.4981, 233L.010, 321.755, 389.510, 427A.1211, 427A.8801, 459.686, 480.540, 487.002, 514A.040, 612.305, 672.290, 705.850, section 53 of chapter 2, Statutes of Nevada 2016, 30th Special Session, at page 54, section 1.7 of chapter 126, Statutes of Nevada 2019, at page 676)

This bill is presented in skeleton form without the many hundreds of changes to various provisions throughout the Nevada Revised Statutes that would be necessary to implement the provisions set forth in this bill.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 231.700 is hereby amended to read as follows:

231.700 The ~~{Commission}~~ *Nevada Aviation Technical Advisory Committee* shall:

1. Administer the Fund; and
2. Adopt any regulations necessary or convenient to carry out the provisions of NRS 231.600 to 231.720, inclusive.



(b) *Three members who are licensed as physical therapists pursuant to chapter 640 of NRS.*

(c) *Three members who are licensed as massage therapists pursuant to chapter 640C of NRS, one of whom must be a resident of Clark County, one of whom must be a resident of Washoe County and one of whom must be a resident of a county other than Clark County or Washoe County.*

(d) *Two members who are licensed as occupational therapists pursuant to chapter 640A of NRS.*

(e) *Two members who are licensed as chiropractic physicians pursuant to this chapter.*

(f) *One member who is licensed pursuant to chapter 634A of NRS and engaged in the practice of Oriental medicine in this State.*

(g) *One member who represents the interests of the general public and who:*

(1) *Does not hold a license issued by the Board;*

(2) *Is not the spouse or the parent or child, by blood, marriage or adoption, of a person who holds a license issued by the Board; or*

(3) *Does not have a pecuniary interest in any matter pertaining to the professions and occupations regulated by the Board, except as a patient or potential patient.*

Sec. 90. NRS 634B.100 is hereby amended to read as follows:

634B.100 1. The Naprapathic Practice Advisory ~~{Board}~~ **Subcommittee of the Board** is hereby created.

2. The ~~{Governor}~~ **Board** shall appoint to the Advisory ~~{Board}~~ **Subcommittee:**

(a) Three members who are licensed as naprapaths in this State or any other state; and

(b) Two members who are representatives of the public.

3. Each member of the Advisory ~~{Board}~~ **Subcommittee:**

(a) Must be a resident of this State; and

(b) May not serve more than two consecutive terms.

4. After the initial terms, the members of the Advisory ~~{Board}~~ **Subcommittee** must be appointed to terms of 4 years. A member:

(a) Serves until a replacement is appointed; and

(b) May not serve more than two full terms.

5. A vacancy on the Advisory ~~{Board}~~ **Subcommittee** must be filled in the same manner as the original appointment for the remainder of the unexpired term.

6. The ~~{Governor}~~ **Board** may remove a member of the Advisory ~~{Board}~~ **Subcommittee** for incompetence, neglect of duty, moral turpitude or malfeasance in office.



7. The members of the Advisory ~~Board~~ *Subcommittee* are not entitled to receive a salary. While engaged in the business of the Advisory ~~Board~~ *Subcommittee*, each member of the Advisory ~~Board~~ *Subcommittee* is entitled to receive a per diem allowance and travel expenses at a rate fixed by the ~~State~~ Board. ~~of Health~~. The rate must not exceed the rate provided for officers and employees of this State generally.

Sec. 91. Chapter 635 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Nevada Board of Vision, Speech and Mobility Professions, consisting of 11 members appointed by the Governor, is hereby created.

2. The Governor shall appoint to the Board:

(a) Two members who are licensed as speech-language pathologists pursuant to chapter 637B of NRS;

(b) Two members who are licensed as podiatric physicians pursuant to this chapter.

(c) One member who is licensed as an audiologist pursuant to chapter 637B of NRS.

(d) Two members who are licensed to practice optometry pursuant to chapter 636 of NRS.

(e) Two members who are licensed as dispensing opticians pursuant to chapter 637 of NRS.

(f) One member who is licensed as a hearing aid specialist pursuant to chapter 637B of NRS.

(g) One member who represents the interests of the general public and who:

(1) Does not hold a license issued by the Board;

(2) Is not the spouse or the parent or child, by blood, marriage or adoption, a person who holds a license issued by the Board; and

(3) Does not have a pecuniary interest in any matter pertaining to the professions and occupations regulated by the Board, except as a patient or potential patient.

Sec. 92. NRS 639.050 is hereby amended to read as follows:

639.050 1. The Board shall hold a meeting at least once in every 6 months.

2. Four members of the Board constitute a quorum.

3. Meetings of the Board which are held to prepare, grade or administer examinations are closed to the public.

4. Each member of the Board is entitled to receive:

(a) A salary of not more than \$150 per day, as fixed by the ~~Board~~ *Deputy Director of the Office of Nevada Boards, Commissions and Councils Standards of the Department of*



REQUIRES TWO-THIRDS MAJORITY VOTE
(§§ 1, 10, 21, 23, 26)

S.B. 34

SENATE BILL NO. 34—COMMITTEE ON COMMERCE AND LABOR

(ON BEHALF OF THE PATIENT PROTECTION COMMISSION)

PREFILED NOVEMBER 15, 2024

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to certain providers of health care. (BDR 54-449)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to health care; entering into interstate compacts that authorize the multistate practice of certain providers of health care under certain conditions; providing professionals practicing in this State under those compacts with the same legal status as persons who are licensed to practice the same professions in this State; authorizing the sharing of certain information with data systems created by those compacts; revising certain terminology; providing for a study of certain impacts of entering into certain interstate compacts; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law provides for the licensure and regulation of physician assistants in
2 this State by the Board of Medical Examiners and the State Board of Osteopathic
3 Medicine. (NRS 630.271-630.2755, 633.432-633.469) **Section 1** of this bill enacts
4 the PA Licensure Compact, which allows a person who is licensed as a physician
5 assistant in a state that is a member of the Compact to practice as a physician
6 assistant in other states that are members of the Compact. In order to practice as a
7 physician assistant under the Compact, the Compact requires a physician assistant
8 to: (1) have graduated from certain programs for the education of physician
9 assistants; (2) hold current certification issued by the National Commission on
10 Certification of Physician Assistants; (3) have no felony or misdemeanor
11 convictions; (4) have never had a license, permit or registration relating to
12 controlled substances suspended or revoked; (5) have a unique identifier, as
13 prescribed by the PA Licensure Compact Commission, a joint public body



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established by the Compact; (6) hold an unrestricted license in his or her home state; (7) currently have no limitations or restrictions on his or her license and have had no adverse actions taken against any license or authority to practice under the Compact within the previous 2 years, with certain exceptions; (8) notify the Commission that he or she is seeking to practice under the Compact in another state; (9) pay any applicable fees; (10) meet any requirement in the state in which he or she seeks to practice under the Compact to pass an assessment of his or her knowledge of the applicable laws and rules of that state; and (11) report any adverse action taken against him or her within 30 days after the date the adverse action is taken.

Existing law provides for the licensure and regulation of nurses in this State. (Chapter 632 of NRS) **Section 10** of this bill enacts the Nurse Licensure Compact, which allows a person who is licensed as a nurse in a state that is a party to the Compact to obtain a multistate license to practice as a nurse in other states that are parties to the Compact. The Compact regulates the licensure and discipline of nurses who hold multistate licenses through the Compact. To obtain a multistate license, the Compact requires a nurse to: (1) meet the qualifications of his or her home state for licensure; (2) graduate from or be eligible to graduate from a registered nurse or licensed practical/vocational nurse program; (3) pass an English proficiency examination if the applicant is a graduate of a foreign prelicensure education program not taught in English or if English is not the applicant's native language; (4) pass an NCLEX-RN or NCLEX-PN examination; (5) hold or be eligible to hold an active license in his or her home state; (6) undergo a fingerprint or other biometric-based criminal background check; (7) not have been convicted or found guilty of a felony or a misdemeanor offense related to nursing; (8) not be currently enrolled in certain monitoring programs; (9) disclose to the licensing authority in his or her home state whether he or she is participating in such a program; and (10) have a valid social security number.

Existing law provides for the licensure and regulation of audiologists and speech-language pathologists in this State. (Chapter 637B of NRS) **Section 21** of this bill enacts the Audiology and Speech-Language Pathology Interstate Compact, which allows a person who is licensed as an audiologist or speech-language pathologist in a state that is a member of the Compact to practice as an audiologist or speech-language pathologist in other states that are members of the Compact. In order to practice as an audiologist or speech-language pathologist under the Compact, the Compact requires an audiologist or speech-language pathologist to: (1) hold a license in his or her home state; (2) have no encumbrances on his or her license; (3) meet certain other requirements for eligibility; (4) have had no adverse actions taken against any license or authority to practice under the Compact within the previous 2 years; (5) notify the Audiology and Speech-Language Pathology Compact Commission, a joint public body established by the Compact, that he or she is seeking to practice under the Compact in another state; (6) pay any applicable fees; and (7) report any adverse action taken against him or her within 30 days after the date the adverse action is taken. The Compact additionally requires a member state to recognize the right of an audiologist or speech-language pathologist who is licensed by any member state to practice audiology or speech-language pathology, as applicable, through telehealth in any member state under conditions prescribed by the Commission.

Existing law provides for the licensure and regulation of physical therapists and physical therapist assistants in this State. (Chapter 640 of NRS) **Section 23** of this bill enacts the Physical Therapy Licensure Compact, which allows a person who is licensed as a physical therapist or physical therapist assistant in a state that is a member of the Compact to practice as a physical therapist or physical therapist assistant in other states that are members of the Compact. In order to practice as a physical therapist or physical therapist assistant under the Compact, the Compact



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requires a physical therapist or physical therapist assistant to: (1) hold a license in his or her home state; (2) have no encumbrances on his or her license; (3) meet certain other requirements for eligibility; (4) have had no adverse actions taken against any license or authority to practice under the Compact within the previous 2 years; (5) notify the Physical Therapy Compact Commission, a joint public body established by the Compact, that he or she is seeking to practice under the Compact in another state; (6) pay any applicable fees; (7) meet any requirements in the state in which he or she seeks to practice under the Compact; and (8) report any adverse action taken against him or her within 30 days after the date the adverse action is taken.

Existing law provides for the licensure and regulation of occupational therapists and occupational therapy assistants in this State. (Chapter 640A of NRS) **Section 26** of this bill enacts the Occupational Therapy Licensure Compact, which allows a person who is licensed as an occupational therapist or occupational therapy assistant in a state that is a member of the Compact to practice as an occupational therapist or occupational therapy assistant in other states that are members of the Compact. In order to practice as an occupational therapist or occupational therapy assistant under the Compact, the Compact requires an occupational therapist or occupational therapy assistant to: (1) hold a license in his or her home state; (2) have a valid social security number or National Practitioner Identification number; (3) have no encumbrances on his or her license; (4) meet certain other requirements for eligibility; (5) have had no adverse actions taken against any license or authority to practice under the Compact within the previous 2 years; (6) notify the Occupational Therapy Compact Commission, a joint public body established by the Compact, that he or she is seeking to practice under the Compact in another state; (7) pay any applicable fees; (8) complete a fingerprint or other biometric-based criminal background check; (9) meet any requirement in the state in which he or she seeks to practice under the Compact to pass an assessment of his or her knowledge of the applicable laws and rules of that state; and (10) report any adverse action taken against him or her within 30 days after the date the adverse action is taken.

Each interstate compact adopted by **sections 1, 10, 21, 23 and 26** authorizes a member state to take adverse action against a provider of health care who is practicing in the member state under the Compact. Each such interstate compact authorizes the commission created by the compact to levy and collect assessments from party states to cover the cost of its operations. Each such compact also creates a data system to facilitate the sharing of information among member states. **Sections 8, 9, 11, 12, 18, 20, 22, 24 and 27** of this bill generally authorize the Board of Medical Examiners, the State Board of Nursing, the State Board of Osteopathic Medicine, the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, the Nevada Physical Therapy Board and the Board of Occupational Therapy to disclose information to those data systems when required by those compacts. **Sections 1, 10, 21, 23, 26 and 33** of this bill provide for the confidentiality of certain information disclosed through a data system.

Section 2 of this bill makes a conforming change to reflect that the PA Licensure Compact will be placed in the same chapter as the Interstate Medical Licensure Compact, which relates to physicians. **Sections 4 and 14** of this bill define "PA Licensure Compact" to refer to the PA Licensure Compact for the purposes of provisions governing allopathic and osteopathic medicine. **Sections 6 and 16** of this bill indicate the applicability of those definitions. **Sections 5 and 15** of this bill prescribe the conditions under which the Board of Medical Examiners or the State Board of Osteopathic Medicine will regulate a physician assistant practicing in this State under the PA Licensure Compact.

Section 28 of this bill deems practicing as a physician assistant, audiologist, speech-language pathologist, physical therapist, physical therapist assistant,



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- 4 -

occupational therapist or occupational therapy assistant under the Compact to be equivalent to practicing under a license issued by the applicable professional licensing board, thereby providing such persons with the same authority, duties and legal protections as a licensee. Because the Nurse Licensure Compact enacted by **section 10** requires a nurse practicing under the Nurse Licensure Compact to obtain a multistate license, such a nurse would be licensed pursuant to provisions of law governing nursing and would thus also have the same authority as any other nurse who is licensed to practice in this State. **Sections 7 and 17** of this bill further clarify that a physician assistant practicing in this State under the PA Licensure Compact has the same legal status as a physician assistant licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine. **Sections 19 and 25** of this bill require an osteopathic physician assistant or physical therapist practicing under the Compact to display proof that he or she is authorized to practice under the Compact in the same manner as a licensed osteopathic physician assistant or licensed physical therapist, as applicable, is required to display his or her license. **Sections 29-32, 34-36 and 39** of this bill replace the term "registered physical therapist" with the term "licensed physical therapist" to reflect current terminology used in existing law governing the practice of physical therapy and this bill. **Sections 37 and 38** of this bill make further revisions to clarify that physician assistants licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine and physician assistants practicing in this State under the PA Licensure Compact have the same authority with regard to prescribing, dispensing, administering and possessing controlled substances and dangerous drugs.

Section 40 of this bill requires the Department of Health and Human Services to: (1) study the potential impacts of the interstate compacts ratified and entered into in **sections 1, 10, 21, 23 and 26** on the availability of relevant health care services in this State; and (2) report the results of the study to the Patient Protection Commission and the Legislature.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 629A of NRS is hereby amended by adding thereto a new section to read as follows:

The PA Licensure Compact is hereby ratified and entered into with all other jurisdictions legally joining the Compact, in substantially the form set forth in this section:

PA LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to Medical Services, and in recognition of the advances in the delivery of Medical Services, the Participating States of the PA Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing authority of State Licensing Boards to license and discipline PAs and seeks to enhance the portability of a License to practice as a PA while safeguarding the safety of patients. This Compact allows Medical Services to be provided by



1 relieve the patient's anxiety or pain, if the medication is not given in
 2 a dosage that is sufficient to induce in a patient a controlled state of
 3 depressed consciousness or unconsciousness similar to general
 4 anesthesia, deep sedation or conscious sedation.

5 8. In addition to any other remedy or penalty, if a holder of a
 6 license to practice osteopathic medicine fails to submit a report or
 7 knowingly or willfully files false information in a report submitted
 8 pursuant to this section, the Board may, after providing the holder of
 9 a license to practice osteopathic medicine with notice and
 10 opportunity for a hearing, impose against the holder of a license an
 11 administrative penalty for each such violation. The Board shall
 12 establish by regulation a sliding scale based on the severity of the
 13 violation to determine the amount of the administrative penalty to be
 14 imposed against the holder of the license to practice osteopathic
 15 medicine. The regulations must include standards for determining
 16 the severity of the violation and may provide for a more severe
 17 penalty for multiple violations.

18 9. As used in this section:

19 (a) "Conscious sedation" has the meaning ascribed to it in
 20 NRS 449.436.

21 (b) "Deep sedation" has the meaning ascribed to it in
 22 NRS 449.437.

23 (c) "General anesthesia" has the meaning ascribed to it in
 24 NRS 449.438.

25 (d) "Sentinel event" has the meaning ascribed to it in
 26 NRS 439.830.

27 **Sec. 21.** Chapter 637B of NRS is hereby amended by adding
 28 thereto a new section to read as follows:

29 *The Audiology and Speech-Language Pathology Interstate*
 30 *Compact is hereby ratified and entered into with all other*
 31 *jurisdictions legally joining the Compact, in substantially the form*
 32 *set forth in this section:*

33 **AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

34 **INTERSTATE COMPACT**

35 **SECTION 1. PURPOSE**

36
 37
 38
 39 *The purpose of this Compact is to facilitate interstate practice*
 40 *of audiology and speech-language pathology with the goal of*
 41 *improving public access to audiology and speech-language*
 42 *pathology services. The practice of audiology and speech-*
 43 *language pathology occurs in the state where the*
 44 *patient/client/student is located at the time of the*
 45 *patient/client/student encounter. The Compact preserves*



1 *the regulatory authority of states to protect public health and*
2 *safety through the current system of state licensure.*

3 *This Compact is designed to achieve the following objectives:*

4 1. *Increase public access to audiology and speech-language*
5 *pathology services by providing for the mutual recognition of*
6 *other member state licenses;*

7 2. *Enhance the states' ability to protect the public's health*
8 *and safety;*

9 3. *Encourage the cooperation of member states in regulating*
10 *multistate audiology and speech-language pathology practice;*

11 4. *Support spouses of relocating active duty military*
12 *personnel;*

13 5. *Enhance the exchange of licensure, investigative and*
14 *disciplinary information between member states;*

15 6. *Allow a remote state to hold a provider of services with a*
16 *compact privilege in that state accountable to that state's practice*
17 *standards; and*

18 7. *Allow for the use of telehealth technology to facilitate*
19 *increased access to audiology and speech-language pathology*
20 *services.*

21 22 SECTION 2. DEFINITIONS

23
24 *As used in this Compact, and except as otherwise provided, the*
25 *following definitions shall apply:*

26 A. *"Active duty military" means full-time duty status in the*
27 *active uniformed service of the United States, including members*
28 *of the National Guard and Reserve on active duty orders pursuant*
29 *to 10 U.S.C. Chapter 1209 and 1211.*

30 B. *"Adverse action" means any administrative, civil,*
31 *equitable or criminal action permitted by a state's laws which is*
32 *imposed by a licensing board or other authority against an*
33 *audiologist or speech-language pathologist, including actions*
34 *against an individual's license or privilege to practice such as*
35 *revocation, suspension, probation, monitoring of the licensee, or*
36 *restriction on the licensee's practice.*

37 C. *"Alternative program" means a non-disciplinary*
38 *monitoring process approved by an audiology or speech-language*
39 *pathology licensing board to address impaired practitioners.*

40 D. *"Audiologist" means an individual who is licensed by a*
41 *state to practice audiology.*

42 E. *"Audiology" means the care and services provided by a*
43 *licensed audiologist as set forth in the member state's statutes and*
44 *rules.*



1 F. "Audiology and Speech-Language Pathology Compact
2 Commission" or "Commission" means the national administrative
3 body whose membership consists of all states that have enacted the
4 Compact.

