Virginia Department of Health Professions
Board of Audiology and Speech-Language Pathology

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August 8, 2023
Board Room 3
10:00 a.m.

Agenda
Virginia Board of Audiology & Speech-Language Pathology Full Board Meeting

Call to Order – Melissa A. McNichol, Au.D., CCA-A, Chair — **Page 1**
- Welcome
- Emergency Egress
- Mission Statement

Ordering of Agenda – Dr. McNichol

Public Comment – Dr. McNichol
The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. McNichol — **Pages 2-7**
- January 30, 2023 – Regulatory Committee (pages 2-3)
- March 14, 2023 – Full Board (pages 4-7)

Agency Director's Report – Arne W. Owens

Legislative/Regulatory Report – Erin Barrett — **Pages 8-53**
- Legislative Update
- Regulatory Update (pages 8-33)
  - Current Regulatory Actions (page 8)
  - Consideration of fast-track regulatory action to allow agency subordinates to hear credentials cases (pages 9-13)
  - Initiation of periodic review of public participation guidelines (pages 14-22)
  - Notice of Intended Regulatory Action to implement the ASLP Compact (pages 23-33)
- Guidance Document Review (pages 34-47)
  - 30-9, Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE (pages 34-42)
  - 30-12, Guidance for Telepractice (pages 43-47)
- Policy review for electronic participation policy amendment (pages 48-53)

Discussion Items – Dr. McNichol — **Pages 54-116**
- 2022 Healthcare Workforce Data Center Reports – Yetty Shobo/Barbara Hodgdon (pages 54-116)
  - Audiologists (pages 54-84)
  - Speech-Language Pathologists (pages 85-116)

- Update on Licensure Compact Representatives – Leslie Knachel

Board Counsel's Report – Laura Booberg

Chair's Report – Dr. McNichol

Board of Health Professions' Report – Ms. Knachel/Laura Vencill, MS, CCC-SLP

Executive Director's Report – Ms. Knachel/Kelli Moss — **Pages 117-119**

- Statistics (page 117)
- Outreach Information (page 118)
- 2023 Board Calendar
- 2024 Board Calendar (page 119)

New Business – Dr. McNichol — **Page 120**
Officer Elections

Next Meeting – Dr. McNichol
December 12, 2023

Meeting Adjournment – Dr. McNichol

This information is in **DRAFT** form and is subject to change.

Virginia Department of Health Professions
Board of Optometry

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MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Virginia Department of
Health Professions
Board of Audiology and Speech-Language Pathology

Draft Meeting Minutes

Call to Order

The January 30, 2023, the meeting of the Regulatory/Legislative Committee of the Virginia Board of Audiology & Speech-Language Pathology was called to order at 10:02 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia 23233.

Presiding Officer - Melissa A. McNichol, Au.D., CCA-A

Members Present
Laura H. Vencill, MS, CCC-SLP
Kyttra Burge, Citizen Member

Staff Present
Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Erin Barrett, Senior Policy Analyst DHP
Matt Novak, Policy & Economic Analyst DHP
Laura Jackson, Board Administrator
Laura Paasch, Senior Licensing Specialist

Establishment of Quorum
With three out of three committee members present, a quorum was established.

Ordering of Agenda
Dr. McNichol opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
There were no requests to provide public comment.

Discussion
Ms. Barrett introduces Matt Novak to the committee.

Ms. Barrett and Ms. Knachel reviewed and discussed with the Committee the changes recommended by staff. The review was completed.

Ms. Burge made a motion to present the recommended regulatory changes to the full Board at its next meeting, which was properly seconded by Ms. Vencill. The motion carried unanimously.

Next Meeting
The next full board meeting is scheduled for March 14, 2023.

Adjournment
With no objection, Dr. McNichol adjourned the meeting at 10:59 a.m.

Call to Order

The March 14, 2023, Virginia Board of Audiology & Speech-Language Pathology meeting was called to order at 9:00 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia 23233.

Presiding Officer
Melissa A. McNichol, Au.D., CCA-A

Members Present
Corliss V. Booker, Ph.D., APRN, FNP-BC, Citizen Member
Kyttra Burge, Citizen Member
Jennifer R. Gay, MS, CCC-SLP
Bradley W. Kesser, MD
Bethany Rose, Au.D.
Laura H. Vencill, MS, CCC-SLP

Staff Present
Arne W. Owens, Agency Director
Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Erin Barrett, Director of Legislative and Regulatory Affairs
Matt Novak, Policy & Economic Analyst DHP
Laura Booberg, Assistant Attorney General, Board Counsel
Laura Paasch, Senior Licensing Specialist
Yetty Shobo, Director, Healthcare Workforce Data Center DHP
Barbara Hodgdon, Deputy Director, Healthcare Workforce Data Center DHP
Tamara Farmer, Senior Licensing Specialist

Establishment of Quorum
With seven board members present, a quorum was established.

Introductions
Dr. McNichol provided the following announcements:

- The appointment of three new board members, Jennifer R. Gay, Bethany Rose and Laura Vencill
- Her reappointment to another 4-year term
- As of November 1, 2022, Arne W. Owens is the newly appointed Agency Director

- Matt Novak, Policy & Economic Analyst for DHP working under Ms. Barrett.
- Ms. Barrett's title has changed to Director of Legislative & Regulatory Affairs.
- Laura Booberg is the new Assistant Attorney General assigned to represent the Board.

Mission Statement
Dr. McNichol read the Department of Health Professions' mission statement.

Ordering of Agenda
Dr. McNichol opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
There were no requests to provide public comment.

Approval of Minutes
Dr. McNichol opened the floor to any edits or corrections regarding the draft minutes of the full board meeting held on March 8, 2022, and the formal hearing held on March 8, 2022. With no additions or corrections, the minutes were approved as presented.

Agency Director's Report
Mr. Owens told the Board about the new upgrades that the conference center will be getting this year.

Legislative/Regulatory Report
Ms. Barrett provided the following:

- Updates on 2023 General Assembly. She stated that the regulatory actions related to the Audiology and Speech-Language Pathology (ASLP) Interstate Licensure Compact legislation will begin after the legislation becomes effective on July 1, 2023.
- Updates to Guidance Document 30-3, Board guidance on the use of confidential consent agreements.

  Dr. Booker moved to adopt Guidance Document 30-3, board Guidance on the use of confidential consent agreements as presented. Dr. Kesser seconded the motion. The motion carried unanimously.

- Updates to Guidance Document 30-5, Equivalent body for accreditation of audiology programs.

  Ms. Burge moved to adopt Guidance Document 30-5, Equivalent body for accreditation of audiology programs as presented. Dr. Booker seconded the motion. The motion carried unanimously.

- Updates to Guidance Document 30-10, Disposition of disciplinary cases for audiologists and speech-language pathologists practicing on an expired license.
  Ms. Burge moved to adopt Guidance Document 30-10, Disposition of disciplinary cases for audiologists and speech-language pathologists practicing on an expired license as presented. Dr. Booker seconded the motion. The motion carried unanimously.

- Information on the Dailey Petition for Rulemaking.

  Dr. Kesser moved to reject the Dailey Petition for Rulemaking due to the recent passage of the legislation entering Virginia into the ASLP Interstate Licensure Compact. Dr. McNichol seconded the motion. The motion carried unanimously.

Discussion Items
Dr. Shobo and Dr. Hodgdon provided the report on the 2022 Healthcare Workforce Data Reports for audiologists and speech-language pathologists. In addition, Dr. Shobo and Ms. Knachel provided information on the addition of a question to the upcoming renewal survey regarding usage of speech-language pathology assistants. Two questions will be added to the survey that will be deployed in May when the licensure renewal period begins.

Ms. Knachel discussed the need for two Virginia representatives, one audiologist and one speech-language pathologist, to serve on the ASLP Licensure Compact Commission. Ms. Gay and Dr. Rose volunteered.

Board Counsel's Report
Ms. Booberg had no information to report to the Board.

Chair's Report
Dr. McNichol had no information to report to the Board.

Board of Health Professions' Report
Ms. Knachel notified the Board that Ms. Vencill has been appointed as the Board of Audiology and Speech-Language Pathology representative on the Board of Health Professions (BHP). The BHP has not met since Ms. Vencill's appointment. The next BHP meeting is scheduled for May 4, 2023.

New Business
Dr. McNichol provided information from the bylaws regarding officer elections.

Dr. Kesser moved to elect Dr. McNichol to the Chair position. Ms. Burge seconded the motion. No further nominations were received. The motion carried unanimously.

Ms. Vencill moved to elect Dr. Kesser to the Vice-Chair position. Dr. Booker seconded the motion. No further nominations were received. The motion carried unanimously.

The terms for the Chair and Vice-Chair begin immediately after the meeting adjournment.

Staff Reports
Ms. Knachel provided information on board statistics, outreach activities and the 2023 calendar. Ms. Knachel stated the upcoming board meetings will start at 9:00 a.m.

Ms. Moss provided an update on open and closed discipline cases.

Next Meeting
The next full board meeting is scheduled for Tuesday, August 8, 2023.

Adjournment
With no objection, Dr. McNichol adjourned the meeting at 10:54 a.m.

Board of Audiology and Speech-Language Pathology
Current Regulatory Actions
August 2023 update

No current regulatory actions pending.

Agenda Item: Consideration of fast-track regulatory changes to 18VAC30-21-170

Included in your agenda packet:

- Changes to 18VAC30-21-170 to allow agency subordinates to hear credentials cases;
- HB1622

Action Needed:

- Motion to amend 18VAC30-21-170 as presented by fast-track action.

Project 7625 - Fast-Track

Board of Audiology And Speech-Language Pathology

Regulatory amendments to allow agency subordinates to hear credentials cases

18VAC30-21-170. Criteria for delegation to an agency subordinate.

A. Decision to delegate. In accordance with subdivision 10 of § 54.1-2400 of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate ~~upon determination that probable cause exists that a practitioner may be subject to a disciplinary action~~.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate are those that involve:

1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;

2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;

3. Impairment with an inability to practice with skill and safety;

4. Sexual misconduct;

5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 191

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

[H 1622]

Approved March 22, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019~~, upon receipt of information that a practitioner may be subject to a disciplinary action~~. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC30-11

Included in your agenda packet:

- 18VAC30-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

Action Needed:

- Motion to initiate periodic review of 18VAC30-11.

Commonwealth of Virginia

PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Title of Regulations: 18 VAC 30-11-10 et seq.

Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia*

Revised Date: January 12, 2017

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Part I
Purpose and Definitions

18VAC30-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Audiology and Speech-Language Pathology. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC30-11-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Audiology and Speech-Language Pathology, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II
Notification of Interested Persons

18VAC30-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC30-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC30-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).

2. A notice of the comment period on a proposed, a reproposed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.

3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III
Public Participation Procedures

18VAC30-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

18VAC30-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;

2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and

3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC30-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC30-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or

3. The agency determines that resolution of a controversy is unlikely.

18VAC30-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC30-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;

2. The Governor directs the agency to hold a public hearing; or

3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC30-11-110. Periodic review of regulations.

A. The agency shall conduct a periodic review of its regulations consistent with:

1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and

2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.

B. A periodic review may be conducted separately or in conjunction with other regulatory actions.

C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

Agenda Item: Adoption of a NOIRA to implement the ASLP Compact

Included in your agenda packet:

- HB2033

Staff Note: A Notice of Intended Regulatory Action is the first regulatory process step in amending regulations to implement the ASLP Compact.

Action Needed:

- Motion to adopt notice of intended regulatory action to implement the ASLP Compact. Changes will include:

    - Adding definitions consistent with the Compact;
    - Setting fees for issuance and renewal of a compact privilege to practice in Virginia;
    - Set requirements to obtain a privilege to practice in Virginia consistent with Compact requirements;
    - Specify that renewal of a Compact privilege is based on adherence to Compact rules for continued competency;
    - Set forth criminal background check requirement for initial licensure;
    - Set forth requirements that privilege holders in Virginia must adhere to Virginia laws and regulations; and
    - Amend disciplinary provisions to ensure Compact privilege holders follow the same practice rules as Virginia licensees.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 337

An Act to amend the Code of Virginia by adding in Chapter 26 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-2606 through 54.1-2619, relating to Audiology and Speech-Language Pathology Interstate Compact.

[H 2033]

Approved March 23, 2023

Be it enacted by the General Assembly of Virginia:
1. That the Code of Virginia is amended by adding in Chapter 26 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-2606 through 54.1-2619, as follows:

Article 2.

Audiology and Speech-Language Pathology Interstate Compact.

§ 54.1-2606. Audiology and Speech-Language Pathology Interstate Compact; purpose.

The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the Audiology and Speech-Language Pathology Interstate Compact with any and all states legally joining therein according to its terms, in the form substantially as follows:

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT

The purpose of this Compact is to facilitate interstate practice of audiology and speech-language pathology with the goal of improving public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient/client/student is located at the time of the patient/client/student 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 audiology and speech-language pathology 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 multistate audiology and speech-language pathology practice;

4. Support spouses of relocating active duty military personnel;

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

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; and

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

§ 54.1-2607. Definitions.

As used in this Compact, unless the context requires a different meaning:

"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.

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

"Alternative program" means a nondisciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.

"Audiologist" means an individual who is licensed by a state to practice audiology.

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

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

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

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

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

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

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

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

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

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

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

"Member state" means a state that has enacted the Compact.

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

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

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

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

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

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

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

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

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

§ 54.1-2608. State participation in the Compact.

A. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

B. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

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

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

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

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

E. For an audiologist:

1. Must meet one of the following educational requirements:

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

b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or equivalent degree, regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and is operated by a college or university accredited by a regional or national accrediting organization recognized by the Board; or

c. Has graduated from an audiology program that is housed in an institution of higher education outside of the United States for which (i) the program and institution have been approved by the authorized accrediting body in the applicable country and (ii) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program;

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

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

4. Holds an active, unencumbered license;

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

6. Has a valid United States social security number or National Practitioner Identification number.

F. For a speech-language pathologist:

1. Must meet one of the following educational requirements:

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

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

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

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

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

5. Holds an active, unencumbered license;

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

7. Has a valid United States social security number or National Practitioner Identification number.

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

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

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

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

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

§ 54.1-2609. Compact privilege.

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

1. Hold an active license in the home state;

2. Have no encumbrance on any state license;

3. Be eligible for a compact privilege in any member state in accordance with § 54.1-2608;

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4. Have not had any adverse action against any license or compact privilege within the previous two years from date of application;

5. Notify the Commission that the licensee is seeking the compact privilege within a remote state;

6. Pay any applicable fees, including any state fee, for the compact privilege; and

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

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

C. Except as provided in § 54.1-2611, if an audiologist or speech-language pathologist changes his primary state of residence by moving between two-member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the Commission.

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

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

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

G. The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of subsection A to maintain the compact privilege in the remote state.

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

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

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

1. The home state license is no longer encumbered; and

2. Two years have elapsed from the date of the adverse action.

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

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

§ 54.1-2610. 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 § 54.1-2608 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 this Compact and rules promulgated by the Commission.

§ 54.1-2611. Active duty military personnel or their spouse.

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 his home state through application for licensure in the new state.

§ 54.1-2612. 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 authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

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

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

C. The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes his primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

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

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

F. Joint Investigations.

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

2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this Compact.

G. If adverse action is taken by the home state against an audiologist's or speech language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an audiologist's or speech-language pathologist's license shall include a statement that the audiologist's or speech-language pathologist's privilege to practice is deactivated in all member states during the pendency of the order.

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

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

§ 54.1-2613. Establishment of the Audiology and Speech-Language Pathology Compact Commission.

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

1. The Commission is an instrumentality of the Compact states.

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

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

B. Membership, Voting, and Meetings.

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

2. An additional five delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at large.

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

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

5. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business 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 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 this 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 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 10 members:

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

b. Two ex-officio members, 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 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. Perform other duties as provided in rules or bylaws.

4. All meetings of the Commission 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 § 54.1-2615.

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

a. Noncompliance of a member state with its obligations under the Compact;

b. The employment, compensation, or 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. Accusation of any person of a crime or formal censure of 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 another committee charged with responsibility of investigation or determination of compliance issues pursuant to this 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 vote of the Commission or order of a court of competent jurisdiction.

8. Financing of the Commission.

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

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

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

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

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

F. Qualified Immunity, Defense, and Indemnification.

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

2. The Commission shall defend any member, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

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

§ 54.1-2614. Data system.

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

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

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason for denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.
C. Investigative information pertaining to a licensee in any member state shall only be available to other member states.
D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.
E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.
F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.
§ 54.1-2615. Rulemaking.
A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.
C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30 days in advance of the meeting at which the rule shall be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
1. On the website of the Commission or other publicly accessible platform; and
2. On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.
E. The Notice of Proposed Rulemaking shall include:
1. The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
1. At least 25 persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least 25 members.
H. If a public hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the public hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.
1. All persons wishing to be heard at the public hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the public hearing not less than five business days before the scheduled date of the public hearing.
2. Public hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
3. All public hearings shall be recorded. A copy of the recording shall be made available on request.
4. Nothing in this section shall be construed as requiring a separate public hearing on each rule. Rules may be grouped for the convenience of the Commission at public hearings required by this section.
I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full

text of the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or a public hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, and in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

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

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

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

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

§ 54.1-2616. Dispute resolution and enforcement.

A. Dispute Resolution.

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

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

B. Enforcement.

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

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney 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.

§ 54.1-2617. 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 tenth 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 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 Compact 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.

§ 54.1-2618. 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.

§ 54.1-2619. Binding effect of the Compact and other laws.

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

B. All laws in a member state in conflict with this 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 this 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.

Agenda Item: Four year review and revision of Guidance Document 30-9

Included in your agenda packet:

- Suggested revisions of Guidance Document 30-9, Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE, in redline;

- Clean version of suggested revisions to Guidance Document 30-9.

Action Needed:

- Motion to revise Guidance Document 30-9 as presented.

Virginia Board of Audiology and Speech-Language Pathology

Guidance for
Continuing Education (CE) Audits
and Sanctioning for Failure to Complete CE

Applicable Regulation

18VAC30-21-100. Continuing education requirements for renewal of an active license.

A. In order to renew an active license, a licensee shall complete at least 10 contact hours of continuing education prior to the renewal date each year. Up to 10 contact hours of continuing education in excess of the number required for renewal may be transferred or credited to the next renewal year. One hour of the 10 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. Continuing education shall be activities, programs, or courses related to audiology or speech-language pathology, depending on the license held, and offered or approved by one of the following accredited sponsors or organizations sanctioned by the profession:

1. The Speech-Language-Hearing Association of Virginia or a similar state speech-language-hearing association of another state;

2. The American Academy of Audiology;

3. The American Speech-Language-Hearing Association;

4. The Accreditation Council on Continuing Medical Education of the American Medical Association offering Category I continuing medical education;

5. Local, state, or federal government agencies;

6. Colleges and universities;

7. International Association of Continuing Education and Training; or

8. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C. If the licensee is dually licensed by this board as an audiologist and speech-language pathologist, a total of no more than 15 hours of continuing education are required for renewal of both licenses with a minimum of 7.5 contact hours in each profession.

D. A licensee shall be exempt from the continuing education requirements for the first renewal following the date of initial licensure in Virginia under 18VAC30-21-60.

E. The licensee shall retain all continuing education documentation for a period of three years following the renewal of an active license. Documentation from the sponsor or organization shall include the title of the course, the name of the sponsoring organization, the date of the course, and the number of hours credited.

F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date of each year.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board shall periodically conduct an audit for compliance with continuing education requirements. Licensees selected for an audit conducted by the board shall complete the Continuing Education Form and provide all supporting documentation within 30 days of receiving notification of the audit.

I. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

Guidance

Types of CE

Acceptable types of continuing education ("CE").

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The Board makes the following recommendations concerning acceptable continuing education hours:

- If offered or approved by an accredited sponsor or organization as prescribed in 18VAC30-21-100, the following activities may be counted as acceptable CE:

  - Hours spent in the reading, preparation and acquisition of new knowledge as a presenter may be counted for CE credit and are to be calculated hour for hour.

  - Hours delivering a presentation at a workshop may be counted by the presenter for the first-time presentation of a continuing education program but may not be duplicated by hours credited for attendance at the program.

  - Attendance at or presentation to virtual or online courses ~~Computer classes or courses taught on-line~~ directly related to the practice~~s~~ of speech-language pathology and/or audiology may be counted for CE credit.

- Clinical supervision may not be used to meet CE requirements.

- Meetings with colleagues or employers that are not ~~designed~~ designated as an audiology or speech-language pathology professional learning experience for the licensee are not accepted as CE (i.e. billing procedures, required employer documentation, software usage).

~~**As of January 1, 2018, clinical supervision may not be used to meet CE requirements**~~

CE ~~E~~extension ~~R~~requests.

For good cause shown, ~~CE~~ extensions ~~may be granted for good cause~~ of up to one year may be granted for the completion of CE requirements. A ~~R~~request~~s~~ for an extension~~s~~ must be received by the Board ~~of Audiology and Speech-Language Pathology (Board)~~ prior to the licensure renewal date of each year. Licensees who have not completed the CE requirements and submit a request after the renewal date may be subject to disciplinary action.

CE e~~E~~xemptions.

The Board may grant an exemption for all or part of the CE requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

A licensee is exempt from completing CE requirements ~~on~~ for the first renewal period ~~of his~~after initial licensure in Virginia.

CE a~~A~~udit p~~P~~rocedures.

- After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:

  - Licensees who fail to respond or respond "no" to the CE renewal question on the annual license renewal form; and

- Licensees selected for random audit ~~using a statistically valid audit sample and a method that ensures randomness of those selected~~.

- ~~For those selected for the~~If a practitioner is selected for audit:
  - Board staff will notify licensees that they ~~are being audited~~have been selected for audit via email if an address is available or by postal carrier if an email address is not available.
  - The licensee ~~is required to~~will submit documentation of completion of required CE credits and complete the CE form. The licensee will: ~~The CE form must be completed as required.~~
    - Provide certificates of completion of CE; or
    - Provide a transcript from the American Speech-Language Hearing Association or the Academy of Audiology.
  - Documentation submitted to verify CE completion will be reviewed by Board staff for compliance with the regulations.
  - Licensees who have not completed required CE will be referred for possible disciplinary action.

Disciplinary a~~A~~ction for ~~N~~non-~~C~~compliance with CE ~~R~~requirements.

The Board ~~adopted~~ provides the following guidelines for resolution of cases of non-compliance with CE requirements. ~~(~~10 hours of CE are required in a one-year period~~):~~. *See* 18VAC30-21-100. All monetary penalties are deposited in the Literary Fund. *See* Va. Code § 54.1-2401.

Cause	Possible Action
First offense; short 1 – 3 hours	Confidential Consent Agreement~~;~~ 45 days to make up missing hours
First offense; short 4 – 10 hours	Consent Order; Monetary Penalty of $300~~*;~~ 60 days to make up missing hours
Second offense; short 1 – 10 hours	Consent Order; Reprimand~~;~~ Monetary Penalty of $200~~*~~ **per missing hour** up to a maximum of $2000~~*;~~ 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference
First Offense: Failure to respond with CE documentation prior to initiation of board action	Confidential Consent Agreement
Second Offense: Failure to respond with CE	Consent Order

documentation prior to initiation of board action	

NOTE: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact-finding conference.

References:~~* Pursuant to § 54.1-2401 of the Code of Virginia monetary penalties are deposited in the Literary Fund.~~

18VAC30-21-100
Va. Code § 54.1-2401

~~***§ 54.1-2401. Monetary penalty.***~~
~~*Any person licensed, registered or certified or issued a multistate licensure privilege by any health regulatory board who violates any provision of statute or regulation pertaining to that board and who is not criminally prosecuted, may be subject to the monetary penalty provided in this section. If the board or any special conference committee determines that a respondent has violated any provision of statute or regulation pertaining to the board, it shall determine the amount of any monetary penalty to be imposed for the violation, which shall not exceed $5,000 for each violation. The penalty may be sued for and recovered in the name of the Commonwealth. All such monetary penalties shall be deposited in the Literary Fund.*~~

Virginia Board of Audiology and Speech-Language Pathology

Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE

Acceptable types of continuing education ("CE").

