# LICENSUFEILIIIII

National Council of State Boards of Examiners for Speech-Language Pathology and Audiology

Fall 2014

#### SPECIAL POINTS OF INTEREST:

- > President's Corner
- > In Memoriam Kenneth Gist
- > Recognition/Honors
- Highlights from State Boards Annual Exchange at NCSB 2013 Meeting
- > ASHA Poster Session
- > 2014 Conference Information
- > Databank Update
- > Social Media
- > Board of Directors

#### PRESIDENT'S CORNER BY: Sherry Sancibrian

Built in 1859, the historic Menger Hotel in San Antonio provided a Victorian setting for conversations about 21st century issues during the annual NCSB conference October 10-12, 2013. Our keynote speaker was Ellen R. Cohn, PhD, CCC-SLP, who is the Coordinator of ASHA's Telepractice Special Interest Group and a member of the American Telemedicine Association Board of Directors. In her presentation,

Telepractice: Benefits, Risks, and

Opportunities for Greater State Licensure Uniformity, Dr. Cohn discussed national trends, including the evolution of telerehabilitation standards and guidelines. She also identified some of the sources of risk when implementing telepractice



and challenged regulatory boards to find ways to facilitate the use of technology while maintaining their consumer protection role.



Other invited sessions addressed a variety of topics: continuing education (Alison Lemke & Ellen Fagan); Praxis exams (Judith Page & Kathy Pruner); online hearing aid sales (Vickie Dionne), disciplinary procedures and management issues (Tammy Camp & Patty Nesbitt), and support personnel (Susan Adams & Theresa Rodgers). A new feature of this year's conference was the Timed Timely Topics segment in which speakers provided a five-minute overview of a current issue being addressed by their board and then took questions and comments from participants. Topics included encroachment (Dawn Richard), sexual misconduct (Nahale Kalfas), deregulation threats (Tim Weise), social networking (Brian O'Riordan), and reinstatement (Kerri Phillips). The ever-popular State Information Exchange, facilitated by Amy Goldman, allowed each state to share this year's challenges and successes.

The pre-conference workshop on October 10, led by **Glenn Waguespack, Theresa Rodgers, and Ayn Stehr**, provided training for board members regarding statutory authority, complaints, and disciplinary procedures. Attendees also received a flash drive with a reference manual including a directory of licensure boards and contact information, characteristics of licensure laws, samples of model legislation and state licensing laws, board examinations, information on the NPDB-HIPDB, hot topics, and much more.

The NCSB board would like to thank our presenters and attendees for making this an excellent conference. Finally, our gratitude goes out to our conference sponsors:

#### **Keynote Speaker Sponsorship**

West Virginia Board of Examiners for Speech-Language Pathology and Audiology

#### **Conference Breakfast**

Texas Speech-Language-Hearing Association

#### Conference Luncheon

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)

#### Afternoon Break

**EBS** Healthcare

#### **Gold Level Program Sponsor**

**EBS** Healthcare

#### IN MEMORIAM

Kenneth T. Gist, 88, on September 15, 2013, in Wellsburg, W.Va. Gist graduated from West Liberty State College in 1949, and earned his master's degree from New York University in 1959. He was professor emeritus in the Department of Communication Disorders at Southern Connecticut State University. When he retired from the university, he returned to Wellsburg, where he worked part-time as an SLP for several local agencies and facilities. University scholarships have been established in his name for speech-language students in Connecticut and West Virginia. An ASHA Life Member, Gist was an active member of ASHA's Legislative Council from 1969 to 1989, and from 2001 to 2006. He was also active in the Connecticut Speech-Language-Hearing Association, and served as treasurer of the West Virginia Speech-Language-Hearing Association. Gist also served as treasurer for the National Council of Boards of Examiners for Speech-Language Pathology and Audiology from the 1980s until 2013. Gist is survived by a sister, Madelon Reeves, and a niece and two nephews.

#### Recognitions/Honors of NCSB

Each year at the Annual Conference an individual is recognized for his or her exemplary contributions to NCSB, a licensing board in their state, or an individual employed by an organization or other entity that addresses regulatory issues/concerns for the professions. In 2013, Sandy Leybold from Oregon was chosen.

#### Highlights from State Boards Annual Exchange at NCSB 2013 Meeting

#### Trends:

Boards continue to increase the utilization of online tools for renewal, newsletters, and initial applications; increased use of telecommunication for board meetings was reported. States also noted the following: concern regarding internet hearing aid sales; increases in the number of complaints and violations; and the need for increased attention to the performance of SLPAs and the supervision of SLPAs.

#### **Biggest Changes:**

**Alabama** - Starting in 2014 new optional CEU hours will be offered in Ethics at state meetings as well as online ethics training for licensees. The uses of telepractice and licensee outreach newsletters are being addressed.

**Arkansas** - The state is being challenged to change licensure laws to include areas of defining the law of telepractice; changing the format of CEU hours; and licensure for assistants whose original degree is not in SLP.

lowa - The regulations for continuing education have been updated and rewritten. The consideration of combining

with the Hearing Aid dispensing board is being evaluated.

Kentucky - Regulations have been passed regarding telepractice and continuing education in ethics training.

**Louisiana** - The need for regulations of audiology support personnel is under review, as well as the update or removal of inconsistencies in criminal background check policies. The Board is also sponsoring Licensee education and presentations at University graduate programs.

Michigan - Proposed changes to the Licensure Act regarding assistants are being discussed.

**Mississippi** - The regulations now state that licensees must complete 1 hour of ethics continuing education each year, in addition to offering an online application. Complaints are now being posted online also. Nebraska- The state is currently reviewing several items, including: telepractice; requirements ethics continuing education; and online applications.