5 G. "Audiology and speech-language pathology licensing
6 board," "audiology licensing board," "speech-language pathology
7 licensing board," or "licensing board" means the agency of a state
8 that is responsible for the licensing and regulation of audiologists
9 and/or speech-language pathologists.

10 H. "Compact privilege" means the authorization granted by a
11 remote state to allow a licensee from another member state to
12 practice as an audiologist or speech-language pathologist in the
13 remote state under its laws and rules. The practice of audiology or
14 speech-language pathology occurs in the member state where the
15 patient/client/student is located at the time of the
16 patient/client/student encounter.

17 I. "Current significant investigative information" means
18 investigative information that a licensing board, after an inquiry
19 or investigation that includes notification and an opportunity for
20 the audiologist or speech-language pathologist to respond, if
21 required by state law, has reason to believe is not groundless and,
22 if proved true, would indicate more than a minor infraction.

23 J. "Data system" means a repository of information about
24 licensees, including, but not limited to, continuing education,
25 examination, licensure, investigative, compact privilege and
26 adverse action.

27 K. "Encumbered license" means a license in which an
28 adverse action restricts the practice of audiology or speech-
29 language pathology by the licensee and said adverse action has
30 been reported to the National Practitioners Data Bank (NPDB).

31 L. "Executive Committee" means a group of directors elected
32 or appointed to act on behalf of, and within the powers granted to
33 them by, the Commission.

34 M. "Home state" means the member state that is the
35 licensee's primary state of residence.

36 N. "Impaired practitioner" means individuals whose
37 professional practice is adversely affected by substance abuse,
38 addiction, or other health-related conditions.

39 O. "Licensee" means an individual who currently holds an
40 authorization from the state licensing board to practice as an
41 audiologist or speech-language pathologist.

42 P. "Member state" means a state that has enacted the
43 Compact.



1 *Q. "Privilege to practice" means a legal authorization*
2 *permitting the practice of audiology or speech-language pathology*
3 *in a remote state.*

4 *R. "Remote state" means a member state other than the home*
5 *state where a licensee is exercising or seeking to exercise the*
6 *compact privilege.*

7 *S. "Rule" means a regulation, principle or directive*
8 *promulgated by the Commission that has the force of law.*

9 *T. "Single-state license" means an audiology or speech-*
10 *language pathology license issued by a member state that*
11 *authorizes practice only within the issuing state and does not*
12 *include a privilege to practice in any other member state.*

13 *U. "Speech-language pathologist" means an individual who*
14 *is licensed by a state to practice speech-language pathology.*

15 *V. "Speech-language pathology" means the care and services*
16 *provided by a licensed speech-language pathologist as set forth in*
17 *the member state's statutes and rules.*

18 *W. "State" means any state, commonwealth, district or*
19 *territory of the United States of America that regulates the practice*
20 *of audiology and speech-language pathology.*

21 *X. "State practice laws" means a member state's laws, rules*
22 *and regulations that govern the practice of audiology or speech-*
23 *language pathology, define the scope of audiology or speech-*
24 *language pathology practice, and create the methods and grounds*
25 *for imposing discipline.*

26 *Y. "Telehealth" means the application of telecommunication*
27 *technology to deliver audiology or speech-language pathology*
28 *services at a distance for assessment, intervention and/or*
29 *consultation.*

30 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

31
32
33 *A. A license issued to an audiologist or speech-language*
34 *pathologist by a home state to a resident in that state shall be*
35 *recognized by each member state as authorizing an audiologist or*
36 *speech-language pathologist to practice audiology or speech-*
37 *language pathology, under a privilege to practice, in each member*
38 *state.*

39 *B. A state must implement or utilize procedures for*
40 *considering the criminal history records of applicants for initial*
41 *privilege to practice. These procedures shall include the*
42 *submission of fingerprints or other biometric-based information*
43 *by applicants for the purpose of obtaining an applicant's criminal*
44 *history record information from the Federal Bureau of*



1 *Investigation and the agency responsible for retaining that state's*
2 *criminal records.*

3 *1. A member state must fully implement a criminal*
4 *background check requirement, within a time frame established by*
5 *rule, by receiving the results of the Federal Bureau of*
6 *Investigation record search on criminal background checks and*
7 *use the results in making licensure decisions.*

8 *2. Communication between a member state, the*
9 *Commission and among member states regarding the verification*
10 *of eligibility for licensure through the Compact shall not include*
11 *any information received from the Federal Bureau of*
12 *Investigation relating to a federal criminal records check*
13 *performed by a member state under Public Law 92-544.*

14 *C. Upon application for a privilege to practice, the licensing*
15 *board in the issuing remote state shall ascertain, through the data*
16 *system, whether the applicant has ever held, or is the holder of, a*
17 *license issued by any other state, whether there are any*
18 *encumbrances on any license or privilege to practice held by the*
19 *applicant, whether any adverse action has been taken against any*
20 *license or privilege to practice held by the applicant.*

21 *D. Each member state shall require an applicant to obtain or*
22 *retain a license in the home state and meet the home state's*
23 *qualifications for licensure or renewal of licensure, as well as, all*
24 *other applicable state laws.*

25 *E. For an audiologist:*

26 *1. Must meet one of the following educational*
27 *requirements:*

28 *a. On or before, Dec. 31, 2007, has graduated with a*
29 *master's degree or doctorate in audiology, or equivalent degree*
30 *regardless of degree name, from a program that is accredited by*
31 *an accrediting agency recognized by the Council for Higher*
32 *Education Accreditation, or its successor, or by the United States*
33 *Department of Education and operated by a college or university*
34 *accredited by a regional or national accrediting organization*
35 *recognized by the board; or*

36 *b. On or after, Jan. 1, 2008, has graduated with a*
37 *Doctoral degree in audiology, or equivalent degree, regardless of*
38 *degree name, from a program that is accredited by an accrediting*
39 *agency recognized by the Council for Higher Education*
40 *Accreditation, or its successor, or by the United States Department*
41 *of Education and operated by a college or university accredited by*
42 *a regional or national accrediting organization recognized by the*
43 *board; or*

44 *c. Has graduated from an audiology program that is*
45 *housed in an institution of higher education outside of the United*



1 States (a) for which the program and institution have been
 2 approved by the authorized accrediting body in the applicable
 3 country and (b) the degree program has been verified by an
 4 independent credentials review agency to be comparable to a state
 5 licensing board-approved program.

6 2. Has completed a supervised clinical practicum
 7 experience from an accredited educational institution or its
 8 cooperating programs as required by the Commission;

9 3. Has successfully passed a national examination
 10 approved by the Commission;

11 4. Holds an active, unencumbered license;

12 5. Has not been convicted or found guilty, and has not
 13 entered into an agreed disposition, of a felony related to the
 14 practice of audiology, under applicable state or federal criminal
 15 law;

16 6. Has a valid United States Social Security or National
 17 Practitioner Identification number.

18 F. For a speech-language pathologist:

19 1. Must meet one of the following educational
 20 requirements:

21 a. Has graduated with a master's degree from a speech-
 22 language pathology program that is accredited by an organization
 23 recognized by the United States Department of Education and
 24 operated by a college or university accredited by a regional or
 25 national accrediting organization recognized by the board; or

26 b. Has graduated from a speech-language pathology
 27 program that is housed in an institution of higher education
 28 outside of the United States (a) for which the program and
 29 institution have been approved by the authorized accrediting body
 30 in the applicable country and (b) the degree program has been
 31 verified by an independent credentials review agency to be
 32 comparable to a state licensing board-approved program.

33 2. Has completed a supervised clinical practicum
 34 experience from an educational institution or its cooperating
 35 programs as required by the Commission;

36 3. Has completed a supervised postgraduate professional
 37 experience as required by the Commission;

38 4. Has successfully passed a national examination
 39 approved by the Commission;

40 5. Holds an active, unencumbered license;

41 6. Has not been convicted or found guilty, and has not
 42 entered into an agreed disposition, of a felony related to the
 43 practice of speech-language pathology, under applicable state or
 44 federal criminal law;



1 7. Has a valid United States Social Security or National
2 Practitioner Identification number.

3 G. The privilege to practice is derived from the home state
4 license.

5 H. An audiologist or speech-language pathologist practicing
6 in a member state must comply with the state practice laws of the
7 state in which the client is located at the time service is provided.
8 The practice of audiology and speech-language pathology shall
9 include all audiology and speech-language pathology practice as
10 defined by the state practice laws of the member state in which the
11 client is located. The practice of audiology and speech-language
12 pathology in a member state under a privilege to practice shall
13 subject an audiologist or speech-language pathologist to the
14 jurisdiction of the licensing board, the courts and the laws of the
15 member state in which the client is located at the time service is
16 provided.

17 I. Individuals not residing in a member state shall continue to
18 be able to apply for a member state's single-state license as
19 provided under the laws of each member state. However, the
20 single-state license granted to these individuals shall not be
21 recognized as granting the privilege to practice audiology or
22 speech-language pathology in any other member state. Nothing in
23 this Compact shall affect the requirements established by a
24 member state for the issuance of a single-state license.

25 J. Member states may charge a fee for granting a compact
26 privilege.

27 K. Member states must comply with the bylaws and rules and
28 regulations of the Commission.

30 SECTION 4. COMPACT PRIVILEGE

31
32 A. To exercise the compact privilege under the terms and
33 provisions of the Compact, the audiologist or speech-language
34 pathologist shall:

- 35 1. Hold an active license in the home state;
- 36 2. Have no encumbrance on any state license;
- 37 3. Be eligible for a compact privilege in any member state
38 in accordance with Section 3;
- 39 4. Have not had any adverse action against any license or
40 compact privilege within the previous 2 years from date of
41 application;
- 42 5. Notify the Commission that the licensee is seeking the
43 compact privilege within a remote state(s);
- 44 6. Pay any applicable fees, including any state fee, for the
45 compact privilege;



1 7. Report to the Commission adverse action taken by any
2 non-member state within 30 days from the date the adverse action
3 is taken.

4 B. For the purposes of the compact privilege, an audiologist
5 or speech-language pathologist shall only hold one home state
6 license at a time.

7 C. Except as provided in Section 6, if an audiologist or
8 speech-language pathologist changes primary state of residence by
9 moving between two-member states, the audiologist or speech-
10 language pathologist must apply for licensure in the new home
11 state, and the license issued by the prior home state shall be
12 deactivated in accordance with applicable rules adopted by the
13 Commission.

14 D. The audiologist or speech-language pathologist may apply
15 for licensure in advance of a change in primary state of residence.

16 E. A license shall not be issued by the new home state until
17 the audiologist or speech-language pathologist provides
18 satisfactory evidence of a change in primary state of residence to
19 the new home state and satisfies all applicable requirements to
20 obtain a license from the new home state.

21 F. If an audiologist or speech-language pathologist changes
22 primary state of residence by moving from a member state to a
23 non-member state, the license issued by the prior home state shall
24 convert to a single-state license, valid only in the former home
25 state.

26 G. The compact privilege is valid until the expiration date of
27 the home state license. The licensee must comply with the
28 requirements of Section 4A to maintain the compact privilege in
29 the remote state.

30 H. A licensee providing audiology or speech-language
31 pathology services in a remote state under the compact privilege
32 shall function within the laws and regulations of the remote state.

33 I. A licensee providing audiology or speech-language
34 pathology services in a remote state is subject to that state's
35 regulatory authority. A remote state may, in accordance with due
36 process and that state's laws, remove a licensee's compact
37 privilege in the remote state for a specific period of time, impose
38 fines, and/or take any other necessary actions to protect the health
39 and safety of its citizens.

40 J. If a home state license is encumbered, the licensee shall
41 lose the compact privilege in any remote state until the following
42 occur:

- 43 1. The home state license is no longer encumbered; and
44 2. Two years have elapsed from the date of the adverse
45 action.



K. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Section 4A to obtain a compact privilege in any remote state.

L. Once the requirements of Section 4J have been met, the licensee must meet the requirements in Section 4A to obtain a compact privilege in a remote state.

SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Section 3 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

SECTION 7. ADVERSE ACTIONS

A. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

1. Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing



1 *authority shall pay any witness fees, travel expenses, mileage and*
 2 *other fees required by the service statutes of the state in which the*
 3 *witnesses or evidence are located.*

4 *3. Only the home state shall have the power to take adverse*
 5 *action against an audiologist's or speech-language pathologist's*
 6 *license issued by the home state.*

7 *B. For purposes of taking adverse action, the home state shall*
 8 *give the same priority and effect to reported conduct received from*
 9 *a member state as it would if the conduct had occurred within the*
 10 *home state. In so doing, the home state shall apply its own state*
 11 *laws to determine appropriate action.*

12 *C. The home state shall complete any pending investigations*
 13 *of an audiologist or speech-language pathologist who changes*
 14 *primary state of residence during the course of the investigations.*
 15 *The home state shall also have the authority to take appropriate*
 16 *action(s) and shall promptly report the conclusions of the*
 17 *investigations to the administrator of the data system. The*
 18 *administrator of the coordinated licensure information system*
 19 *shall promptly notify the new home state of any adverse actions.*

20 *D. If otherwise permitted by state law, the member state may*
 21 *recover from the affected audiologist or speech-language*
 22 *pathologist the costs of investigations and disposition of cases*
 23 *resulting from any adverse action taken against that audiologist or*
 24 *speech-language pathologist.*

25 *E. The member state may take adverse action based on the*
 26 *factual findings of the remote state, provided that the member*
 27 *state follows the member state's own procedures for taking the*
 28 *adverse action.*

29 *F. Joint Investigations*

30 *1. In addition to the authority granted to a member state by*
 31 *its respective audiology or speech-language pathology practice act*
 32 *or other applicable state law, any member state may participate*
 33 *with other member states in joint investigations of licensees.*

34 *2. Member states shall share any investigative, litigation, or*
 35 *compliance materials in furtherance of any joint or individual*
 36 *investigation initiated under the Compact.*

37 *G. If adverse action is taken by the home state against an*
 38 *audiologist's or speech-language pathologist's license, the*
 39 *audiologist's or speech-language pathologist's privilege to practice*
 40 *in all other member states shall be deactivated until all*
 41 *encumbrances have been removed from the state license. All home*
 42 *state disciplinary orders that impose adverse action against an*
 43 *audiologist's or speech-language pathologist's license shall*
 44 *include a statement that the audiologist's or speech-language*



1 *pathologist's privilege to practice is deactivated in all member*
2 *states during the pendency of the order.*

3 *H. If a member state takes adverse action, it shall promptly*
4 *notify the administrator of the data system. The administrator of*
5 *the data system shall promptly notify the home state of any adverse*
6 *actions by remote states.*

7 *I. Nothing in this Compact shall override a member state's*
8 *decision that participation in an alternative program may be used*
9 *in lieu of adverse action.*

10
11 **SECTION 8. ESTABLISHMENT OF THE**
12 **AUDIOLOGY AND SPEECH-LANGUAGE**
13 **PATHOLOGY COMPACT COMMISSION**
14

15 *A. The Compact member states hereby create and establish a*
16 *joint public agency known as the Audiology and Speech-Language*
17 *Pathology Compact Commission:*

18 *1. The Commission is an instrumentality of the Compact*
19 *states.*

20 *2. Venue is proper and judicial proceedings by or against*
21 *the Commission shall be brought solely and exclusively in a court*
22 *of competent jurisdiction where the principal office of the*
23 *Commission is located. The Commission may waive venue and*
24 *jurisdictional defenses to the extent it adopts or consents to*
25 *participate in alternative dispute resolution proceedings.*

26 *3. Nothing in this Compact shall be construed to be a*
27 *waiver of sovereign immunity.*

28 *B. Membership, Voting and Meetings*

29 *1. Each member state shall have two (2) delegates selected*
30 *by that member state's licensing board. The delegates shall be*
31 *current members of the licensing board. One shall be an*
32 *audiologist and one shall be a speech-language pathologist.*

33 *2. An additional five (5) delegates, who are either a public*
34 *member or board administrator from a state licensing board, shall*
35 *be chosen by the Executive Committee from a pool of nominees*
36 *provided by the Commission at Large.*

37 *3. Any delegate may be removed or suspended from office*
38 *as provided by the law of the state from which the delegate is*
39 *appointed.*

40 *4. The member state board shall fill any vacancy occurring*
41 *on the Commission, within 90 days.*

42 *5. Each delegate shall be entitled to one (1) vote with*
43 *regard to the promulgation of rules and creation of bylaws and*
44 *shall otherwise have an opportunity to participate in the business*
45 *and affairs of the Commission.*



6. A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;

2. Establish bylaws;

3. Establish a Code of Ethics;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take actions as are consistent with the provisions of this Compact and the bylaws;

6. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

7. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

10. Hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

11. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

12. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;



14. Establish a budget and make expenditures;

15. Borrow money;

16. Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;

17. Provide and receive information from, and cooperate with, law enforcement agencies;

18. Establish and elect an Executive Committee; and

19. Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

D. The Executive Committee

The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact:

1. The Executive Committee shall be composed of ten (10) members:

a. Seven (7) voting members who are elected by the Commission from the current membership of the Commission;

b. Two (2) ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and

c. One (1) ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

E. The ex-officio members shall be selected by their respective organizations.

1. The Commission may remove any member of the Executive Committee as provided in bylaws.

2. The Executive Committee shall meet at least annually.

3. The Executive Committee shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and



g. Other duties as provided in rules or bylaws.

4. Meetings of the Commission

All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 10.

5. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:

a. Non-compliance of a member state with its obligations under the Compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

7. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority



1 *vote of the Commission or order of a court of competent*
2 *jurisdiction.*

3 **8. Financing of the Commission**

4 *a. The Commission shall pay, or provide for the*
5 *payment of, the reasonable expenses of its establishment,*
6 *organization, and ongoing activities.*

7 *b. The Commission may accept any and all appropriate*
8 *revenue sources, donations, and grants of money, equipment,*
9 *supplies, materials, and services.*

10 *c. The Commission may levy on and collect an annual*
11 *assessment from each member state or impose fees on other*
12 *parties to cover the cost of the operations and activities of the*
13 *Commission and its staff, which must be in a total amount*
14 *sufficient to cover its annual budget as approved each year for*
15 *which revenue is not provided by other sources. The aggregate*
16 *annual assessment amount shall be allocated based upon a*
17 *formula to be determined by the Commission, which shall*
18 *promulgate a rule binding upon all member states.*

19 **9. The Commission shall not incur obligations of any kind**
20 *prior to securing the funds adequate to meet the same; nor shall*
21 *the Commission pledge the credit of any of the member states,*
22 *except by and with the authority of the member state.*

23 **10. The Commission shall keep accurate accounts of all**
24 *receipts and disbursements. The receipts and disbursements of the*
25 *Commission shall be subject to the audit and accounting*
26 *procedures established under its bylaws. However, all receipts and*
27 *disbursements of funds handled by the Commission shall be*
28 *audited yearly by a certified or licensed public accountant, and the*
29 *report of the audit shall be included in and become part of the*
30 *annual report of the Commission.*

31 **F. Qualified Immunity, Defense, and Indemnification**

32 **1. The members, officers, executive director, employees and**
33 *representatives of the Commission shall be immune from suit and*
34 *liability, either personally or in their official capacity, for any*
35 *claim for damage to or loss of property or personal injury or other*
36 *civil liability caused by or arising out of any actual or alleged act,*
37 *error or omission that occurred, or that the person against whom*
38 *the claim is made had a reasonable basis for believing occurred*
39 *within the scope of Commission employment, duties or*
40 *responsibilities; provided that nothing in this paragraph shall be*
41 *construed to protect any person from suit and/or liability for any*
42 *damage, loss, injury, or liability caused by the intentional or*
43 *willful or wanton misconduct of that person.*

44 **2. The Commission shall defend any member, officer,**
45 *executive director, employee or representative of the Commission*



1 *in any civil action seeking to impose liability arising out of any*
2 *actual or alleged act, error, or omission that occurred within the*
3 *scope of Commission employment, duties, or responsibilities, or*
4 *that the person against whom the claim is made had a reasonable*
5 *basis for believing occurred within the scope of Commission*
6 *employment, duties, or responsibilities; provided that nothing*
7 *herein shall be construed to prohibit that person from retaining*
8 *his or her own counsel; and provided further, that the actual or*
9 *alleged act, error, or omission did not result from that person's*
10 *intentional or willful or wanton misconduct.*

11 3. *The Commission shall indemnify and hold harmless any*
12 *member, officer, executive director, employee, or representative of*
13 *the Commission for the amount of any settlement or judgment*
14 *obtained against that person arising out of any actual or alleged*
15 *act, error or omission that occurred within the scope of*
16 *Commission employment, duties, or responsibilities, or that person*
17 *had a reasonable basis for believing occurred within the scope of*
18 *Commission employment, duties, or responsibilities, provided that*
19 *the actual or alleged act, error, or omission did not result from the*
20 *intentional or willful or wanton misconduct of that person.*

21 22 SECTION 9. DATA SYSTEM

23
24 A. *The Commission shall provide for the development,*
25 *maintenance, and utilization of a coordinated database and*
26 *reporting system containing licensure, adverse action, and*
27 *investigative information on all licensed individuals in member*
28 *states.*

29 B. *Notwithstanding any other provision of state law to the*
30 *contrary, a member state shall submit a uniform data set to the*
31 *data system on all individuals to whom this Compact is applicable*
32 *as required by the rules of the Commission, including:*

- 33 1. *Identifying information;*
- 34 2. *Licensure data;*
- 35 3. *Adverse actions against a license or compact privilege;*
- 36 4. *Non-confidential information related to alternative*
37 *program participation;*
- 38 5. *Any denial of application for licensure, and the reason(s)*
39 *for denial; and*
- 40 6. *Other information that may facilitate the administration*
41 *of this Compact, as determined by the rules of the Commission.*

42 C. *Investigative information pertaining to a licensee in any*
43 *member state shall only be available to other member states.*

44 D. *The Commission shall promptly notify all member states*
45 *of any adverse action taken against a licensee or an individual*



1 *applying for a license. Adverse action information pertaining to a*
 2 *licensee in any member state shall be available to any other*
 3 *member state.*

4 *E. Member states contributing information to the data system*
 5 *may designate information that may not be shared with the public*
 6 *without the express permission of the contributing state.*

7 *F. Any information submitted to the data system that is*
 8 *subsequently required to be expunged by the laws of the member*
 9 *state contributing the information shall be removed from the data*
 10 *system.*

11 12 **SECTION 10. RULEMAKING**

13
14 *A. The Commission shall exercise its rulemaking powers*
 15 *pursuant to the criteria set forth in this Section and the rules*
 16 *adopted thereunder. Rules and amendments shall become binding*
 17 *as of the date specified in each rule or amendment.*

18 *B. If a majority of the legislatures of the member states*
 19 *rejects a rule, by enactment of a statute or resolution in the same*
 20 *manner used to adopt the Compact within 4 years of the date of*
 21 *adoption of the rule, the rule shall have no further force and effect*
 22 *in any member state.*

23 *C. Rules or amendments to the rules shall be adopted at a*
 24 *regular or special meeting of the Commission.*

25 *D. Prior to promulgation and adoption of a final rule or rules*
 26 *by the Commission, and at least thirty (30) days in advance of the*
 27 *meeting at which the rule shall be considered and voted upon, the*
 28 *Commission shall file a Notice of Proposed Rulemaking:*

29 *1. On the website of the Commission or other publicly*
 30 *accessible platform; and*

31 *2. On the website of each member state audiology or*
 32 *speech-language pathology licensing board or other publicly*
 33 *accessible platform or the publication in which each state would*
 34 *otherwise publish proposed rules.*

35 *E. The Notice of Proposed Rulemaking shall include:*

36 *1. The proposed time, date, and location of the meeting in*
 37 *which the rule shall be considered and voted upon;*

38 *2. The text of the proposed rule or amendment and the*
 39 *reason for the proposed rule;*

40 *3. A request for comments on the proposed rule from any*
 41 *interested person; and*

42 *4. The manner in which interested persons may submit*
 43 *notice to the Commission of their intention to attend the public*
 44 *hearing and any written comments.*



1 *F. Prior to the adoption of a proposed rule, the Commission*
2 *shall allow persons to submit written data, facts, opinions and*
3 *arguments, which shall be made available to the public.*

4 *G. The Commission shall grant an opportunity for a public*
5 *hearing before it adopts a rule or amendment if a hearing is*
6 *requested by:*

7 *1. At least twenty-five (25) persons;*

8 *2. A state or federal governmental subdivision or agency;*

9 *or*

10 *3. An association having at least twenty-five (25) members.*

11 *H. If a hearing is held on the proposed rule or amendment,*
12 *the Commission shall publish the place, time, and date of the*
13 *scheduled public hearing. If the hearing is held via electronic*
14 *means, the Commission shall publish the mechanism for access to*
15 *the electronic hearing.*

16 *1. All persons wishing to be heard at the hearing shall*
17 *notify the executive director of the Commission or other*
18 *designated member in writing of their desire to appear and testify*
19 *at the hearing not less than five (5) business days before the*
20 *scheduled date of the hearing.*

21 *2. Hearings shall be conducted in a manner providing each*
22 *person who wishes to comment a fair and reasonable opportunity*
23 *to comment orally or in writing.*

24 *3. All hearings shall be recorded. A copy of the recording*
25 *shall be made available on request.*

26 *4. Nothing in this section shall be construed as requiring a*
27 *separate hearing on each rule. Rules may be grouped for the*
28 *convenience of the Commission at hearings required by this*
29 *section.*

30 *I. Following the scheduled hearing date, or by the close of*
31 *business on the scheduled hearing date if the hearing was not*
32 *held, the Commission shall consider all written and oral comments*
33 *received.*

34 *J. If no written notice of intent to attend the public hearing*
35 *by interested parties is received, the Commission may proceed with*
36 *promulgation of the proposed rule without a public hearing.*

37 *K. The Commission shall, by majority vote of all members,*
38 *take final action on the proposed rule and shall determine the*
39 *effective date of the rule, if any, based on the rulemaking record*
40 *and the full text of the rule.*

41 *L. Upon determination that an emergency exists, the*
42 *Commission may consider and adopt an emergency rule without*
43 *prior notice, opportunity for comment, or hearing, provided that*
44 *the usual rulemaking procedures provided in the Compact and in*
45 *this section shall be retroactively applied to the rule as soon as*



1 *reasonably possible, in no event later than ninety (90) days after*
 2 *the effective date of the rule. For the purposes of this provision, an*
 3 *emergency rule is one that must be adopted immediately in order*
 4 *to:*

5 *1. Meet an imminent threat to public health, safety, or*
 6 *welfare;*

7 *2. Prevent a loss of Commission or member state funds; or*

8 *3. Meet a deadline for the promulgation of an*
 9 *administrative rule that is established by federal law or rule.*

10 *M. The Commission or an authorized committee of the*
 11 *Commission may direct revisions to a previously adopted rule or*
 12 *amendment for purposes of correcting typographical errors, errors*
 13 *in format, errors in consistency, or grammatical errors. Public*
 14 *notice of any revisions shall be posted on the website of the*
 15 *Commission. The revision shall be subject to challenge by any*
 16 *person for a period of thirty (30) days after posting. The revision*
 17 *may be challenged only on grounds that the revision results in a*
 18 *material change to a rule. A challenge shall be made in writing*
 19 *and delivered to the chair of the Commission prior to the end of*
 20 *the notice period. If no challenge is made, the revision shall take*
 21 *effect without further action. If the revision is challenged, the*
 22 *revision may not take effect without the approval of the*
 23 *Commission.*

24 25 **SECTION 11. OVERSIGHT, DISPUTE RESOLUTION,** 26 **AND ENFORCEMENT**

27 28 **A. Dispute Resolution**

29 *1. Upon request by a member state, the Commission shall*
 30 *attempt to resolve disputes related to the Compact that arise*
 31 *among member states and between member and non-member*
 32 *states.*

33 *2. The Commission shall promulgate a rule providing for*
 34 *both mediation and binding dispute resolution for disputes as*
 35 *appropriate.*

36 **B. Enforcement**

37 *1. The Commission, in the reasonable exercise of its*
 38 *discretion, shall enforce the provisions and rules of this Compact.*

39 *2. By majority vote, the Commission may initiate legal*
 40 *action in the United States District Court for the District of*
 41 *Columbia or the federal district where the Commission has its*
 42 *principal offices against a member state in default to enforce*
 43 *compliance with the provisions of the Compact and its*
 44 *promulgated rules and bylaws. The relief sought may include both*
 45 *injunctive relief and damages. In the event judicial enforcement is*



necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

**SECTION 12. DATE OF IMPLEMENTATION OF THE
INTERSTATE COMMISSION FOR AUDIOLOGY AND
SPEECH-LANGUAGE PATHOLOGY PRACTICE AND
ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT**

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the 10th member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.



SECTION 13. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

**SECTION 14. BINDING EFFECT OF
COMPACT AND OTHER LAWS**

A. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

B. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

C. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

D. All agreements between the Commission and the member states are binding in accordance with their terms.

E. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Sec. 22. NRS 637B.288 is hereby amended to read as follows:

637B.288 1. Except as otherwise provided in this section and NRS 239.0115 **§** and section 21 of this act, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the Board requesting that such documents and information be made public records.

2. The charging documents filed with the Board to initiate disciplinary action pursuant to chapter 622A of NRS and all documents and information considered by the Board when determining whether to impose discipline are public records.



3. The Board shall, to the extent feasible, communicate or cooperate with or provide any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.

Sec. 23. Chapter 640 of NRS is hereby amended by adding thereto a new section to read as follows:

The Physical Therapy Licensure Compact is hereby ratified and entered into with all other jurisdictions legally joining the Compact, in substantially the form set forth in this section:

PHYSICAL THERAPY LICENSURE COMPACT

SECTION 1. PURPOSE

The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;

2. Enhance the states' ability to protect the public's health and safety;

3. Encourage the cooperation of member states in regulating multi-state physical therapy practice;

4. Support spouses of relocating military members;

5. Enhance the exchange of licensure, investigative, and disciplinary information between member states; and

6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

1. "Active Duty Military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapters 1209 and 1211.





State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 6

Consideration to Approve SLP Subcommittee Recommendations for Revisions to NAC 637B, Approve Final SLP Subcommittee Meeting Minutes, and Dissolve SLP Subcommittee

a. Consideration to Approve SLP Subcommittee Recommendations for Revisions to NAC 637B

At its June 2024 meeting the Subcommittee made recommendations on NRS draft language for licensing SLP Assistants, which was approved by the Board in July 2024 and included in the Board's current bill AB 199.

To support these NRS revisions, the Subcommittee's work has also included drafting revisions to NAC 637B. The SLP Subcommittee met on January 14, 2025 to finalize these recommended revisions which are attached for the Board's consideration and approval.

It should be noted that the proposed NRS revisions in AB 199 must first be passed into legislation before the proposed NAC revisions could be pursued through the administrative rulemaking process during the 2025-2026 interim.

Related sample forms have also been developed and are attached to help illustrate how these regulations would operationalize in licensing and practice. These forms are presented as a draft only and any final decisions on use or final form would require Board approval at a later date following adoption of the regulation language.

The Board office received a written public comment and recommendation from ASHA on this item in October 2024, attached for review.

Attachments on next page:

1. *SLPA Draft NAC Revisions - Final Subcommittee Recommended 1 14 2025*
2. *SLPA Clinical Training Plan - DRAFT DOCUMENTS - V2 1 15 2025*
3. *ASHA Public Comment on SLPA Regulations 10 28 2024*

Action: Approve, Table, or Take No Action on the Matter

b. Consideration to Approve Final SLP Subcommittee Meeting Minutes of January 14, 2025 and Dissolve SLP Subcommittee

It is appropriate at this time to dissolve the Subcommittee as it was established as a temporary workgroup to make recommendations to the Board regarding licensing for SLP Assistants and has done so regarding both NRS and NAC revisions. At its meeting of January 14, 2025 the Subcommittee voted to delegate approval of its final meeting minutes of that date to the Board and recommend the Board dissolve the Subcommittee.

Attachments on next page:

1. *SLP Subcommittee Meeting Minutes Not Yet Approved 2025 1 14*

Action: Approve, Table, or Take No Action on the Matter



NAC SECTIONS FINAL: APPROVED FOR RECOMMENDATION TO THE BOARD

LICENSING; SPEECH LANGUAGE PATHOLOGY ASSISTANTS

I. DEFINITIONS

A. NAC NEW “Direct Supervision” defined. (NRS NEW)		
“Direct supervision means in-view observation and guidance provided, either in person or through telesupervision, by a supervising speech-language pathologist to a speech-language pathology assistant, provisional licensee, or student while they perform an assigned activity. Direct supervision activities may include, but are not limited to observing, coaching, modeling, and providing real-time assistance and feedback.	June 2024 Reviewed + approved.	ASHA Definitions
B. NAC NEW “Indirect Supervision” defined. (NRS NEW)		
“Indirect Supervision” means the monitoring or reviewing by a supervising speech-language pathologist of activities performed by a speech-language pathology assistant, provisional licensee, or student including, but not limited to demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication.	June 2024 Reviewed + approved.	ASHA Definitions
C. NAC NEW “Medically Fragile” defined. (NRS NEW)		
“Medically Fragile” means the condition of a client who is acutely ill and in an unstable health condition.	March 2024 Reviewed - no change.	ASHA Definitions
D. NAC NEW “Plan of Care” defined. (NRS NEW)		
“Plan of Care ” means a written service plan developed and monitored by a supervising speech-language pathologist to meet the needs of a client, addressing needs for screening, observation, monitoring, assessment, treatment, and other services.	March 2024 Reviewed - no change.	ASHA Definitions
E. NAC NEW “Sensory-Based Feeding” defined. (NRS NEW)		
“Sensory-Based Feeding” means interventions that utilize a set of sensory-based feeding steps to introduce new textures and flavors to help the client expand their food preferences and foster adequate nutrition and hydration.	January 2025	Childrens National Hospital

	Revisited & removed based on emerging research on trauma related to feeding and questions regarding SLP preparation. Recommendation from Subcommittee to remove from the list of allowable SLPA activities. June 2024 Reviewed + approved.	
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II. QUALIFICATIONS, EDUCATION, AND CLINICAL TRAINING ~~EXAMINATION~~

A. NAC 637B.NEW Application: Clinical Training Experience

<p>An applicant for a license to practice as a speech-language pathology assistant who is a new graduate holding a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational institution and does not currently or has not previously held a license as a speech-language pathology assistant issued by the District of Columbia or any state or territory of the United States must provide one of the following with the application for licensure:</p> <p>a. Proof satisfactory of 75 hours of clinical training, made up of at least 25 hours of clinical observation experience and 50 hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript or verified by the Registrar, Dean, Department Head, or supervising speech-language-pathologist; or</p> <p>b. Proof satisfactory of 75 hours of clinical training, made up of at least 25 hours of clinical observation experience and 50 hours of clinical assisting experience obtained while earning Certification as a Speech-Language Pathology Assistant through the American Speech-Language-Hearing Association; or</p> <p>c. A Clinical Training Plan which outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified supervising speech-language pathologist to obtain the requisite 75 hours of fieldwork experience, as prescribed in NAC 637B.XXX.</p> <p>1) In order to obtain these hours, the applicant shall first obtain the speech-language pathologist assistant license by submitting the forms, fees, documentation, and completed Clinical Training Plan prescribed in NRS 637B.XXX and NAC 637B.XXX; and</p> <p>2) The Board shall evaluate the documentation and fees submitted to determine if the assistant license shall be issued. Additional information or revisions may be required before approval is granted.</p> <p>3) Clinical training may not begin until the speech-language pathology assistant license is issued and the Clinical Training Plan is approved by the Board.</p>	<p>January 2025 Reviewed + approved with revision from original25 observation/25 clinical hours to 25 observation/50 clinical hours.</p> <p>September 2024: Recommend drafting language & adaptation of Texas Clinical Deficiency Plan.</p>	<p>Section c.: Note that ASHA SLPA Certification Education Pathway Option 2 requires a Bachelor’s degree in communication sciences and disorders from an accredited institution, so it is possible a person holds a Bachelor’s degree and has obtained fieldwork via this cert rather than the educational program.</p>
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B. NAC 637B.NEW Clinical Training Plan

1. A Clinical Training Plan must include a proposed program of on-the-job clinical observation and clinical assisting experience for a speech-language pathology assistant applicant who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution, but has not completed at least 75 total hours of fieldwork experience, made up of 25 hours of clinical observation experience and 50 hours of clinical assisting experience.
2. Clinical observation and clinical assisting hours completed while earning the degree or certification and evidenced in the academic transcript, verified by the Registrar, Dean, or Department Head of the issuing institution, a prior supervising speech-language pathologist, or verified by current ASHA SLPA Certification may be incorporated into the Clinical Training Plan and combined with planned future activities to achieve the required 75 hours of training prescribed in NAC 637B.XXX(a).
3. All hours worked by the licensed speech-language pathology assistant must be under the direct supervision of the licensed supervising speech-language pathologist identified in the Clinical Training Plan. Direct supervision must total no less than 25% of the speech-language pathology assistant's total contact with each client/patient.
4. Clinical Training Plan hours must be successfully completed within 60 days of the issuance of the speech-language pathology assistant license.
5. No later than 5 business days following completion of the Clinical Training Plan hours, the supervising speech-language pathologist identified in the Plan shall notify the Board of completion and submit required documentation attesting to the following:
 - a. The total number of clinical observation and clinical assisting experience hours worked by the licensed speech-language pathology assistant under the direct supervision of the licensed supervising speech-language pathologist.
 - b. The licensed speech-language pathology assistant's competency in all areas of clinical observation and clinical assisting.
6. The licensed speech-language pathology assistant may continue to practice under the direct supervision of the identified licensed supervising speech-language pathologist while the Board evaluates the Clinical Training Plan completion documentation identified in paragraph (4).
7. If the Clinical Training Plan is not completed within 60 days, one of the following must occur:
 - a. If an initial Clinical Training Plan is not successfully completed after 60 days, a revised plan may be submitted describing the need for the extension and related extenuating circumstances, and requesting an additional 60 days; or
 - b. If a revised plan is not successfully completed after 120 days, a revised plan may be submitted describing the need for the extension and related extenuating circumstances, and requesting review by the Board to consider further extension; or
 - c. A speech-language pathology assistant experiencing extenuating circumstances may request a conversion of their license to inactive status and suspend the Clinical Training Plan until the license is converted back to active status; or
 - d. The Board may place the license of a speech-language pathology assistant on inactive status and prohibit practice if:
 - i. The speech-language pathology assistant is required to but has not completed a Clinical Training Plan; and
 - ii. Does not have an active training plan in place and/or does not have an assigned supervising speech-language pathologist; or
 - iii. The supervising speech-language pathologist has reported concerns regarding the speech-language pathology assistant's competency, ethics, or related issues requiring further investigation by the Board.
8. As used in this section, "extenuating circumstance" includes, without limitation:
 - a. Extreme illness or injury;
 - b. Extreme financial or familial hardship; or

January 2025

Reviewed + approved with the following revisions:

- Increase total required hours to 75 made up of 25 clinical observation and 50 clinical assisting hours to ensure SLP Assistants are adequately prepared but not impose barriers to practice.
- Hours may be counted from prior experiences and revise the to allow a prior supervising SLP to attest to hours completed.
- Clarification that direct supervision must total no less than 25% of the speech-language pathology assistant's total contact with each client/patient.
- Supervising SLP should notify the Board of training plan completion and submit required documentation within 5 business days (from original 3).