The Board makes the following recommendations concerning acceptable continuing education hours:

- If offered or approved by an accredited sponsor or organization as prescribed in 18VAC30-21-100, the following activities may be counted as acceptable CE:
  - Hours spent in the reading, preparation and acquisition of new knowledge as a presenter may be counted for CE credit and are to be calculated hour for hour.
  - Hours delivering a presentation at a workshop may be counted by the presenter for the first-time presentation of a continuing education program but may not be duplicated by hours credited for attendance at the program.
  - Attendance at or presentation to virtual or online courses directly related to the practice of speech-language pathology and/or audiology may be counted for CE credit.
- Clinical supervision may not be used to meet CE requirements.
- Meetings with colleagues or employers that are not designated as an audiology or speech-language pathology professional learning experience for the licensee are not accepted as CE (i.e. billing procedures, required employer documentation, software usage).

CE extension requests.

For good cause shown, extensions of up to one year may be granted for the completion of CE requirements. A request for an extension must be received by the Board prior to the licensure renewal date of each year. Licensees who have not completed the CE requirements and submit a request after the renewal date may be subject to disciplinary action.

CE exemptions.

The Board may grant an exemption for all or part of the CE requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

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A licensee is exempt from completing CE requirements for the first renewal period after initial licensure in Virginia.

CE audit procedures.

- After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:
    - Licensees who fail to respond or respond "no" to the CE renewal question on the annual license renewal form; and
    - Licensees selected for random audit.
- If a practitioner is selected for audit:
    - Board staff will notify licensees that they have been selected for audit via email if an address is available or by postal carrier if an email address is not available.
    - The licensee will submit documentation of completion of required CE credits and complete the CE form. The licensee will:
        - Provide certificates of completion of CE; or
        - Provide a transcript from the American Speech-Language Hearing Association or the Academy of Audiology.
    - Documentation submitted to verify CE completion will be reviewed by Board staff for compliance with the regulations.
    - Licensees who have not completed required CE will be referred for possible disciplinary action.

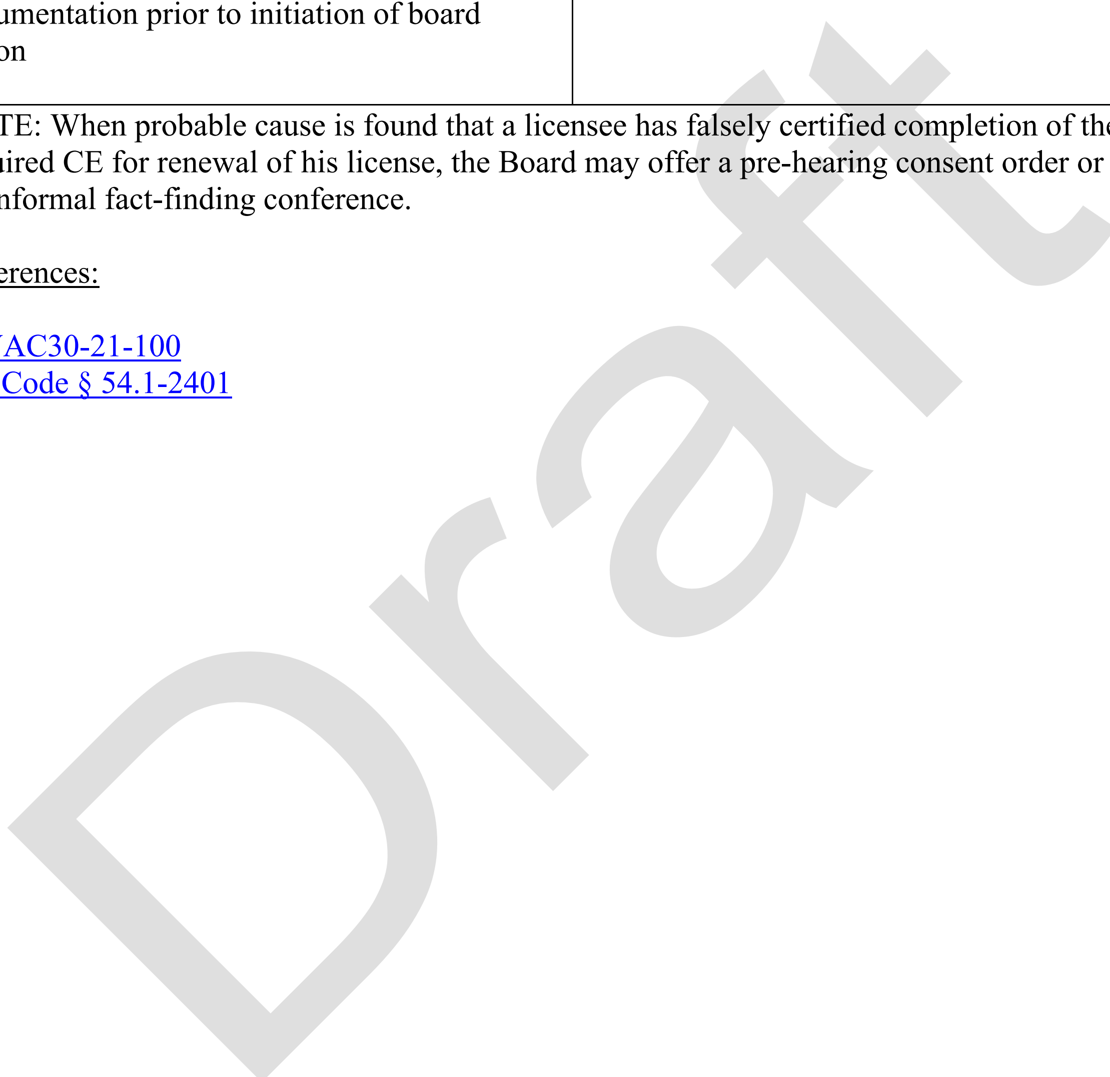
Disciplinary action for non-compliance with CE requirements.

The Board provides the following guidelines for resolution of cases of non-compliance with CE requirements. 10 hours of CE are required in a one-year period. *See* 18VAC30-21-100. All monetary penalties are deposited in the Literary Fund. *See* Va. Code § 54.1-2401.

Cause	Possible Action
First offense; short 1 – 3 hours	Confidential Consent Agreement 45 days to make up missing hours
First offense; short 4 – 10 hours	Consent Order; Monetary Penalty of $300 60 days to make up missing hours
Second offense; short 1 – 10 hours	Consent Order; Reprimand Monetary Penalty of $200 **per missing hour** up to a maximum of $2000

	60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference
First Offense: Failure to respond with CE documentation prior to initiation of board action	Confidential Consent Agreement
Second Offense: Failure to respond with CE documentation prior to initiation of board action	Consent Order

NOTE: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact-finding conference.



References:

18VAC30-21-100
Va. Code § 54.1-2401

Agenda Item: Four year review and revision of Guidance Document 30-12

Included in your agenda packet:

- Suggested revisions of Guidance Document 30-12, Guidance for Telepractice, in redline;
- Clean version of suggested revisions to Guidance Document 30-12.

Action Needed:

- Motion to revise Guidance Document 30-12 as presented.

Virginia Board of Audiology and Speech-Language Pathology

Guidance for Telepractice

1. What is telepractice?

   Telepractice may be defined as the use of telecommunications and information technologies for delivery of speech-language pathology or audiology professional services by linking a client and clinician for assessment, intervention or consultation.

2. May a practitioner licensed in another state provide services to a client located in Virginia?

   ~~In order to~~To provide audiology or speech-language pathology services to a client in the Commonwealth of Virginia via telepractice, a practitioner must hold a Virginia license and comply with relevant laws and regulations governing practice.

3. Are there any regulations specific to providing audiology or speech-language pathology services via telepractice?

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

4. ~~In order to~~To provide the same standard of care as an in-person visit, what are some of the responsibilities of a practitioner when providing audiology or speech-language pathology services via telepractice?

   - To determine the appropriateness of providing assessment and intervention services via telepractice for each client and each situation;
   - To ensure confidentiality and privacy of clients and their transmissions;
   - To maintain appropriate documentation including informed consent for use of telepractice;
   - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the client site, in accordance with Virginia regulation, 18VAC30-21-140;
   - To ensure that equipment used for telepractice is in good working order and is properly maintained at both site locations;

- To comply with Virginia and federal (such as HIPAA and FERPA) requirements regarding maintenance of patient records and confidentiality of client information; and

- To ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized individuals when the licensee disposes of electronic equipment and data.

5. What factors should be considered when determining if telepractice is appropriate to use? Factors to consider include, but are not limited to:

   - The quality of electronic transmissions for both the patient and practitioner should be ~~equally~~ appropriate for the provision of telepractice as if those services were provided in person;

   - The practitioner should only utilize technology for which he/she has been trained and is competent;

   - The practitioner should consider the client's behavioral, physical and cognitive abilities in determining appropriateness of telepractice;

   - The practitioner should assess the ability of the client to safely and competently use electronic transmission equipment; and

   - The scope, nature and quality of services provided via telepractice should be comparable to those provided during in-person sessions.

6. May a practitioner licensed in Virginia provide services to a client located in another state?

   The Virginia Board does not have jurisdiction over practice in another state. An audiologist or speech-language pathologist seeking to practice via telepractice with a client in another jurisdiction should contact the board for the other state to determine its licensure requirements.

7. Can a practitioner seek reimbursement for services provided by telepractice?

   The Board has no jurisdiction over billing and reimbursement for services.

Virginia Board of Audiology and Speech-Language Pathology

Guidance for Telepractice

1. What is telepractice?

   Telepractice may be defined as the use of telecommunications and information technologies for delivery of speech-language pathology or audiology professional services by linking a client and clinician for assessment, intervention or consultation.

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   - To determine the appropriateness of providing assessment and intervention services via telepractice for each client and each situation;
   - To ensure confidentiality and privacy of clients and their transmissions;
   - To maintain appropriate documentation including informed consent for use of telepractice;
   - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the client site, in accordance with Virginia regulation, 18VAC30-21-140;
   - To ensure that equipment used for telepractice is in good working order and is properly maintained at both site locations;

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- To comply with Virginia and federal (such as HIPAA and FERPA) requirements regarding maintenance of patient records and confidentiality of client information; and

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   - The quality of electronic transmissions for both the patient and practitioner should be appropriate for the provision of telepractice as if those services were provided in person;

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7. Can a practitioner seek reimbursement for services provided by telepractice?

   The Board has no jurisdiction over billing and reimbursement for services.

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Agenda Item: Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes

Included in your agenda package:

- Proposed revised electronic participation policy;
- Virginia Code § 2.2-3708.3

Action needed:

- Motion to revise policy on meetings held with electronic participation as presented.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with Virginia Code § 2.2-3708.3.

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:

    a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

    b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

    c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

    d. the member is unable to attend to the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

    No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

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Code of Virginia
Title 2.2. Administration of Government
Subtitle II. Administration of State Government
Part B. Transaction of Public Business
Chapter 37. Virginia Freedom of Information Act

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by a general description. If participation is approved pursuant to subdivision 1 or 2, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a (i) temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to the distance between the member's principal residence and the meeting location. If participation is approved pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such

disapproval shall be recorded in the minutes with specificity.

C. With the exception of local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and boards with the authority to deny, revoke, or suspend a professional or occupational license, any public body may hold all-virtual public meetings, provided that the public body follows the other requirements in this chapter for meetings, the public body has adopted a policy as described in subsection D, and:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which a public body chooses to meet shall not be changed unless the public body provides a new meeting notice in accordance with the provisions of § 2.2-3707;

2. Public access to the all-virtual public meeting is provided via electronic communication means;

3. The electronic communication means used allows the public to hear all members of the public body participating in the all-virtual public meeting and, when audio-visual technology is available, to see the members of the public body as well;

4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the public body fails, the public body monitors such designated means of communication during the meeting, and the public body takes a recess until public access is restored if the transmission fails for the public;

5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the public body;

6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received;

7. No more than two members of the public body are together in any one remote location unless that remote location is open to the public to physically access it;

8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the public body votes to certify the closed meeting as required by subsection D of § 2.2-3712;

9. The public body does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and

10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by § 2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held. If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such disapproval shall be recorded in the minutes with specificity.

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first

adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and

2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.

Any public body that creates a committee, subcommittee, or other entity however designated of the public body to perform delegated functions of the public body or to advise the public body may also adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the committee, subcommittee, or other entity's use of individual remote participation and all-virtual public meetings.

2022, c. 597.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

DRAFT

Virginia's Audiologist Workforce: 2023

Healthcare Workforce Data Center

July 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 500 Audiologists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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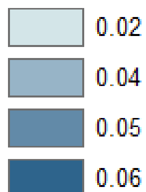
The Audiologist Workforce At a Glance:

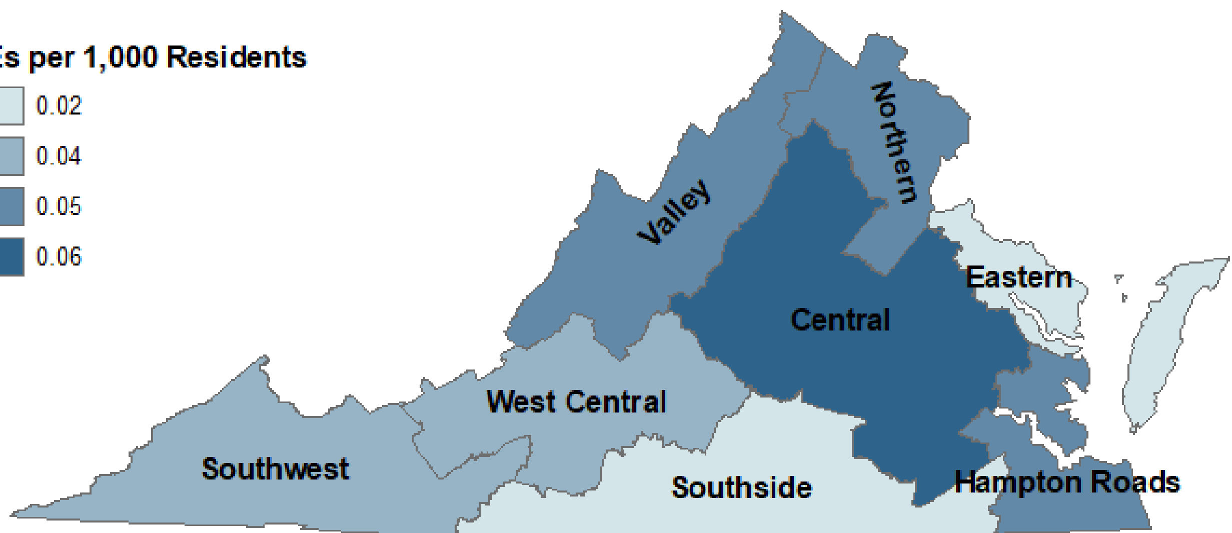
The Workforce		**Background**		**Current Employment**	
Licensees:	619	Rural Childhood:	28%	Employed in Prof.:	96%
Virginia's Workforce:	470	HS Degree in VA:	37%	Hold 1 Full-time Job:	78%
FTEs:	420	Prof. Degree in VA:	30%	Satisfied?:	94%
Survey Response Rate		**Education**		**Job Turnover**	
All Licensees:	82%	AuD:	79%	Switched Jobs:	9%
Renewing Practitioners:	95%	Masters:	15%	Employed Over 2 Yrs.:	63%
Demographics		**Finances**		**Primary Roles**	
Female:	88%	Median Income:	$80k-$90k	Client Care:	75%
Diversity Index:	18%	Health Benefits:	63%	Administration:	4%
Median Age:	45	Under 40 w/ Ed Debt:	67%	Other:	1%

Source: Va. Healthcare Workforce Data Center

Full-Time Equivalency Units Provided by Audiologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center





Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division

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Results in Brief

This report contains the results of the 2023 Audiologist Workforce Survey. More than 500 audiologists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for audiologists. These survey respondents represent 82% of the 619 audiologists licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 470 audiologists participated in Virginia's workforce during the survey period, which is defined as those audiologists who worked at least a portion of the year in the state or who live in the state and intend to work as an audiologist at some point in the future. Over the past year, Virginia's audiologist workforce provided 420 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly nine out of every ten audiologists are female, and the median age of this workforce is 45. In a random encounter between two audiologists, there is an 18% chance that they would be of different races or ethnicities, a measure known as the diversity index. For audiologists who are under the age of 40, this diversity index increases to 20%. This makes Virginia's audiology workforce considerably less diverse than the state's overall population, which has a comparable diversity index of 58%. Nearly three out of every ten audiologists grew up in a rural area, and 11% of audiologists who grew up in a rural area currently work in a non-metro area of Virginia. In total, 5% of all audiologists work in a non-metro area of the state.

Among all audiologists, 96% are currently employed in the profession, 78% hold one full-time job, and 54% work between 40 and 49 hours per week. Two-thirds of all audiologists are employed in the for-profit sector, while another 17% work in the non-profit sector. The median annual income of Virginia's audiology workforce is between $80,000 and $90,000. In addition, 86% of wage and salaried audiologists receive at least one employer sponsored benefit, including 63% who have access to health insurance. More than nine out of every ten audiologists indicated that they are satisfied with their current work situation, including 66% of audiologists who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2013 audiologist workforce. The number of licensed audiologists in Virginia has increased by 24% (619 vs. 501). In addition, the size of Virginia's audiology workforce has increased by 16% (470 vs. 406), and the number of FTEs provided by this workforce has increased by 12% (420 vs. 375). Virginia's renewing audiologists are more likely to respond to this survey (95% vs. 74%).

Virginia's audiologists are more likely to be female (88% vs. 85%), but the opposite is true among audiologists who are under the age of 40 (90% vs. 94%). Virginia's overall audiology workforce has become less diverse (18% vs. 19%), although the diversity index among audiologists who are under the age of 40 has increased (20% vs. 18%). Audiologists are slightly more likely to have grown up in a rural area (28% vs. 27%), but audiologists who grew up in a rural area are considerably less likely to work in a non-metro area of Virginia (11% vs. 19%). In total, the percentage of all audiologists who work in a non-metro area of the state has also fallen (5% vs. 8%).

Audiologists are considerably more likely to carry a Doctorate of Audiology (AuD) (79% vs. 59%) instead of a master's degree (15% vs. 31%) as their highest professional degree. Audiologists are more likely to carry education debt (39% vs. 31%), a trend that has also occurred among audiologists who are under the age of 40 (67% vs. 55%). In addition, the median outstanding balance among those audiologists with education debt has increased ($80k-$90k vs. $40k-$50k). The median annual income of Virginia's audiologists has also increased ($80k-$90k vs. $60k-$70k), and audiologists are more likely to receive this income as a salary (72% vs. 64%) instead of an hourly wage (14% vs. 19%).

Audiologists are more likely to be employed in the profession (96% vs. 95%), hold one full-time job (78% vs. 74%), and work between 40 and 49 hours per week (54% vs. 52%). Audiologists are relatively more likely to work in the non-profit sector (17% vs. 11%) instead of either the for-profit sector (66% vs. 69%) or a state/local government (8% vs. 14%). Audiologists are less likely to indicate that they are satisfied with their current work situation (94% vs. 96%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	510	82%
New Licensees	55	9%
Non-Renewals	54	9%
All Licensees	**619**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing audiologists, 95% submitted a survey. These represent 82% of the 619 audiologists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	30	41	58%
30 to 34	20	76	79%
35 to 39	13	55	81%
40 to 44	9	57	86%
45 to 49	7	74	91%
50 to 54	11	54	83%
55 to 59	7	45	87%
60 and Over	13	107	89%
Total	**110**	**509**	**82%**
New Licenses			
Issued in Past Year	37	18	33%
Metro Status			
Non-Metro	7	26	79%
Metro	56	336	86%
Not in Virginia	47	147	76%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in June 2023.
2. **Target Population:** All audiologists who held a Virginia license at some point between July 2022 and June 2023.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2023.

Response Rates	
Completed Surveys	509
Response Rate, All Licensees	82%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Audiologists
Number: 619
New: 9%
Not Renewed: 9%

Survey Response Rates
All Licensees: 82%
Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2023 Audiologist Workforce:	470
FTEs:	420

Utilization Ratios

Licensees in VA Workforce:	76%
Licensees per FTE:	1.47
Workers per FTE:	1.12

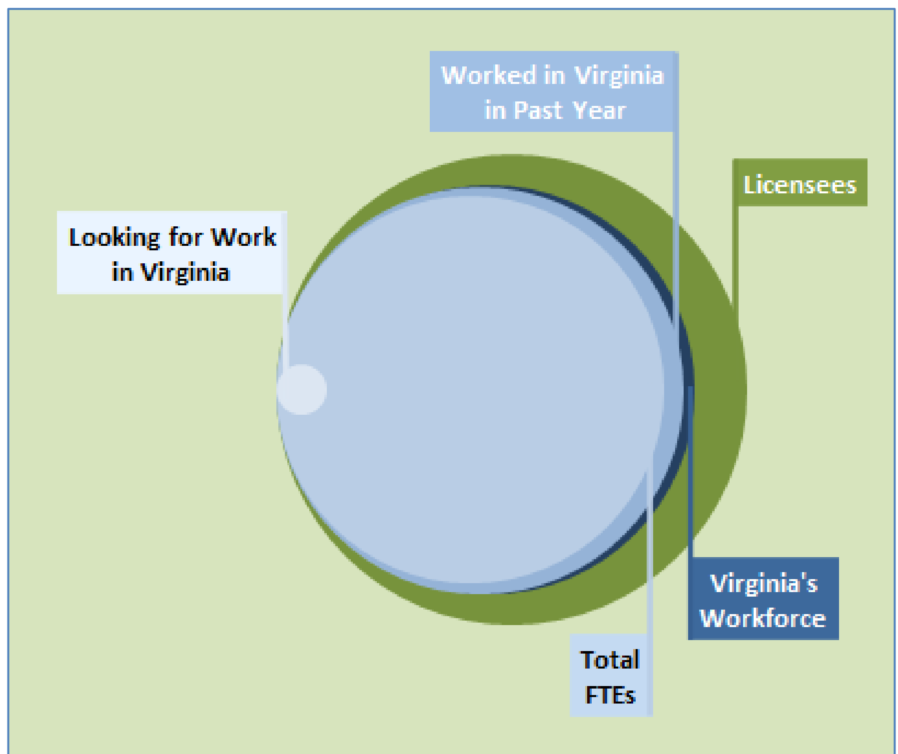
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Audiologist Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	464	99%
Looking for Work in Virginia	7	1%
Virginia's Workforce	**470**	**100%**
Total FTEs	**420**	
Licensees	**619**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	5	9%	53	91%	58	15%
30 to 34	8	12%	58	88%	66	17%
35 to 39	4	8%	40	92%	43	11%
40 to 44	3	8%	29	92%	32	8%
45 to 49	5	11%	44	89%	49	12%
50 to 54	1	3%	39	97%	40	10%
55 to 59	9	23%	29	78%	38	10%
60 and Over	15	21%	54	79%	69	17%
Total	**49**	**12%**	**347**	**88%**	**395**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 88%
% Under 40 Female: 90%

Age
Median Age: 45
% Under 40: 42%
% 55 and Over: 27%

Diversity
Diversity Index: 18%
Under 40 Div. Index: 20%

Source: Va. Healthcare Workforce Data Center

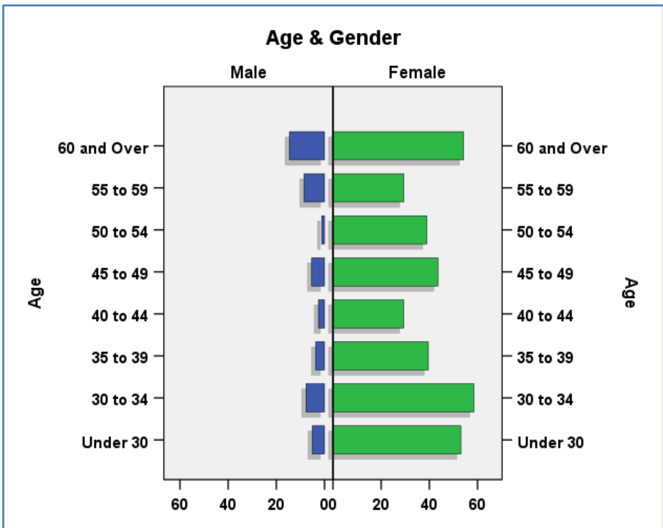
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	60%	359	90%	150	89%
Black	19%	7	2%	1	1%
Asian	7%	15	4%	8	5%
Other Race	0%	4	1%	4	2%
Two or More Races	3%	5	1%	1	1%
Hispanic	10%	8	2%	4	2%
Total	**100%**	**398**	**100%**	**168**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is a 18% chance that they would be of different races or ethnicities (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 58%.

