

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
MEETING MINUTES
JUNE 3, 2010**

TIME AND PLACE: The Board of Audiology Speech-Language Pathology (Board) meeting was called to order at 10:35 a.m. on Thursday, June 3, 2010, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.

PRESIDING OFFICER: Susan G. Chadwick, Au.D.

MEMBERS PRESENT: Kenneth Cox, Au.D.
George T. Hashisaki, MD
Ikeita Cantú Hinojosa, JD, MSW, LBSW
Angela W. Moss, MA, CCC-SLP
Ronald Spencer, RN

MEMBERS NOT PRESENT: Sally Jones-McNamara, MCS, CCC-SLP, CCP

STAFF PRESENT: Leslie L. Knachel, Executive Director
Amy Marschean, Senior Assistant Attorney General
Arne Owens, Chief Deputy Director
Elaine Yeatts, Senior Policy Analyst
Carol Stamey, Operations Manager
Asia Williams, Administrative Assistant

OTHERS PRESENT: Neal Kauder, Visual Research, Inc.
Kim Langston, Visual Research, Inc.

QUORUM: With six members of the board present, a quorum was established.

ORDERING OF AGENDA: Ms. Moss moved to revise the agenda to include the addition of an approval of the agenda, board member recognition and regulatory review under new business. The motion was seconded and carried.

INTRODUCTION OF NEW BOARD MEMBER: Dr. Chadwick introduced the Board's newly appointed board member, Ikeita Cantú Hinojosa. Ms. Hinojosa presented a brief overview of her background, education and current employment.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: Mr. Spencer moved to approve the minutes of the October 8, 2009, meeting. The motion was seconded and carried.

AGENCY DIRECTOR'S REPORT: **Director's Report**
Mr. Owens, Chief Deputy Director, introduced himself and informed the Board that Dr. Reynolds-Cane was unable to attend

the meeting. He apprised the Board that there was no package to present; however, Dr. Reynolds-Cane and he continue to receive briefings from each board. He thanked the board members for their service.

BOARD MEMBER RECOGNITION:

In recognition of departing board members, Ms. Knachel presented service appreciation plaques to Dr. Chadwick, Ms. Moss and recognized Ms. McNamara in her absence.

**DHP LEGISLATIVE/REGULATORY
UPDATE:**

Notice of Periodic Review

Ms. Yeatts advised the Board that there was a need for a general review of the Board's regulations. Further, she recommended that the Board issue a Notice of Periodic review of the regulations.

Ms. Moss moved to approve the recommendation to issue a Notice of Periodic Review of the regulations. The motion was properly seconded and carried.

**Reconciliation of Continuing Education (CE) and Renewal
Timing**

Ms. Yeatts noted that the due date for the completion of continuing education (CE) credits and the annual licensure renewal cycle continues to be an issue and should be addressed in any proposed regulations that may follow the periodic review.

DISCUSSION ITEMS:

Visual Research (Sanctioning Reference Points)

Neal Kauder presented an overview of the development of the draft sanctioning reference points worksheet and instructions. After review and discussion, Ms. Moss moved to approve the draft worksheet and instructions as presented. The motion was properly seconded and carried.

Provisional Licenses

Dr. Chadwick noted that there were two regulatory sections that provided for a mechanism to apply for a provisional license. The Board will review the issue during the regulatory review process.

Probable Cause Reviews

Ms. Knachel addressed the Board regarding board member disciplinary case assignment (probable cause determination). As a time and cost savings measure, Ms. Knachel informed the Board that two members of the Board could be assigned cases to hear on a particular date even though the cases may have been reviewed by other board members who determined probable cause.

Photographs on Licensure Applications

Ms. Knachel informed the Board that the licensure applications and instructions were in the process of being reviewed by staff

and the requirement for photographs was questioned.

Dr. Spencer moved to approve the removal of the requirement for photographs on all licensure applications. The motion was properly seconded and carried.