September 2024: Rec drafting language & adaptation of Texas Clinical Deficiency Plan.

<div><div><div>c. Military service.</div><div>9. A speech-language pathology assistant practicing under a Clinical Training Plan may not:<div><div>a. Practice and/or engage in training hours until the supervising speech-language pathologist has personally verified that the assistant license has been issued, and this Clinical Training Plan has been submitted and approved by the Board;</div><div>b. Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, supervising speech-language pathologists, or while waiting for plan approval or a Board review for a plan extension;</div><div>c. Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.</div></div></div><div>10. A speech-language pathology assistant practicing under a Clinical Training Plan must:<div><div>a. Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;</div><div>b. Notify the Board immediately once the Clinical Training Plan has been successfully completed;</div><div>c. Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.</div></div></div><div>11. A supervising speech-language pathologist providing supervision to a speech-language pathology assistant practicing under a Clinical Training Plan must:<div><div>a. Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;</div><div>b. Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;</div><div>c. Evaluate the work of the speech-language pathology assistant;</div><div>d. Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;</div><div>e. Provide written notification to the Board immediately if:<div><div>(1) The speech-language pathology assistant is no longer under their supervision;</div><div>(2) They no longer have the same employer as the speech-language pathology assistant;</div><div>(3) The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;</div><div>(4) They wish to withdraw as the supervisor for the speech-language pathology assistant.</div></div></div></div></div></div></div>		
<div>RECIPROCITY</div>	<div>September 2024: No language recommended.</div> <div>June 2024: Tabled.</div>	

III. SCOPE OF PRACTICE/PROHIBITED ACTIVITIES

A. NAC 637B.NEW Speech-language therapy assistant, provisional licensee, or student: Delegation of duties by supervising speech-language pathologist; limitations. (NRS NEW)		
A supervising speech-language pathologist shall supervise any services delivered to a client by a speech-language pathology assistant, provisional licensee, or student and ensure these are consistent with the client’s plan of care.	June 2024 Reviewed + approved.	NV Speech-Hearing <u>NAC 637B.003</u>
1. Only a supervising speech-language pathologist may: (a) Determine services included in the client’s plan of care that are appropriate to delegate to a speech-language pathology assistant, provisional licensee, or student. (b) Delegate services to be delivered by a speech-language pathology assistant, provisional licensee, or student. (c) Instruct a speech-language pathology assistant, provisional licensee, or student regarding: (1) The specific program of intervention of a client; (2) Any precaution to be taken to protect a client; (3) Any special problem of a client (4) Any procedure which should not be administered to a client; and (5) Any other information required to treat a client.		NV OT <u>NAC 640A.265(2)</u>
2. A supervising speech-language pathologist shall not delegate responsibilities to a speech-language pathology assistant, provisional licensee, or student which are beyond the scope of the delegate’s training.		NV OT <u>NAC 640A.250(5)</u>
3. A supervising speech-language pathologist may only delegate activities to a student after consideration of clients’ needs, the service setting, the guidelines established by the educational program, and their assessment of the student’s training and competence.		
4. A supervising speech-language pathologist may delegate any activity to a provisional licensee after consideration of clients’ needs, the service setting, and their assessment of the provisional licensee’s training and competence.		
5. A supervising speech-language pathologist may delegate the following activities to a speech-language pathology assistant or student after consideration of clients’ needs, the service setting, and their assessment of the speech-language pathology assistant or student’s training and competence:		<u>ASHA SLPA Service Delivery</u> (1-20) except (3) & (5)
(a) Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes;		<u>ASHA SLPA Service Delivery</u> (4)
(b) Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: (1) The speech-language pathology assistant meets the examiner requirements specified in the examiner’s manual; and (2) The supervising speech-language pathologist has verified their competence in administration of the tool; and (3) The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score.	March 2024: Reviewed & kept as-is. Discussion around “manual-dependent” and whether this captures site-specific scenarios. Consensus to leave as-is since Supervising SLP can ultimately determine what is appropriate.	<u>ASHA SLPA Service Delivery</u> (6) (1 & 2) (3) Suggested at 2.21.2024 meeting

<div>(c) Implementing client care plans as developed and directed by the supervising speech-language pathologist as follows:<div>(1) Providing direct therapy services, both in-person and through telepractice through a variety of service delivery models to clients to address treatment goal(s);</div><div>(2) Adjusting and documenting the amount and type of support or scaffolding provided to the client in treatment to facilitate progress;</div><div>(3) Developing and implementing activities and materials for teaching and practice of skills to address the client’s treatment goal(s)</div></div>	March 2024: Reviewed - no change.	<u>ASHA SLPA Service Delivery</u> (7) (8) (9) (10) (11) (12)
<div>(d) Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.</div>		<u>ASHA SLPA Service Delivery</u> (13)
<div>(e) Providing coaching to client caregivers for facilitation and carryover of skills.</div>		<u>ASHA SLPA Service Delivery</u> (14)
<div>(f) Sharing objective information without interpretation or recommendations as directed by the supervising speech-language pathologist regarding client performance to clients, caregivers, families, and other service providers</div>		<u>ASHA SLPA Service Delivery</u> (15)
<div>(g) Assisting clients with augmentative and alternative communication devices and materials as follows:<div>(1) Programming augmentative and alternative communication devices;</div><div>(2) Developing low-tech augmentative and alternative communication materials for clients; and</div><div>(3) Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.</div></div>		<u>ASHA SLPA Service Delivery</u> (16) (17) (18)
<div>(h) Supporting clients with sensory-based feeding as directed by the supervising speech-language pathologist to include:<div>(1) Demonstrating strategies included in the feeding plan developed by the supervising speech-language pathologist;</div><div>(2) Sharing information in the feeding plan developed by the supervising speech-language pathologist with clients, families, and caregivers; and</div><div>(3) Assisting clients with feeding skills developed and directed by the supervising speech-language pathologist when consuming food textures and liquid consistencies.</div></div>	<div>January 2025 Revisited & removed based on emerging research on trauma related to feeding and questions regarding SLP preparation. Recommendation from Subcommittee to remove from the list of allowable SLPA activities – moved below to section B.</div> <div>June 2024 Reviewed + approved.</div>	<u>ASHA SLPA Service Delivery</u> (19) (20)
<div>(i) Working with clients who communicate using a language other than English or who are developing English language skills when the supervising speech-language pathologist determines they have sufficient prior training and experiences in working with multilingual clients and the specific client’s first language, including:<div>(1) Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results;</div><div>(2) Interpreting for clients, families, and caregivers; and</div><div>(3) Providing services in a client’s first language.</div></div>	March 2024: Reviewed – no change.	<u>ASHA Multiple Languages</u> (1) (2) (3)

(j) Assisting with administrative tasks to include: (1) Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; (2) Performing safety checks and maintenance of equipment; and (3) Preparing materials for screening, assessment, and treatment services.		<u>ASHA Admin Support</u> (1) (2) (3)
(k) Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the supervising speech-language pathologist.		<u>ASHA Prevention & Advocacy</u> (1) (2) (3) (4) (5) (6) (7)

B. NAC 637B.NEW Speech-language pathology assistant prohibited from performing certain activities; disciplinary action. (NRS NEW)

1. A speech-language pathology assistant shall not:	June 2024 Reviewed + approved.	NV PT <u>NAC 640.596</u>
(a) Interpret assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services;	March 2024: Reviewed – no change. (d) January 2025 Revisited & added based on emerging research on trauma related to feeding and questions regarding SLP preparation. Recommendation from Subcommittee to remove from the list of allowable SLPA activities in A. above and add to here in prohibited activities.	<u>ASHA SLPA Prohibited</u> (2)
(b) Administer, score, or interpret feeding, swallowing, or other screenings, checklists, or clinical assessment tools;		<u>ASHA SLPA Prohibited</u> (3)
(c) Interpret a client’s record or evaluation, identify any problem of a client, or share information with a client or their family;		<u>ASHA SLPA Prohibited</u> (15)
(d) Diagnose communication and feeding and swallowing disorders or support clients with sensory-based feeding.		<u>ASHA SLPA Prohibited</u> (4)
(e) Write, develop, or revise a client’s treatment goal(s) or plan of care in any way;		<u>ASHA SLPA Prohibited</u> (7)
(f) Develop or determine feeding and swallowing strategies and precautions;		<u>ASHA SLPA Prohibited</u> (5)
(g) Provide vocal therapy treatment to a client;		
(h) Use or disclose clinical or confidential information by any method to recipients who have not been approved by the supervising speech-language pathologist, unless mandated by law;		<u>ASHA SLPA Prohibited</u> (6)
(i) Sign or initial any formal documents without the supervising speech-language pathologist’s co-signature;		<u>ASHA SLPA Prohibited</u> (16)
(j) Make referrals for additional services;		<u>ASHA SLPA Prohibited</u> (8)
(k) Provide services to a client without following the plan of care prepared by the supervising speech-language pathologist;		<u>ASHA SLPA Prohibited</u> (9)
(l) Provide services to clients without access to supervision;		<u>ASHA SLPA Prohibited</u> (10)
(m) Select an augmentative and alternative communication system or device for a client;		<u>ASHA SLPA Prohibited</u> (11)
(n) Treat a medically fragile client without direct supervision;	March 2024: Removed “100%” per existing definition of direct supervision.	<u>ASHA SLPA Prohibited</u> (12)
(o) Perform activities that require specialized knowledge and training;	March 2024: Reviewed – no change.	<u>ASHA SLPA Prohibited</u> (13)
(p) Provide input in a treatment meeting without the presence of or prior approval of the supervising speech-language pathologist;		<u>ASHA SLPA Prohibited</u> (14)
(q) Discharge a client from services;		<u>ASHA SLPA Prohibited</u> (17)
(r) Perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, including, but not limited to phone, pager, or other immediate physical or electronic means.		<u>ASHA Supervision Requirements</u>
(s) Perform tasks when a supervising speech-language pathologist is no longer available or assigned to provide the level of supervision stipulated until a new supervising speech-language pathologist has been designated.		<u>ASHA Supervision Requirements</u>
II. A speech-language pathology assistant must:		a & b = <u>ASHA SLPA Service Delivery</u> (1) (2)

<p>(a) Clearly identify themselves as a speech-language pathology assistant or provisional licensee to clients, families, caregivers, and others both verbally and in writing; and</p> <p>(b) Comply with federal, state, and local regulations including, but not limited to:</p> <ul style="list-style-type: none">(1) The Health Insurance Portability and Accountability Act (HIPAA);(2) The Family Educational Rights and Privacy Act (FERPA);(3) Reimbursement requirements; and(4) State statutes and rules regarding speech-language pathology assistant education, training, and scope of practice. <p>(c) Comply with the following responsibilities related to providing cultural and linguistic supports:</p> <ul style="list-style-type: none">(1) Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner;(2) Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising speech-language pathologist).(3) Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns; and(4) Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.		<p>c = <u>ASHA Culturally Responsive Practices</u></p>
<p>III. A speech-language pathology assistant is subject to disciplinary action if they perform any activity in violation of this section.</p>		<p>NV PT <u>NAC 640.596</u></p>
<p>IV. A student who performs any activity in this section is subject to administrative action for unlicensed practice pursuant to NRS 637B.290.</p>	<p>June 2024 Reviewed + approved.</p>	

IV. SUPERVISION

A. NAC 637B.NEW Authority and qualifications to act as a supervising speech-language pathologist; supervision ratios. (NRS NEW)		
1. A supervising speech-language pathologist may provide supervision, including telesupervision, to any of the following and within the scope of authority as described: <ul style="list-style-type: none"> a. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B to a person licensed by this Board pursuant to NRS 637B as a Speech-Language Pathology Assistant; b. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B and ASHA supervision requirements to a person licensed by this Board pursuant to NRS 637B as a provisional speech-language pathologist who is completing the clinical fellowship experience to earn the ASHA Certificate of Clinical Competence (CCC-SLP); c. In compliance with supervisory responsibilities prescribed in NRS 637B and NAC 637B and the guidelines established by the educational program for a student enrolled in a program accredited by the ASHA Council on Academic Accreditation or a successor organization approved by the Board to obtain a bachelor’s or master’s degree in speech-language pathology or communication science disorders. 	June 2024 Reviewed + approved. Changed “c” from ASHA to ASHA Council on Academic Accreditation and “its” to “a” successor organization.	<ul style="list-style-type: none"> NV OT NAC 640A.0143 (Assistant & Provisional) NV PT NRS 640.026 (Assistant, Provisional, & Students)
2. To be eligible to act as a supervising speech-language pathologist, a speech-language pathologist must:		
a. Hold a standard license issued by this Board pursuant to NRS 637B that is on active status, in good standing, and with no record of disciplinary action;	June 2024 Reviewed + approved.	NV Speech Hearing NAC 637B.0396
b. Have experience as a speech-language pathologist for a minimum of 2 years post-award of the CCC-SLP;	March 2024 Reviewed with consensus to require 2 years.	<ul style="list-style-type: none"> NV Speech Hearing NAC 637B.0396 (HAS Apprentice Sponsor = 3 years) ASHA Supervisor Qualifications (9 months + CCC-SLP; not rec’d as CCC not required for renewal)
c. Have completed 2 hours of professional development in clinical instruction/supervision; and	March 2024 Reviewed – no change.	ASHA Supervisor Training and Preparation
d. Share the same employer as any speech-language pathology assistant or provisional licensee they supervise.		<ul style="list-style-type: none"> NV Speech Hearing NAC 637B.0396 (HAS-A) ASHA Clinical Fellow Supervision
3. A supervising speech-language pathologist is responsible for determining the appropriate number of supervisees they can manage within their workload while maintaining the highest level of quality services provided. A supervising speech-language pathologist may not be the supervisor of record for a combined total of no more than three persons listed below at the same time: <ul style="list-style-type: none"> a. No more than two provisional licensees at the same time. b. No more than two speech-language pathology assistants at the same time. c. No more than two students at the same time. 	June 2024 Reviewed + approved. Changed may not supervise” to “may not be the supervisor of record for”	<ul style="list-style-type: none"> ASHA Supervision Ratio (total = 3) NV Speech Hearing NAC 637B.0396 (total = 2) NV PT NAC 640.594 (total = 3)
4. A speech-language pathology assistant shall not have more than three supervising speech-language pathologists per employer at one time.	June 2024 Reviewed + approved.	<ul style="list-style-type: none"> ASHA Supervision Ratio (= “more than one”) NV Speech Hearing NAC 637B.0396 (= 2)

B. NAC 637B.NEW Speech-language pathology assistant: Verification to Board of employment and supervision; notice of termination; number of primary supervisors required per employer of record. (NRS NEW)

1. A speech-language pathology assistant shall submit verification of their employment and supervision by a supervising speech-language pathologist to the Board within 30 days after a change in employment or supervisor. The verification must be submitted in a format approved by the Board.	June 2024 Reviewed + approved. Changed “3” from “may have one alternate...” to “may have no more than two alternate...”	NV OT NAC 640A.260
2. A supervising speech-language pathologist supervisor shall notify the Board within 30 days after the termination of their supervision of a speech-language pathology assistant.		
3. A speech-language pathology assistant must have at least one primary supervising speech-language pathologist and may have no more than two alternate supervising speech-language pathologists for each employer of record.		

C. NAC 637B.NEW Supervision provided by supervising speech-language pathologist. (NRS NEW)

1. A speech-language pathology assistant, provisional licensee, or student shall not practice speech-language pathology without the general supervision of a supervising speech-language pathologist. Immediate physical presence or constant presence on the premises where the speech-language pathology assistant, provisional licensee, or student is practicing is not required of the speech-language pathologist.	June 2024 Reviewed + approved.	NV OT NAC 640A.250(1)
2. A supervising speech-language pathologist must develop a supervision plan with each speech-language pathology assistant, provisional licensee, or student they supervise that is reviewed and revised as the supervisee integrates skills and attains competency.		
3. When supervising provisional licensees or students, a supervising speech-language pathologist must follow applicable supervision guidelines that complies with the requirements of the clinical fellowship experience or educational program the supervisee is enrolled in.		
4. A supervising speech-language pathologist must develop a supervision plan with each speech-language pathology assistant,-provisional licensee, or student they supervise that is reviewed and revised as the supervisee integrates skills and attains competency. Supervision provided by the supervising speech-language pathologist shall be consistent with the: (a) Skill and experience demonstrated by the speech-language pathology assistant, provisional licensee, or student; (b) Clients’ needs; (c) Service setting; (d) Tasks assigned; and (e) Laws and regulations that govern speech-language pathology assistant, provisional licensee, and students.		ASHA Supervision Requirements
5. A supervising speech-language pathologist overseeing a speech-language pathology assistant working under a Clinical Training Plan to obtain on-the-job clinical observation and assisting training shall provide supervision in accordance with NRS 637B and NAC 637B. Direct supervision must total no less than 25% of the speech-language pathology assistant’s total contact with each client/patient.	January 2025 Approved with clarification that direct supervision must total no less than 25% of the speech-language pathology assistant’s total contact with each client/patient.	