Among all audiologists, 42% are under the age of 40, and 90% of audiologists who are under the age of 40 are female. In addition, audiologists who are under the age of 40 have a diversity index of 20%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood
Urban Childhood: 8%
Rural Childhood: 28%

Virginia Background
HS in Virginia: 37%
Prof. Education in VA: 30%
HS/Prof. Edu. in VA: 45%

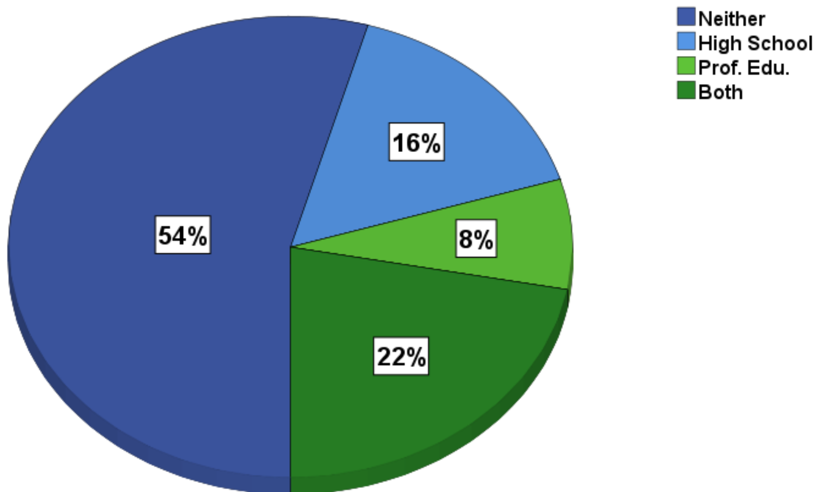
Location Choice
% Rural to Non-Metro: 11%
% Urban/Suburban to Non-Metro: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	**Description**	**Rural**	**Suburban**	**Urban**
	Metro Counties			
1	Metro, 1 Million+	22%	70%	8%
2	Metro, 250,000 to 1 Million	41%	59%	0%
3	Metro, 250,000 or Less	40%	50%	10%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	63%	0%	38%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	100%	0%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	43%	57%	0%
8	Rural, Metro Adjacent	0%	100%	0%
9	Rural, Non-Adjacent	67%	33%	0%
	Overall	**28%**	**64%**	**8%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all audiologists grew up in a self-described rural area, and 11% of audiologists who grew up in a rural area currently work in a non-metro county. In total, 5% of all audiologists currently work in a non-metro county.

Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	148	Virginia	117
2	New York	28	Tennessee	40
3	Maryland	22	Maryland	30
4	Pennsylvania	21	Washington, D.C.	25
5	West Virginia	20	Pennsylvania	20
6	Ohio	15	West Virginia	18
7	New Jersey	14	Ohio	17
8	Michigan	13	New York	17
9	Illinois	12	North Carolina	12
10	Florida	11	Illinois	11

Source: Va. Healthcare Workforce Data Center

Among all audiologists, 37% received their high school degree in Virginia, and 30% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	39	Maryland	17
2	Pennsylvania	11	Virginia	17
3	New York	10	Tennessee	15
4	New Jersey	7	Pennsylvania	8
5	Maryland	6	Illinois	6
6	Wisconsin	6	New York	6
7	Florida	6	Washington, D.C.	6
8	Illinois	5	Ohio	5
9	Tennessee	4	North Carolina	4
10	North Carolina	4	Michigan	3

Source: Va. Healthcare Workforce Data Center

Among audiologists who obtained their license in the past five years, 33% received their high school degree in Virginia, and 15% received their initial professional degree in the state.

Nearly one-fourth of licensed audiologists did not participate in Virginia's workforce in the past year. More than nine out of every ten of these audiologists worked at some point in the past year, including 85% who are currently employed as audiologists.

At a Glance:

Not in VA Workforce

Total:	149
% of Licensees:	24%
Federal/Military:	19%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

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A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
Master's Degree	61	15%
AuD	313	79%
PhD	20	5%
Other Doctorate Degree	3	1%
Total	**397**	**100%**

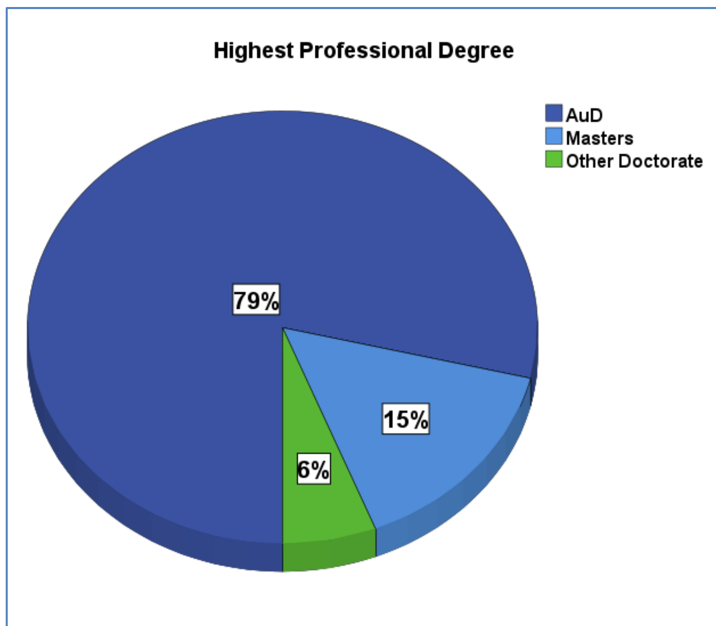
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
Doctor of Audiology (AuD): 79%
Master's Degree: 15%

Education Debt
Carry Debt: 39%
Under Age 40 w/ Debt: 67%
Median Debt: $80k-$90k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly four out of every five audiologists hold a Doctorate of Audiology (AuD) as their highest professional degree.

Nearly two out of every five audiologists currently have education debt, including 67% of those who are under the age of 40. For those with education debt, the median outstanding balance on their loans is between $80,000 and $90,000.

Education Debt				
Amount Carried	**All Audiologists**		**Audiologists Under 40**	
	#	**%**	**#**	**%**
None	211	61%	49	33%
Less than $10,000	12	3%	8	5%
$10,000-$19,999	11	3%	5	3%
$20,000-$29,999	7	2%	6	4%
$30,000-$39,999	7	2%	4	3%
$40,000-$49,999	10	3%	6	4%
$50,000-$59,999	8	2%	7	5%
$60,000-$69,999	5	1%	2	1%
$70,000-$79,999	7	2%	7	5%
$80,000-$89,999	4	1%	3	2%
$90,000-$99,999	5	1%	4	3%
$100,000 or More	58	17%	48	32%
Total	**345**	**100%**	**149**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Hearing Aids/Devices: 58%
Geriatrics: 28%
Pediatrics: 27%

Top Credentials

CCC-A Audiology: 68%
Hearing Aid Disp. License: 50%
F-AAA Fellow: 27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Self-Designated Specialties		
Specialty	**#**	**% of Workforce**
Hearing Aids/Devices	273	58%
Geriatrics	133	28%
Pediatrics	127	27%
Vestibular	86	18%
Occupational Hearing Conservation	55	12%
Cochlear Implants	54	11%
Educational	42	9%
Intraoperative Monitoring	8	2%
Other	49	10%
At Least One Specialty	**336**	**71%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	**#**	**% of Workforce**
CCC-A: Audiology	318	68%
Hearing Aid Dispenser License	235	50%
F-AAA Fellow	129	27%
ABA Certification	20	4%
CCC-SLP: Speech-Language Pathology	8	2%
PASC: Pediatric Audiology	6	1%
Other	6	1%
At Least One Credential	**381**	**81%**

Source: Va. Healthcare Workforce Data Center

Among all audiologists, 71% have at least one self-designated specialty, and 81% have at least one credential.

At a Glance:

Employment
Employed in Profession: 96%
Involuntarily Unemployed: < 1%

Positions Held
1 Full-Time: 78%
2 or More Positions: 6%

Weekly Hours:
40 to 49: 54%
60 or More: 3%
Less Than 30: 8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in an Audiologist-Related Capacity	383	96%
Employed, NOT in an Audiologist-Related Capacity	3	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	9	2%
Retired	2	1%
Total	**399**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	12	3%
One Part-Time Position	49	12%
Two Part-Time Positions	6	2%
One Full-Time Position	309	78%
One Full-Time Position & One Part-Time Position	18	5%
Two Full-Time Positions	0	0%
More than Two Positions	0	0%
Total	**394**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all audiologists, 96% are currently employed in the profession, 78% have one full-time job, and 54% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	12	3%
1 to 9 Hours	4	1%
10 to 19 Hours	10	3%
20 to 29 Hours	19	5%
30 to 39 Hours	93	24%
40 to 49 Hours	212	54%
50 to 59 Hours	28	7%
60 to 69 Hours	10	3%
70 to 79 Hours	1	0%
80 or More Hours	0	0%
Total	**389**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	1	0%
Less Than $20,000	11	4%
$20,000-$29,999	1	0%
$30,000-$39,999	6	2%
$40,000-$49,999	7	2%
$50,000-$59,999	14	4%
$60,000-$69,999	17	5%
$70,000-$79,999	59	18%
$80,000-$89,999	59	18%
$90,000-$99,999	42	13%
$100,000-$109,999	53	16%
$110,000-$119,999	11	3%
$120,000 or More	42	13%
Total	**323**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings
Median Income: $80k-$90k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 63%
Retirement: 71%

Satisfaction
Satisfied: 94%
Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	255	66%
Somewhat Satisfied	107	28%
Somewhat Dissatisfied	21	5%
Very Dissatisfied	4	1%
Total	**386**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical audiologist earns between $80,000 and $90,000 per year. In addition, 86% of wage and salaried audiologists receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Vacation	280	73%	82%
Retirement	248	65%	71%
Paid Sick Leave	230	60%	67%
Health Insurance	216	56%	63%
Dental Insurance	189	49%	56%
Group Life Insurance	124	32%	40%
Signing/Retention Bonus	28	7%	8%
At Least One Benefit	**301**	**79%**	**86%**

*From any employer at time of survey.
Source: Va. Healthcare Workforce Data Center

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A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	2	< 1%
Experience Voluntary Unemployment?	18	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	5	1%
Work Two or More Positions at the Same Time?	26	6%
Switch Employers or Practices?	40	9%
Experience At Least One?	**77**	**16%**

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia's audiologists experienced involuntary unemployment at some point over the past year. For comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

At a Glance:

Unemployment Experience
Involuntarily Unemployed: < 1%
Underemployed: 1%

Turnover & Tenure
Switched: 9%
New Location: 21%
Over 2 Years: 63%
Over 2 Yrs., 2nd Location: 52%

Employment Type
Salary/Commission: 72%
Hourly Wage: 14%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	7	2%	4	5%
Less than 6 Months	20	5%	7	9%
6 Months to 1 Year	47	12%	5	6%
1 to 2 Years	68	18%	22	27%
3 to 5 Years	70	18%	8	10%
6 to 10 Years	71	18%	14	17%
More than 10 Years	101	26%	20	25%
Subtotal	**384**	**100%**	**81**	**100%**
Did Not Have Location	7		386	
Item Missing	80		3	
Total	**470**		**470**	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of audiologists have worked at their primary work location for more than two years.

More than seven out of every ten audiologists receive a salary or commission at their primary work location.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	199	72%
Hourly Wage	39	14%
By Contract/Per Diem	10	4%
Business/Practice Income	27	10%
Unpaid	0	0%
Subtotal	**275**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for May 2023 was still preliminary, and the unemployment rate for June 2023 had not yet been released.

At a Glance:

Concentration
Top Region: 34%
Top 3 Regions: 76%
Lowest Region: 1%

Locations
2 or More (Past Year): 21%
2 or More (Now*): 19%

Source: Va. Healthcare Workforce Data Center

More than three out of every four audiologists in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	7	2%	12	3%
1	300	77%	303	78%
2	62	16%	54	14%
3	17	4%	15	4%
4	2	1%	2	1%
5	2	1%	2	1%
6 or More	1	0%	1	0%
Total	**391**	**100%**	**389**	**100%**

*At the time of survey completion, June 2023.

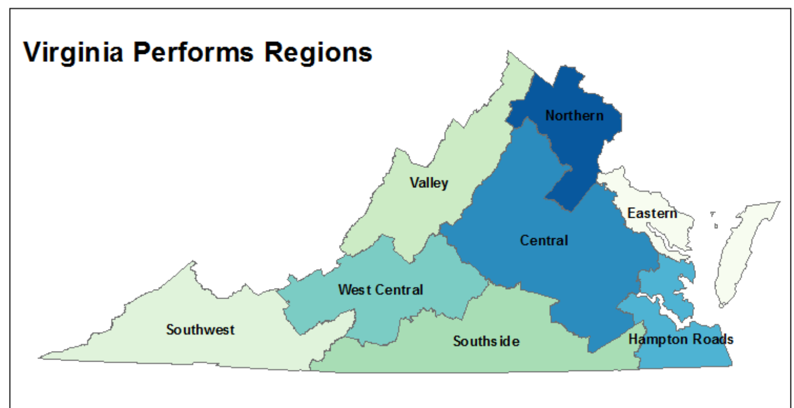
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	91	24%	14	17%
Eastern	4	1%	0	0%
Hampton Roads	72	19%	16	19%
Northern	129	34%	27	33%
Southside	9	2%	0	0%
Southwest	15	4%	2	2%
Valley	29	8%	6	7%
West Central	27	7%	6	7%
Virginia Border State/D.C.	6	2%	4	5%
Other U.S. State	3	1%	7	8%
Outside of the U.S.	0	0%	1	1%
Total	**385**	**100%**	**83**	**100%**
Item Missing	80		2	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all audiologists, 19% currently have multiple work locations, while 21% have had multiple work location over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	232	66%	59	77%
Non-Profit	59	17%	14	18%
State/Local Government	29	8%	1	1%
Veterans Administration	21	6%	1	1%
U.S. Military	9	3%	2	3%
Other Federal Gov't	2	1%	0	0%
Total	**352**	**100%**	**77**	**100%**
Did Not Have Location	7		386	
Item Missing	110		8	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

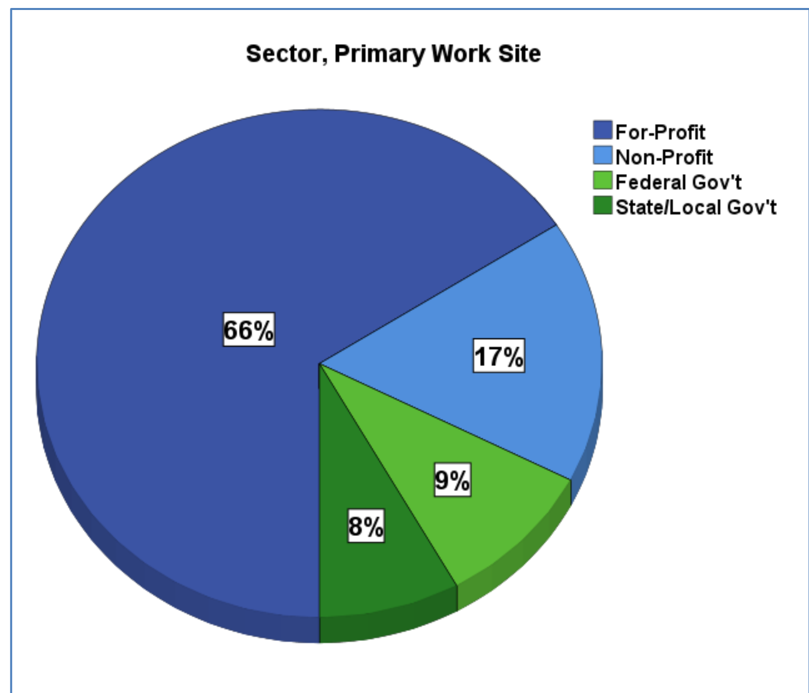
Sector
For Profit: 66%
Federal: 9%

Top Establishments
Private Practice (Group): 24%
Physician Office: 20%
Hospital (Outpatient): 18%

Payment Method
Cash/Self-Pay: 61%
Private Insurance: 60%

Source: Va. Healthcare Workforce Data Center

More than four out of every five audiologists work in the private sector, including 66% who work at for-profit establishments. Another 9% of Virginia's audiologists work for the federal government.



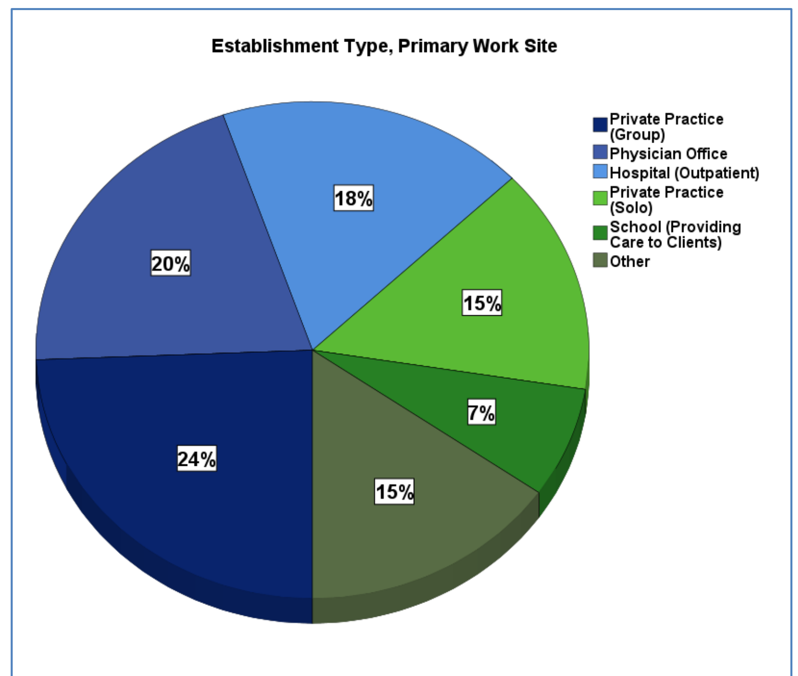
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	**Primary Location**		**Secondary Location**	
	#	**%**	**#**	**%**
Private Practice (Group)	86	24%	24	33%
Physician Office	72	20%	15	21%
Hospital (Outpatient)	64	18%	14	19%
Private Practice (Solo)	52	15%	9	12%
School (Providing Care to Clients)	25	7%	1	1%
Community-Based Clinic or Health Center	13	4%	1	1%
Academic Institution (Teaching Health Professions Students or Research)	8	2%	4	5%
Hospital (Inpatient)	4	1%	0	0%
Administrative/Business Organization	3	1%	0	0%
Outpatient Surgical Center	1	0%	1	1%
Residential Facility/Group Home	1	0%	0	0%
Rehabilitation Facility	0	0%	1	1%
Other	23	7%	3	4%
Total	**352**	**100%**	**73**	**100%**
Did Not Have a Location	7		386	

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three audiologists work at group private practices, physicians' offices, or the outpatient department of hospitals.

Among those audiologists who also have a secondary work location, nearly three-fourths work in group private practices, physicians' offices, or the outpatient department of hospitals. Cash or self-pay is the most commonly accepted form of payment among Virginia's audiologists.



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment Type	**#**	**% of Workforce**
Cash or Self-Pay	286	61%
Private Insurance	280	60%
Medicare	254	54%
Medicaid	192	41%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish: 27%
Korean: 14%
Arabic: 13%

Means of Communication

Virtual Translation: 49%
Other Staff Member: 39%
Onsite Translation: 32%

Source: Va. Healthcare Workforce Data Center

Among all audiologists, 27% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	125	27%
Korean	65	14%
Arabic	61	13%
French	59	13%
Persian	57	12%
Hindi	56	12%
Chinese	54	11%
Tagalog/Filipino	54	11%
Urdu	53	11%
Vietnamese	53	11%
Pashto	50	11%
Amharic, Somali, or Other Afro-Asiatic Languages	46	10%
Others	45	10%
At Least One Language	**142**	**30%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	#	% of Workforce with Language Services
Virtual Translation Service	69	49%
Other Staff Member is Proficient	56	39%
Onsite Translation Service	46	32%
Respondent is Proficient	28	20%
Other	9	6%

Source: Va. Healthcare Workforce Data Center

Nearly half of all audiologists who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

P073

At a Glance:
(Primary Locations)

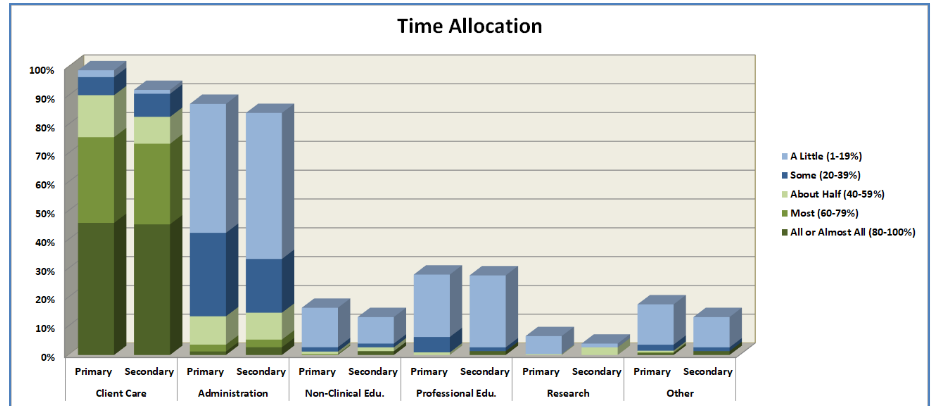
Typical Time Allocation
Client Care: 70%-79%
Administration: 10%-19%

Roles
Client Care: 75%
Administration: 4%

Client Care Audiologists
Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Audiologists spends approximately three-quarters of their time in client care activities. In fact, 75% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.

