



STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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October 28, 2015

Board of Speech/Language Pathologists, Audiologists, and Hearing Aid Dispensers
c/o Mr. David Mangler
Division of Professional Regulation
Cannon Building, Suite 203
861 Silver Lake Blvd.
Dover, Delaware 19904

RE: 19 DE Reg. 284 [DPR Proposed Speech/Language Pathologist, Audiologists and Hearing Aid Dispensers Telepractice Regulation]

Dear Mr. Mangler:

The State Council for Persons with Disabilities (SCPD) has reviewed the Board of Speech/Language Pathologists, Audiologists, and Hearing Aid Dispensers proposal to adopt a telepractice regulation published as 19 DE Reg. 284 in the October 1, 2015 issue of the Register of Regulations. SCPD has the following observations.

First, the standards attempt to include patient/client protections to prevent misuse of telepractice. For example, §§10.2.4.1 and 10.2.4.2 require all initial evaluations, reevaluations, and discharges to occur in person. Written patient/client consent after disclosure of limitations of telepractice is also required (§10.2.2).

Second, telepractice is limited to situations in which the client is "located within the borders of the State of Delaware" (§10.2.1.2). This may be "overbroad". For example, if a long-term client were on vacation out-of-state and wanted to "Facetime" or "Skype" with his/her clinician, that would be categorically precluded. The Board could consider some limited exception (e.g., occasional telepractice treatment session of regular client if permitted by laws of jurisdiction in which client is present).

Third, in §10.1, the definition of "telepractice" is generally based on the attached ASHA criteria. However, it is somewhat "overbroad". For example, if a client simply emailed or called his/her therapist for advice on the phone, that "consultation" would be covered by the definition of "telepractice". The second sentence in §10.1 is likewise very broad and includes simple "advice" and "reminders" as "telepractice". Even a brief phone call or email between two therapists about a client amounts to "telepractice". The Board may wish to consider adopting a

more limited definition.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

A handwritten signature in black ink that reads "Daniese McMullin-Powell". The signature is written in a cursive style with a large initial "D".

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: Ms. Tonya Coats, President, Board of Speech/Language Pathologists, Audiologists, and
Hearing Aid Dispensers
Mr. Brian Hartman, Esq.
Developmental Disabilities Council
Governor's Advisory Council for Exceptional Citizens

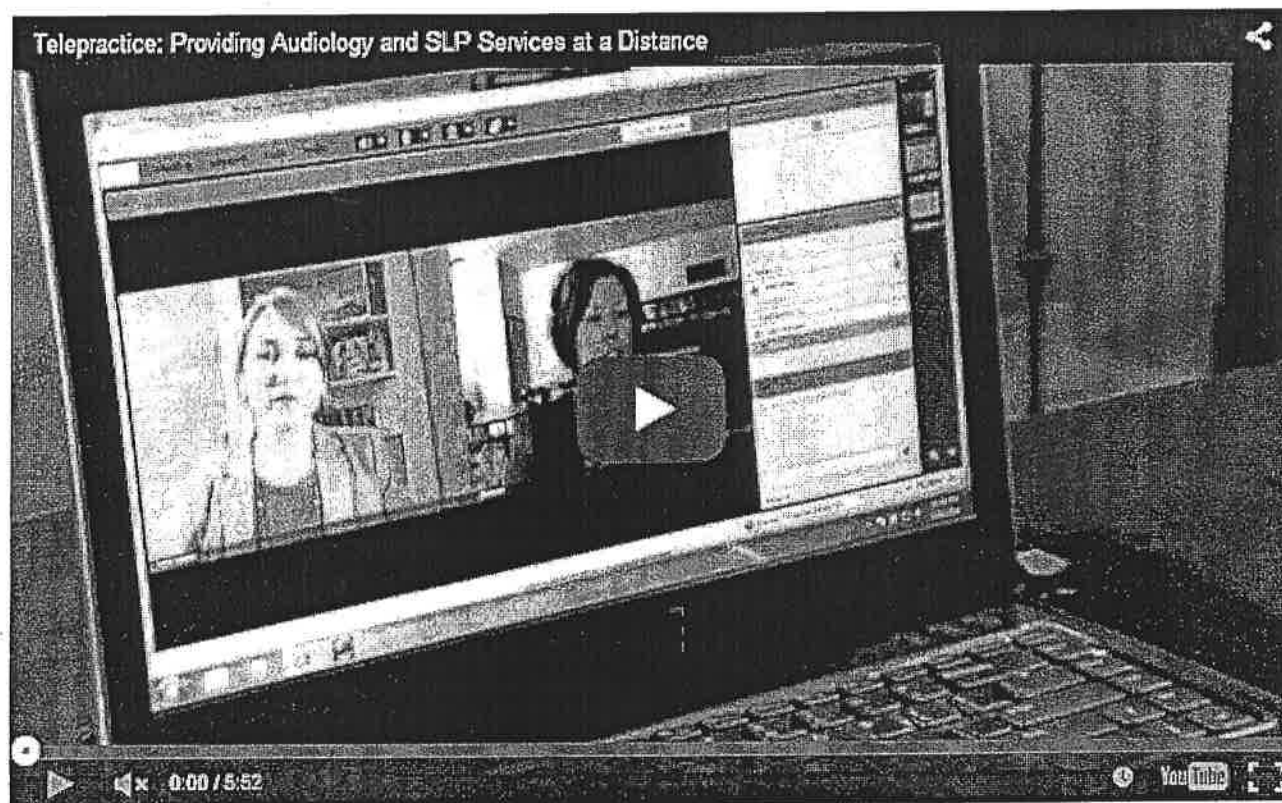
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AMERICAN
SPEECH-LANGUAGE-
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ASSOCIATION