	<p>September 2024 Recommend drafting language & adaptation of Texas Clinical Deficiency Plan.</p> <p>June 2024 – Tabled</p>	
<p>6. To provide satisfactory supervision, a supervising speech-language pathologist shall:</p> <p>(a) Plan, develop, and supervise all client care and services delegated to and delivered by a speech-language pathology assistant, provisional licensee, or student;</p> <p>(b) Have first contact with every client before a speech-language pathology assistant, provisional licensee, or student is allowed to provide services to the client independently, including, but not limited to establishing rapport, gathering baseline data, and obtaining documentation;</p> <p>(c) Assign clients to each speech-language pathology assistant, provisional licensee, or student they supervise based on the supervising speech-language pathologist’s assessment of the supervisee’s competence, skills, and experience;</p> <p>(d) Review every plan of care as needed for timely implementation of modifications and make all case management decisions;</p> <p>(e) Provide direct supervision to each speech-language pathology assistant, provisional licensee, or student they supervise for each client treated by the speech-language pathology assistant, provisional licensee, or student at least every 30–60 days, depending on the setting and frequency of sessions.</p> <p>(f) Provide indirect supervision at regular intervals to each speech-language pathology assistant, provisional licensee, or student they supervise for each client treated by the supervisee;</p> <p>(g) Conduct ongoing competency evaluations of each speech-language pathology assistant, provisional licensee, or student they supervise;</p> <p>(h) Provide and encourage ongoing education and training opportunities for each speech-language pathology assistant, provisional licensee, or student they supervise that are consistent with the competencies and skills required to meet the needs of the clients served;</p> <p>(i) Accurately document and regularly record all supervisory activities, including but not limited to direct, indirect, and telesupervision provided to each speech-language pathology assistant, provisional licensee, or student they supervise;</p> <p>(j) Maintain an active interest in collaborating with and developing the competency of each speech-language pathology assistant, provisional licensee, or student they supervise;</p> <p>(k) Retain legal and ethical responsibility for all clients served by each speech-language pathology assistant, provisional licensee, or student they supervise.</p>	<p>June 2024 Reviewed + approved.</p> <p>March 2024 Reviewed (e) 30-60 days with consensus to keep.</p>	<p>ASHA Supervision Requirements</p> <p>ASHA First Contact</p>
<p>7. A supervising speech-language pathologist who will not be able to supervise a speech-language pathology assistant or provisional licensee for more than [1 week] must:</p> <p>(a) Inform each speech-language pathology assistant or provisional licensee they supervise of the planned absence;</p> <p>(b) Notify the employer or site administrator that other arrangements must be made while the supervising speech-language pathologist is unavailable for each speech-language pathology assistant or provisional licensee they supervise; and</p> <p>(c) Inform all clients, families, and caregivers if their speech-language services will be rescheduled.</p>	<p>June 2024 Reviewed + approved.</p>	<p>ASHA Supervision Requirements</p>

D. NAC 637B.042 Professional responsibility.

A licensee: 14. Shall not authorize a person under the supervision of the licensee to perform services that are outside of the scope of the license, certificate, training or experience of the person performing the services, or allow such a person to hold himself or herself out as having expertise in a field or activity in which that person is not qualified.	June 2024 Reviewed + approved.	NV Speech Hearing <u>NAC 637B.042</u>
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V. CONTINUING EDUCATION

A. NAC 637B.400 Requirements for renewal of standard or provisional license; records; audits; excess credits may not be carried forward. (NRS 637B.132, 637B.191)

1. Except as otherwise provided in subsection 2 of <u>NAC 637B.403</u> and <u>NAC 637B.430</u> , as a prerequisite for each renewal of a standard license or provisional license, a licensee must complete, during the annual period immediately preceding the renewal, at least 10 hours of continuing education approved by the Board that directly pertains to the profession in which he or she holds a license issued by the Board, including at least 1 hour of continuing education relating to ethics, cultural competence, cultural humility, culturally responsive practices or diversity equity and inclusion. If the licensee is a dispensing audiologist, at least 3 of the 10 hours of continuing education must directly relate to the practice of fitting and dispensing hearing aids. 2. Legible copies of all receipts, records of attendance, certificates and any other evidence of a licensee’s completion of a course of continuing education must be retained by the licensee and made available to the Board for inspection for not less than 3 years after the completion of the course. 3. The Board will conduct random audits of licensees to ensure compliance with the requirements of this section. 4. If a licensee completes more than the required number of hours of continuing education during one licensing period, the licensee is not allowed to credit the excess hours toward the required education for a subsequent period. 5. For the purposes of subsection 1, a course approved by the International Institute for Hearing Instruments Studies of the International Hearing Society, American Academy of Audiology, American Speech-Language-Hearing Association, Academy of Doctors of Audiology or Educational Audiology Association is deemed to be approved by the Board.	March 2024: #1 corrected following March 2024 meeting.	NV Speech Hearing <u>NAC 637B.400</u> No changes recommended
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VI. FEES FOR APPLICATION, LICENSE, & RENEWAL

A. NAC 637B.030 Schedule of fees. (NRS 637B.132, 637B.175)

The Board will charge and collect the following fees: Application fee..... \$150 Fee for a standard license or provisional license..... 100 Fee for a temporary license..... 50 Fee for a limited license..... 25 Fee for renewal of a standard license or provisional license..... 100 Fee for renewal of an inactive or temporary license..... 50	March 2024: Reviewed – no change. Board adopted these revisions in LCB File R108-23 following Public Hearing on 4/25/2024. Scheduled before Legislative Commission on 6/18/2024.	<u>NAC 637B.030</u> Any recommended change should be to NAC. Other NV Boards that license Assistants charge less, though this Board has historically not charged less for HAS Apprentices.
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Reinstatement fee for a standard license or provisional license expired 30 days or more	100		
Reinstatement fee for a standard license or provisional license expired less than 30 days.....	75		
Examination fee.....	250		
Fee for converting to a different type of license.....	50		
Fee for each additional license or endorsement.....	50		
Fee for obtaining license information.....	50		

VII. APPLICABILITY OF CHAPTER/ALIGNMENT WITH NDE ASSISTANTS

A. NAC 637B Revision 2020: LCB File No. R095-19

<p>Sec. 2.</p> <p>1.—Except as otherwise provided in subsection 2, for the purposes of subsection 1 of NRS 637B.080, the provisions of chapter 627B 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:</p> <p>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;</p> <p>b.— Is employed by a public educational institution; and</p> <p>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.</p> <p>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.</p>	<p>September 2024 Reviewed + approved per Subcommittee recommendation & Board approval to remove <i>NRS 637B.080(1) Applicability of chapter: The provisions of this chapter do not apply to any person who: Holds a current credential issued by the Department of Education pursuant to <u>chapter 391</u> of NRS and any regulations adopted pursuant thereto or after and engages in the practice of audiology or speech-language pathology within the scope of that credential;</i></p> <p>June 2024 – Tabled.</p>	<p><u>NAC 637B Revision 2020: LCB File No. R095-19</u></p>
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NRS SECTIONS: APPROVED BY BOARD 7 24 2024

I. DEFINITIONS

A. NRS NEW “Speech-Language Pathology Assistant” defined.		
“Speech-language pathology assistant” means a person who is licensed pursuant to this chapter to assist in the practice of speech-language pathology under the direction of a supervising speech-language pathologist.	March/May 2024: Reviewed - no change.	NV OT <u>NRS 640A.060</u> NV PT <u>NRS 640.0213</u>
B. NRS NEW “Supervising Speech-Language Pathologist” defined.		
“Supervising speech-language pathologist” means a speech-language pathologist who supervises a speech-language pathologist assistant, a provisional speech-language pathologist, or a student who is completing a program for speech-language pathologists or speech-language pathologist assistants.	May 2024: Reviewed – keep all.	NV OT <u>NAC 640A.0143</u> (Asst & Provisional) NV PT <u>NRS 640.026</u> (Assistant, Provisional, & Students)
C. NRS NEW “Provisional Licensee” defined.		
“Provisional licensee” means any person who holds a provisional speech-language pathology license pursuant to chapter 637B of NRS.	March/May 2024: Reviewed - no change.	None
D. NRS NEW “Student” defined.		
“Student” means an unlicensed student enrolled in a bachelor’s or master’s degree program in speech-language pathology or communication science disorders at an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education. the American Speech-Language-Hearing Association or its successor organization approved by the Board.	May 2024: Reviewed – keep all.	NV PT <u>NAC 640.080</u> & <u>NAC 640.090</u>
E. NRS NEW “Supervision” defined.		
“Supervision” means the provision of direction and evaluation of the tasks assigned by a supervising speech-language pathologist to a speech-language pathology assistant, provisional licensee, or student, including direct supervision, indirect supervision, and telesupervision.	May 2024: Reviewed – keep all.	<u>ASHA Definitions</u>
F. NRS NEW “Telesupervision” defined.		
“Telesupervision” means the real-time, distance observation of services delivered by a speech-language pathology assistant, provisional licensee, or student by a supervising speech-language pathologist, with feedback or assistance provided by the supervising speech-language pathologist as needed. The supervising speech-language pathologist may view and communicate with the client and speech-language pathology assistant, provisional licensee, or student in real time via virtual telecommunication software, webcam, telephone, and similar devices and services to provide immediate feedback.	May 2024: Reviewed – keep all.	<u>ASHA Definitions</u>

II. QUALIFICATIONS/EDUCATION/~~EXAMINATION~~

A. NRS 637B.NEW Speech-language pathology assistants: Educational requirements.

<div>1. Except as otherwise provided in subsection 2, an applicant for a license to practice as a speech-language pathology assistant must hold either:<div>d. A bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders awarded by an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education.</div><div>e. A current endorsement issued on or before September 30, 2026 by the Nevada Department of Education pursuant to <u>chapter 391 of NRS to teach students who have speech and language impairments.</u></div></div> <div>2. An applicant for a license to practice as a speech-language pathology assistant who holds a bachelor’s degree or master’s degree in speech-language pathology or communication sciences and disorders from a foreign school must prove to the satisfaction of the Board that their educational program:<div>(a) Is substantially equivalent to the requirements set forth in subsection 1, as applicable; and</div><div>(b) Is accredited by an accrediting agency approved by the Board.</div></div> <div>3. Complete fieldwork.....</div>	<div>#1 May 2024: Reviewed & recommended including (b) to capture current NDE staff. Connects to recommended removal of #1 in NRS 673B.080(1) Applicability of Chapter.</div> <div>#3 May 2024: Reviewed & removed with consensus that current structure is not sufficient to support fieldwork. Plan to build extended field orientation/training in NAC Supervision.</div>	<div>NV Speech-Hearing <u>NRS 637B.196</u> (AUD + SLP Requirements)</div> <div>NV OT <u>NRS 640A.120</u> (Program approved by the Board + 16 weeks supervised fieldwork)</div> <div>NV PT <u>NRS 640.093</u> (2-year program/min 60 semester credits or Armed Forces program)</div>
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B. NRS 637B.NEW Speech-language pathology assistants: Regulations.

<div>The Board shall adopt regulations regarding speech-language pathology assistants, including, without limitation:</div> <div>1. The licensing of speech-language pathology assistants;</div> <div>2. The educational, training, and fieldwork requirements for speech-language pathology assistants;</div> <div>3. The examination required for licensing as a speech-language pathology assistant;</div> <div>4. The supervision of speech-language pathology assistants; and</div> <div>5. The practice of speech-language pathology by speech-language pathology assistants.</div>	<div>#3: March 2024: Reviewed & removed. No current universal exam available; future Jurisprudence Exam can address this.</div> <div>#2: May 2024: Reviewed & added with consensus that some fieldwork should be required, but there are not enough resources currently to provide fieldwork to students, so work sessions on this can continue and address this requirement through regulation</div>	<div>Nevada Speech-Hearing <u>NRS 637B.194</u> (HAS Apprentices)</div>
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C. ~~NRS 637B.NEW Examination for licensure as a speech language pathology assistant.~~

1. The Board shall: (a) Approve an examination for licensing as a speech language pathology assistant and (b) Establish the requirements to pass each examination. 2. Each examination must be in writing and be designed to test an applicant’s knowledge of: (a) The basic and clinical sciences relating to the practice of speech language pathology; (b) The techniques and methods of speech language pathology; and (c) Any other subjects the Board requires to determine the fitness of an applicant to practice as a speech language pathology assistant. 3. A person who has satisfied the requirements of NRS 637B.XXX may take the appropriate examination for licensing.	March 2024: Reviewed & removed. See “B” above.	NV OT <u>NRS 640A.150</u>
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III. SCOPE OF PRACTICE/PROHIBITED ACTIVITIES

A. NRS 637B.NEW Requirements for speech-language pathology assistant, provisional licensee, or student to assist in practice of speech-language pathology.

A speech-language pathology assistant, provisional licensee, or student may assist in the practice of speech-language pathology only under the supervision of a supervising speech-language pathologist, as regulated by the Board and subject to the conditions and limitations of this chapter and any regulations adopted pursuant thereto.	May 2024: Recommended.	NV PT <u>NRS 640.094</u>
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B. 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, telephonically or by fiber optics.	May 2024: Recommended keeping this intact with no clarification as Subcommittee believes this should allow SLPA Telepratice.	NV Speech Hearing <u>NRS 637B.244</u>
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IV. SUPERVISION

None in NRS – See NAC.

V. CONTINUING EDUCATION

None in NRS – See NAC.

VI. FEES FOR APPLICATION, LICENSE, & RENEWAL

A. NRS 637B.175 Fees.		
1. The Board shall charge and collect only the following fees whose amounts must be determined by the Board, but may not exceed:		
Application fee.....	[\$150] \$ 300	
License fee.....	[100] 200	
Fee for the renewal of a license.....	[100] 200	
Reinstatement fee.....	[100] 300	
Examination fee.....	[300] 500	
Fee for converting to a different type of license.....	50	
Fee for each additional license [or endorsement].....	50	
Fee for obtaining license information.....	[50] 200	
	March 2024: Reviewed – no change. Board is pursuing identified revisions in 2025 BDR.	<u>NRS 637B.175</u> Fee Caps - No changes recommended as 2025 BDR will include increase in caps.

VII. APPLICABILITY OF CHAPTER/ALIGNMENT WITH NDE ASSISTANTS

A. NRS 637B.080 Applicability of chapter.		
The provisions of this chapter do not apply to any person who:		
1. Holds a current credential issued by the Department of Education pursuant to chapter 391 of NRS and any regulations adopted pursuant thereto or after and engages in the practice of audiology or speech-language pathology within the scope of that credential;		<u>NRS 637B.080</u>
1. 2. Is employed by the Federal Government and engages in the practice of audiology or speech-language pathology within the scope of that employment;		
2. 3. Is a student enrolled in a program or school approved by the Board, is pursuing a degree in audiology or speech-language pathology and is clearly designated to the public as a student; or		
3. 4. Holds a current license issued pursuant to chapters 630 to 637, inclusive, 640 to 641D, inclusive, or 653 of NRS, ➔ and who does not engage in the private practice of audiology or speech-language pathology in this State.	May 2024: Reviewed & removed with decision to add eligibility path for current NDE endorsement holders.	Both Nevada OT & PT NRS Chapters include similar applicability sections: <u>NRS 640.029</u> <u>NRS 640A.070</u>

REFERENCES

[ASHA Scope of Practice for the Speech-Language Pathology Assistant](#)

Minimum Requirements for an SLPA

An SLPA must complete an approved course of academic study, complete a supervised clinical experience, successfully pass the ASHA Assistants Certification Exam, meet credentialing requirements for the state in which they practice, and receive orientation as well as on-the-job training of SLPA responsibilities specific to the setting.

The minimum educational, clinical, and examination requirements for all SLPAs are outlined in the subsections below:

Three Educational Options

An SLPA has three educational options:

1. Completion of an SLPA program from a regionally accredited institution (e.g., an associate degree, a technical training program, a certificate program). OR
2. Receipt of a bachelor's degree in communication sciences and disorders from a regionally accredited institution AND completion of [ASHA education modules](#). OR
3. Receipt of a bachelor's degree in a field other than communication sciences and disorders AND completion of [ASHA education modules](#) AND successful completion of coursework from a regionally or nationally accredited institution in all of the following areas:
 - introductory or overview course in communication disorders
 - phonetics
 - speech sound disorders
 - language development
 - language disorders
 - anatomy and physiology of speech and hearing mechanisms

Additional Requirements

In addition to having satisfied one of the above three educational options, the SLPA must also meet all the following three requirements:

Completion of a supervised clinical experience that consists of a minimum of one hundred (100) hours under the direct supervision of an ASHA certified SLP. The supervising SLP must meet all [ASHA certification and supervising requirements](#) and state credentialing requirements.

Achieve a passing score on the [ASHA Assistants Certification Exam](#).

Meet all [state credentialing requirements](#).

Expectations of an SLPA

The following list details of the roles and performance expectations of an ASHA-certified SLPA:

- Adhere to all applicable state laws and rules regulating the practice of speech-language pathology.
- Adhere to the responsibilities for SLPAs specified in this scope of practice document and in state requirements.
- Avoid performing tasks or activities that are the exclusive responsibility of the SLP.
- Perform only those tasks approved by the supervising SLP.

- Work only in settings for which the SLPA has been trained and in which state regulations allow for SLPA employment.
- Deliver services only with an ASHA-certified and state licensed SLP providing direct and indirect supervision on a regular and systematic basis. Frequency and type of supervision should be based on the SLPA's competencies, and the caseload need, both of which are determined by the supervising SLP.
- Conduct oneself ethically within the [ASHA Assistant's Code of Conduct](#) (ASHA, 2020b) and state ethical codes.
- Self-advocate for needed supervision and training and for adherence to this SLPA scope of practice and other requirements.
- Provide culturally responsive services while communicating and collaborating with students, patients, clients, the supervising SLP, colleagues, families, caregivers, and other stakeholders.
- Actively pursue continuing education and professional development activities.
- Obtain information regarding availability and need for liability insurance.

Responsibilities Within SLPA Scope

Service Delivery

1. The SLPA should engage in the following activities when performing necessary tasks related to speech-language service provision:
2. Self-identifying (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to students, patients, clients, families, staff, and others.
3. Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice.
4. ~~Administering and scoring screenings for clinical interpretation by the SLP.~~
5. Assisting the SLP during assessment of students, patients, and clients (e.g., setting up the testing environment, gathering and prepping materials, taking notes as advised by the SLP, etc.).
6. ~~Administering and scoring assessment tools that (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervising SLP has verified the SLPA's competence in administration, exclusive of clinical interpretation.~~
7. Administering and scoring progress monitoring tools exclusive of clinical interpretation if (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervisor has verified the SLPA's competence in administration.
8. Implementing documented care plans or protocols (e.g., individualized education plan [IEP], individualized family service plan [IFSP], treatment plan) developed and directed by the supervising SLP.
9. Providing direct therapy services addressing treatment goals developed by the supervising SLP to meet the needs of the student, patient, client, and family.
10. Adjusting and documenting the amount and type of support or scaffolding provided to the student, patient, or client in treatment to facilitate progress.
11. Developing and implementing activities and materials for teaching and practice of skills to address the goals of the student, patient, client, and family per the plan of care developed by the supervising SLP.
12. Providing treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines) as directed by the supervising SLP.
13. Providing services via telepractice to students, patients, and clients who are selected by the supervising SLP.
14. Documenting student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner.
15. Providing caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver-child interactions) for facilitation and carryover of skills.
16. Sharing objective information (e.g., accuracy in speech and language skills addressed, participation in treatment, response to treatment) regarding student, patient, and client performance to students, patients, clients, caregivers, families and other service providers without interpretation or recommendations as directed by the SLP.
17. Programming augmentative and alternative communication (AAC) devices.

18. Providing training and technical assistance to students, patients, clients, and families in the use of AAC devices.
19. Developing low-tech AAC materials for students, patients, and clients.
20. Demonstrating strategies included in the feeding and ~~swallowing~~ plan developed by the SLP and share information with students, patients, clients, families, staff, and caregivers.
21. Assisting students, patients, and clients with feeding and ~~swallowing~~ skills developed and directed by the SLP when consuming food textures and liquid consistencies.