Time Allocation												
Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	46%	45%	1%	3%	0%	1%	0%	1%	0%	0%	1%	1%
Most (60-79%)	30%	28%	2%	3%	0%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	15%	9%	10%	9%	1%	1%	1%	0%	0%	3%	1%	0%
Some (20-39%)	6%	8%	29%	18%	1%	1%	5%	1%	0%	0%	2%	1%
A Little (1-19%)	2%	1%	45%	50%	14%	9%	22%	25%	6%	1%	14%	11%
None (0%)	1%	8%	13%	16%	83%	87%	72%	72%	93%	96%	82%	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Patient Totals
(Median)
Primary Location: 30-39
Secondary Location: 10-19
Total: 30-39

% with Group Sessions
Primary Location: 7%
Secondary Location: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Weekly Patients Totals						
Number of Patients	Primary Work Location		Secondary Work Location		Total[2]	
	#	%	#	%	#	%
None	15	4%	13	16%	14	4%
1-9	35	10%	15	19%	30	8%
10-19	35	10%	22	28%	30	8%
20-29	58	17%	10	13%	49	14%
30-39	78	22%	8	10%	71	20%
40-49	53	15%	4	5%	57	16%
50-59	41	12%	2	3%	40	11%
60-69	19	5%	2	3%	26	7%
70-79	4	1%	2	3%	11	3%
80 or More	13	4%	2	3%	26	7%
Total	**351**	**100%**	**80**	**100%**	**354**	**100%**

Source: Va. Healthcare Workforce Data Center

Audiologists typically treat between 30 and 39 patients per week at their primary work location. In addition, audiologists who also have a secondary work location treat an additional 10 to 19 patients per week.

Weekly Patient Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	13	4%	325	93%	11	14%	76	97%
1-9	39	11%	19	5%	15	19%	0	0%
10-19	40	11%	0	0%	22	28%	0	0%
20-29	59	17%	0	0%	10	13%	0	0%
30-39	78	22%	1	0%	8	10%	1	1%
40-49	54	15%	3	1%	4	5%	0	0%
50-59	39	11%	0	0%	2	3%	0	0%
60-69	15	4%	0	0%	2	3%	0	0%
70-79	3	1%	0	0%	2	3%	0	0%
80 or More	10	3%	0	0%	2	3%	0	0%
Total	**350**	**100%**	**348**	**100%**	**78**	**100%**	**78**	**100%**

Source: Va. Healthcare Workforce Data Center

[2] This column estimates the total number of patients treated per week across both primary and secondary work locations.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	5	2%	-	-
50 to 54	9	3%	1	1%
55 to 59	31	9%	4	3%
60 to 64	106	32%	37	32%
65 to 69	113	34%	42	36%
70 to 74	40	12%	19	16%
75 to 79	8	2%	4	3%
80 or Over	1	0%	1	1%
I Do Not Intend to Retire	17	5%	8	7%
Total	**330**	**100%**	**116**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations
All Audiologists
Under 65: 46%
Under 60: 14%
Audiologists 50 and Over
Under 65: 36%
Under 60: 4%

Time Until Retirement
Within 2 Years: 5%
Within 10 Years: 22%
Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

Nearly half of all audiologists expect to retire by the age of 65. Among those audiologists who are age 50 or over, 36% expect to retire by the age of 65.

Within the next two years, 4% of audiologists expect to increase their client care hours. In addition, 3% of audiologists also expect to pursue additional educational opportunities.

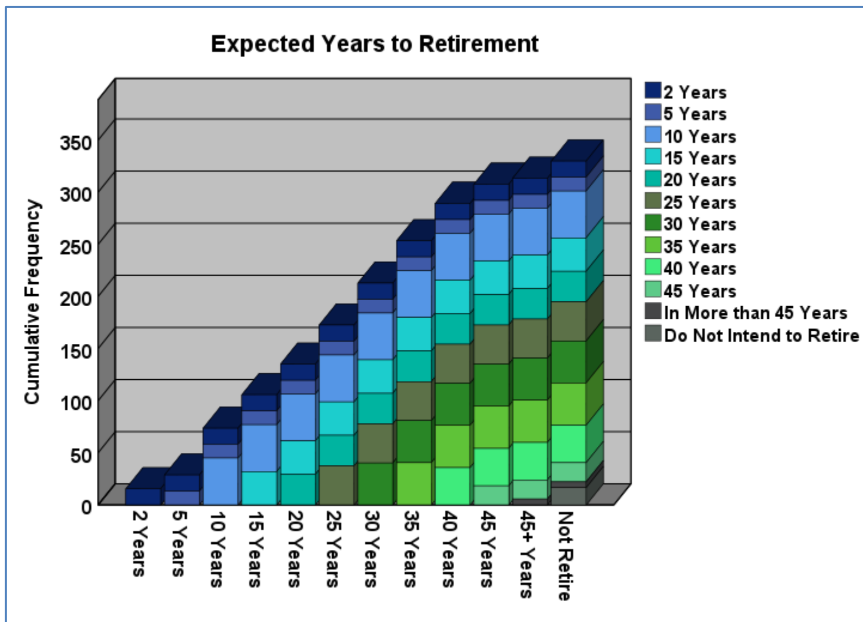
Future Plans		
Two-Year Plans:	**#**	**%**
Decrease Participation		
Leave Profession	14	3%
Leave Virginia	11	2%
Decrease Client Care Hours	21	4%
Decrease Teaching Hours	2	0%
Increase Participation		
Increase Client Care Hours	17	4%
Increase Teaching Hours	9	2%
Pursue Additional Education	14	3%
Return to Virginia's Workforce	2	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 5% of audiologists expect to retire in the next two years, while 22% plan to retire in the next ten years. Half of the current audiology workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	16	5%	5%
5 Years	13	4%	9%
10 Years	45	14%	22%
15 Years	32	10%	32%
20 Years	29	9%	41%
25 Years	37	11%	52%
30 Years	40	12%	64%
35 Years	41	12%	77%
40 Years	36	11%	88%
45 Years	18	5%	93%
50 Years	6	2%	95%
55 Years	0	0%	95%
In More than 55 Years	0	0%	95%
Do Not Intend to Retire	17	5%	100%
Total	**330**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years starting in 2033. Retirement will peak at 14% of the current workforce around the same time before declining to under 10% of the current workforce again around 2068.

At a Glance:

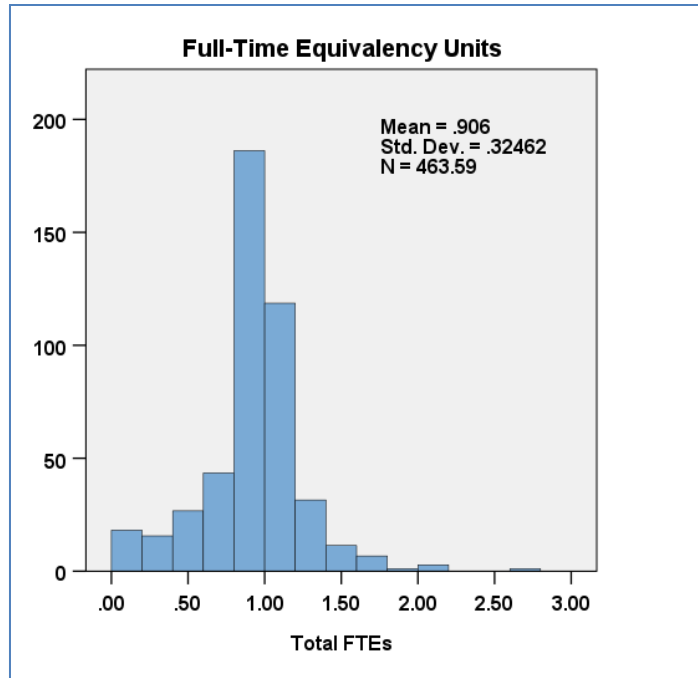
FTEs
Total: 420
FTEs/1,000 Residents[3]: 0.049
Average: 0.91

Age & Gender Effect
Age, *Partial Eta²*: Small
Gender, *Partial Eta²*: Small

Partial Eta² Explained:
Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

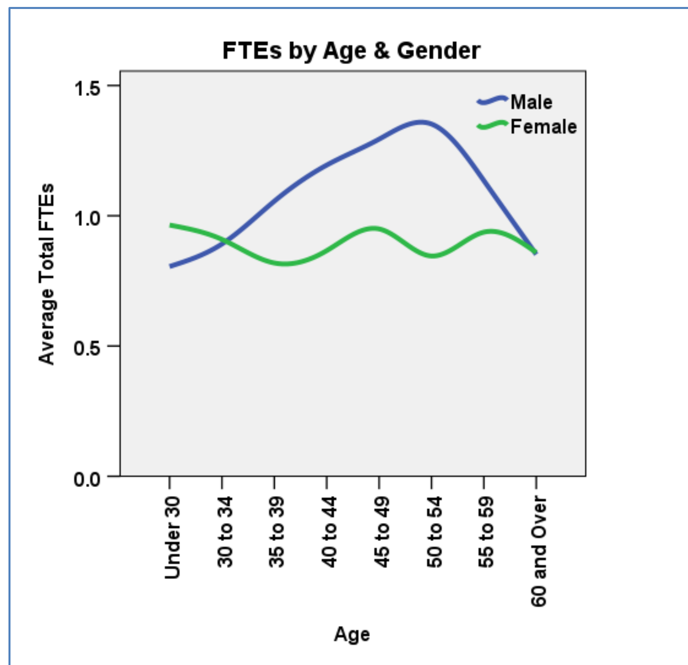


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.91 FTEs in the past year, or about 36 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists[4].

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	0.95	0.96
30 to 34	0.90	0.92
35 to 39	0.84	0.89
40 to 44	0.89	0.96
45 to 49	0.95	0.91
50 to 54	0.93	0.99
55 to 59	0.99	0.95
60 and Over	0.85	0.81
Gender		
Male	0.99	0.96
Female	0.90	0.95

Source: Va. Healthcare Workforce Data Center

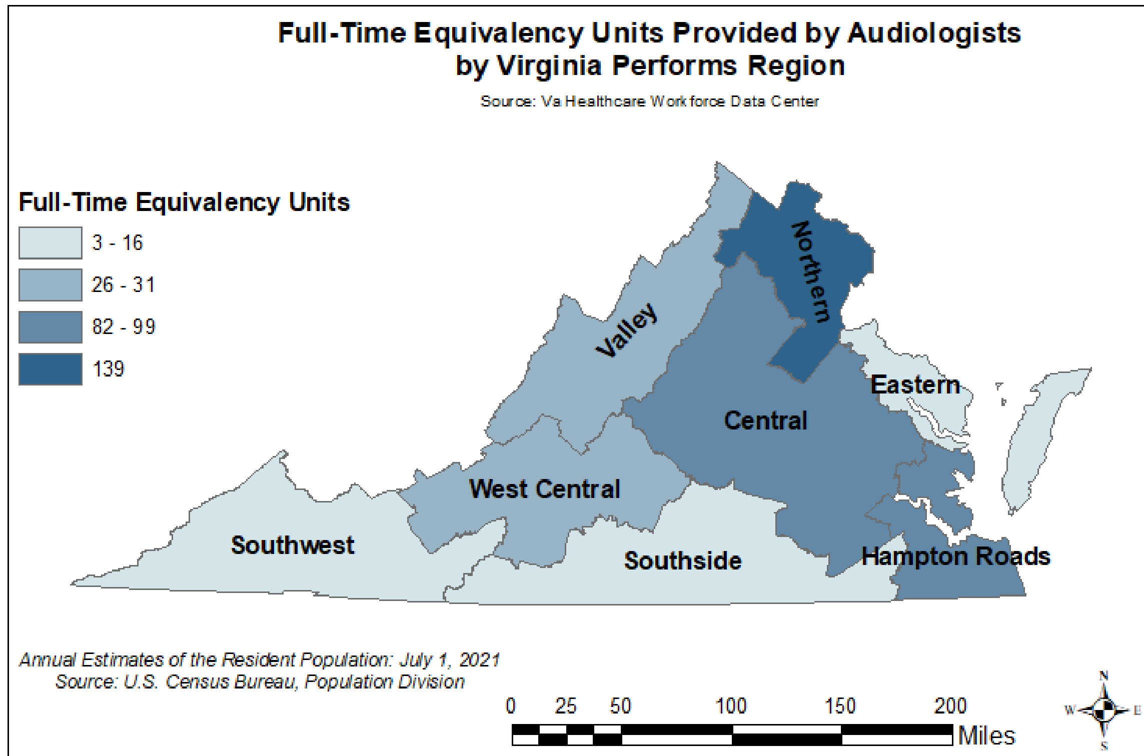


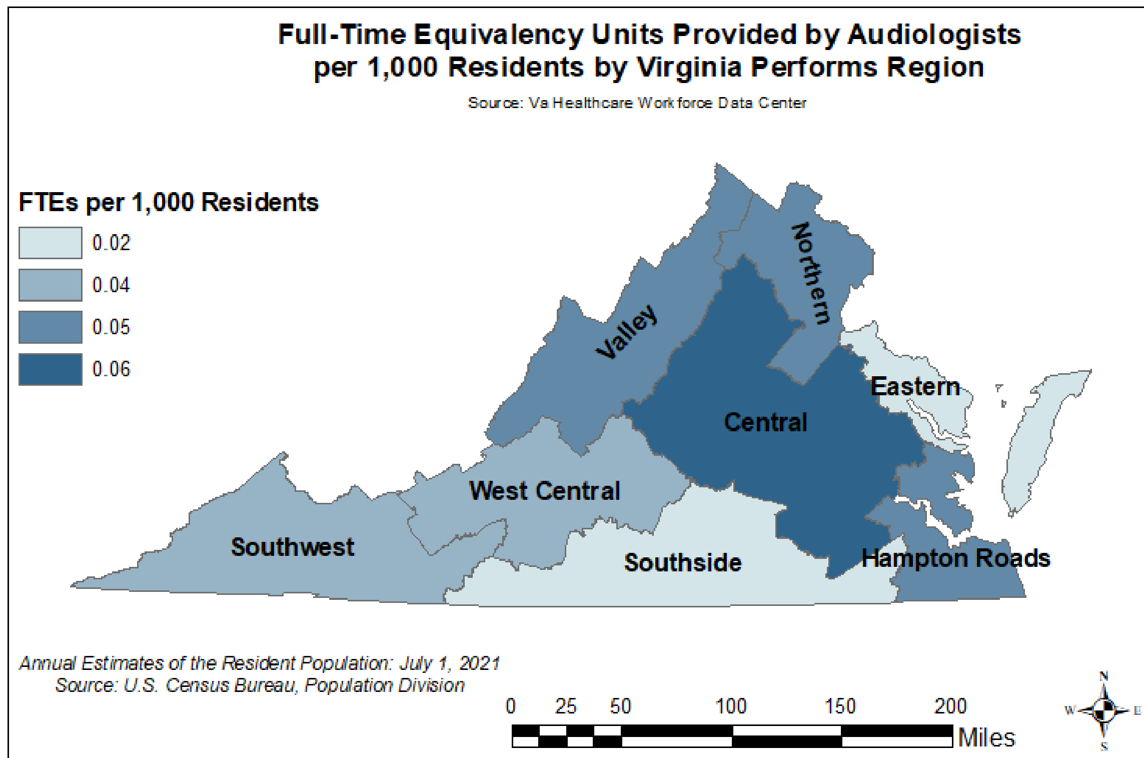
Source: Va. Healthcare Workforce Data Center

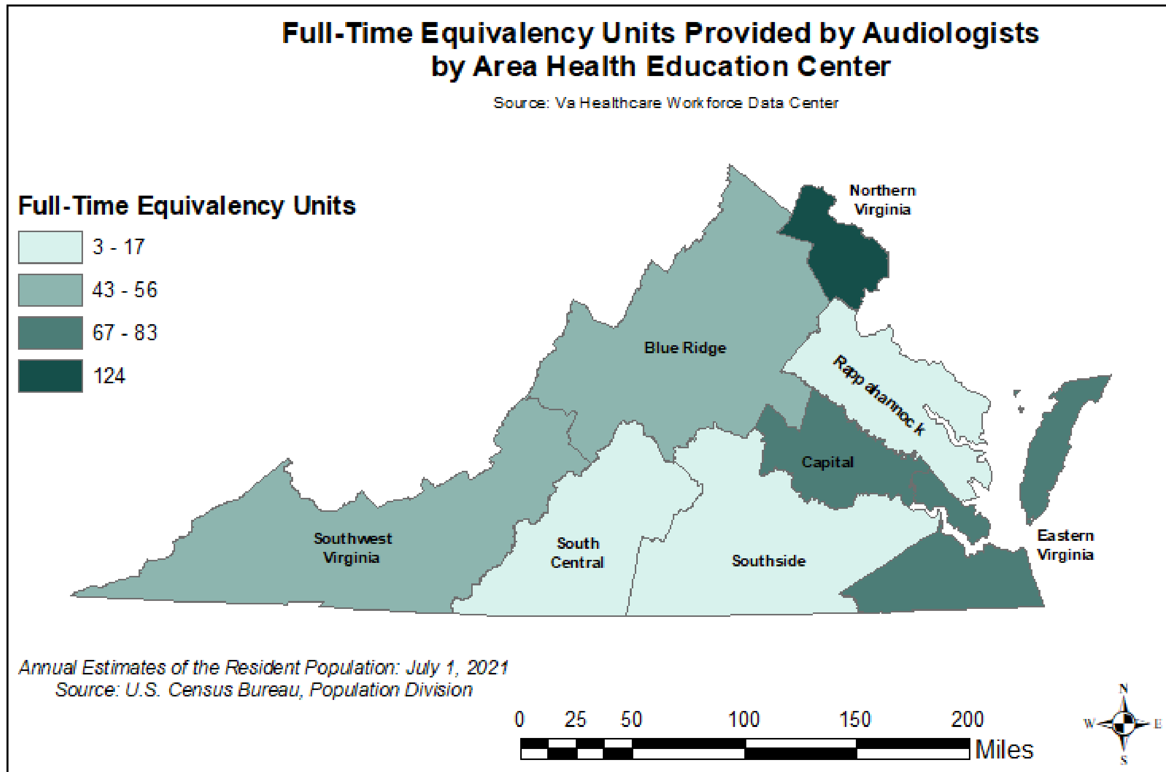
[3] Number of residents in 2021 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