Telepractice

Overview



Telepractice is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation.

Supervision, mentoring, and pre-service and continuing education are other activities that may be conducted through the use of technology. However, these activities are not included in ASHA's definition of telepractice and are best referred to as *telesupervision/distance supervision* and *distance education*. (See *Clinical Supervision in Speech-Language Pathology: Technical Report* [ASHA, 2008] for information related to the use of technology in clinical supervision in speech language pathology.)

ASHA adopted the term *telepractice* rather than the frequently used terms *telemedicine* or *telehealth* to avoid the misperception that these services are used only in health care settings. Other terms such as *teleaudiology*, *telespeech*, and *speech teletherapy* may be used in addition to *telepractice*. Services delivered by audiologists and speech-language pathologists are also

included in the broader generic term *telerehabilitation* (American Telemedicine Association, 2010). The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice in Audiology and Scope of Practice in Speech-Language Pathology, state and federal laws (e.g., licensure, HIPAA), and ASHA policy.

Telepractice venues include schools, medical centers, rehabilitation hospitals, community health centers, outpatient clinics, universities, clients'/patients' homes, residential health care facilities, childcare centers, and corporate settings. There are no inherent limits to where telepractice can be implemented, as long as the services comply with national, state, institutional, and professional regulations and policies.

The two most common terms describing types of telepractice are *synchronous* (client/patient interactive) and *asynchronous* (store and forward).

Synchronous services are conducted with interactive audio and video connection in real time to create an in-person experience similar to that achieved in a traditional encounter. Synchronous services may connect a client/patient or group of clients/patients with a clinician, or they may include consultation between a clinician and a specialist (Department of Health and Human Services, n.d., 2012).

In asynchronous services, images or data are captured and transmitted (i.e., stored and forwarded) for viewing or interpretation by a professional. Examples include transmission of voice clips, audiologic testing results, or outcomes of independent client/patient practice.

Hybrid applications of telepractice include combinations of synchronous, asynchronous, and/or inperson services. Clinicians and programs should verify state licensure and payer definitions to ensure that a particular type of service delivery is consistent with regulation and payment policies.

Key Issues

Resources

References

Content Disclaimer: The Practice Portal, ASHA policy documents, and guidelines contain information for use in all settings; however, members must consider all applicable local, state and federal requirements when applying the information in their specific work setting.