Newsletter

Ms. Knachel expressed the need for a newsletter and requested that the Board consider the following news articles: Change in executive directors, licensee addresses (public and private), request for e-mail addresses and e-mail renewal notification. Further, Ms. Knachel requested that the Board members submit articles and advise on a publishing date for the newsletter.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

The Board reviewed and discussed a request submitted to the Board regarding Speech-Language Pathologists (SLP) performing FEES. Dr. Hashisaki presented a joint position statement from Daniel W. Karakla, M.D., President of the Virginia Academy of Otolaryngology-Head and Neck Surgery (VSO). Dr. Karakla's letter stated that it was the position of VSO that patient safety and care could be compromised if SLP's perform FEES without physician supervision. The position statement is incorporated into the minutes as Attachment 1.

Ms. Moss moved that SLP's cannot perform FEE's unless properly trained and in the presence of a physician. In addition, SLPs are not authorized to possess or administer medications or to anesthetize a patient. Board staff is directed to draft a guidance document reflecting this statement. The motion was properly seconded and carried.

Delegation of Authority for Pre-Hearing Consent Orders

Ms. Knachel addressed the Board regarding the delegation of authority to the executive director to negotiate pre-hearing consent orders (PHCO) with the chair of a Special Conference Committee (SCC) or a formal hearing.

Dr. Spencer moved to grant authority to the Board's executive director to negotiate a PHCO with the chair of a SCC or formal hearing. The motion was properly seconded and carried.

CE Course Approval Clarification

Ms. Knachel requested clarification of approval of CE courses offered through other entities but approved through the American Speech-Language Pathology Hearing Association (ASHA). It was the consensus of the Board that ASHA may approve CE courses offered by other entities and those approved courses may qualify as Type 1.

Writing Diet Orders

The Board received a request regarding whether Speech-Language Pathologists could write diet orders for general medical patients. The Board deemed that writing diet orders was not within the scope of practice of speech-language pathologists and Ms. Moss moved that the Board take a stance against writing diet orders for the general population. The motion was properly seconded and carried.

PRESIDENT'S REPORT:

Dr. Chadwick informed the Board that it had been a pleasure serving the citizens of the Commonwealth and thanked the board members for their service and contributions.

Dr. Chadwick noted that with regard to complaints on hearing aid specialists and audiologists, complainants are unsure of which agency should receive which complaints. She requested that the Board post an article to its webpage identifying the two agencies that process complaints for hearing aids and audiologists. Additionally, Dr. Chadwick requested that Board staff follow-up with the Department of Professional Occupational and Regulations (DPOR) regarding the most recent law change regarding the sale and dispensing of hearing aids.

EXECUTIVE DIRECTOR'S REPORT:

Review of Meeting Calendar

Ms. Knachel requested that the Board review its calendar, noting that the scheduling of a July meeting may not be needed. Dr. Spencer moved to cancel the July 22, 2010 meeting.

Budget

Ms. Knachel reported that there was a cash balance on hand in the amount of \$206,785.00 as of April 30, 2010.

Statistics

Ms. Knachel reported that the total number of licensees was 3,166 with the following breakdown: 429 audiologists, two CE providers, 102 School SLP's and 2,633 SLP's.

Ms. Knachel reported that as of January 1, 2010, 520 licensees had not renewed their licenses and 66% of those licensees had Virginia addresses. She further advised that 10% of the licenses had renewed after January 1, 2010, with 192 licensees remaining as expired. Additionally, Ms. Knachel stated that a corrective plan of action to address non-renewal of licenses was in place for future renewal cycles. She stated that the plan included forwarding reminders via e-mail and publishing newsletter flashes.

CE Audit

Ms. Knachel apprised the Board that 24 licensees had been audited resulting in one licensee with disciplinary action.

NEW BUSINESS:

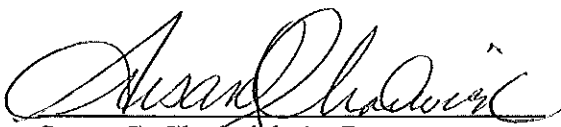
Regulatory Review

The Board considered the following items for the period review of the regulations:

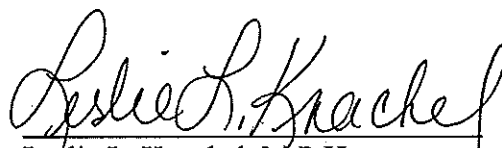
- 1) Review timing of the requirement for CE credits and annual license renewal cycle to allow for possible carryover of CE credits;
- 2) revise the regulatory language regarding reinstatement of licensure;
- 3) separate the licensure requirements;
- 4) develop advertising language;
- 5) include DPOR in 18VAC30-20-280.16, Unprofessional Conduct;
- 6) mirror possible inclusion of the Board of Medicine's ethics;
- 7) develop language for the requirement of basic educational level requiring a doctoral level audiology degree after 2012;
- 8) define direct supervision;
- 9) revise language regarding reinstatement of an inactive license, mirror the Board of Veterinary Medicine's requirements; and
- 10) consider including language regarding telepractice.

ADJOURNMENT:

With the conclusion of board business, Dr. Chadwick adjourned the meeting at 2:45 p.m.


Susan G. Chadwick Au.D.
Chair

8/11/2010
Date


Leslie L. Knachel, M.P.H.
Executive Director

8/11/2010
Date

May 3, 2010

To Whom It May Concern:

Re: Joint Position Statement "Role of the Speech-Language Pathologist and Otolaryngologist in Swallowing (ASHA 2000)

The members of the Virginia Society of Otolaryngology (VSO) value greatly their close working relationship with speech and language pathologists. There is a question regarding whether functional endoscopic evaluation of swallowing (FEES) can be performed by speech-language pathologists independent of otolaryngologists-head and neck surgeons. The VSO concurs with the section of the 1999 joint position statement, "physicians are the only professionals qualified and licensed to render medical diagnoses related to the identification of pathology affecting swallowing functions. Consequently, when used for medical diagnostic purposes, fiberoptic endoscopic examinations should be viewed and interpreted by an otolaryngologist or other physician with training in this procedure." Of note, the original "Joint position statement" had included American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) in the process. However, the AAO-HNS removed itself from the "Joint Position Statement" in about 2003. Therefore, the current "Joint Position Statement" is supported only by speech-language pathologists, and is not truly a "joint position" statement.

Our concerns directly relate to speech-language pathologists' endoscopic and diagnostic expertise, their ability to prepare the patient for FEES, and their ability to manage FEES-related complications. One technical excerpt from the American Speech-Language-Hearing Association (ASHA) states "the physician refers for FEES if a swallowing problem is suspected or needs further assessment. If there are clinical indications for a laryngoscopy evaluation (e.g. hoarse voice pain on swallowing, etc.), the physician should make a referral to an Otolaryngologist to rule out the possibility of disease in the nasal, pharyngeal or laryngeal area." This assumption is incorrect and misleading in that referring physicians, are quite often primary care physicians, who by nature of their training and areas of expertise are unable to evaluate such symptoms or diagnose causative pathologic states. They will likely assume that the FEES exam does assess for anatomic abnormalities, such as cancer or congenital anomalies. Speech-language pathologists do not have the necessary training to diagnose anatomic abnormalities such as laryngeal carcinoma, granuloma, or other structural abnormality of the upper aerodigestive tract.

Otolaryngologists/head and neck surgeons have completed 5 to 6-year residencies, during which they have performed hundreds to thousands of endoscopic exams, and have managed countless patients with epistaxis, which might occur secondary to endoscopy. They are proficient in anesthetizing patients prior to endoscopy, and are skilled in the diagnosis and management of laryngeal and upper aerodigestive tract disorders.

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Speech-language pathologists have no comparable training. They are not instructed in the pharmacology and proper use of the medications used to decongest and anesthetize the nose and upper pharynx. In addition, they do not have formal training, nor are they prepared to manage the complications of FEES including epistaxis, vasovagal events, laryngospasm, syncope and the possibility of upper airway obstruction by a laryngeal or pharyngeal neoplasm.

For these reasons, the VSO feels that patients' safety and care will be compromised if speech-language pathologists perform FEES without Otolaryngologist/head and neck surgeon supervision.

A handwritten signature in black ink, appearing to read "Daniel W. Karakla". The signature is fluid and cursive, with the first name "Daniel" and last name "Karakla" clearly distinguishable.

Daniel W. Karakla, MD, FACS
President
Virginia Academy of Otolaryngology –
Head and Neck Surgery