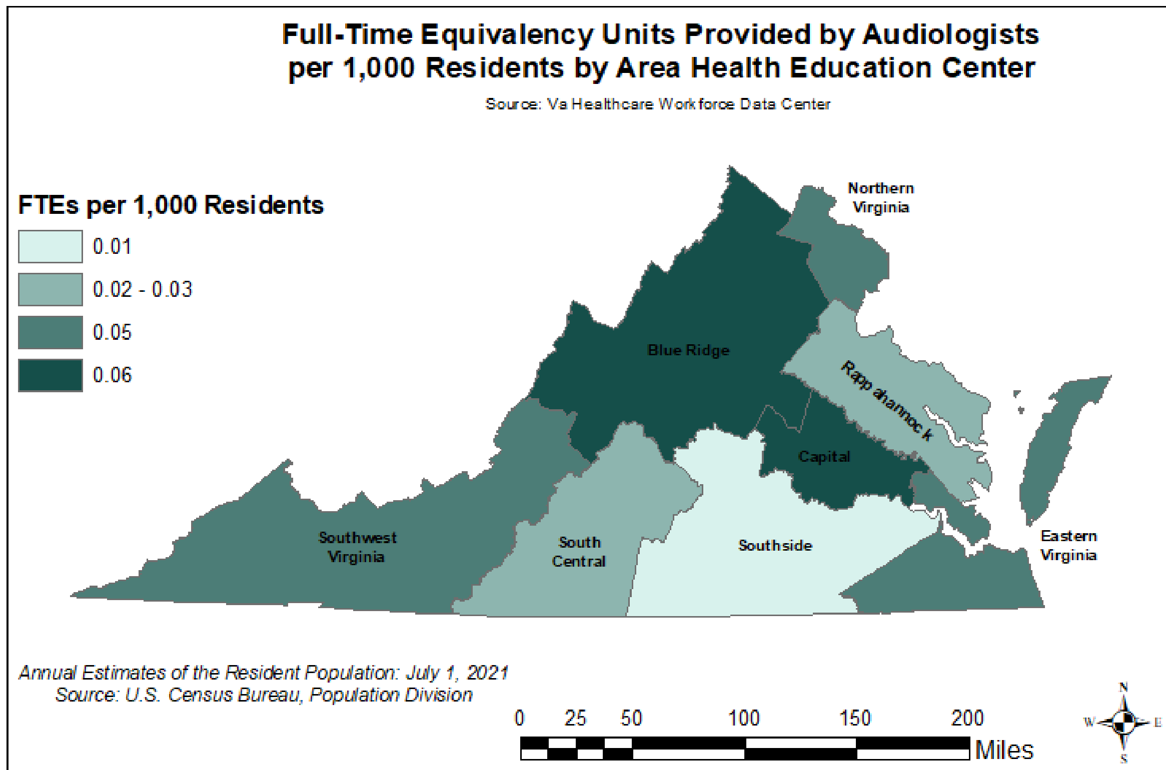
Maps

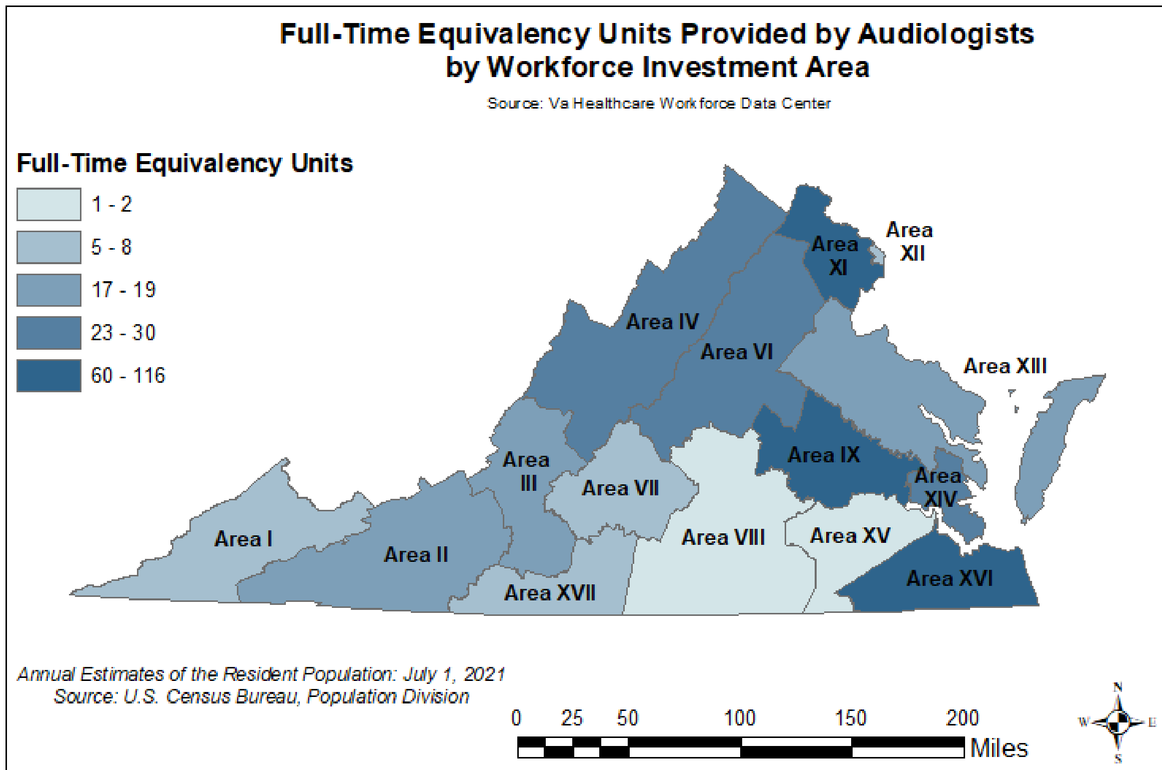
Virginia Performs Regions

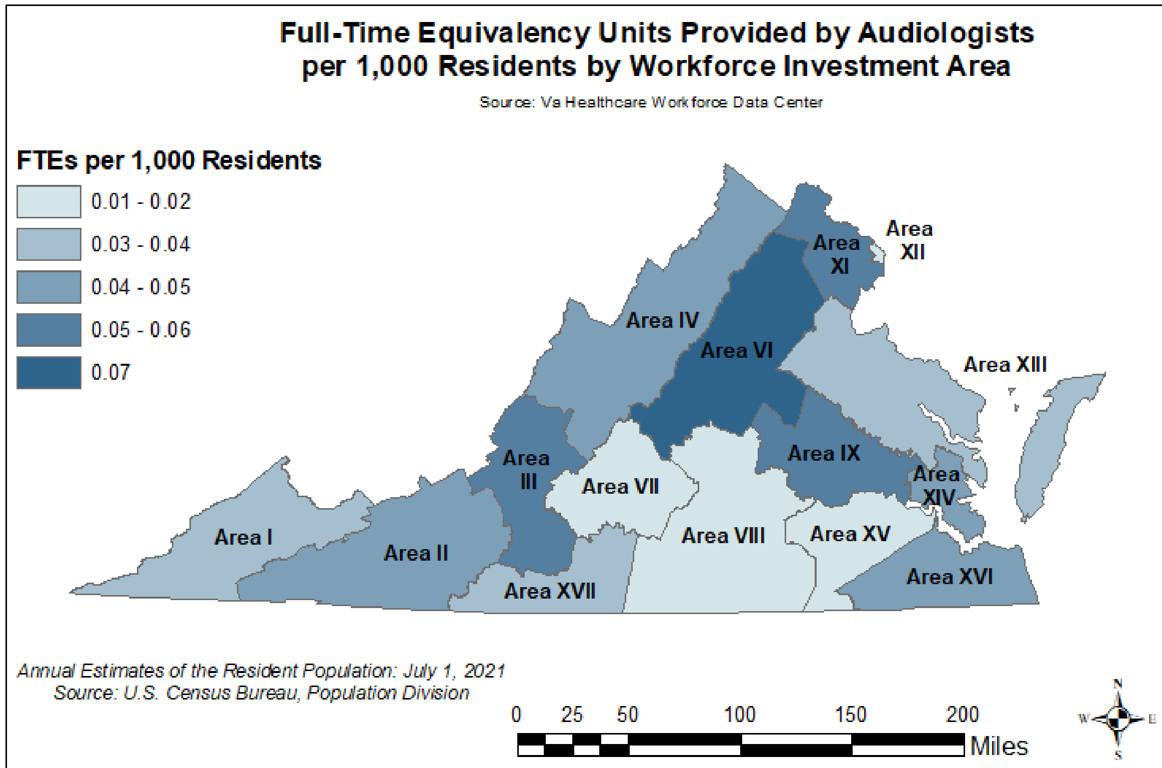


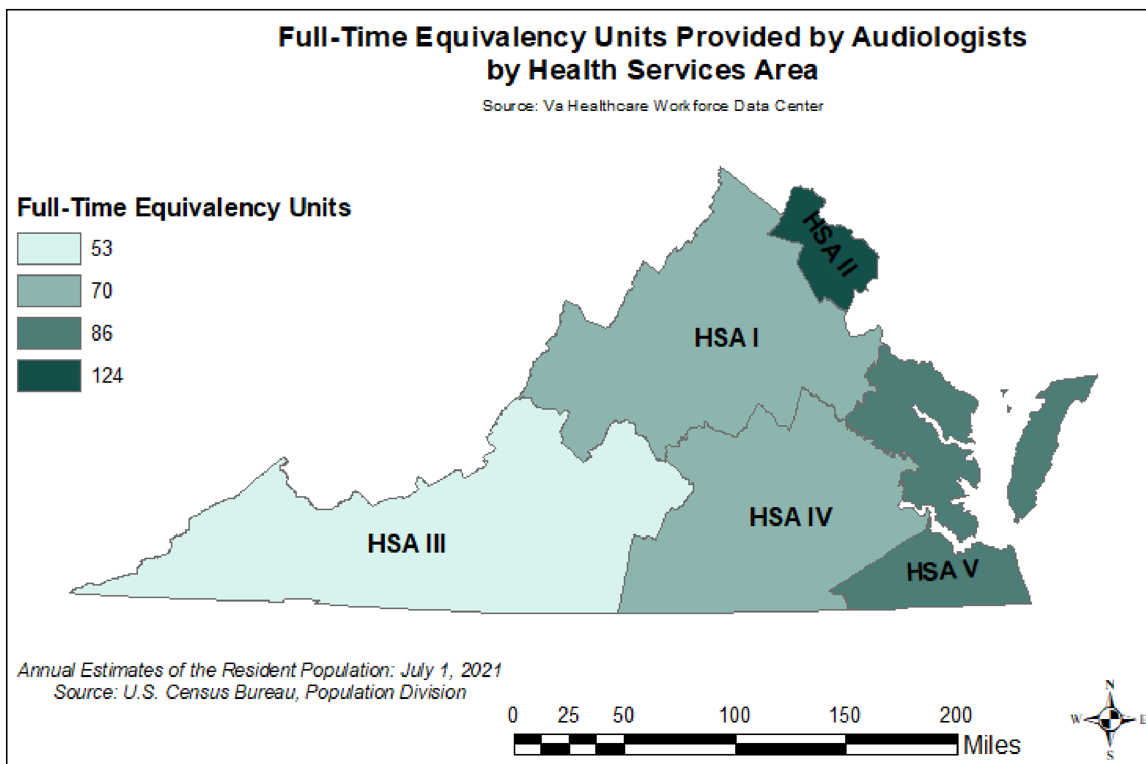


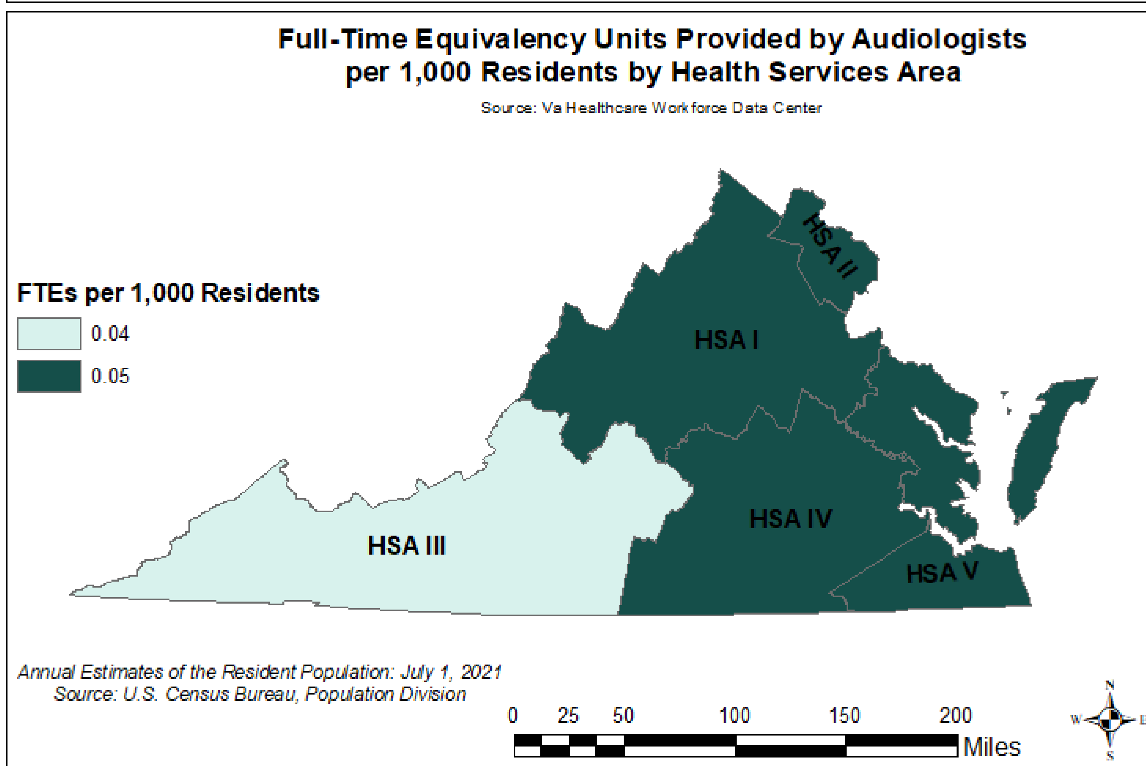

Full-Time Equivalency Units Provided by Audiologists
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
3 - 17
43 - 56
67 - 83
124
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

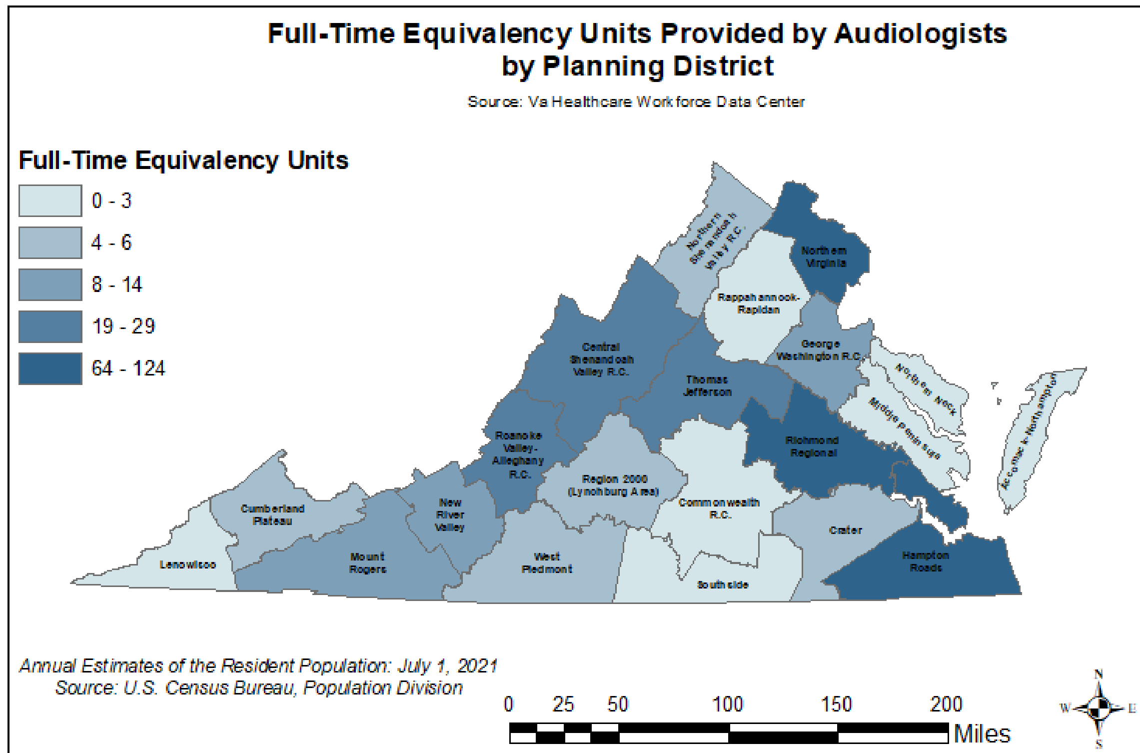

Full-Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01
0.02 - 0.03
0.05
0.06
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Audiologists
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1 - 2
5 - 8
17 - 19
23 - 30
60 - 116
Area XI
Area XII
Area IV
Area VI
Area XIII
Area III
Area VII
Area IX
Area XIV
Area I
Area II
Area VIII
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01 - 0.02
0.03 - 0.04
0.04 - 0.05
0.05 - 0.06
0.07
Area XI
Area XII
Area IV
Area VI
Area XIII
Area III
Area VII
Area IX
Area XIV
Area I
Area II
Area VIII
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Audiologists
by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
53
70
86
124
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04
0.05
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Audiologists
by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
0 - 3
4 - 6
8 - 14
19 - 29
64 - 124
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Central Shenandoah Valley R.C.
Thomas Jefferson
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Hampton Roads
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Lenowisco
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
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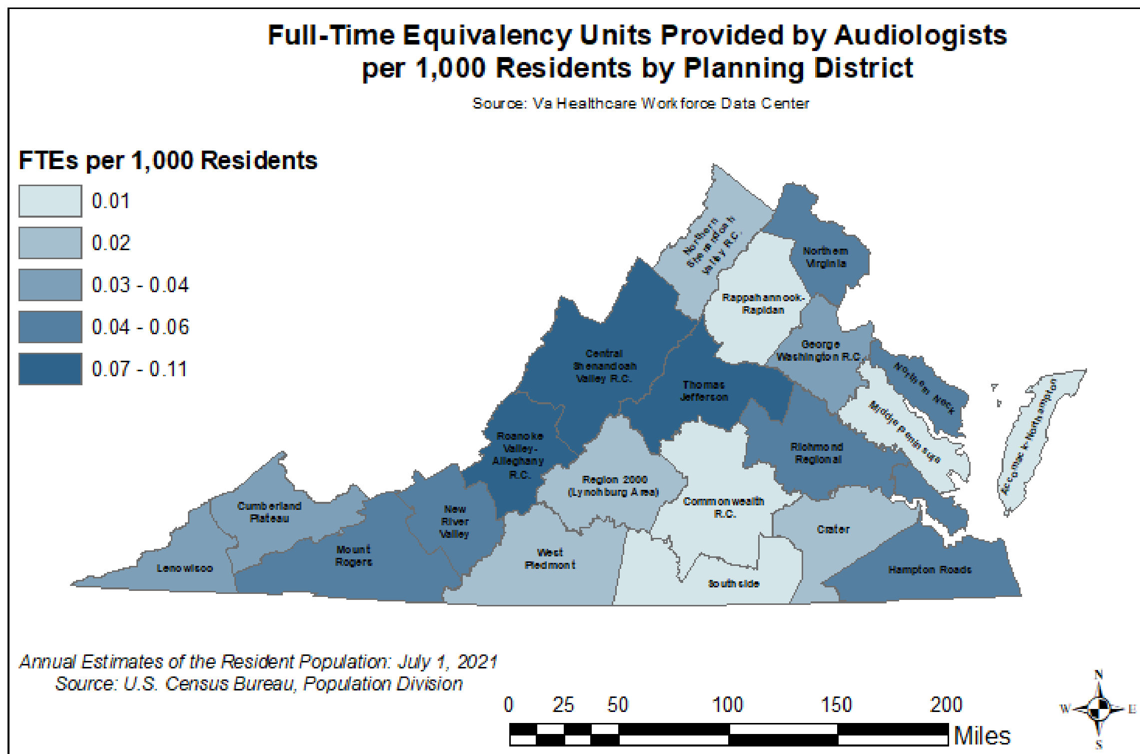
Full-Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01
0.02
0.03 - 0.04
0.04 - 0.06
0.07 - 0.11
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
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Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	297	86.20%	1.160	1.044	1.652
Metro, 250,000 to 1 Million	34	85.29%	1.172	1.055	1.669
Metro, 250,000 or Less	61	83.61%	1.196	1.077	1.703
Urban, Pop. 20,000+, Metro Adj.	8	37.50%	2.667	2.534	2.539
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	10	80.00%	1.250	1.125	1.298
Urban, Pop. 2,500-19,999, Non-Adj.	7	100.00%	1.000	0.900	0.922
Rural, Metro Adj.	4	100.00%	1.000	0.900	0.952
Rural, Non-Adj.	4	100.00%	1.000	0.900	1.039
Virginia Border State/D.C.	109	78.90%	1.267	1.141	1.805
Other U.S. State	85	71.76%	1.393	1.254	1.984

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	71	57.75%	1.732	1.652	1.984
30 to 34	96	79.17%	1.263	1.039	1.447
35 to 39	68	80.88%	1.236	1.017	1.417
40 to 44	66	86.36%	1.158	0.952	2.539
45 to 49	81	91.36%	1.095	0.900	1.254
50 to 54	65	83.08%	1.204	1.148	1.379
55 to 59	52	86.54%	1.156	1.102	2.534
60 and Over	120	89.17%	1.121	0.922	1.285

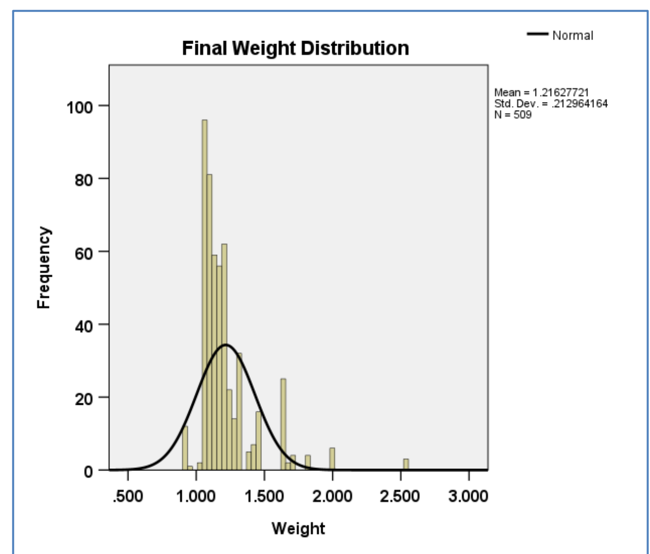
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight

Overall Response Rate: **0.822294**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Speech-Language Pathology Workforce: 2023

Healthcare Workforce Data Center

July 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 4,400 Speech-Language Pathologists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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Executive Director

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The Speech-Language Pathology Workforce At a Glance:

The Workforce	
Licensees:	5,173
Virginia's Workforce:	4,326
FTEs:	3,299

Survey Response Rate	
All Licensees:	86%
Renewing Practitioners:	98%

Demographics	
Female:	97%
Diversity Index:	28%
Median Age:	41

Background	
Rural Childhood:	29%
HS Degree in VA:	46%
Prof. Degree in VA:	47%

Education	
Masters:	98%
Doctorate:	2%

Finances	
Median Income:	$60k-$70k
Health Insurance:	62%
Under 40 w/ Ed. Debt:	57%

Current Employment	
Employed in Prof.:	93%
Hold 1 Full-Time Job:	59%
Satisfied?:	93%

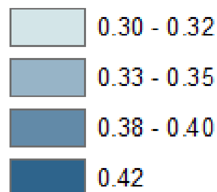
Job Turnover	
Switched Jobs:	7%
Employed Over 2 Yrs.:	62%

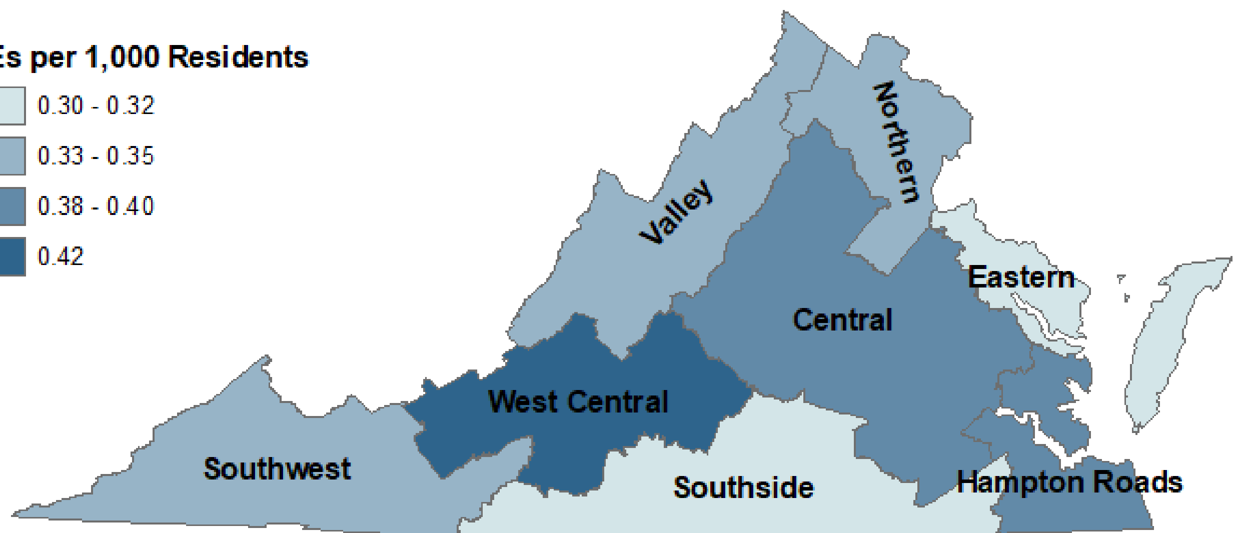
Time Allocation	
Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	72%

Source: Va. Healthcare Workforce Data Center

Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center





Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division

P089

Results in Brief

This report contains the results of the 2023 Speech-Language Pathology (SLP) Workforce Survey. More than 4,400 SLPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for SLPs. These survey respondents represent 86% of the 5,173 SLPs who are licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 4,326 SLPs participated in Virginia's workforce during the survey period, which is defined as those SLPs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. Over the past year, Virginia's SLP workforce provided 3,299 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The vast majority of SLPs are female, who constitute 97% of the SLP workforce. The median age of the SLP workforce is 41. In a random encounter between two SLPs, there is a 28% chance that they would be of different races or ethnicities, a measure known as the diversity index. This is well below the comparable diversity index of 58% for Virginia's population as a whole. Nearly 30% of all SLPs grew up in a rural area, and 22% of SLPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 10% of all SLPs work in a non-metro area of the state.

Among all SLPs, 93% are currently employed in the profession, 59% hold one full-time job, and 44% work between 40 and 49 hours per week. More than three out of every five SLPs work in the private sector, including 41% who work at a for-profit organization, while another 38% of SLPs work for a state or local government. The median annual income of Virginia's SLP workforce is between $60,000 and $70,000. In addition, 80% of wage and salaried SLPs receive at least one employer-sponsored benefit, including 62% who have access to health insurance. More than nine out of every ten SLPs are satisfied with their current work situation, including 51% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics are compared to the 2013 SLP workforce. The number of licensed SLPs in Virginia has increased by 49% (5,173 vs. 3,468). In addition, the size of Virginia's SLP workforce has increased by 45% (4,326 vs. 2,993), and the number of FTEs provided by this workforce has increased by 40% (3,299 vs. 2,358). Virginia's renewing SLPs are more likely to respond to this survey (98% vs. 85%).

Virginia's SLP workforce has become more diverse (28% vs. 24%), following a similar trend as the state's overall population (58% vs. 54%). SLPs are less likely to have grown up in a rural area (29% vs. 31%), but SLPs who grew up in a rural area are slightly more likely to work in a non-metro area of the state (22% vs. 21%). The percentage of all SLPs who carry education debt has fallen (39% vs. 40%). Among SLPs who are under the age of 40, the percentage holding education debt has fallen even further (57% vs. 66%). However, the median outstanding balance among those SLPs with education debt has increased ($50k-$60k vs. $30k-$40k).

SLPs are more likely to hold one-full time job (59% vs. 55%) instead of two or more positions simultaneously (19% vs. 21%). SLP employment has shifted away from the for-profit sector (41% vs. 45%) in favor of state and local governments (38% vs. 34%). With respect to establishment types, schools that provide care to clients are employing a greater share of Virginia's SLP workforce (40% vs. 33%), and this shift has mainly come at the expense of employment in skilled nursing facilities (7% vs. 15%). The typical SLP has seen their median patient workload increase at their primary work location (30-39 vs. 20-29). In addition, the percentage of SLPs who hold group sessions at their primary work location has increased as well (49% vs. 42%).

