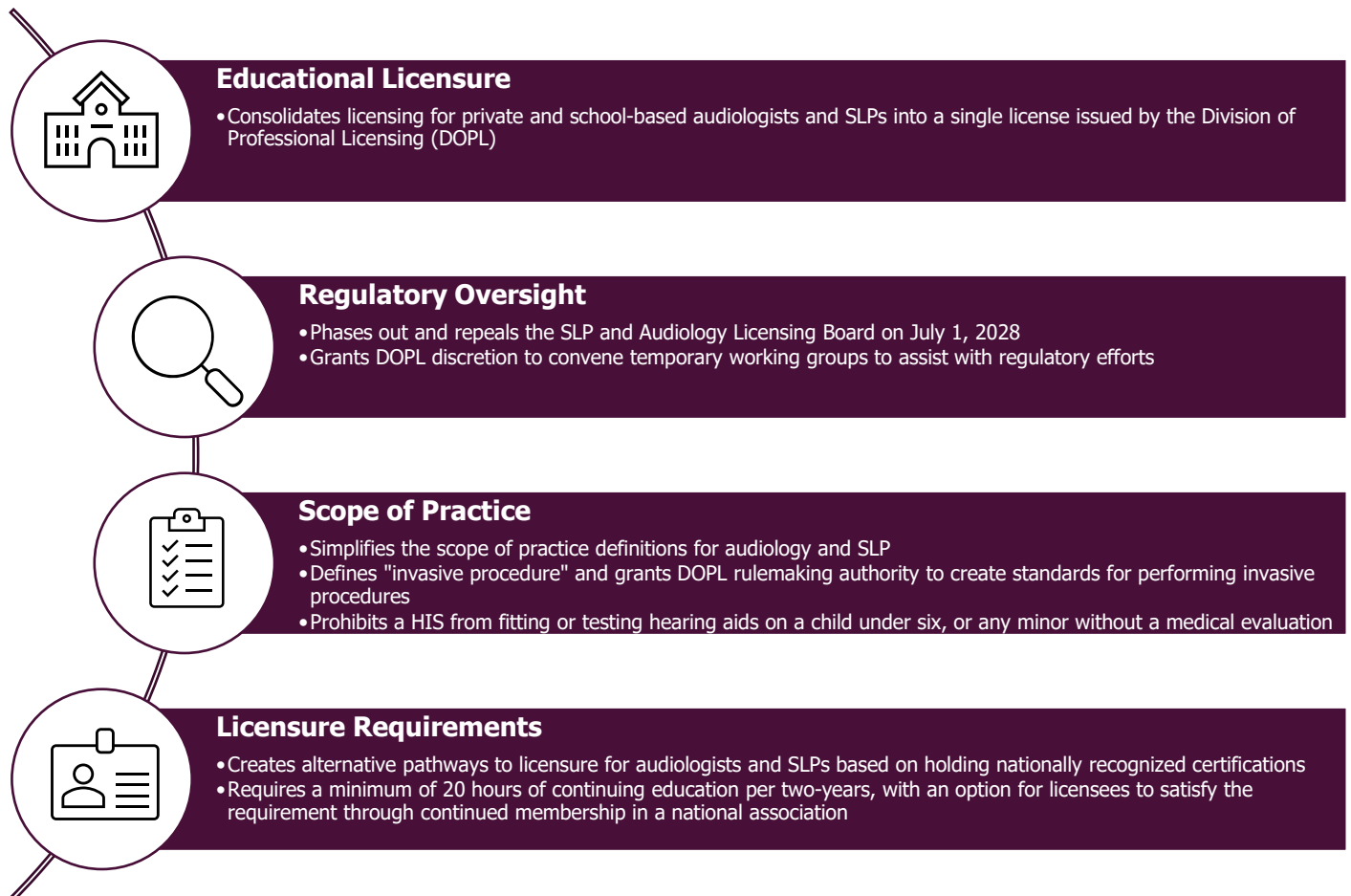


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1st Substitute H.B. 374: Speech, Language, and Hearing Occupations Licensing Amendments

1st Substitute H.B. 374, "Speech, Language, and Hearing Occupations Licensing Amendments", modifies the regulations for speech and hearing professionals. The professions addressed by the bill include audiologists, speech-language pathologists (SLPs), and hearing instrument specialists (HISs). This document highlights the key points of the bill, provides a list of changes made by the bill, and provides a comparison to existing statutory provisions.

Key Changes



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Educational Licensure

High-Level

The bill would remove licensing of school audiologists and school SLPs from the State Board of Education (USBE) and consolidate all speech and hearing professionals under a single license issued by the Division of Professional Licensing (DOPL).