Culturally Responsive Practices - Responsibilities for SLPs and SLPAs

All practitioners have the following responsibilities related to cultural and linguistic supports:

1. Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner. For more information, see the ASHA Practice Portal on *Cultural Responsiveness* [ASHA, n.d.-b].
2. Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising SLP).
3. Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns
4. Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.

Responsibilities for Practitioners Who Use Multiple Languages

Based on prior training and experiences in working with multilingual students, patients or clients and their families, the SLPA may engage in the following tasks:

1. Assist the SLP with interpretation and translation in the student's, patient's, or client's first language during screening and assessment activities exclusive of clinical interpretation of results. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)
2. Interpret for students, patients, clients, and families who communicate using a language other than English, when the provider has received specialized training with interpreting skills in the student's, patient's, or client's first language. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)
3. Provide services in another language for individuals who communicate using a language other than English or for those who are developing English language skills. Such services are based on the provider's skills and knowledge of the language spoken by the student, patient, or client. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a).

Administrative Support

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

1. Assist with clerical duties and site operations (e.g., scheduling, recordkeeping, maintaining inventory of supplies and equipment);
2. Perform safety checks and maintenance of equipment, and
3. Prepare materials for screening, assessment, and treatment services.

Prevention and Advocacy

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may

1. Present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;
2. Promote early identification and early intervention activities;

3. 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 addressing the social determinants of health and health disparities;
4. Provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
5. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
6. Support the supervising SLP in research projects, in-service training, marketing, and public relations programs; and
7. Participate actively in professional organizations.

Responsibilities Outside SLPA Scope

There is potential for misuse of an SLPA's services, particularly when responsibilities are delegated by other staff members (e.g., administrators, nursing staff, physical therapists, occupational therapists, psychologists, etc.) without the approval of the supervising SLP. It is highly recommended that this *ASHA SLPA Scope of Practice* as well as the *ASHA Code of Ethics* (ASHA, 2016a) and the *ASHA Assistants Code of Conduct* (ASHA, 2020b) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication and/or related disorders and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that they are receiving services from an SLPA under the supervision of an SLP.

The SLPA should *NOT* engage in any of the following activities:

1. Representing themselves as the SLP;
2. Interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services;
3. Administering or interpreting feeding and/or swallowing screenings, checklists, and assessments;
4. Diagnosing communication and feeding/swallowing disorders;
5. Developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients;
6. Disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law;
7. Writing, developing, or modifying a student's, patient's, or client's plan of care in any way;
8. Making referrals for additional services;
9. Assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP;
10. Assisting students, patients, and clients without access to supervision;
11. Selecting AAC systems or devices;
12. Treating medically fragile students, patients, and clients without 100% direct supervision;
13. Performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);
14. Providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP;
15. Providing interpretative information to the student, patient, client, family, or others regarding the student's, patient's, or client's status or service;
16. Signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP's co-signature;
17. Discharging a student, patient, or client from services.

Practice Settings

Under the specified guidance and supervision of an ASHA-certified and/or state-credentialed SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- public, private, and charter elementary and secondary schools

- early intervention settings (e.g., homes, preschools, daycare settings)
- hospitals (inpatient and outpatient)
- residential health care settings (e.g., long-term care and skilled nursing facilities)
- nonresidential health care settings (e.g., adult daycare, home health services, and clinics)
- private practice settings
- university/college clinics
- research facilities
- corporate and industrial settings
- student's, patient's, or client's residences

Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. ASHA maintains two separate documents that set forth the fundamentals of ethical conduct in the professions. The [ASHA Code of Ethics](#) (2016a) sets forth the fundamental principles and rules deemed essential for SLPs. This code applies to every individual who is (a) an ASHA member, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

The [ASHA Assistants Code of Conduct](#) (2020b) sets forth the principles and fundamentals of ethical practice for SLPAs. The Assistants Code of Conduct applies to all ASHA-certified audiology and speech-language pathology assistants, as well as applicants for assistant certification. It defines the SLPA's role in the provision of services under the SLP's supervision and provides a framework to support decision-making related to the SLPA's actions. The Assistants Code of Conduct holds assistants to the same level of ethical conduct as the supervising SLP with respect to responsibilities to people served professionally, the public, and other professionals; however, it does not address ethics in supervision and other duties that are outside the SLPA Scope of Practice.

Liability Issues

Individuals who engage in the delivery of services to persons with communication and swallowing disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, ASHA recommends that SLPAs secure liability insurance as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum and fieldwork. Obtaining or verifying liability insurance coverage is the SLPA's responsibility and needs to be done prior to providing services.

SLPA Supervision

Supervisor Qualifications

The [ASHA Scope of Practice for the SLPA](#) recommends that the supervising speech-language pathologist (SLP):

- Holds the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or possesses the necessary state credentials
- Has completed a minimum of 9 months of experience after being awarded ASHA certification (i.e., completion of the 9-month Clinical Fellowship followed by 9 months of experience)
- Has completed a minimum of 2 hours of professional development in clinical instruction/supervision
- Adheres to state guidelines for supervision of the SLPA

It is also recommended that the professional development course taken in clinical instruction or supervision include content related to the supervision of SLPAs.

Expectations for the Supervising SLP

In addition to the minimum qualifications listed above, the following additional roles and behavior are expected of the supervising SLP:

- 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
- Conduct ongoing competency evaluations of the SLPAs
- Provide and encourage ongoing education and training opportunities for the SLPA that are consistent with the competencies and skills required to meet the needs of the students, patients, and clients served
- Develop, review, and modify treatment plans for students, patients, and clients that the SLPA implements under the SLP's supervision
- Make all case management decisions
- Adhere to the supervisory responsibilities for SLPs
- Retain legal and ethical responsibility for all students, patients, and clients served
- Maintain an active interest in collaborating with SLPAs

SLP-to-SLPA Ratio

The supervising SLP should determine the appropriate number of assistants whose practice can be supervised within their workload. Although **more than one SLP may provide supervision of an SLPA, it is recommended that the SLP not supervise or be listed as a supervisor for more than three full-time equivalent (FTE) SLPAs in any setting.** The number of SLPAs who can be appropriately supervised by a single SLP will depend on a variety of factors including caseload characteristics, SLPA experience, and SLP experience. The SLP is responsible for determining how many SLPAs can be supervised while maintaining the highest level of quality for services provided. When multiple SLPs supervise a single SLPA, it is critical that the supervisors coordinate and communicate with each other so that they collectively meet minimum supervisory requirements and ensure that they maintain the highest quality of services.

Frequency and Amount of Supervision

Supervision requirements may vary based on a variety of factors. The amount and type of supervision required must be consistent with (a) the SLPA's skills and experience; the needs of the students, patients, and clients; (c) the service setting; (d) the tasks assigned; and (e) the laws and regulations that govern SLPAs. To ensure adequate and appropriate supervision, the supervising SLP should outline their expectations in collaboration with the SLPA. As the relationship continues to develop over time, the SLP/SLPA team can decide how and to what extent supervision is needed.

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. “First contact” includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on frequency of visits/sessions and setting)**.

The SLP can adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders. Data on every student, patient, and client serviced by the SLPA should be reviewed by the supervisor in regular intervals and can be considered “indirect supervision.” Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

The supervising SLP must accurately document and regularly record all supervisory activities, both direct and indirect. Further, 100% direct supervision (synchronous or “live” telesupervision is acceptable) of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan, which ensures that the SLP maintains the highest standard of quality care for students, patients, and clients. A written supervisory plan is a tangible way to document progress and outline the practices of the supervising SLP and the SLPA. Care of the student, patient, or client remains the supervisor’s responsibility.

Direct supervision means in-view observation and guidance while the SLPA is performing a clinical activity. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, this scenario allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video recorded session later.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the list of an SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the SLPA and the supervisor on correct or incorrect recording of target behavior, (b) accuracy implementing assigned treatment procedures, (c) accuracy recording data, and (d) ability to interact effectively with the student, patient, or client during presentation and implementation of assigned procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include (a) reviewing demonstration videos; (b) reviewing student, client, or patient files; (c) reviewing and evaluating audio or video recorded sessions; and/or (d) conducting supervisory conferences either in person or via telephone and/or live, secure virtual meetings. The SLP will review each care plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, that is, phone, pager, or other immediate or electronic means. If, for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, then the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence, (b) notify the employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that their speech-language services will be rescheduled.

In some instances, multiple SLPs may supervise the SLPA. Those doing so must give special consideration to, and think carefully about, the impact that this supervisory arrangement may have on service providers. It is recommended that the SLPA not be supervised by more than three SLPs.

First Contact

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. “First contact” includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on the frequency of visits and sessions and depending on the setting)**.

The SLP may adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels. The supervisor should review, in regular intervals, data on every student, patient, and client served by the SLPA ; this can be considered “indirect supervision.” Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

Medically Fragile Students, Patients, and Clients

According to the [ASHA Scope of Practice for the SLPA](#), “medically fragile” is a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual, that treatment requires 100% direct supervision by an SLP. States, health care providers, payers, and facilities may also define the term “medically fragile” based on medical diagnosis and needed support.

ASHA maintains two separate policy documents that set forth the fundamentals of ethical conduct in the professions. Both documents address considerations for supervision.

Telesupervision

Telesupervision occurs when a qualified professional observes, from a distance, the delivery of services and provides feedback or assistance as needed. With telesupervision, the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later. See ASHA’s Practice Portal on [Telepractice](#) for information on licensure and teacher certification, international considerations, and reimbursement and other topics. The page also includes a comprehensive list of resources—including checklists and videos to inform practice.

Laws and Regulations

The use of telesupervision as an alternative to in-person supervision may depend on the policies, regulations, and/or laws of various stakeholders such as universities, clinical settings, ASHA, state licensure boards, and state and federal laws and regulations.

Increasingly, state licensure laws may or may not include guidance or regulation regarding telesupervision. States may vary in terms of whether they specifically address the issue of supervising students from a distance. See practice policy [for your state](#). In some cases, providers and clients, patients, students may not reside in the same state or country. [Serving Students in Other States and Countries Through Telepractice](#) provides information and guidance when this occurs.

Ethical Responsibilities

The supervisor has an ethical responsibility to determine if telesupervision is appropriate in view of the type of setting, client population, and level of competence of the individual delivering the service.

When implementing telesupervision practice and policies, consider the security of the telesupervision transmission, keeping in mind relevant state and federal laws such as Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA). Policies about safety, liability, and whether a certified and/or licensed professional needs to be on site are important considerations. [Considerations for Group Speech-Language Pathology Treatment in Telepractice](#) addresses service delivery, documentation, privacy and confidentiality of telepractice across settings.

Knowledge and Skills

Delivering supervision services from a distance requires knowledge and skills for managing technology, complying with licensure and security requirements, providing feedback, and so forth. Training may be necessary to ensure that the quality and effectiveness of the telesupervision is equivalent to in-person supervision.

Tips And Considerations for Telesupervision

Conduct a trial prior to the scheduled observation to identify and resolve technical and logistical issues (e.g., connectivity location of the microphone and camera).

Always have an alternate means for the telesupervisor and clinician to communicate in case there is a problem with connectivity or equipment.

The telesupervisor should share their web camera when being introduced to the client, student, or patient at the beginning of the session but may stop sharing the web camera after introductions in order to minimize distractions.

Providing the background case information as well as an outline for the test plan or lesson plan in advance helps to plan camera and microphone placement so that the telesupervisor can have an optimal view of the client, student, or patient and their materials.

If the supervisor is providing online feedback or instructions during the session, the telesupervisee can receive communications via an earpiece to avoid distracting the client, student, or patient.

Definitions

accountability—refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

aide/technician—individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP. See also *speech-language pathology aide/technician*.

assessment—procedures implemented by the SLP for the differential diagnosis of communication and swallowing disorders, which may include, per the [ASHA Speech-Language Pathology Scope of Practice](#) [PDF], “culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making” (ASHA, 2016b, p. 11). *Assessments* may also be referred to as *evaluations*, *tests*, and so forth.

cultural responsiveness—provides individuals with “a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own”. (Hyter and Salas-Provence, 2019, p. 7)

culturally responsive practices—Care that takes the client’s cultural perspectives, beliefs, and values into consideration in all aspects of education and/or service provision. Leininger (2002) defines this term as “the explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways”.

direct supervision—in-view observation and guidance by an SLP while the SLPA performs an assigned activity. Direct supervision activities performed by the supervising SLP may include, but are not limited to, the following: observing a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be present during all services provided to a medically fragile client by the SLPA (e.g., on-site or via synchronous telesupervision). The SLP can view and communicate with the student, patient, or client and SLPA via “real-time” telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a recorded session later.

indirect supervision—the monitoring or reviewing of an SLPA’s activities outside of observation and guidance during direct services provided to a student,

patient, or client. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication (e.g., virtual platforms).

interpretation—summarizing, integrating, and using of data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

medically fragile—a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual that treatment requires 100% direct supervision by an SLP.

plan of care—a written service plan developed and monitored by the supervising SLP to meet the needs of an individual student, patient, or client. The plan may address needs for screening, observation, monitoring, assessment, treatment, and other services. Examples of care plans include Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs), rehabilitation services plans, and so forth.

progress monitoring—a process of collecting, graphing, and reviewing data on an individual's target skills to assess their response to treatment and then comparing their growth to a target trend line or goal to determine whether sufficient progress is being made. Definition adapted from Progress Monitoring webpage. (*National Center on Intensive Intervention*, n.d.)

screening—a pass-fail procedure to identify, without interpretation, students, patients, or clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

social determinants of health—the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, n.d.)

speech-language pathology aides/technician—an individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP; this is another type of support personnel that may not meet the requirements as an ASHA certified SLPA. See also aide/technician

speech-language pathology assistant—an individual who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

supervising speech-language pathologist—an SLP who holds a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or a state licensure (where applicable), has an active interest and desire to collaborate with support personnel, has a minimum of 9 months of experience after being awarded ASHA certification, has completed the 2-hour supervision requirement per the [ASHA Certification Standards](#) (ASHA, 2020a) and adheres to state credentialing guidelines for supervision of the SLPA, and who is licensed and/or credentialed by the state (where applicable).

supervision—the provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

support personnel—these individuals perform speech-language tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. The term support personnel includes SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel (e.g., *assistant speech-language pathologist*, *speech-language pathologist paraprofessional*, and *SLP assistant*, among others).

telepractice—applying telecommunications technology to the delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation (ASHA, n.d.).

telesupervision—the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later.

October 28, 2024

Mr. Timothy Hunsaker, Vice Chair
Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board
Speech-Language Pathology Subcommittee
6170 Mae Avenue, Suite 1
Reno, NV 89523

RE: Speech-Language Pathology Assistant Regulations

Dear Mr. Hunsaker:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to share our recommendations for amending the regulations governing speech-language pathology assistants (SLPAs) and their supervisors.

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 1,100 ASHA members reside in Nevada.¹

ASHA supports the regulation of SLPAs via licensure and the use of telesupervision for SLPAs; however, we offer the following recommended amendments.

While ASHA supports the training and education for SLPAs, we noted that there is no clinical practicum experience required for the SLPA. We recommend requiring the following:

“100 hours of clinical practicum or on-the-job experience.”

III Scope of Practice/Prohibited Activities

B. NAC 637B.NEW Speech-language pathology assistant prohibited from performing certain activities; disciplinary action.

ASHA recommends deleting (g) from restricted activities. ASHA's SLPA scope of practice does not prohibit voice treatment.²

IV Supervision

A. NAC 637B.NEW Authority and qualifications to act as a supervising speech-language pathologist; supervision ratios.

2.d. ASHA does not require the supervising SLP to share the same employer as the SLPA, as is required in this section. We recommend removing this requirement.

ASHA Comments
Page 2

Thank you for considering ASHA's comments on these proposed regulations. If you have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tena L. McNamara'.

Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *Nevada* [Quick Facts].

<https://www.asha.org/siteassets/advocacy/state-fliers/nevada-state-flyer.pdf>

² American Speech-Language-Hearing Association. (n.d.). *Scope of Practice for the Speech-Language Pathology Assistant (SLPA)*. <https://www.asha.org/policy/slpa-scope-of-practice/>



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Clinical Training Plan | Overview & Instructions

Purpose & Instructions

Per NRS 673B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) must hold either:

- a. A bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution that is accredited by a nationally recognized agency under the U.S. Department of Education.
- b. A current endorsement issued on or before September 30, 2026 by the Nevada Department of Education pursuant to [chapter 391](#) of NRS to teach students who have speech and language impairments.

Per NAC 637B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution must provide one of the following with the application for licensure:

- a. Proof satisfactory of 75 hours of clinical training, made up of at least 25 hours of clinical observation experience and 50 hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing institution or a prior supervising SLP; or
- b. Proof satisfactory of 75 hours of clinical training, made up of at least 25 hours of clinical observation experience and 50 hours of clinical assisting experience obtained while earning Certification as a Speech-Language Pathology Assistant through and verified by the American Speech-Language-Hearing Association; or
- c. A Clinical Training Plan which outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified Supervising SLP to obtain the requisite 75 hours of fieldwork experience. The plan must be completed within 60 days of issuance of the SLPA license, or a revised plan may be submitted to request an additional 60 days. If the training is not complete after 120 days further extensions may be considered and granted upon review by the Board

Supervising SLP Qualifications & Responsibilities

Per NAC 637B.XXX, a Supervising SLP must meet all of the following criteria:

- Hold a standard license issued by this Board pursuant to NRS 637B that is on active status, in good standing, and with no record of disciplinary action;
- Have experience as a speech-language pathologist for a minimum of 2 years post-award of the CCC-SLP;
- Have completed 2 hours of professional development in clinical instruction/supervision; and
- Share the same employer as any speech-language pathology assistant or provisional licensee they supervise.

The Supervising SLP must:

- Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;

- Provide direct supervision totaling no less than 25% of the speech-language pathology assistant's total contact with each client/patient;
- Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;
- Evaluate the work of the speech-language pathology assistant;
- Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;
- Provide written notification to the Board immediately if:
 - The speech-language pathology assistant is no longer under their supervision;
 - They no longer have the same employer as the speech-language pathology assistant;
 - The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;
 - They wish to withdraw as the supervisor for the speech-language pathology assistant.
- No later than 5 business days following completion of the Clinical Training Plan hours, the supervising speech-language pathologist identified in the Plan shall notify the Board of completion and submit required documentation attesting to the following:
 - The total number of clinical observation and clinical assisting experience hours worked by the licensed speech-language pathology assistant under the direct supervision of the licensed supervising speech-language pathologist.
 - The licensed speech-language pathology assistant's competency in all areas of clinical observation and clinical assisting.

The Speech-Language Pathology Assistant may not:

- Practice and/or engage in training hours until the supervising speech-language pathologist has personally verified that the assistant license has been issued and this Clinical Training Plan has been submitted and approved by the Board;
- Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, supervising speech-language pathologists, or while waiting for plan approval or a Board review for a plan extension;
- Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.

The Speech-Language Pathology Assistant must:

- Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;
- Notify the Board immediately once the Clinical Training Plan has been successfully completed;
- Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.
- Clinical Training Plan hours must be successfully completed within 60 days of the issuance of the speech-language pathology assistant license.

Plan Review & Approval

The Board will review the application, documentation, clinical training plan to determine if the SLPA license may be issued. Additional information or revisions may be required before approval is granted.