The median annual income of Virginia's SLP workforce has increased ($60k-$70k vs. $50k-$60k), and SLPs are more likely to receive this income in the form of a salary (53% vs. 46%) instead of an hourly wage (34% vs. 40%). The percentage of SLPs who indicated that they are satisfied with their current employment situation has fallen (93% vs. 95%). This decline is even greater among those SLPs who indicated that they were "very satisfied" with their current employment situation (51% vs. 60%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,334	84%
New Licensees	444	9%
Non-Renewals	395	8%
All Licensees	**5,173**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing SLPs, 98% submitted a survey. These represent 86% of the 5,173 SLPs who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted in June 2023.
2. **Target Population:** All SLPs who held a Virginia license at some point between July 2022 and June 2023.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	168	499	75%
30 to 34	133	755	85%
35 to 39	107	698	87%
40 to 44	76	576	88%
45 to 49	59	551	90%
50 to 54	40	512	93%
55 to 59	43	306	88%
60 and Over	100	550	85%
Total	**726**	**4,447**	**86%**
New Licenses			
Issued in Past Year	264	180	41%
Metro Status			
Non-Metro	39	324	89%
Metro	361	3,190	90%
Not in Virginia	326	933	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,447
Response Rate, All Licensees	86%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed SLPs
Number: 5,173
New: 9%
Not Renewed: 8%

Survey Response Rates
All Licensees: 86%
Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

SLP Workforce:	4,326
FTEs:	3,299

Utilization Ratios

Licensees in VA Workforce:	84%
Licensees per FTE:	1.57
Workers per FTE:	1.31

Source: Va. Healthcare Workforce Data Center

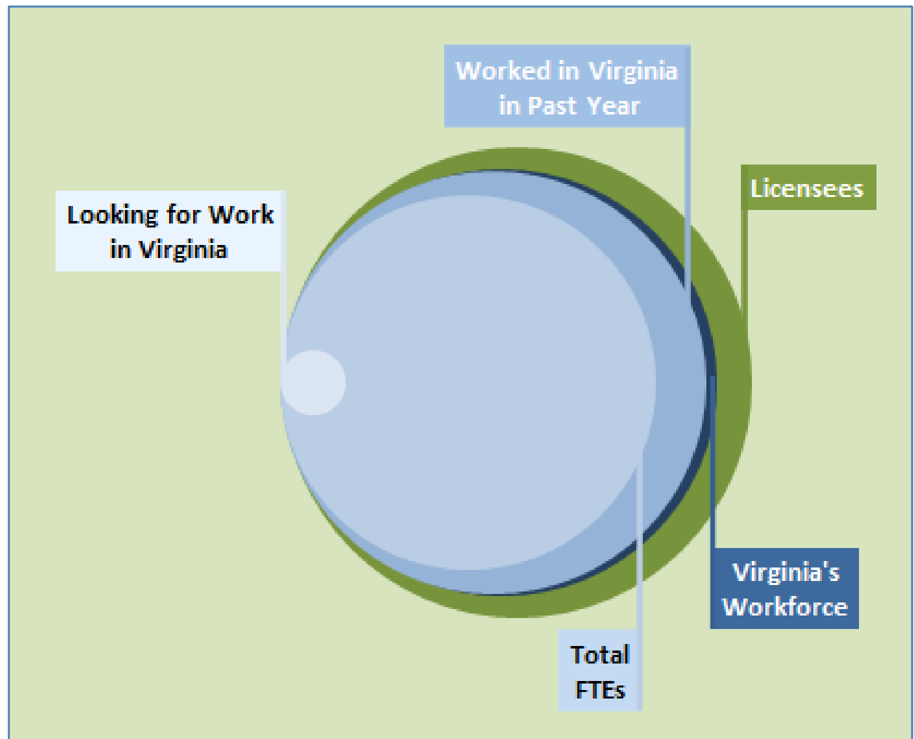
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's SLP Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	4,231	98%
Looking for Work in Virginia	96	2%
Virginia's Workforce	**4,326**	**100%**
Total FTEs	**3,299**	
Licensees	**5,173**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

P092

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	6	1%	544	99%	550	15%
30 to 34	23	4%	638	97%	661	18%
35 to 39	13	2%	568	98%	580	16%
40 to 44	8	2%	426	98%	434	12%
45 to 49	13	3%	404	97%	417	11%
50 to 54	5	1%	383	99%	388	11%
55 to 59	8	3%	247	97%	255	7%
60 and Over	19	5%	367	95%	385	10%
Total	**95**	**3%**	**3,576**	**97%**	**3,671**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	60%	3,105	85%	1,512	84%
Black	19%	242	7%	110	6%
Asian	7%	92	3%	51	3%
Other Race	0%	27	1%	10	1%
Two or More Races	3%	71	2%	40	2%
Hispanic	10%	129	4%	67	4%
Total	**100%**	**3,666**	**100%**	**1,790**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 97%
% Under 40 Female: 98%

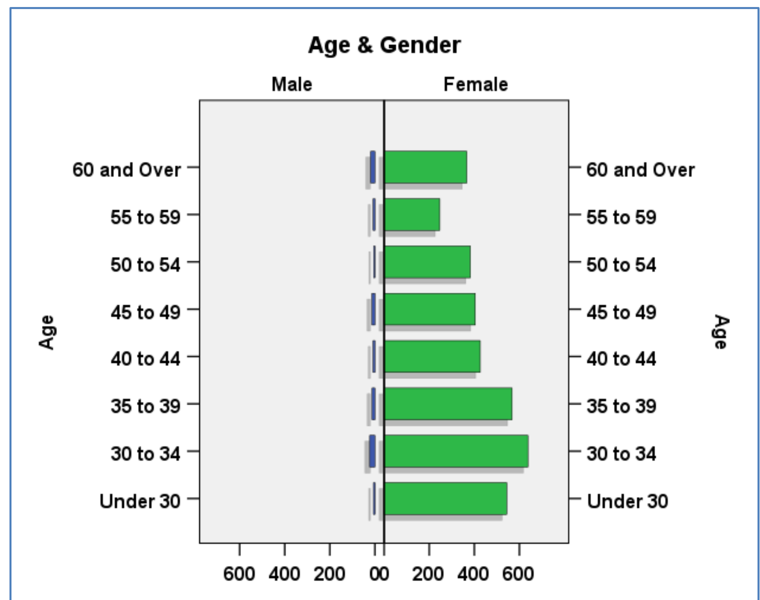
Age
Median Age: 41
% Under 40: 49%
% 55 and Over: 17%

Diversity
Diversity Index: 28%
Under 40 Div. Index: 28%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two SLPs, there is a 28% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 58%.

Nearly one-half of SLPs are under the age of 40, and 98% of SLPs who are under the age of 40 are female. In addition, the diversity index among SLPs who are under the age of 40 is 28%.



Source: Va. Healthcare Workforce Data Center

P093

At a Glance:

Childhood

Urban Childhood: 7%
Rural Childhood: 29%

Virginia Background

HS in Virginia: 46%
Prof. Education in VA: 47%
HS/Prof. Edu. in VA: 56%

Location Choice

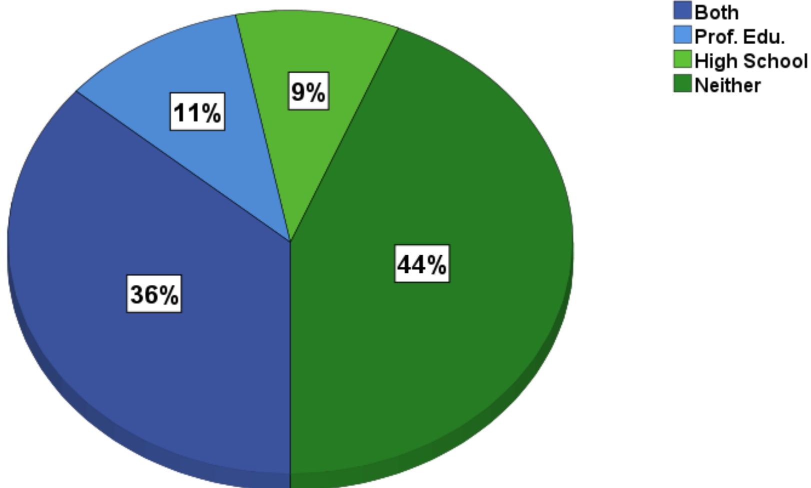
% Rural to Non-Metro: 22%
% Urban/Suburban to Non-Metro: 4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	**Description**	**Rural**	**Suburban**	**Urban**
	Metro Counties			
1	Metro, 1 Million+	20%	72%	8%
2	Metro, 250,000 to 1 Million	48%	48%	5%
3	Metro, 250,000 or Less	37%	58%	6%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	62%	33%	5%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	66%	31%	3%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	77%	19%	4%
8	Rural, Metro Adjacent	67%	33%	0%
9	Rural, Non-Adjacent	60%	40%	0%
	Overall	**29%**	**64%**	**7%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten SLPs grew up in a self-described rural area, and 22% of SLPs who grew up in a rural area currently work in a non-metro county. In total, 10% of all SLPs currently work in a non-metro county.

Top Ten States for Speech-Language Pathologist Recruitment

Rank	All Speech-Language Pathologists			
	High School	#	Professional School	#
1	Virginia	1,660	Virginia	1,696
2	Pennsylvania	264	New York	226
3	New York	260	Washington, D.C.	215
4	Maryland	153	Pennsylvania	179
5	New Jersey	153	North Carolina	154
6	North Carolina	114	Tennessee	128
7	Florida	98	Florida	115
8	West Virginia	75	Maryland	109
9	Ohio	70	Ohio	73
10	Illinois	67	Massachusetts	66

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 46% received their high school degree in Virginia, and 47% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	425	Virginia	431
2	Pennsylvania	107	New York	83
3	New York	71	Washington, D.C.	76
4	New Jersey	61	Pennsylvania	66
5	Maryland	42	North Carolina	46
6	Florida	38	Florida	42
7	North Carolina	37	Maryland	36
8	Illinois	30	Tennessee	28
9	Ohio	27	Texas	27
10	California	26	Massachusetts	26

Source: Va. Healthcare Workforce Data Center

Among SLPs licensed in the past five years, 39% received their high school degree in Virginia, and 39% also received their initial professional degree in the state.

Among all licensed SLPs, 16% did not participate in Virginia's workforce in the past year. Nearly nine out of every ten of these professionals worked at some point in the past year, including 79% who currently work as SLPs.

At a Glance:

Not in VA Workforce

Total:	848
% of Licensees:	16%
Federal/Military:	2%
VA Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
Master's Degree	3,502	98%
Doctorate - SLP	52	1%
Other Doctorate	24	1%
Total	**3,577**	**100%**

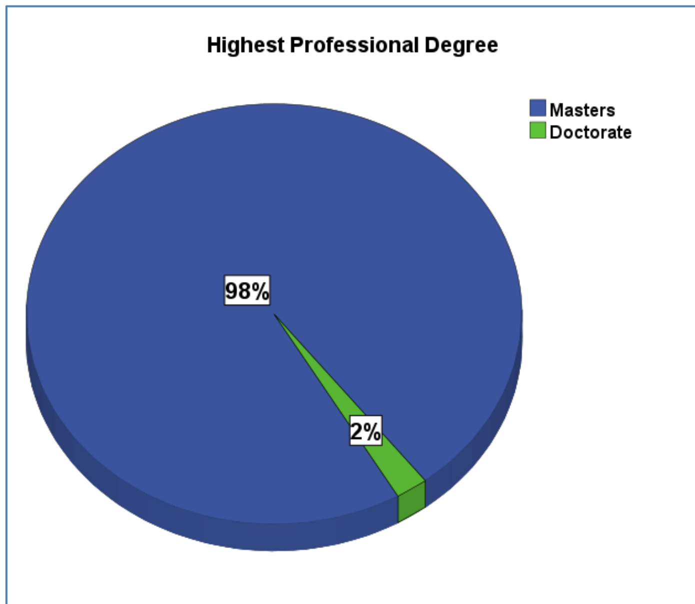
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
Masters: 98%
Doctorate: 2%

Education Debt
Carry Debt: 39%
Under Age 40 w/ Debt: 57%
Median Debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly all SLPs hold a master's degree as their highest professional degree.

Nearly 40% of all SLPs carry education debt, including 57% of those SLPs who are under the age of 40. For those SLPs with education debt, the median outstanding balance is between $50,000 and $60,000.

Education Debt				
Amount Carried	**All SLPs**		**SLPs Under 40**	
	#	**%**	**#**	**%**
None	1,925	61%	657	43%
Less than $10,000	140	4%	78	5%
$10,000-$19,999	113	4%	67	4%
$20,000-$29,999	124	4%	81	5%
$30,000-$39,999	92	3%	64	4%
$40,000-$49,999	99	3%	68	4%
$50,000-$59,999	100	3%	71	5%
$60,000-$69,999	76	2%	68	4%
$70,000-$79,999	102	3%	83	5%
$80,000-$89,999	83	3%	66	4%
$90,000-$99,999	65	2%	53	3%
$100,000 or More	233	7%	178	12%
Total	**3,154**	**100%**	**1,534**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Child Language:	27%
School/Pediatrics:	27%
Swallowing Disorders:	23%

Top Credentials

CCC-SLP:	74%
VitalStim Certified:	8%
DOE Endorsement:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Self-Designated Specialties		
Specialty	**#**	**% of Workforce**
Child Language	1,162	27%
School/Pediatrics	1,161	27%
Swallowing & Swallowing Disorders	1,011	23%
Autism	988	23%
Child/Infant	716	17%
Geriatrics	599	14%
Medical	565	13%
Brain Injury	414	10%
Fluency Disorders	326	8%
Voice	278	6%
Deaf and Hard of Hearing	169	4%
Other	356	8%
At Least One Specialization	**2,642**	**61%**

Source: Va. Healthcare Workforce Data Center

More than three out of every five SLPs hold at least one self-designated specialty, including 27% who have a specialization in child language.

Credentials		
Credential	**#**	**% of Workforce**
CCC-SLP: Speech-Language Pathology	3,219	74%
VitalStim Certified	334	8%
DOE Endorsement	47	1%
CBIS: Certified Brain Injury Specialist	44	1%
CF-SLP: Fellowship	14	0%
BRS-S: Swallowing	8	0%
CCC-A: Audiology	7	0%
BRS-CL: Child Language	7	0%
BRS-FD: Fluency Disorders	5	0%
Other	162	4%
At Least One Credential	**3,294**	**76%**

Source: Va. Healthcare Workforce Data Center

More than three out of every four SLPs hold at least one credential, including 74% who hold a CCC-SLP credential.

At a Glance:

Employment
Employed in Profession: 93%
Involuntarily Unemployed: < 1%

Positions Held
1 Full-Time: 59%
2 or More Positions: 19%

Weekly Hours
40 to 49: 44%
60 or More: 2%
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	2	< 1%
Employed in a SLP-Related Capacity	3,374	93%
Employed, NOT in a SLP-Related Capacity	110	3%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	< 1%
Voluntarily Unemployed	107	3%
Retired	30	1%
Total	**3,627**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 93% are currently employed in the profession, 59% have one full-time job, and 44% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	140	4%
One Part-Time Position	621	17%
Two Part-Time Positions	191	5%
One Full-Time Position	2,132	59%
One Full-Time Position & One Part-Time Position	408	11%
Two Full-Time Positions	7	0%
More than Two Positions	85	2%
Total	**3,584**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	140	4%
1 to 9 Hours	114	3%
10 to 19 Hours	216	6%
20 to 29 Hours	334	9%
30 to 39 Hours	879	25%
40 to 49 Hours	1,538	44%
50 to 59 Hours	231	7%
60 to 69 Hours	55	2%
70 to 79 Hours	18	1%
80 or More Hours	7	0%
Total	**3,532**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	27	1%
Less than $20,000	153	5%
$20,000-$29,999	101	3%
$30,000-$39,999	116	4%
$40,000-$49,999	195	7%
$50,000-$59,999	391	13%
$60,000-$69,999	565	19%
$70,000-$79,999	487	17%
$80,000-$89,999	368	13%
$90,000-$99,999	242	8%
$100,000-$109,999	161	6%
$110,000-$119,999	63	2%
$120,000 or More	83	3%
Total	**2,953**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings
Median Income: $60k-$70k

Benefits
Health Insurance: 62%
Retirement: 68%

Satisfaction
Satisfied: 93%
Very Satisfied: 51%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	1,785	51%
Somewhat Satisfied	1,479	42%
Somewhat Dissatisfied	188	5%
Very Dissatisfied	51	2%
Total	**3,503**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical SLP earns between $60,000 and $70,000 per year. In addition, 80% of wage and salaried SLPs receive at least one employer-sponsored benefit, including 62% who have access to a health insurance plan.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	2,053	61%	68%
Health Insurance	1,903	56%	62%
Paid Sick Leave	1,838	54%	60%
Paid Vacation	1,815	54%	60%
Dental Insurance	1,804	53%	59%
Group Life Insurance	1,116	33%	38%
Signing/Retention Bonus	240	7%	9%
At Least One Benefit	**2,454**	**73%**	**80%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	14	< 1%
Experience Voluntary Unemployment?	210	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	97	2%
Work Two or More Positions at the Same Time?	793	18%
Switch Employers or Practices?	305	7%
Experience at Least One?	**1,174**	**27%**

Source: Va. Healthcare Workforce Data Center

Among all SLPs in Virginia, less than 1% experienced involuntary unemployment at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

At a Glance:

Unemployment Experience
Involuntarily Unemployed: < 1%
Underemployed: 2%

Turnover & Tenure
Switched: 7%
New Location: 23%
Over 2 Years: 62%
Over 2 Yrs., 2nd Location: 41%

Employment Type
Salary/Commission: 53%
Hourly Wage: 34%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	59	2%	53	7%
Less than 6 Months	158	5%	107	15%
6 Months to 1 Year	395	12%	129	18%
1 to 2 Years	678	20%	145	20%
3 to 5 Years	775	23%	141	19%
6 to 10 Years	557	16%	76	10%
More than 10 Years	780	23%	79	11%
Subtotal	**3,401**	**100%**	**729**	**100%**
Did Not Have Location	123		3,574	
Item Missing	801		23	
Total	**4,326**		**4,326**	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all SLPs have worked at their primary work location for more than two years.

More than half of SLPs receive a salary or work on commission at their primary work location, while 34% of SLPs receive an hourly wage.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	1,185	53%
Hourly Wage	773	34%
By Contract/Per Diem	199	9%
Business/Practice Income	79	4%
Unpaid	11	0%
Subtotal	**2,247**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for May 2023 was still preliminary, and the unemployment rate for June 2023 had not yet been released.

At a Glance:

Concentration
Top Region: 33%
Top 3 Regions: 74%
Lowest Region: 2%

Locations
2 or More (Past Year): 22%
2 or More (Now*): 19%

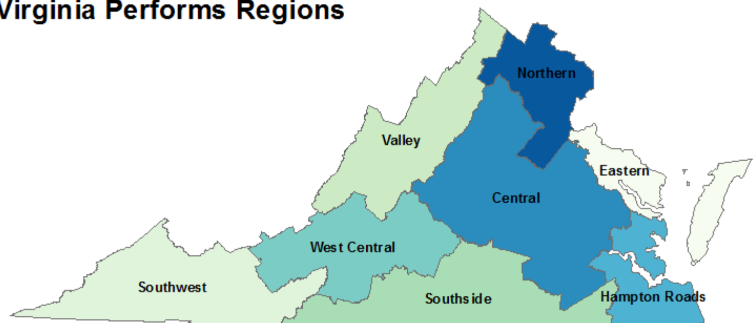
Source: Va. Healthcare Workforce Data Center

Nearly three out of every four SLPs work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	740	22%	142	19%
Eastern	53	2%	7	1%
Hampton Roads	652	19%	121	16%
Northern	1,140	33%	232	31%
Southside	116	3%	21	3%
Southwest	146	4%	36	5%
Valley	178	5%	29	4%
West Central	316	9%	54	7%
Virginia Border State/D.C.	24	1%	36	5%
Other U.S. State	35	1%	61	8%
Outside of the U.S.	3	0%	2	0%
Total	**3,403**	**100%**	**741**	**100%**
Item Missing	800		9	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	96	3%	140	4%
1	2,646	76%	2,676	77%
2	524	15%	480	14%
3	171	5%	164	5%
4	25	1%	14	0%
5	8	0%	2	0%
6 or More	23	1%	16	0%
Total	**3,493**	**100%**	**3,492**	**100%**

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 19% currently have multiple work locations, while 22% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,310	41%	516	73%
Non-Profit	665	21%	108	15%
State/Local Government	1,210	38%	74	10%
Veterans Administration	14	0%	0	0%
U.S. Military	9	0%	0	0%
Other Federal Gov't	13	0%	8	1%
Total	**3,221**	**100%**	**706**	**100%**
Did Not Have Location	123		3,574	
Item Missing	981		45	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

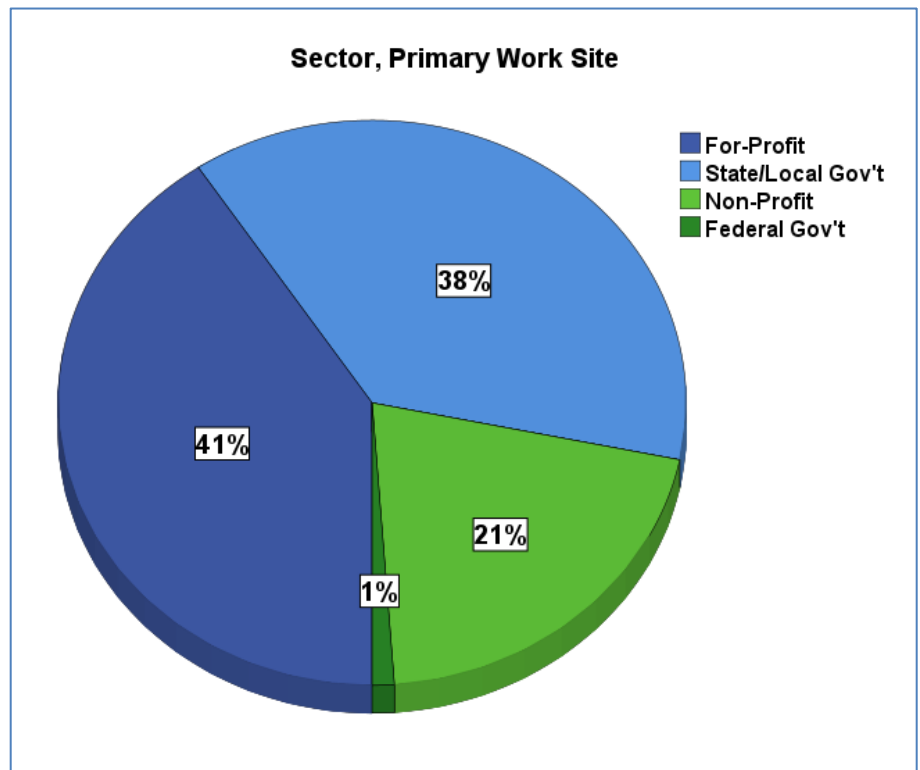
Sector
For-Profit: 41%
Federal: 1%

Top Establishments
School (Providing Care To Clients): 40%
Private Practice, Group: 11%
Hospital, Inpatient: 8%

Payment Method
Cash/Self-Pay: 30%
Medicaid: 28%

Source: Va. Healthcare Workforce Data Center

More than 60% of all SLPs work in the private sector, including 41% who work in the for-profit sector. Another 38% of SLPs work in a state or local government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,266	40%	65	10%
Private Practice, Group	355	11%	112	16%
Hospital, Inpatient Department	268	8%	88	13%
Skilled Nursing Facility	216	7%	101	15%
Hospital, Outpatient Department	213	7%	33	5%
Private Practice, Solo	185	6%	79	12%
Home Health Care	179	6%	63	9%
Rehabilitation Facility	112	4%	38	6%
Academic Institution (Teaching Health Professions Students or Research)	74	2%	19	3%
Community-Based Clinic or Health Center	64	2%	18	3%
Residential Facility/Group Home	32	1%	15	2%
Administrative/Business Organization	20	1%	4	1%
Physician Office	7	0%	1	0%
Child Day Care	3	0%	1	0%
Outpatient Surgical Center	3	0%	0	0%
Other	185	6%	44	6%
Total	**3,182**	**100%**	**681**	**100%**
Did Not Have a Location	123		3,574	

Source: Va. Healthcare Workforce Data Center

Schools that provide care to clients employ 40% of all SLPs in Virginia. Another 11% of SLPs work at group private practices.