Currently, the majority of audiologists and SLPs are licensed by DOPL under the [Speech-Language Pathology and Audiology Licensing Act](#).¹ DOPL-licensed professionals are eligible to work in their chosen field in the private sector with the exception of practice that occurs as an employee of a local education agency (LEA). Instead, school audiologists and school SLPs hold separate licensure issued by the USBE. According to current data, there are approximately 2,015 DOPL-licensed audiologists/SLPs and 1,391 USBE-licensed audiologists/SLPs in active status.²

This bill would remove the bifurcated licensing system by requiring audiologists/SLPs to obtain DOPL licensure, regardless of venue. Existing licensees who hold a USBE-issued license would be permitted to continue practicing under their license until their license expires under USBE oversight, at which point they would apply for DOPL for continued licensure. Based on the existing license terms, no USBE-licensed audiologists or SLPs would remain after July 1, 2031. While transitioning licensees would be required to complete all standard terms for an application (forms, fees, background checks, etc.), their active licensure as an audiologist/SLP would waive any requirement to demonstrate competency or education.

Speech-Language Pathologist and Audiologist Licensing Board

High-Level

The bill would phase out and eventually repeal the SLP and Audiologist Licensing Board on July 1, 2028. It would also give DOPL authority to convene temporary working groups to assist in carrying out their duties.

The SLP and Audiologist Licensing Board is established under statute³ with the responsibility of recommending to DOPL appropriate rules, policy and budgetary matters; approving passing scores for examinations; screening and recommending applicants for licensure; assisting with standards for supervision; and consulting with the division in carrying out its oversight role. Under the provisions of the bill, all direct responsibilities of the board would be transitioned to the division, and the board would be scheduled to repeal on July 1, 2028. To assist DOPL with necessary technical expertise and advice on matters related to the regulation of the practice in the future, the bill would grant DOPL general authority to convene a temporary working group in any situation where an appropriate board is not available.

¹ Utah Code Ann. Title 58, Chapter 41

² Aggregated by the Office of Legislative Research and General Counsel based on data proved by DOPL and the USBE

³ In addition to specific duties in [Title 58, Chapter 41](#), the SLP and Audiologist Licensing Board is tasked with the same duties as all DOPL boards under [Utah Code Ann. §§ 58-1-202](#) and [203](#)

Scope of Practice

High-Level

The bill would clarify the scope of practice for audiologists and SLPs, grant new discretion to DOPL to implement standards for licensees performing invasive procedures, and create new regulations around HIS interactions with minors.

The bill would create a new definition under the SLP scope of practice for “invasive procedures”.⁴ To create additional protections for patients, DOPL would have administrative rulemaking authority to enact standards that an SLP must meet before performing an invasive procedure. While the bill does not prescribe standards for invasive procedures, possible standards that DOPL could enact include, but are not limited to, specific educational requirements or minimum supervised repetitions.

For HISs, the bill would create regulations around licensees working with minor patients. The bill would prohibit an HIS from fitting or testing a hearing aid on any child under the age of six. For children between the ages of six and seventeen, an HIS could not fit or test a hearing aid unless the child received a medical evaluation from a physician, physician assistant, or an audiologist stating that the child is a candidate for a hearing aid. Lastly, the bill would permit audiologists to supervise hearing instrument interns, who can currently only be supervised by a licensed HIS.

Licensing Qualifications

High-Level

The bill would permit SLP and audiology license applicants to use national certification as an alternate path in lieu of traditional education. The bill would also permit license holders to use continued national certification to fulfill their continuing education (CE) requirement.

Under current law, applicants for licensure as an audiologist or an SLP must submit evidence of completing a doctoral program (audiology) or a master’s program (SLP) from an accredited university or college. Applicants that apply through educational qualifications must also demonstrate compliance with the professional standards of their field, a minimum of one year of professional work experience consisting of at least 30 hours per week, and passage of a national examination.

The bill would create an alternate path to licensure through national certification. For audiology, an applicant can substitute the listed qualifications by demonstrating a current and unrestricted Certificate of Clinical Competence (CCC) issued by the American Speech-Language-Hearing Association (ASHA), certification by the American Board of Audiology (ABA), or an equivalent. For SLP, an applicant can instead submit evidence of a CCC or equivalent.⁵

For license holders that maintain their certifications, the requirement to document and submit CE prior to renewal would be waived if the organization issuing the certification requires a minimum of twenty hours of CE per two-year cycle. Other licensees would be required to submit evidence of completing twenty hours of approved CE for license renewal.

⁴ “Invasive procedures” is defined as, “a procedure that the division determines [by rule] presents a high-risk to a patient and impacts the essential functions of communication, breathing, feeding, or swallowing.” The bill explicitly calls out endoscopy, fiberoptic endoscopic evaluation, pharyngeal electrical stimulation, and tracheostomy management as examples of invasive procedures.

⁵ “Other equivalent certifications” are left to DOPL to be determined by administrative rule.