Without exception, the clinical training plan must be approved by the Board and the SLPA license issued before any clinical observation or clinical assisting experience clock hours may begin.

Training & Supervision Requirements

1. **Clinical Observation Experience: Twenty-five (25) hours of clinical observation** of actual practice by a licensed Speech-Language Pathologist. *Each observation activity must be preceded by a preparation period to ensure the SLPA is informed of the planned session procedures & goals.*
2. **Clinical Assisting Experience: Fifty (50) hours of clinical assisting** of actual practice by a licensed Speech-Language Pathologist. *The SLPA must be provided with experience that is consistent with the role of assisting the Supervising SLP in the performance of their professional role.*

The SLPA may not practice independently and should have a clear understanding of allowable and prohibited activities. The SLPA must adhere to federal, state, and local laws and regulations and professional ethical responsibilities.

Clinical training observation and assisting activities must be designed and provided by the Supervising SLP. The Board may request more information or require revisions before approving or disapproving the Plan.

Documentation of Training

Supervision Logs should be completed and maintained by the Supervising SLP to 1) document the date the hours were completed, 2) provide a brief description of the training that was conducted during each session, and 3) document comments on the SLPA's performance.

Supervision logs do not have to be automatically submitted to the Board for review, but may be requested if selected for a supervision audit.

Completion of Training

- The Clinical Training Plan must be completed **within sixty (60) days** of the issue date of the SLPA license.
- If not completed within 60 days, the plan may be revised and submitted for one additional sixty-day period. Any plan not completed within the second (60) day period **may require review by the Board.**
- Upon completion of the Clinical Training Plan, the SLPA and Supervising SLP must complete and submit the *SLPA Completion of Clinical Training Plan & Competency Evaluation* form.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Clinical Training Plan & Agreement

SLPA Applicant

Assistant Name: _____ Last 4 of SSN: _____

Address: _____

Phone: _____ Email: _____

Employer: _____

Work Phone: _____ Work Email: _____

Supervising SLP

Supervisor Name: _____ NV License #: _____

Employer: _____

Work Phone: _____ Work Email: _____

Plan Type (check only one)

☐ New **Date of Request:** _____

☐ Revised Plan: Change in Supervising SLP **Date of Request:** _____

☐ Revised Plan: Change in Supervising SLP and Employer **Date of Request:** _____

☐ Revised Plan: Plan Not Completed within 60 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring an additional 60 days:

☐ Revised Plan: Additional 60 Days Requested **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring an additional 60 days:

☐ Request for Board Review: Extension Beyond 120 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring extension beyond 120

days:

Partial Training Experience

Please indicate the number of hours of clinical observation and assisting training already obtained:

Activity	Total Hours	Location/Source of Training
Clinical Observation		
Clinical Assisting		

Proposed Training Plan

The following clinical observation and clinical assisting training will be conducted under the direct supervision of the proposed Supervising SLP:

Clinical Activities	Observation Hours	Assisting Hours
Partial Training Hours Already Completed		
The following tasks may be either observed or assisted by the SLPA and are tasks that may be delegated to the SLPA once the Clinical Training Plan has been successfully completed:		
Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.		
Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and The supervising speech-language pathologist has verified their competence in administration of the tool; and The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score. 		
Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.		
Providing coaching to client caregivers for facilitation and carryover of skills.		
Sharing objective information without interpretation or recommendations as directed by the supervising speech-language pathologist regarding client performance to clients, caregivers, families, and other service providers		
Assisting clients with augmentative and alternative communication devices and materials as follows: <ul style="list-style-type: none"> Programming augmentative and alternative communication devices. Developing low-tech augmentative and alternative communication materials for clients. Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices. 		

Clinical Activities	Observation Hours	Assisting Hours
Working with clients who communicate using a language other than English or who are developing English language skills when the supervising speech-language pathologist determines they have sufficient prior training and experiences in working with multilingual clients and the specific client's first language, including: <ul style="list-style-type: none"> Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results. Interpreting for clients, families, and caregivers. Providing services in a client's first language. 		
Assisting with administrative tasks to include: <ul style="list-style-type: none"> Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment. Performing safety checks and maintenance of equipment. Preparing materials for screening, assessment, and treatment services. 		
Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.		
Other (please describe):		
Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.		These tasks may ONLY be observed by the SLPA and may NOT be delegated to any SLPA.
Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.		
Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.		
Diagnosing communication and feeding and swallowing disorders or supporting clients with sensory-based feeding.		
Writing, developing, or revising a client's treatment goal(s) or plan of care.		
Developing or determining feeding and swallowing strategies and precautions.		
Providing vocal therapy treatment to a client.		
Selecting an augmentative and alternative communication system or device for a client.		
Treating a medically fragile client.		
Performing activities that require specialized knowledge and training;		
Providing input in a treatment meeting.		
Making referrals for additional services.		
Discharging a client from services.		
TOTAL HOURS (each must total at least 25)	MUST TOTAL 25 HOURS	MUST TOTAL 50 HOURS

SLPA Applicant Clinical Training Plan Agreement

Please sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities:

- I may not:

- Practice and/or engage in training hours until the supervising speech-language pathologist has personally verified that the assistant license has been issued and this Clinical Training Plan has been submitted and approved by the Board;
- Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, supervising speech-language pathologists, or while waiting for plan approval or a Board review for a plan extension;
- Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified supervising speech-language pathologist.
- I must:
 - Notify the Board immediately if there is a change or end to employment or supervision from the identified speech-language pathologist and submit a revised Clinical Training Plan;
 - Notify the Board immediately once the Clinical Training Plan has been successfully completed;
 - Notify the Board immediately when the Clinical Training Plan expires unsuccessfully and complete a revised Plan as described in paragraph 7 of this section.
- I understand that this plan must be completed within 60 days of issuance of my SLPA license or one of the following will occur:
 - If an initial clinical training plan is not successfully completed after 60 days, a revised plan may be submitted describing the need for the extension and requesting an additional 60 days; or
 - If a revised plan is not successfully completed after 120 days, a revised plan may be submitted describing the need for the extension and requesting review by the Board to consider further extension; or
 - If I am experiencing extenuating circumstances, I may request a conversion of my license to inactive status and suspend the clinical training plan until the license is converted back to active status; or
 - The Board may place my license on inactive status and prohibit practice if:
 - I am required to but has not completed a clinical training plan; and
 - I do not have an active training plan in place; and/or
 - I do not have an assigned to a supervising speech-language pathologist.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am applying for and may result in disciplinary or administrative action.

SLPA Applicant Signature

Date

Supervising SLP Clinical Training Plan Agreement

Please sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities:

I certify that I meet the requirements established in NAC 637B.XXX to serve as a Supervising SLP and agree to:

- Provide direct supervision to the speech-language pathology assistant in accordance with NRS 637B and NAC 637B;
- Provide direct supervision totaling no less than 25% of the speech-language pathology assistant's total contact with each client/patient;
- Determine the competency level of the speech-language pathology assistant to perform tasks relating to the practice of speech-language pathology;

- Evaluate the work of the speech-language pathology assistant;
- Document and maintain records of the training provided to and direct supervision of the speech-language pathology assistant;
- Provide written notification to the Board immediately if:
 - The speech-language pathology assistant is no longer under their supervision;
 - They no longer have the same employer as the speech-language pathology assistant;
 - The speech-language pathology assistant withdraws from or terminates their employment and/or clinical training;
 - They wish to withdraw as the supervisor for the speech-language pathology assistant.
- Notify the Board no later than 5 business days following completion of the Clinical Training Plan of completion and submit required documentation attesting to the following:
 - The total number of clinical observation and clinical assisting experience hours worked by the licensed speech-language pathology assistant under the direct supervision of the licensed supervising speech-language pathologist.
 - The licensed speech-language pathology assistant's competency in all areas of clinical observation and clinical assisting.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am applying for and may result in disciplinary or administrative action.

Supervising SLP Signature

Date



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

Speech-Language Pathology Assistant Academic Clinical Observation and Assisting Experience Verification

Per NAC 637B.XXX, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution must provide proof satisfactory of 75 hours of clinical training, made up of at least 25 hours of clinical observation experience and 50 hours of clinical assisting experience obtained while earning the degree as evidenced in the academic transcript, verified by the Registrar, Dean, or Department Head of the issuing academic institution, or verified by the supervising SLP.

If the applicant has not completed the required 75 hours they may submit a Clinical Training Plan with the application that outlines a program of on-the-job clinical observation and clinical assisting experience under the direct supervision of an identified Supervising SLP to obtain the requisite 75 hours of fieldwork experience.

Clinical observation and clinical assisting hours completed while earning the degree and evidenced in the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing institution may be incorporated into the Clinical Training Plan and combined with planned future activities to achieve the required 75 hours of training.

TO BE COMPLETED BY THE REGISTRAR, DEAN, OR DEPARTMENT HEAD OR SUPERVISING SLP

Student Last Name	First Name	Middle Name	Suffix
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 Name of College/University

 City/State

 Institutional Student ID#:

 Last 4 of SSN

 Degree Awarded

 Date Awarded

Please indicate the number of clinical training hours earned in speech-language pathology or communication sciences and disorders (enter "0" if none accrued):

Clinical Observation Hours Earned: _____

Clinical Assisting Hours Earned: _____

 Name of Person Completing Form

☐ Registrar
 ☐ Dean
 ☐ Dept Head
 ☐ Supervising SLP
 Title (check one)

 Signature

 Date

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLP Assistant

Last First Middle Suffix License Number

Supervising SLP

Last	First	Middle	Suffix	License Number
Smith	John	David	MD	123456789

REMINDER: Clinical Deficiency Plan experience may not begin until the SLPA license has been issued.

[illegible]

I have provided direct supervision of the licensed SLPA totaling no less than 25% of the speech-language pathology assistant's total contact with each client/patient and the licensed SLPA only observed and assisted with my assigned caseload.

Date: _____

Activity Codes

Assisting or Observing	
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> • The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and • The supervising speech-language pathologist has verified their competence in administration of the tool; and • The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score.
3	Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.
4	Providing coaching to client caregivers for facilitation and carryover of skills.
5	Sharing objective information without interpretation or recommendations as directed by the supervising speech-language pathologist regarding client performance to clients, caregivers, families, and other service providers .
6	Assisting clients with augmentative and alternative communication devices and materials including Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.
7	Working with clients who communicate using a language other than English or who are developing English language skills when the supervising speech-language pathologist determines they have sufficient prior training and experiences in working with multilingual clients and the specific client's first language, including: Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; Interpreting for clients, families, and caregivers; and Providing services in a client's first language.
8	Assisting with administrative tasks to include: Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; Performing safety checks and maintenance of equipment; and Preparing materials for screening, assessment, and treatment services.
9	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.
10	Other
Observation Only	
11	Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.
12	Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.
13	Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.
14	Diagnosing communication and feeding and swallowing disorders or supporting clients with sensory-based feeding.
15	Writing, developing, or revising a client's treatment goal(s) or plan of care.
16	Developing or determining feeding and swallowing strategies and precautions.
17	Providing vocal therapy treatment to a client.
18	Selecting an augmentative and alternative communication system or device for a client.
19	Treating a medically fragile client.
20	Performing activities that require specialized knowledge and training;
21	Providing input in a treatment meeting.
22	Making referrals for additional services.
23	Discharging a client from services.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

SLPA Completion of Clinical Training Plan & Competency Evaluation

SLP Assistant

Last First Middle Suffix License Number

Supervising SLP

Last First Middle Suffix License Number

Code	Activity Description	Total Assisting Minutes	Rating	
			Needs Improvement	Competent
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.			
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> The speech-language pathology assistant meets the examiner requirements specified in the examiner's manual; and The supervising speech-language pathologist has verified their competence in administration of the tool; and The supervising speech-language pathologist conducts the analysis of the results and signs off on the final score. 			
3	Documenting client performance and reporting this information to the supervising speech-language pathologist in a timely manner.			
4	Providing coaching to client caregivers for facilitation and carryover of skills.			
5	Sharing objective information without interpretation or recommendations as directed by the supervising speech-language pathologist regarding client performance to clients, caregivers, families, and other service providers.			
6	Assisting clients with augmentative and alternative communication devices and materials including Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.			
7	Working with clients who communicate using a language other than English or who are developing English language skills when the supervising speech-language pathologist determines they have sufficient prior training and experiences in working with multilingual clients and the specific client's first language, including: Assisting the supervising speech-language pathologist with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; Interpreting for clients, families, and caregivers; and Providing services in a client's first language.			
8	Assisting with administrative tasks to include: Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; Performing safety checks and maintenance of equipment; and Preparing materials for screening, assessment, and treatment services.			
9	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.			
10	Other (please describe):			

TOTAL MINUTES				

Acknowledgement and Declaration of SLP Assistant

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 as a Speech Language Pathology Assistant.

SLP Assistant Signature

Date

Supervisor Certification of Experience & Supervision Provided

I have provided direct supervision of the licensed SLPA that included no less than 25% of the speech-language pathology assistant's total contact with each client/patient, and the licensed SLPA only observed and assisted with my assigned caseload.

Clinical Training Plan Start Date: _____

Clinical Training Plan End Date: _____

Supervising SLP Signature

Date



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

State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

MINUTES OF PUBLIC MEETING Speech-Language Pathology Subcommittee January 14, 2025

Members Present:	Shawn Binn, Christy Fleck, Nancy Kuhles, Branden Murphy, Katrina Nicholas, Kim Reddig, Adrienne Williams
Members Absent:	Andrea Menicucci, Marvelee Clayworth
Staff Present:	Jennifer Pierce, Executive Director Stacey Whittaker, Licensing Coordinator Henna Rasul, Sr. Deputy Attorney General
Public Present:	Tami Brancamp, UNR

Call to Order, Confirmation of Quorum

Subcommittee Chair Kim Reddig called the meeting to order at 5:03pm and a roll call confirmed a quorum was present. Andrea Menicucci and Marvelee Clayworth were noted as excused-absent.

Public Comment

Ms. Reddig introduced the agenda item and read the following statement pursuant to AB219 (2023): "I will now review the instructions for providing public comment during this meeting: Any person wishing to make public comment may attend this meeting and provide public comment in one of the following ways: 1. Attend the meeting and provide public comment in-person at the physical location; OR 2. Attend the meeting and provide public comment virtually through the Zoom teleconference video link listed on the agenda; OR 3. Attend the meeting and provide public comment telephonically through the Zoom telephone number listed at the end of the meeting agenda with additional public comment instructions. 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 Board Chair, additional public comment may be heard when that item is reached. The Board Chair may allow additional time to be given a speaker as time allows and in their sole discretion. 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."

Ms. Reddig then called for public comment. There was no public comment.

Approval of the Minutes: Subcommittee Meeting of September 24, 2024

Ms. Reddig introduced the item and asked if there were any comments or corrections needed, and noting none, called for a motion. Adrienne Williams made a motion to approve the minutes as written and Nancy Kuhles seconded the motion. The motion passed unanimously.

Review and Recommendation to the Board on Proposed Revisions to NRS 637B and NAC 637B to Address SLP Assistant Licensing, Practice, and Supervision

Ms. Pierce summarized the issues for review, summarizing the Subcommittee's September 2024 meeting and follow up tasks that included finalizing recommendations for revisions to NAC 637B to present to the Board at its January 2025 meeting.

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

Ms. Pierce directed the Subcommittee to the draft revisions documents focusing on final recommendations regarding SLPA qualifications/education and supervision sections to include a plan for clinical training to address “deficient” fieldwork hours totaling less than 50 (25 observation & 25 assisting) held by any new graduate SLPA applicant holding a Bachelor’s degree or higher and applying for first-time licensure in any state. Per the September 2024 meeting discussion, regulation language and related forms from the Texas Department of Licensing and Regulation (TDLR) were adapted and drafted for the Subcommittee’s consideration and recommendation along with related sample forms to help illustrate how the regulations would operationalize in licensing and practice. Ms. Pierce noted that the sample forms were presented as a draft only and any final decisions on use or final form would require Board approval at a later date following adoption of the regulation language.

Ms. Pierce also shared that the Board office received a written public comment and recommendation from ASHA on this item in October 2024 which was included in the meeting packet and recommended the following: 1) Requiring 100 hours of clinical practicum or on-the-job experience; 2) Deleting (g) “Provide vocal therapy treatment to a client.” from restricted activities as ASHA’s SLPA scope of practice does not prohibit voice treatment; and 3) Removing the requirement that a supervising SLP must share the same employer as the SLPA.

The Subcommittee discussed the proposed revisions and drafted language, and consensus included the following:

- After much discussion and consideration of ASHA’s suggestion to require 100 hours, it was agreed to increase the total required hours to 75 made up of 25 clinical observation and 50 clinical assisting hours to ensure SLP Assistants are adequately prepared but not impose barriers to practice.
- As drafted, hours may be counted from prior experiences and based on discussions regarding how hours are currently recorded, language was added to revise the drafted verification form to also allow a prior supervising SLP to attest to hours completed.
- Clarification that direct supervision must total no less than 25% of the speech-language pathology assistant’s total contact with each client/patient.
- The Supervising SLP should notify the Board of training plan completion and submit required documentation within 5 business days (from original 3).
- The Subcommittee considered ASHA’s public comment regarding the prohibition of vocal therapy and requiring the supervising SLP to have the same employer as the SLP Assistant and declined to make either change, citing prior decisions that included thoughtful conversations around both issues.
- Christy Fleck suggested revisiting the SLPA allowable activities list, specifically wherein prior drafted language allowed “supporting clients with sensory-based feeding.” Based on emerging research on trauma related to feeding and concerns regarding SLP preparation to engage in this activity, it was agreed that an SLP Assistant should not participate in the practice.

Ms. Reddig called for a motion and Christy Fleck made a motion to recommend the Board approve all NAC revisions to pursue in future administrative rulemaking efforts to align with the Board’s proposed NRS revisions, including those previously approved by the Committee and the sections considered in this meeting edited as follows: 1) require 75 hours total clinical field work (25 observation & 50 assisting hours) in the clinical training plan with allowance for a prior supervising SLP to verify hours; 2) clarify that direct supervision must include no less than 25% of the speech-language pathology assistant’s total contact with each client/patient; 3) allow up to 5 business days for the supervising SLP to notify the Board of plan completion; and 4) move “supporting clients with sensory-based feeding” from an allowable to a prohibited activity. Shawn Binn seconded the motion. The motion passed unanimously.

Discussion on Collaboration and Coordination with Stakeholders and Partners Related to SLP Assistant Licensing and Related Recommended Revisions to NRS 637B and NAC 637B

There was brief discussion on the Board’s bill in the upcoming legislative session that would allow for SLPA licensing, if passed, and the timetable for working on NAC revisions in the 2025-26 interim.

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

Reports from Committee Chair and Members and Recommendation to Delegate Approval of Final Meeting Minutes to Board and Dissolve Subcommittee

There were no reports from the Chair or Subcommittee members.

Ms. Pierce summarized the plan for the Board to approve dissolution of the Subcommittee at its next meeting, as it was established as a temporary workgroup to make recommendations to the Board regarding licensing for SLP Assistants and has done so regarding both NRS and NAC revisions. Ms. Reddig called for a motion and Branden Murphy made a motion to delegate approval of the minutes of this final meeting minutes to the Board and recommend dissolution of the Subcommittee. Nancy Kuhles seconded the motion. The motion passed unanimously.

