

**INITIAL STATEMENT OF REASONS**  
**PROPOSED AMENDMENT OF REGULATIONS TO ADDRESS**  
**INCONSISTENCY IN STATE REGULATIONS**

**I. PROBLEM STATEMENT**

Currently, the California Business and Professions Code (BPC), 2530, recognize speech-language pathology assistants (SLPA) as licensed paraprofessionals. However, the Welfare and Institutions Code (WIC), and its implementing regulations, Title 17, California Code of Regulations (CCR), Chapter 2, Section 54342, do not identify a SLPA as an available provider for developmental services.

The disparity between the codes and regulations in California limits the number of qualified providers available to provide developmental services. This may lead to services being unavailable on a timely basis as required for California's implementation of Individuals with Disabilities Education Act (IDEA), Part C, (20 United States Code (USC), Section 1431 et seq.); Code of Federal Regulations (CFR), Title 34, Part 303; the California Early Intervention Services Act (CEISA), Government Code Title 14, Sections 95000-95029; and California's Lanterman Developmental Disabilities Services Act of the WIC, Division 4.5, Sections 4500-4869.

The Department proposes to amend CCR, Title 17, to more accurately reflect the range of speech-language pathologists' (SLP) responsibilities and supervisory duties as it relates to the SLPAs. Further, the inclusion of speech-language pathology services as a group practice in these particular proposed amendments to Title 17 regulations increases the availability of the number of currently licensed professionals in the field, namely SLPAs. As proposed, providing more clarity and consistency between the two sets of regulations will increase the number of providers of services for speech-language pathology.

**II. BENEFITS**

*Anticipated Benefits*

The proposed amendment will indirectly impact the health and welfare of the infants and toddlers in the Early Start program as the proposed amendments provide for the more readily available speech-language pathology services through the inclusion of speech-language pathology assistance in these services.

After conducting a review for any regulations that would relate to or affect this area, the Department has concluded that these are the only regulations that concern these service providers in relation to the early intervention services for infants and toddlers in California. As these are the only regulations dealing with this subject matter for infants

and toddlers with developmental disabilities in the Early Start program, the Department finds that the proposed regulations are compatible and consistent with existing state statute and regulations.

Revisions to Title 17 for SLP will have benefits to consumers of regional centers and SLP service providers, and indirectly to regional centers and the Department.

**Benefits to Children and Their Families:** The proposed amendments to the regulations conform with the California BPC Sections 2530-2537.5 and 2538-2538.7, and will expand the availability of providers to regional center consumers and families, including those in the early intervention program, Early Start, which is mandated to meet the federal requirement of the IDEA, Part C to provide services without delay (34 CFR, Sections 300.300-300.346). Currently, the service system has a high demand for SLP services, and this change would provide more readily available providers who can deliver services to the children in need of such services as identified and required by Individualized Family Service Plans (IFSP) and Individual Program Plans (IPP). Currently, regional centers are challenged to meet federal timeline requirements under IDEA, Part C when there are shortages of SLPs.

**Benefits to the State:** The benefits to the Department and the regional centers of having more qualified providers include improvement in the ability to provide services within the strict federal requirements under IDEA, Part C services, 20 USC 1432, Section 632 (4). The first time-sensitive requirement for Part C mandates that infants and toddlers who are referred for early intervention services must have their eligibility determined and an IFSP completed within 45 days of the referral date (34 CFR 300.310). The next time-sensitive requirement begins with the date of the IFSP. Services must begin as soon as possible or within 45 days of the IFSP date.

### **III. PURPOSE OF PROPOSED AMENDMENTS**

The Department submits these proposed amendments to current CCR, Title 17, to align with BPC, Section 2530. The proposed amendments need to be applied in three sections of CCR, Title 17, identified below. The purpose of each specific amendment is as follows:

**Section 54342 (75)(A):** To correct the designation of the profession of speech-language pathology in the type of services for the provision of developmental services to match the profession's naming convention in the California Business and Professions Code, Sections 2530-2537.15. To change the reference to the licensing law, California Business and Professions Code, Sections 2530-2537.15 instead of the licensing board. To include assessment to the practice provision as authorized in the California Business and Professions Code, Section 2530.2 (e)(1). To include therapy addressing swallowing disorders as authorized in California Business and Professions Code, Section 2530.2 (d)(2). These changes allow the Title 17 language to align with the scope of practice for SLPs.

**Section 54342 (75)(B):** To add SLPAs as a provider of services when supervised by a SLP as consistent with the California Business and Professions Code, Sections 2538-2538.7.

**Section 54319 (a) Group Practices:** To add speech-language pathology services as an authorized category of group practice for developmental services since this is a necessary business model in order to provide SLP supervision of the SLPAs. This is supported in the CCR, Title 16, Division 13.4 Speech-Language Pathology and Audiology Board where types of supervision required for duties performed by a Speech-Language Pathology Assistant are established in the content of the group practice.