Three out of every ten SLPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's SLP workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,316	30%
Medicaid	1,194	28%
Private Insurance	1,110	26%
Medicare	780	18%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish: 20%
Arabic: 9%
Chinese: 8%

Means of Communication

Virtual Translation: 60%
Onsite Translation: 43%
Other Staff Member: 34%

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 20% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	874	20%
Arabic	368	9%
Chinese	331	8%
French	329	8%
Korean	321	7%
Vietnamese	309	7%
Hindi	301	7%
Tagalog/Filipino	290	7%
Urdu	286	7%
Amharic, Somali, or Other Afro-Asiatic Languages	247	6%
Persian	234	5%
Pashto	221	5%
Others	187	4%
At Least One Language	**965**	**22%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	#	% of Workforce with Language Services
Virtual Translation Service	576	60%
Onsite Translation Service	419	43%
Other Staff Member is Proficient	330	34%
Respondent is Proficient	175	18%
Other	26	3%

Source: Va. Healthcare Workforce Data Center

Three out of every five SLPs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:

Supervision

% Supervisor: 6%

% Additional Supervision by Other SLPs: 63%

Supervisee Count

One: 78%

Two: 16%

Three or More: 4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Supervision of SLP Assistants		
Supervisor?	**#**	**%**
Yes	204	6%
No	3,047	94%
Total	**3,251**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 6% supervise SLP assistants at their primary work location.

Among SLPs who supervise SLP assistants at their primary work location, nearly four out of every five supervise one SLP assistant.

Number of SLP Assistants Supervised		
Count	**#**	**%**
Zero	4	2%
One	148	78%
Two	30	16%
Three	6	3%
Four or More	2	1%
Total	**190**	**100%**

Source: Va. Healthcare Workforce Data Center

Supervision of SLP Assistants by Other SLPs		
Additional Supervision?	**#**	**%**
Yes	124	63%
No	68	34%
Unknown	6	3%
Total	**198**	**100%**

Source: Va. Healthcare Workforce Data Center

Among SLPs who supervise SLP assistants at their primary work location, nearly two out of three supervise SLP assistants who are also supervised by other SLPs.

At a Glance:
(Primary Locations)

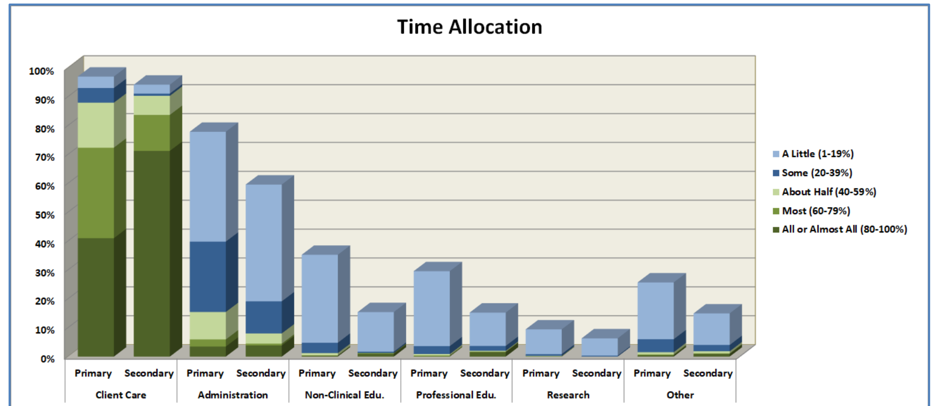
Typical Time Allocation
Client Care: 70%-79%
Administration: 10%-19%

Roles
Client Care: 72%
Administration: 6%
Other: 1%

Client Care SLPs
Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, SLPs spend approximately three-quarters of their time treating patients. In fact, 72% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.

Time Allocation												
Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	41%	71%	3%	4%	0%	1%	0%	2%	0%	0%	0%	1%
Most (60-79%)	31%	12%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	16%	7%	10%	4%	1%	0%	1%	0%	0%	0%	1%	1%
Some (20-39%)	5%	1%	24%	11%	4%	0%	3%	2%	1%	0%	4%	2%
A Little (1-19%)	4%	3%	38%	40%	30%	14%	26%	12%	9%	6%	20%	11%
None (0%)	3%	6%	22%	40%	65%	85%	70%	85%	91%	94%	74%	85%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Patient Totals
(Median)
Primary Location: 30-39
Secondary Location: 1-9
Total: 40-49

% with Group Sessions
Primary Location: 49%
Secondary Location: 15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Weekly Patient Totals						
Number of Patients	Primary Work Location		Secondary Work Location		Total[2]	
	#	%	#	%	#	%
None	174	5%	51	7%	149	5%
1-9	377	12%	397	56%	299	9%
10-19	396	12%	104	15%	365	11%
20-29	407	12%	58	8%	409	13%
30-39	363	11%	33	5%	360	11%
40-49	251	8%	24	3%	276	8%
50-59	299	9%	19	3%	317	10%
60-69	162	5%	5	1%	184	6%
70-79	75	2%	3	0%	84	3%
80 or More	757	23%	21	3%	818	25%
Total	**3,261**	**100%**	**715**	**100%**	**3,261**	**100%**

Source: Va. Healthcare Workforce Data Center

SLPs typically treat approximately 30 to 39 patients per week at their primary work location. In addition, SLPs who also have a secondary work location treat an additional 1 to 9 patients per week.

Weekly Patient Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	180	6%	1,651	51%	54	8%	597	84%
1-9	1,049	32%	561	17%	456	64%	86	12%
10-19	772	24%	379	12%	115	16%	12	2%
20-29	507	16%	345	11%	29	4%	5	1%
30-39	329	10%	171	5%	26	4%	2	0%
40-49	190	6%	72	2%	14	2%	2	0%
50-59	115	4%	34	1%	7	1%	2	0%
60-69	46	1%	8	0%	2	0%	0	0%
70-79	15	0%	7	0%	3	0%	0	0%
80 or More	29	1%	5	0%	6	1%	0	0%
Total	**3,233**	**100%**	**3,232**	**100%**	**711**	**100%**	**707**	**100%**

Source: Va. Healthcare Workforce Data Center

[2] This column estimates the total number of patients treated per week across both primary and secondary work locations.

P107

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	59	2%	-	-
50 to 54	114	4%	4	0%
55 to 59	374	13%	77	9%
60 to 64	922	31%	237	29%
65 to 69	1,061	36%	318	39%
70 to 74	251	8%	93	11%
75 to 79	58	2%	35	4%
80 or Over	19	1%	7	1%
I Do Not Intend to Retire	98	3%	41	5%
Total	**2,955**	**100%**	**812**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All SLPs

Under 65: 50%

Under 60: 19%

SLPs 50 and Over

Under 65: 39%

Under 60: 10%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 17%

Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

One-half of all SLPs expect to retire before the age of 65. Among SLPs who are age 50 and over, 39% expect to retire by the age of 65.

Within the next two years, 8% of SLPs expect to pursue additional educational opportunities, and 8% also expect to increase their client care hours.

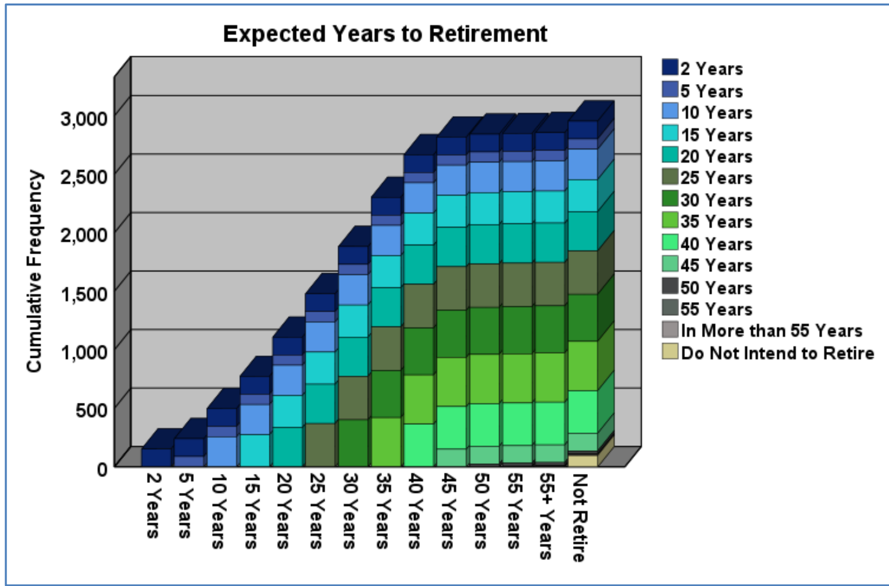
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	112	3%
Leave Virginia	141	3%
Decrease Client Care Hours	309	7%
Decrease Teaching Hours	21	0%
Increase Participation		
Increase Client Care Hours	340	8%
Increase Teaching Hours	110	3%
Pursue Additional Education	359	8%
Return to the Workforce	45	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 5% of SLPs expect to retire in the next two years, while 17% expect to retire in the next ten years. Half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	152	5%	5%
5 Years	89	3%	8%
10 Years	258	9%	17%
15 Years	275	9%	26%
20 Years	335	11%	38%
25 Years	371	13%	50%
30 Years	402	14%	64%
35 Years	422	14%	78%
40 Years	364	12%	90%
45 Years	151	5%	95%
50 Years	24	1%	96%
55 Years	6	0%	96%
In More than 55 Years	7	0%	97%
Do Not Intend to Retire	98	3%	100%
Total	**2,955**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2043. Retirement will peak at 14% of the current workforce around 2058 before declining to under 10% of the current workforce again around 2068.

At a Glance:

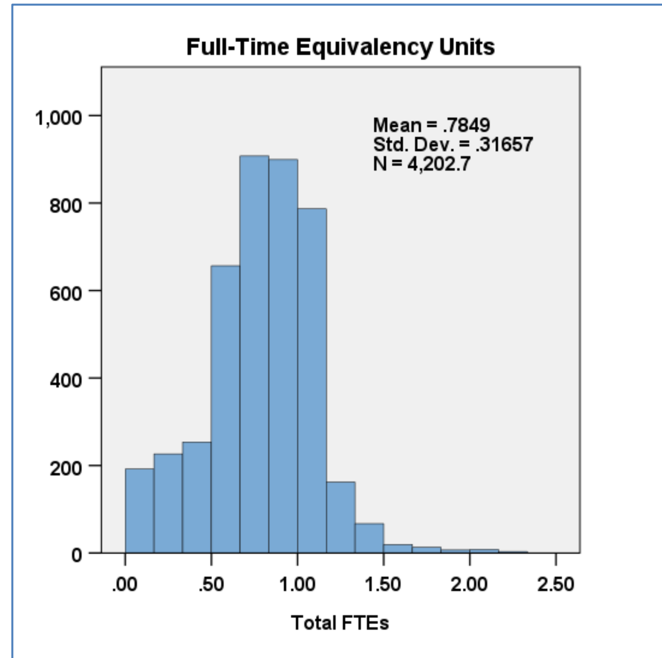
FTEs
Total: 3,299
FTEs/1,000 Residents[3]: 0.382
Average: 0.78

Age & Gender Effect
Age, *Partial Eta*^{2}: Negligible
Gender, *Partial Eta*^{2}: Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

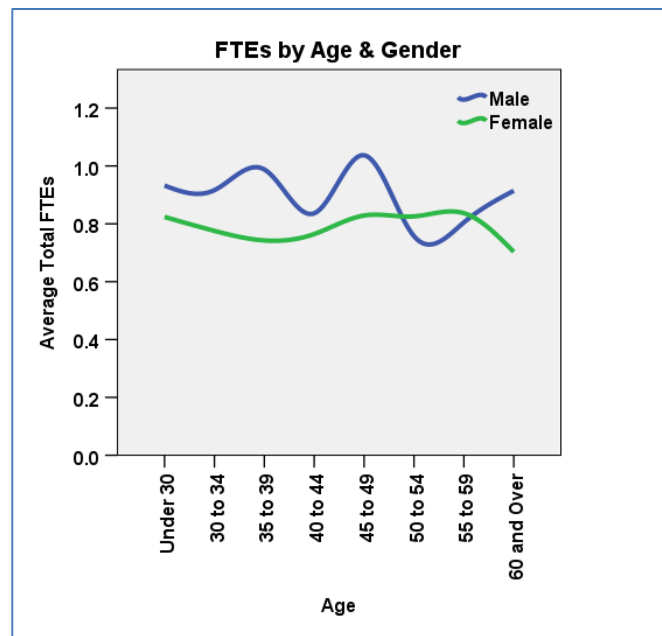


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.80 FTEs in the past year, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.[4]

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.82	0.83
30 to 34	0.75	0.78
35 to 39	0.75	0.76
40 to 44	0.76	0.76
45 to 49	0.86	0.95
50 to 54	0.87	0.95
55 to 59	0.85	0.95
60 and Over	0.68	0.59
Gender		
Male	0.92	0.97
Female	0.79	0.83

Source: Va. Healthcare Workforce Data Center

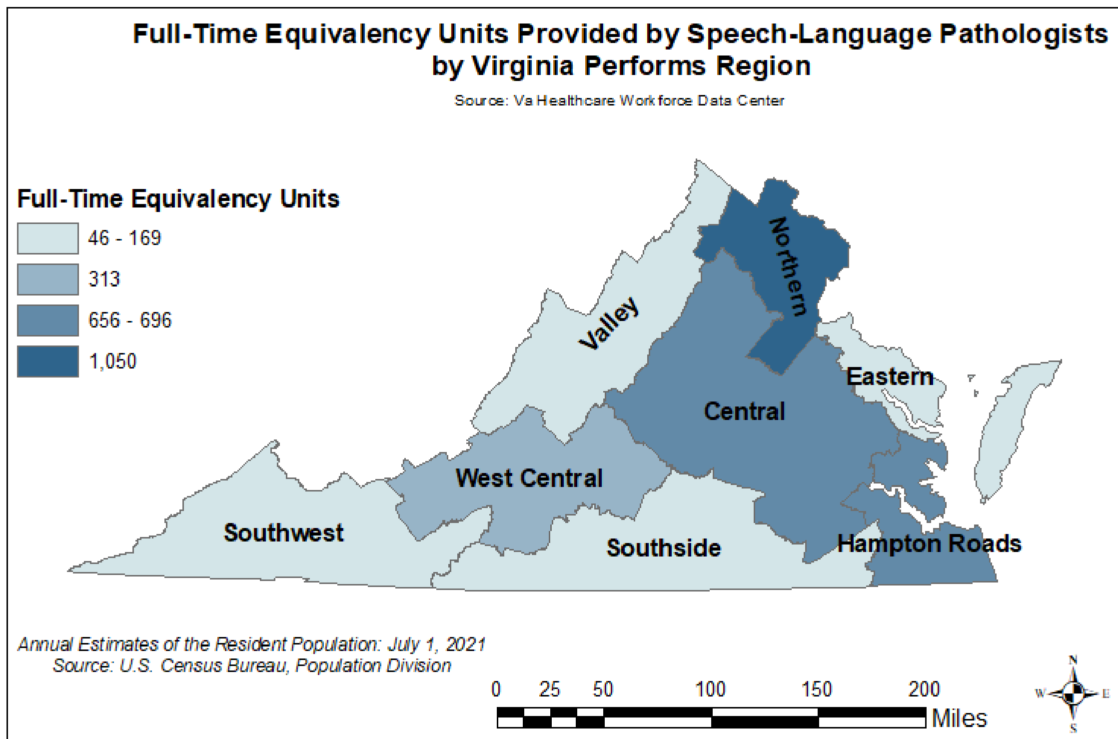


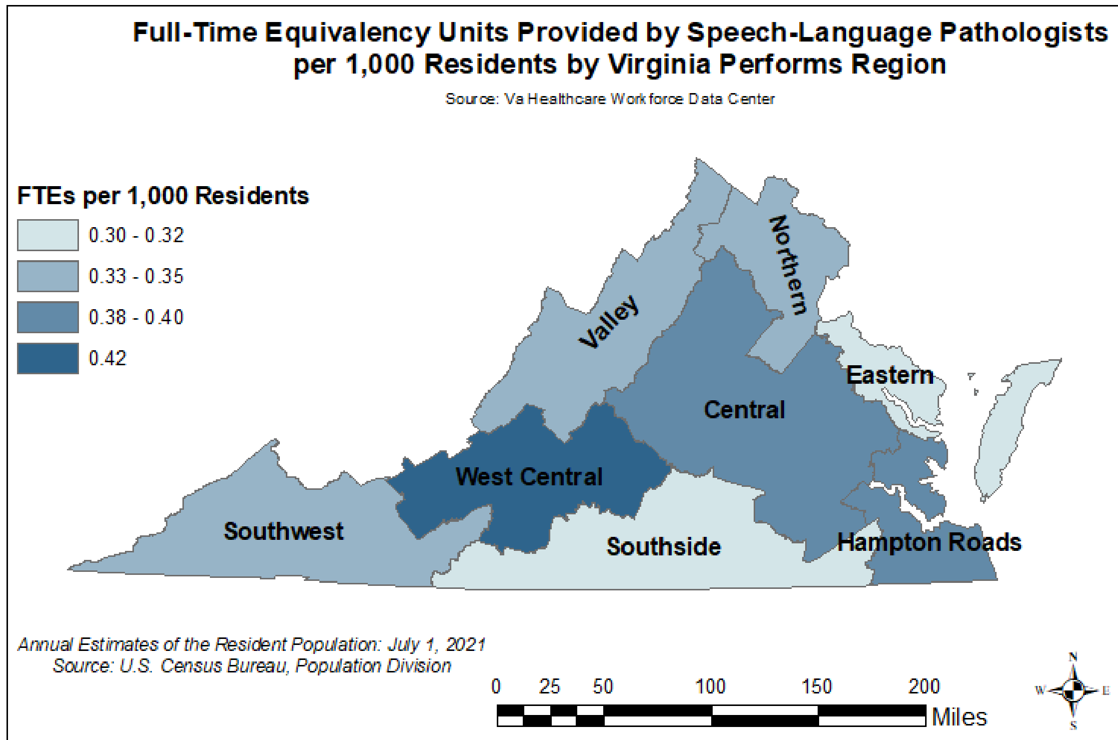
Source: Va. Healthcare Workforce Data Center

[3] Number of residents in 2021 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