Public Comment

Ms. Reddig called for public comment. Christy Fleck requested information on reporting unlicensed practice by a person advertising themselves as an SLP Assistant and Ms. Pierce stated that she would email her the reporting information and form. There was no additional public comment.

Adjournment

Ms. Reddig adjourned the meeting at 6:25pm.



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 7

Disciplinary Cases Recommended for Dismissal

a. Case #H24-02

The Complaint alleged unprofessional conduct, misrepresentation of qualifications, attempting to influence a client to derive benefits, and conduct that is harmful to the public health and safety. After investigation and review of all documentation received on this complaint, it has been determined that there is insufficient evidence to file a formal complaint for hearing before the Board and the facts set forth in the accusations are insufficient to establish a violation of Chapter 637B of the Nevada Revised Statutes or the Nevada Administrative Code. This case is recommended for dismissal.

Action: Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 8

Executive Director's Report

Please see the Written Executive Director's Report.

Attachments on next page:

1. *ED Report 1 22 2025*
2. *FY25 Q2 Financial Summary*

Action: Approve, Table, or Take No Action on the Matter



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 Email board@nvspeechhearing.org**EXECUTIVE DIRECTOR'S REPORT**

January 22, 2025

a. Licensure Statistics

The following chart provides licensing statistics for the period October 1, 2024 through December 31, 2024 with a net increase of 8 licenses, a 0.47% increase from the prior quarter. This increase is consistent with prior Q2 numbers, as this is a slow time for new licensing.

Description	Total Licensees	Speech Pathologists	Audiologists	Dispensing Audiologists	Hearing Aid Specialists	Apprentices
Sep 30, 2024	1,693	1,405	74	108	92	14
Issued	108	29	4	8	2	3
Expired	79	25	8	1	4	0
Dec 31, 2024	1,701	1,409	70	115	90	17
Net Change	+8	+4	-4	+7	-2	+3
	+0.47%	+0.28%	-5%	+6%	-2%	+21%

b. FY25 Q2 Financial Report

The FY25 Q2 Financial Summary is attached for review, with income almost equal to the amount budgeted at 49.02% and expenses lower at 43.81%, This resulted in a negative net income of -\$4,672.48, not unexpected given the planned deficit budget. Additionally, a significant amount of revenue is collected in this quarter as over half of Board licenses renew on 12/31 annually, however that income is not fully counted in this quarter and instead reflected as deferred revenue.

Profit and Loss Through Q2

- Total Revenue: \$107,349.91 Percent of Budget: 49.02%
- Deferred Revenue: \$114,801.69
- Total Expenses: \$112,022.39 Percent of Budget: 43.81%
- **Net Income:** -\$4,672.48

FY25 Q2 Balance Sheet

- Total Cash Assets: \$242,002.82
- Total Liabilities: \$164,173.60
- **Total Equity:** \$114,623.16

FY25 Q2 Deviations from Budget

There were no deviations from budget this quarter.

c. Board Member Appointments/Reappointments

Name	Credential/Role	Location	Term	Term Expires	Eligible for Reappointment
Andrea Menicucci	SLP/Board Chair	Reno	2	7/1/2024	No
Timothy Hunsaker	AuD-D/Board Vice Chair	Las Vegas	2	7/1/2025	No
Lynee Anderson	BC-HIS	Reno	1	7/1/2024	Yes
Shawn Binn	SLP	Reno	1	9/30/2026	Yes

Jennifer Joy-Cornejo	AuD-D	Las Vegas	1	9/30/2026	Yes
Branden Murphy	Public Member	Las Vegas	1	11/30/2026	Yes
Adrienne Williams	SLP	Las Vegas	1	7/1/2025	Yes

We were advised by the Governor’s Office that the matter was scheduled for review in November 2024 but have not received an update. The B&I Office of Boards and Commissions has offered to assist as well, but there is no update as of the writing of this report.

d. Complaints

There were **two** open complaint cases following the October 2024 meeting, and **one** new complaint received to date. **One open** case was screened out/closed, and **one open case** is scheduled to be presented in this meeting for the Board’s approval to dismiss, and if approved, **one open case** will remain.

The Board received no reports of unlicensed practice since the October 2024 meeting.

Profit Loss Budget vs. Actual
July through December 2024

	Approved Budget	Actuals July - December 24	Remaining Balance	% of Budget Spent
Ordinary Income/Expense				
Income				
Fees	41,832.00	14,475.00	27,357.00	34.60%
License Fees	167,122.80	87,738.42	79,384.38	52.50%
Fines	0.00	50.00	-50.00	100.00%
Exams, List and Interest	10,050.42	5,086.49	4,963.93	50.61%
Total Income	219,005.22	107,349.91	111,655.31	49.02%
Expense				
Personnel Cost	164,602.96	80,631.91	83,971.05	48.99%
Attorney General / Legal Fees	8,000.00	1,950.19	6,049.81	24.38%
Audit Fees	10,000.00	0.00	10,000.00	0.00%
Bank Service Charges	4,600.00	2,180.11	2,419.89	47.39%
Board Compensation	3,525.00	1,125.00	2,400.00	31.92%
Dues	550.00	325.00	225.00	59.09%
Equipment Purchase	500.00	0.00	500.00	0.00%
Examinations	4,840.00	2,630.59	2,209.41	54.35%
Insurance	1,700.00	1,018.76	681.24	59.93%
Licensing Program Subscription	8,855.00	2,665.00	6,190.00	30.10%
Meeting Expenses	100.00	0.00	100.00	0.00%
Office Lease	3,400.00	1,535.22	1,864.78	45.15%
Office Supplies	2,586.00	639.66	1,946.34	24.74%
Postage	400.00	142.16	257.84	35.54%
Printing	200.00	0.00	200.00	0.00%
Professional Fees				
Investigation Fees	1,000.00	0.00	1,000.00	0.00%
Accounting	3,600.00	1,800.00	1,800.00	50.00%
Lobbyist	36,000.00	15,000.00	21,000.00	41.67%
IT / Technical Support	500.00	0.00	500.00	0.00%
Total Professional Fees	41,100.00	16,800.00	24,300.00	40.88%
Telephone	525.00	378.79	146.21	72.15%
Travel				
In-state Travel	200.00	0.00	200.00	0.00%
Out of State Travel	0.00	0.00	0.00	0.00%
Total Travel	200.00	0.00	200.00	0.00%
Total Expense	255,683.96	112,022.39	143,661.57	43.81%
Net Ordinary Income	-36,678.74	-4,672.48	-32,006.26	12.74%
Net Income	-36,678.74	-4,672.48	-32,006.26	12.74%

Balance Sheet
As of December 31, 2024

Dec 31, 2024

ASSETS**Current Assets****Checking/Savings**

Wells Fargo Bank - Checking 139,027.25

Wells Fargo Bank - Savings 102,975.57

Total Checking/Savings 242,002.82

Other Current Assets

Accounts Receivable 0.00

Prepaid Expenses 6,321.96

Total Other Current Assets 6,321.96

Fixed Assets

Capital Assets 1,840.98

Subscription Asset 28,631.00

Total Fixed Assets 30,471.98

TOTAL ASSETS 278,796.76

LIABILITIES & EQUITY**Liabilities****Current Liabilities****Accounts Payable**

Accounts Payable 0.00

Total Accounts Payable 0.00

Other Current Liabilities

Deferred Revenue 114,801.69

Other Current Liabilities 6,282.00

Paid Time Off 13,293.80

Payroll Liabilities 6,950.91

Payroll Tax Liability 496.20

Total Other Current Liabilities 141,824.60

Total Current Liabilities 141,824.60

Long Term Liabilities

Subscription Liability 22,349.00

Total Long Term Liabilities 22,349.00

Total Liabilities 164,173.60

Equity

Invested in Capital Assets 1,840.98

Retained Earnings 117,454.66

Net Income -4,672.48

Total Equity 114,623.16

TOTAL LIABILITIES & EQUITY 278,796.76

Transaction Detail by Account

October through December 2024

Type	Date	Num	Name	Memo	Amount
Wells Fargo Bank - Checking					
Deposit	10/01/2024			Deposit	900.00
Check	10/01/2024	1858	Strategies 360	Lobbyist	-3,000.00
Check	10/01/2024	1859	Numbers, Inc.	Bookkeeping services	-900.00
Check	10/01/2024	1860	Board of Occupational Therapy	Postage reimbursement	-97.58
Deposit	10/02/2024			Deposit	1,100.00
Deposit	10/03/2024			Deposit	200.00
Deposit	10/04/2024			Deposit	50.00
Deposit	10/05/2024			Deposit	300.00
Deposit	10/06/2024			Deposit	100.00
Check	10/07/2024	ACH	AT&T	Telephone expense	-27.31
Check	10/07/2024	ACH	Tim Hunsaker	Exam proctor	-200.00
Liability Check	10/09/2024		QuickBooks Payroll Service	Payroll expense	-4,372.64
Deposit	10/09/2024			Deposit	100.00
Deposit	10/09/2024			Deposit	350.00
Paycheck	10/10/2024	DD1358	Thomas D Sharkey	Direct Deposit	0.00
Paycheck	10/10/2024	DD1357	Stacey Whittaker	Direct Deposit	0.00
Paycheck	10/10/2024	DD1356	Jennifer Pierce	Direct Deposit	0.00
Check	10/10/2024		Voya	Payroll expense	-401.60
Deposit	10/10/2024			Deposit	475.00
Check	10/10/2024			Service Charge	-210.76
Deposit	10/11/2024			Deposit	300.00
Deposit	10/12/2024			Deposit	300.00
Deposit	10/14/2024			Deposit	375.00
Check	10/14/2024	1861	Attorney General	Legal fees	-1,900.19
Deposit	10/15/2024			Deposit	100.00
Deposit	10/17/2024			Deposit	450.00
Deposit	10/18/2024			Deposit	125.00
Deposit	10/20/2024			Deposit	250.00
Deposit	10/21/2024			Deposit	100.00
Deposit	10/22/2024			Deposit	375.00
Liability Check	10/23/2024		QuickBooks Payroll Service	Payroll expense	-4,331.71
Deposit	10/23/2024			Deposit	500.00
Paycheck	10/24/2024	DD1359	Jennifer Pierce	Direct Deposit	0.00
Paycheck	10/24/2024	DD1360	Stacey Whittaker	Direct Deposit	0.00
Liability Check	10/24/2024	E-pay	US Treasury	Payroll expense	-3,026.58
Check	10/24/2024	ACH	Voya	Payroll expense	-401.60
Deposit	10/24/2024			Deposit	625.00
Check	10/24/2024	ACH	Tim Hunsaker	Board compensation	-75.00
Check	10/24/2024	ACH	Adrienne Williams V	Board compensation	-75.00
Check	10/24/2024	ACH	Lynee Anderson V	Board compensation	-75.00
Check	10/24/2024	ACH	Jennifer Joy-Cornejo	Board compensation	-75.00
Check	10/24/2024	ACH	Shawn Binn	Board compensation	-75.00
Check	10/24/2024	ACH	Branden Murphy	Board compensation	-75.00

Transaction Detail by Account

October through December 2024

Deposit	10/25/2024		Deposit	250.00
Deposit	10/28/2024		Deposit	475.00
Check	10/28/2024	Wells Fargo	Domain renewal, RAN NV dl	-140.00
Deposit	10/29/2024		Deposit	250.00
Deposit	10/30/2024		Deposit	525.00
Deposit	10/31/2024		Deposit	975.00
Check	10/31/2024	ACH Tim Hunsaker	Exam proctor	-200.00
Deposit	10/31/2024		Interest	0.98
Deposit	11/01/2024		Deposit	2,300.00
Deposit	11/02/2024		Deposit	500.00
Deposit	11/03/2024		Deposit	1,150.00
Deposit	11/04/2024		Deposit	2,400.00
Check	11/04/2024	1862 Strategies 360	Lobbyist services	-3,000.00
Deposit	11/05/2024		Deposit	2,900.00
Liability Check	11/06/2024	QuickBooks Payroll Service	Payroll expense	-4,372.64
Deposit	11/06/2024		Deposit	1,750.00
Check	11/06/2024	ACH AT&T	Telephone expense	-27.31
Paycheck	11/07/2024	DD1361 Jennifer Pierce	Direct Deposit	0.00
Paycheck	11/07/2024	DD1362 Stacey Whittaker	Direct Deposit	0.00
Paycheck	11/07/2024	DD1363 Thomas D Sharkey	Direct Deposit	0.00
Check	11/07/2024	ACH Voya	Payroll expense	-401.60
Deposit	11/07/2024		Deposit	1,700.00
Deposit	11/08/2024		Deposit	1,200.00
Deposit	11/09/2024		Deposit	575.00
Deposit	11/10/2024		Deposit	300.00
Deposit	11/11/2024		Deposit	1,700.00
Deposit	11/12/2024		Deposit	825.00
Deposit	11/13/2024		Deposit	1,100.00
Check	11/13/2024	Wells Fargo	Merchant fees	-227.10
Deposit	11/14/2024		Deposit	1,275.00
Check	11/14/2024	ACH Tim Hunsaker	Exam proctor	-100.00
Deposit	11/15/2024		Deposit	900.00
Deposit	11/16/2024		Deposit	425.00
Deposit	11/17/2024		Deposit	300.00
Deposit	11/18/2024		Deposit	800.00
Deposit	11/19/2024		Deposit	200.00
Check	11/19/2024	ACH Melissa Maestas	Exam proctor	-100.00
Liability Check	11/20/2024	QuickBooks Payroll Service	Payroll expense	-4,446.51
Deposit	11/20/2024		Deposit	1,525.00
Paycheck	11/21/2024	DD1366 Thomas D Sharkey	Direct Deposit	0.00
Paycheck	11/21/2024	DD1364 Jennifer Pierce	Direct Deposit	0.00
Paycheck	11/21/2024	DD1365 Stacey Whittaker	Direct Deposit	0.00
Liability Check	11/21/2024	E-pay US Treasury	Payroll expense	-3,044.98
Check	11/21/2024	ACH Voya	Payroll expense	-401.60
Deposit	11/21/2024		Deposit	325.00

BEASP
Transaction Detail by Account
October through December 2024

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Deposit	11/22/2024			Deposit	800.00
Deposit	11/23/2024			Deposit	825.00
Deposit	11/24/2024			Deposit	200.00
Deposit	11/25/2024			Deposit	850.00
Deposit	11/26/2024			Deposit	700.00
Deposit	11/26/2024			Deposit	250.00
Deposit	11/27/2024			Deposit	550.00
Check	11/27/2024	ACH	Wells Fargo	Go Daddy, postage	-250.33
Deposit	11/28/2024			Deposit	100.00
Deposit	11/29/2024			Deposit	300.00
Deposit	11/30/2024			Deposit	175.00
Deposit	11/30/2024			Interest	0.98
Deposit	12/01/2024			Deposit	700.00
Deposit	12/02/2024			Deposit	2,925.00
Check	12/02/2024	1863	Strategies 360	Lobbying fees	-3,000.00
Check	12/02/2024	1864	Nevada State Controller	Passthrough admin fines	-200.00
Deposit	12/03/2024			Deposit	3,075.00
Liability Check	12/04/2024		QuickBooks Payroll Service	Payroll expense	-4,331.70
Deposit	12/04/2024			Deposit	1,475.00
Paycheck	12/05/2024	DD1367	Jennifer Pierce	Direct Deposit	0.00
Paycheck	12/05/2024	DD1368	Stacey Whittaker	Direct Deposit	0.00
Check	12/05/2024	ACH	Voya	Payroll expense	-401.60
Deposit	12/05/2024			Deposit	1,375.00
Deposit	12/06/2024			Deposit	1,650.00
Deposit	12/07/2024			Deposit	600.00
Deposit	12/08/2024			Deposit	425.00
Deposit	12/09/2024			Deposit	2,050.00
Check	12/09/2024	ACH	AT&T	Telephone expense	-29.73
Deposit	12/10/2024			Deposit	1,525.00
Deposit	12/11/2024			Deposit	1,150.00
Check	12/11/2024		Wells Fargo	Merchant fees	-679.59
Deposit	12/12/2024			Deposit	925.00
Check	12/12/2024		Timothy Hunsaker	Exam proctor	-100.00
Deposit	12/13/2024			Deposit	800.00
Deposit	12/14/2024			Deposit	850.00
Deposit	12/15/2024			Deposit	875.00
Deposit	12/16/2024			Deposit	800.00
Deposit	12/17/2024			Deposit	1,500.00
Deposit	12/17/2024			Deposit	50.00
Liability Check	12/18/2024		QuickBooks Payroll Service	Payroll expense	-4,331.70
Deposit	12/18/2024			Deposit	1,250.00
Paycheck	12/19/2024	DD1369	Jennifer Pierce	Direct Deposit	0.00
Paycheck	12/19/2024	DD1370	Stacey Whittaker	Direct Deposit	0.00
Liability Check	12/19/2024	E-pay	US Treasury	Payroll expense	-3,020.48
Check	12/19/2024	ACH	Voya	Payroll expense	-401.60

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Transaction Detail by Account
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Deposit	12/19/2024		Deposit	775.00
Deposit	12/20/2024		Deposit	400.00
Deposit	12/21/2024		Deposit	750.00
Deposit	12/22/2024		Deposit	400.00
Deposit	12/23/2024		Deposit	1,475.00
Deposit	12/24/2024		Deposit	675.00
Deposit	12/25/2024		Deposit	100.00
Deposit	12/26/2024		Deposit	975.00
Check	12/26/2024	Wells Fargo	NCSB dues, GoDaddy, Zoon	-849.78
Deposit	12/27/2024		Deposit	1,925.00
Deposit	12/28/2024		Deposit	625.00
Deposit	12/29/2024		Deposit	1,500.00
Deposit	12/30/2024		Deposit	2,200.00
Liability Check	12/31/2024	QuickBooks Payroll Service	Payroll expense	-2,994.00
Liability Check	12/31/2024	QuickBooks Payroll Service	Payroll expense	-1,350.70
Deposit	12/31/2024		Deposit	1,850.00
Deposit	12/31/2024		Interest	1.11
Total Wells Fargo Bank - Checking				<u>18,380.15</u>



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 9

Report from Legal Counsel

Henna Rasul, Board Counsel will provide the Board with a general update on legal activities as needed.

Action: None – Informational Only



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 10

Reports from Board Chair and Board Members

- a. **Report from Board Chair and Board Members** *(for possible action)*
- b. **2025 Proposed Meeting Schedule** *(for possible action)*
Next meeting proposed: Wednesday, April 22, 2025 at 4:30pm. Teleconference hosted via Zoom and in-person at the Reno Board Office. Or consideration for in-person meeting in Reno or Las Vegas.
- c. **Future Agenda Items** *(for possible action)*
 - 1) Update and Report Out from Strategies 360 on Board Bill AB 199 and Other Relevant Legislation and Activities for the 2025 Legislative Session
 - 2) Other Items As Proposed

Action: Approve, Table, or Take No Action on the Matter



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 11

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)

Action: None – Informational Only



State of Nevada

Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

AGENDA ITEM 12

Adjournment

Action: Meeting Adjourned