#### **IV. NECESSITY**

Upon review of Title 17 and discussions with stakeholders, it has been noted that for the purposes of speech-language therapy, Title 17 needs to include therapy addressing swallowing disorders as authorized in California Business and Professions Code, Section 2530.2 (d)(2). Additionally, it is noted that SLP is not listed as a group practice area in Section 54319. This category of vendorization would increase the availability of services working within the currently available structure of California law, which in turn will allow the inclusion and use of SLPAs by group practices. The absence of SLP group practices in Title 17 regulations makes the practice of hiring SLPAs for other models of early intervention services unavailable to SLPs, and consequently negatively impacting the timely delivery of these services to the Early Start consumers.

#### **V. TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS**

The Department relied upon the following information and facts in proposing amendments to the aforementioned regulations:

- California Interagency Coordinating Council (ICC) on Early Intervention, which advises the Department with policy implementation, provided recommendation to the Department in 2006 and 2012. The ICC recommends that the Department take appropriate action to amend Title 17 regulations to include SLPAs as a vendor category. The recommendation has been documented in ICC's 2014 Handbook at: [Earlystart/docs/ICC\\_Handbook.2014.pdf](#)
- The BPC, Section 2538.1 authorizes the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to "adopt regulations in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Committee on Special Education that set forth standards and requirements for the adequate supervision" of SLPAs. Regulations were defined in Title 16 of the CCR, 1399.170.0–1399.170.20.1. These regulations define the scope of practice educational standards, and required supervision for SLPAs. The Board reports that 1,529 SLPAs were licensed in California in fiscal year 2011-2012. The number of licensed SLPAs has been increasing every year since 2005.

- The California Speech-Language Pathology and Audiology Board published the Sunset Review Report in 2012, which demonstrates the need for SLPA in the following paragraph.

Excerpt of the report:

*Over the past several years an upsurge in the number of children diagnosed with speech-language disorders, autism, and learning disabilities has dramatically increased the need for highly trained providers. According to the 2011-12 statistics in CalEdFacts, 8 specific learning disabilities accounted for more than half of all documented disabilities, with speech-language disorder a close second. However, because reading and writing are built upon a foundation of oral speech and language, research has repeatedly shown that the original basis for well over 80 percent of all learning disabilities is speech-language based, with most children being referred for a speech-language problem in preschool or earlier. In addition, 11 percent of all the childhood disabilities in California were in autism, a rate that has tripled since 2002. Finally, a November 2010 Economic Report for CA showed that anywhere between 3 and 16 percent of adults, depending on age, were unemployed because of a disability. This statistic did not account for veterans, many of whom return home needing speech-language and cognitive rehabilitation. Children and adults with speech-language disorders, autism, learning disabilities and other cognitive communication disabilities will continue to need the expertise of licensed SLPs to provide communication assessment and remediation to these ever increasing populations.*

Sunset Review Report:

[http://www.speechandhearing.ca.gov/forms\\_pubs/sunset\\_2012.pdf](http://www.speechandhearing.ca.gov/forms_pubs/sunset_2012.pdf)

## **VI. ECONOMIC IMPACT ASSESSMENT/ANALYSIS**

The extent of economic effect that the proposed action might have through the expanded purchase of services is unknown. While the addition of a new category of professionals (the SLPAs) would expand the availability of services, it is unknown how many of the added category professionals will actually be utilized through the established services rendered by SLPs. The proposed action allows (but does not require) regional center vendors to employ a new category of professional, the SLPAs. Further, the intent is that the proposed action will benefit the health and welfare of California residents with developmental disabilities and their families, by broadening the field of professionals, thus increasing accessibility to speech language pathology services. The proposed action does not impose any new impact on worker safety and the state's environment, as these services are already being provided and the proposed action will simply allow a new category of professional to provide the service.

The proposed amendments do not represent any policy shift in administering the Early Start program for the state. Therefore, the Department forecasts no economic impact and concludes that it is: (1) unlikely that the proposal will eliminate any jobs for the Early

Start program service providers, (2) likely that the proposal will create an unknown number of jobs for service providers, (3) unlikely that the proposal will create an unknown number of new businesses providing services in the Early Start program, (4) unlikely that the proposal will eliminate any existing businesses, and (5) unlikely that the proposed regulations will result in expansion of businesses currently doing business within the state.

#### **VII. EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS**

The proposed changes present no significant adverse economic impact. Since there are many more SLPs than SLPAs, the economic impact is expected to be minimal. However, the possibility of building capacity of more providers available for developmental services may improve the delivery of services.

#### **VIII. REASONABLE ALTERNATIVES TO THE REGULATION AND THE AGENCY'S REASONS FOR REJECTING THOSE ACTIVITIES**

There is no other alternative since qualifications for all providers are identified in regulations.

#### **IX. DUPLICATION OR CONFLICT WITH FEDERAL REGULATIONS**

There is no known conflict with federal regulations.