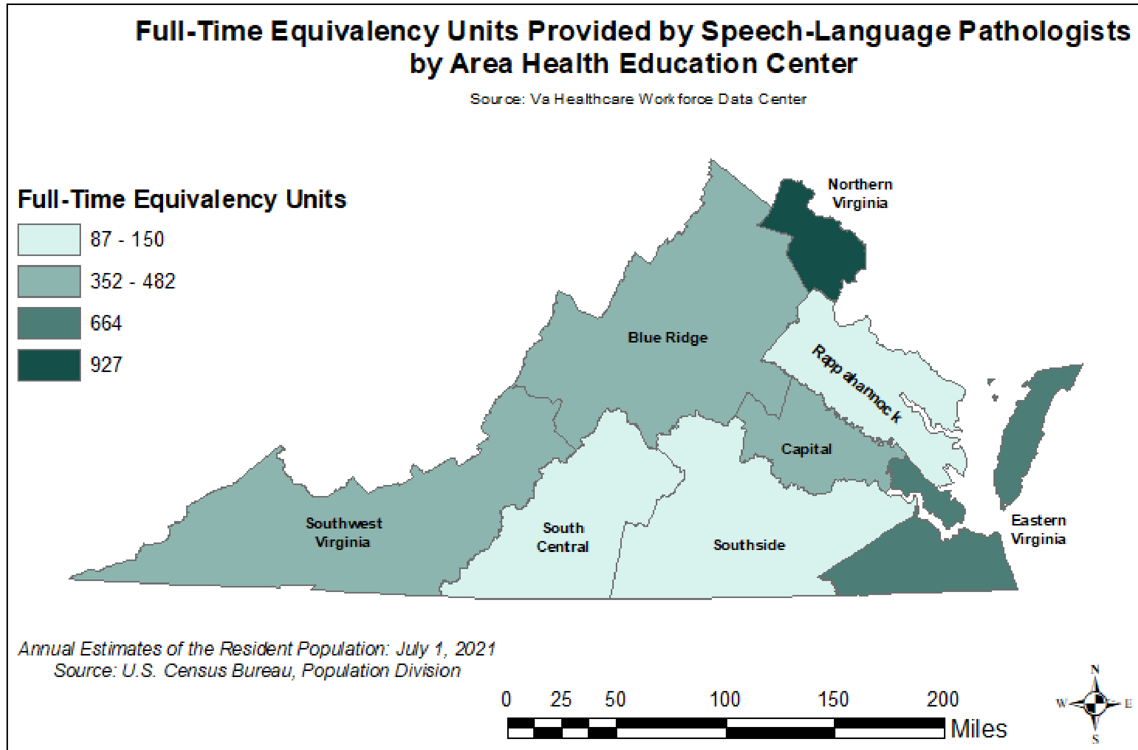
Maps

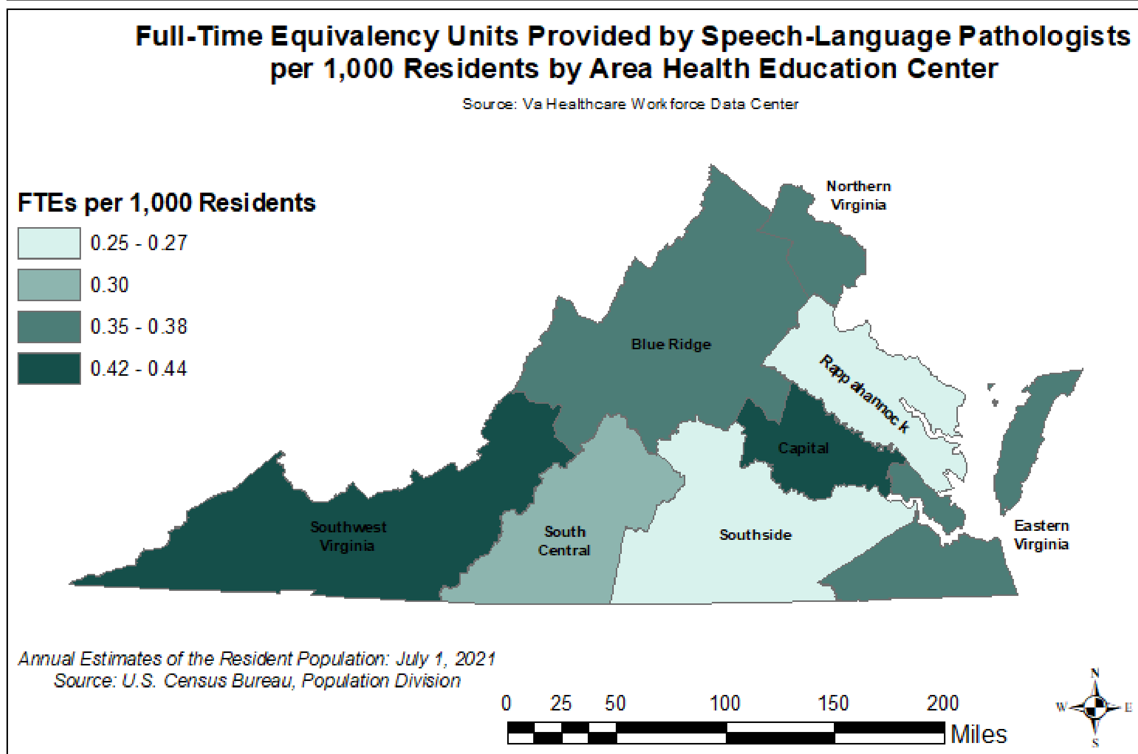
Virginia Performs Regions

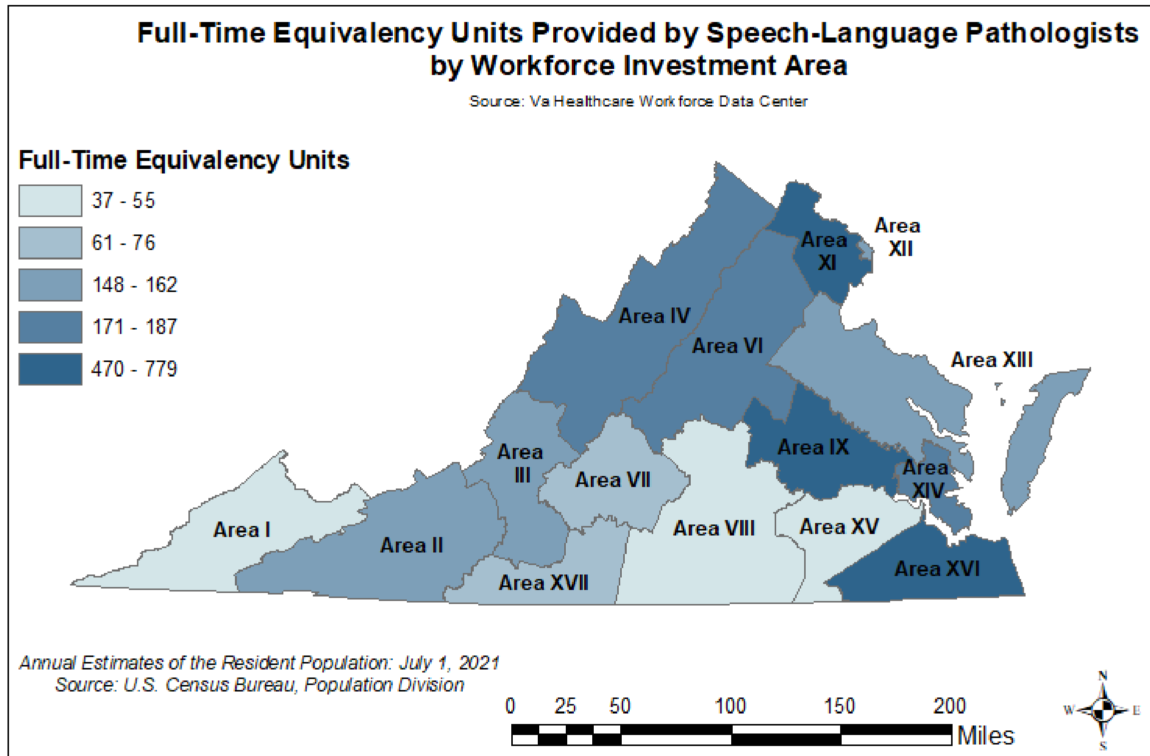


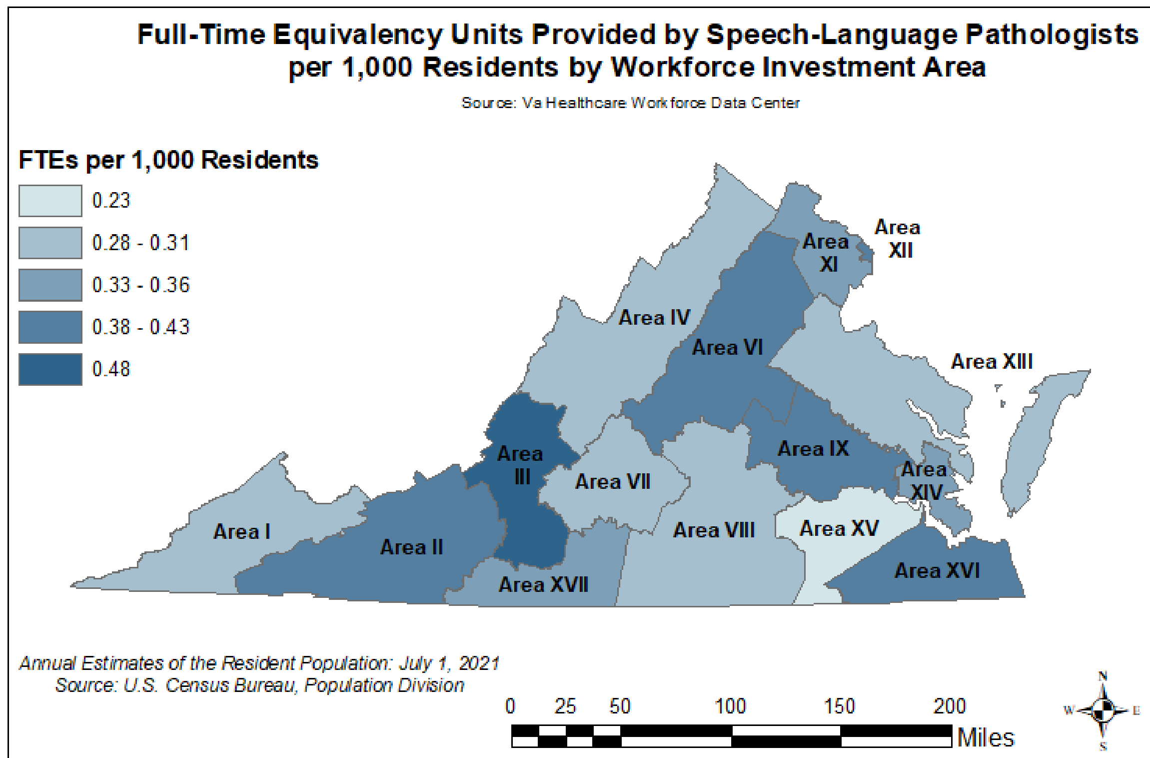


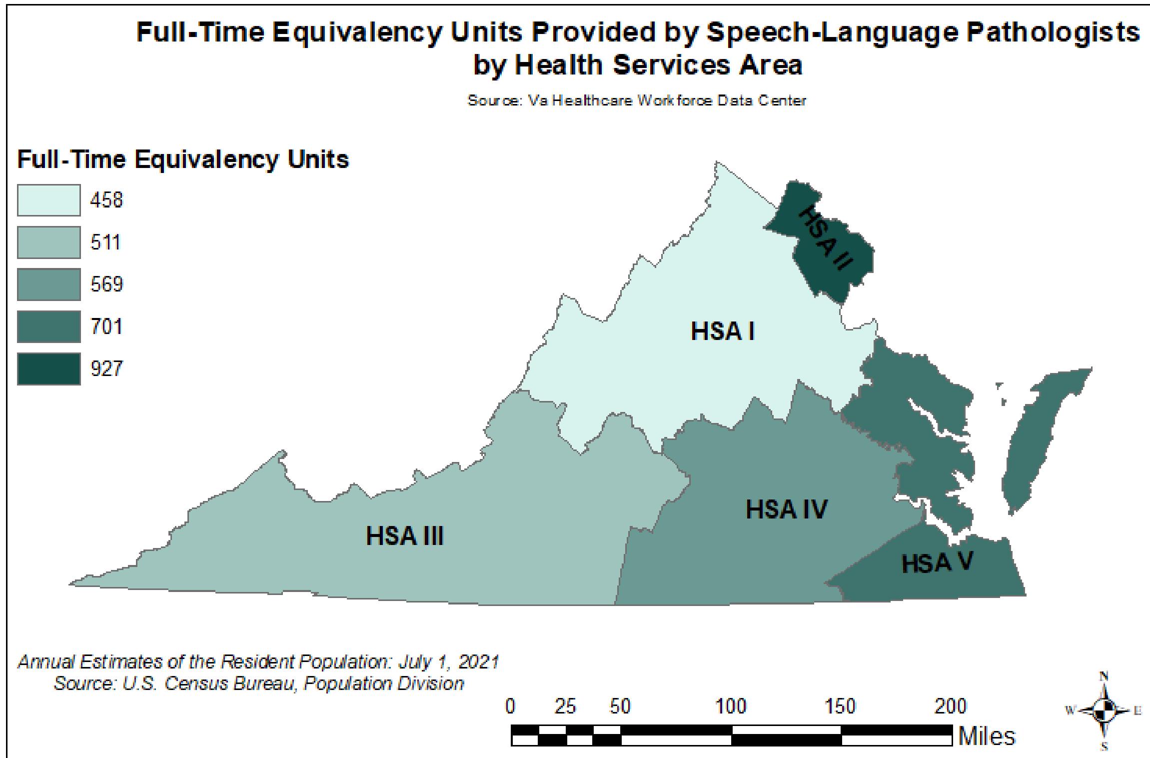
Area Health Education Center Regions

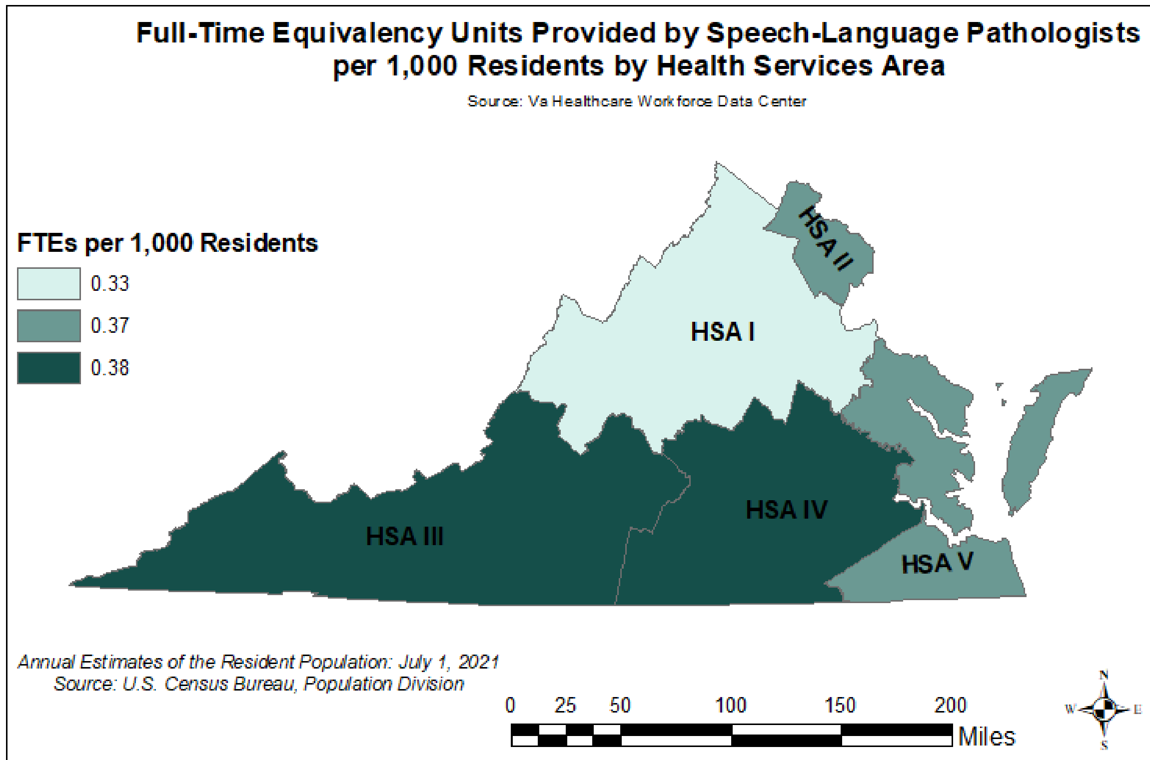


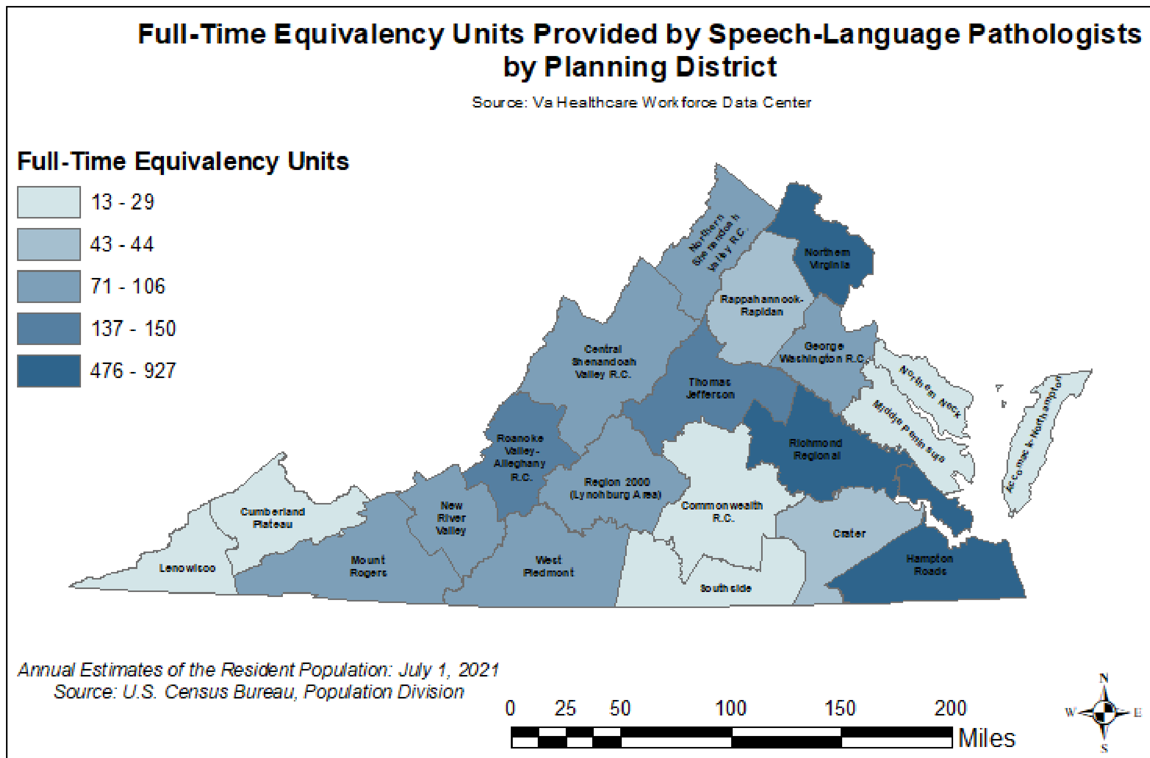


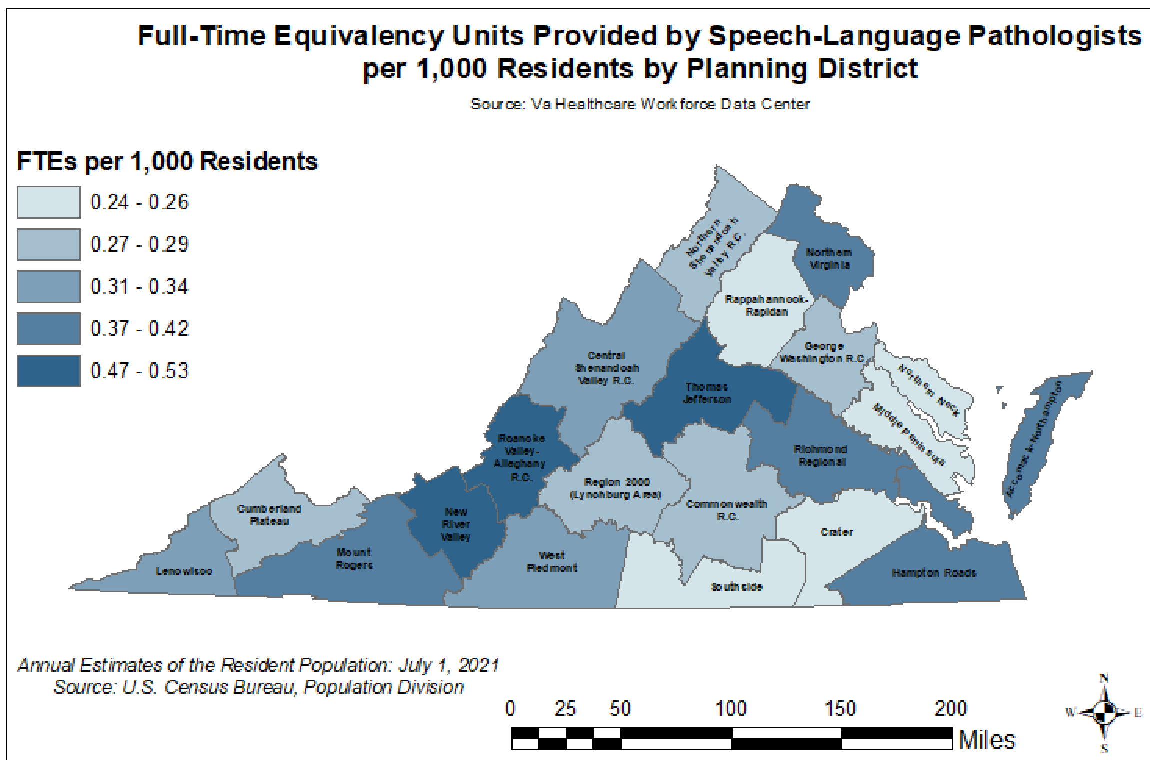

Full-Time Equivalency Units Provided by Speech-Language Pathologists by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
37 - 55
61 - 76
148 - 162
171 - 187
470 - 779
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.23
0.28 - 0.31
0.33 - 0.36
0.38 - 0.43
0.48
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Speech-Language Pathologists by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
458
511
569
701
927
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.33
0.37
0.38
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Speech-Language Pathologists by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
13 - 29
43 - 44
71 - 106
137 - 150
476 - 927
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomac k-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
New River Valley
Commonwealth R.C.
Cumberland Plateau
Crater
Mount Rogers
West Piedmont
Hampton Roads
Lenowisco
Southside
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.24 - 0.26
0.27 - 0.29
0.31 - 0.34
0.37 - 0.42
0.47 - 0.53
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Cumberland Plateau
New River Valley
Crater
Mount Rogers
West Piedmont
Lenowisco
Hampton Roads
Southside
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,796	89.70%	1.115	1.033	1.281
Metro, 250,000 to 1 Million	312	91.67%	1.091	1.011	1.254
Metro, 250,000 or Less	443	89.39%	1.119	1.037	1.285
Urban, Pop. 20,000+, Metro Adj.	47	95.74%	1.044	0.968	1.200
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	141	91.49%	1.093	1.013	1.256
Urban, Pop. 2,500-19,999, Non-Adj.	80	87.50%	1.143	1.059	1.313
Rural, Metro Adj.	71	84.51%	1.183	1.097	1.360
Rural, Non-Adj.	24	83.33%	1.200	1.112	1.379
Virginia Border State/D.C.	590	74.24%	1.347	1.248	1.548
Other U.S. State	669	73.99%	1.352	1.253	1.553

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	667	74.81%	1.337	1.200	1.553
30 to 34	888	85.02%	1.176	1.056	1.367
35 to 39	805	86.71%	1.153	1.036	1.340
40 to 44	652	88.34%	1.132	1.016	1.315
45 to 49	610	90.33%	1.107	0.994	1.286
50 to 54	552	92.75%	1.078	0.968	1.253
55 to 59	349	87.68%	1.141	1.024	1.325
60 and Over	650	84.62%	1.182	1.061	1.373

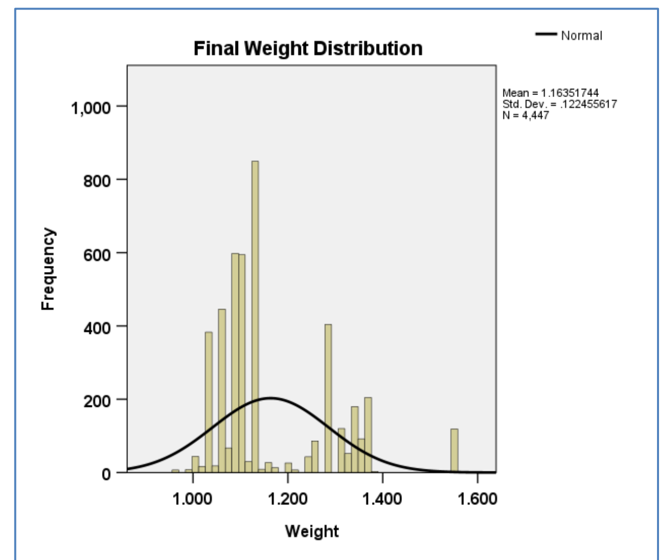
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.859656



Source: Va. Healthcare Workforce Data Center

Speech Pathology/Audiology Monthly Snapshot for June 2023

Speech Pathology/Audiology closed more cases in June than received. Speech Pathology/Audiology closed 2 patient care cases and 2 non-patient care cases for a total of 4 cases.

Cases Closed	
Patient Care	2
Non-Patient Care	2
Total	**4**

Speech Pathology/Audiology has received 0 patient care cases and 1 non-patient care cases for a total of 1 cases.

Cases Received	
Patient Care	0
Non-Patient Care	1
Total	**1**

As of June 30, 2023, there were 9 patient care cases open and 3 non-patient care cases open for a total of 12 cases.

Cases Open	
Patient Care	9
Non-Patient Care	3
Total	**12**

There are 6,117 Speech Pathology/Audiology licensees as of June 30, 2023. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Audiologist	618
School Speech-Language Pathologist	341
Speech-Language Pathologist	5,158
Total for Speech Pathology/Audiology	**6,117**

There were 110 licenses issued for Speech Pathology/Audiology for the month of June. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Audiologist	16
Provisional Speech-Language Pathologist	38
School Speech-Language Pathologist	5
Speech-Language Pathologist	51
Total for Speech Pathology/Audiology	**110**

From: Virginia Board of Audiology and Speech-Language Pathology
Date: Jan 23, 202
Subject: Regulatory Update

Virginia Board of Audiology and Speech-Language Pathology

Regulatory Update

The regulations governing audiology and speech-language pathology have been updated following a periodic review. To review the final text **CLICK HERE**.

The changes became effective on January 5, 2023, and are incorporated into the Regulations Governing the practice of Audiology and Speech-Language Pathology posted on the Board's website.

Questions may be directed to audbd@dhp.virginia.gov

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

2024 CALENDAR

April 9, 2024 **(Tuesday)**	**BR 4** **9:00 AM**	**BOARD MEETING**
May 7, 2024 **(Tuesday)**	TR 1 HR 2 & 4	INFORMAL CONFERENCE(S)
July 9, 2024 **(Tuesday)**	**BR 4** **9:00 AM**	**BOARD MEETING**
October 8, 2024 **(Tuesday)**	TR 1 HR 2 & 4	INFORMAL CONFERENCE(S)
December 10, 2024 **(Tuesday)**	**BR 3** **9:00 AM**	**BOARD MEETING**

CALENDAR_ASLP_2024

DRAFT

VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY BYLAWS

ARTICLE I: GENERAL

The organizational year for the Board shall be from July 1st through June 30th. At the first board meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair with an effective date of January 1st. The term of office shall be one year.

For purposes of these Bylaws, the Board schedules three full board meetings in each year with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The Chair presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The Chair shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.

2. The Vice-Chair shall act as Chair in the absence of the Chair.

3. In the absence of both the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.