**Nevada** - Many revisions and propositions are being made to the law. A lobbyist is being hired for AUD, and the state now offers online applications.

**North Carolina** - Many proposed changes to the Licensure Act and regulations. The state is currently proposing rules to further define telepractice; establishing standard protocols and audits for assistants; regulations for foreign-trained practitioners; and working to establish an online ethics course for continuing education. The state is also now accepting PayPal payments and have set up an informative program for graduate students regarding licensure.

**Ohio** - Guidelines have been adopted to ensure consumer protection regarding telepractice. Continuing education rules have been amended permitting exemption for military active duty service or an extension for extenuating circumstances and allowing for completion online. A proposed rule requiring 2 hours of related training in ethics is being discussed, as well as supporting legislation prohibiting direct sale of hearing aids without prior face to face evaluation.

**Oklahoma** - Legislators are reviewing policies concerning assistants and the possibility of consolidating the licensure boards within the state.

Ontario Canada - Proposals are being developed for national exams and the establishment of national competency profiles for foreign-trained practitioners. Licensee education is now being offered/sponsored by the Board with lessons on "social media", "Jurisprudence", and "Consent to Treatment".

**Oregon** - Licensure for telepractice is being required whether the patient or the practitioner is in Oregon. A provisional SLPA license is being approved to cover prospective SLPAs completing required clinical fieldwork outside an academic practicum. A single license for licensees to work in the schools without separate certification is being developed. The state is also be challenged with advertisements for tinnitus evaluations being offered by Hearing Aid Dispensers and mail order hearing aids.

**Pennsylvania** - Issues with telepractice are being discussed and reviewed by the physicians' lobby. Continuing education regulations are currently being updated to require dual licenses to have 20hrs of CE in each area. A provisional license for temporary/emergency licensure is currently pending.

**South Carolina** - Continuing education criteria has been expanded to include independent study and online options. The state has also deleted the national-exam specific passing score.

**South Dakota** - Regulations regarding telepractice now include one in person visit prior to telepractice. The state has also finished and initiated rules for online registration to be completed.

**Texas** - Course requirements for assistants have been lowered to 12 hours standardized supervision log for SLPAs. Ethics presentations for licensees are being offered on an invitation basis by board members at state conferences.

**West Virginia** - Rules for telepractice approval are being submitted for the 2014 session. The state now requires 2 hours of continuing education in ethics training and did not include an exception of continuing education for military.

#### **ASHA Poster Session**

NCSB Board Members presented a poster session at the ASHA Convention in Chicago, IL. The presentation "Professional Licensure: A 30+ Year Journey for Consumer Protection" provided attendees with an overview of current issues and trends reported by state licensing boards. The issues reported to be on the forefront included telepractice, ethics, scope of practice, use of support personnel, unlicensed practice, encroachment by other professions, and universal licensure.

## 27th Annual NCSB Conference Licensure: Lifting to New Heights

Dates: Workshop - Thurs., Oct. 9, 2014

Conference - Fri.-Sat., Oct. 10-11, 2014

**Location:** Sheraton Salt Lake City Hotel

150 West 500 South Salt Lake City, UT 84101 Direct Phone: (801) 401-2000

Guest Room Group Rates: \$110/Single or Double; \$129/

Triple; \$159/Quad

Room Reservation Procedures: Please make your room reservations by Sept. 8, 2014, by calling (800) 325-3535. In order to obtain the group room rates, you must identify yourself as part of the NCSB group when making your



reservation. Group rates will be honored 3 days before and 3 days after the dates of our workshop/conference. Check-in time is 3:00 pm and check-out is 12:00 pm. Cancellations must be received by the hotel at least 2 days prior to your scheduled arrival.

**Ground Transportation:** There is complimentary shuttle transportation to and from Salt Lake City International Airport, located only 7 miles away, between the hours of 5:00 am and 11:30 pm. Call the hotel at 801-401-2000 to request the shuttle after arriving at the airport.

**Parking:** Complimentary parking is provided for all Hotel guests and Conference attendees.

#### About the Hotel

The Sheraton Salt Lake City Hotel is perfectly located on 5th South, in the heart of the downtown business and entertainment district and three blocks from the Salt Palace Convention Center. Whether you want to enjoy an exciting Jazz basketball game at Energy Solutions Arena, marvel in an award winning Ballet, Opera or Broadway play at Capital Theater, see the LDS Temple in Utah or perhaps shop at Gateway outdoor mall or the new City Creek Mall - you'll find them all within walking distance of our hotel in Salt Lake City, or you can take the complimentary downtown TRAX to these venues.

Salt Lake City creates a unique experience for every traveler. With so many Salt Lake City attractions nearby like skiing in the nearby mountains, shopping in the local malls, and exploring Salt Lake City restaurants, this destination has attractions to match any lifestyle. Take a tour of the local museums like Pioneer Memorial Museum and learn about the first settlers in Utah. Visit Liberty Park, one of the area's most popular parks, and enjoy dinner from a nearby restaurant followed by a show at the Repertory Dance Theatre.

Discover more things to do in Salt Lake City by visiting the website: <a href="http://www.sheratonsaltlakecityhotel.com/things-to-do-in-salt-lake-city">http://www.sheratonsaltlakecityhotel.com/things-to-do-in-salt-lake-city</a>.

#### 2014 FALL BOARD TRAINING

NCSB's 27th Annual Conference Licensure: Lifting to New Heights Salt Lake City, Utah October 9-11.2014 Thursday, October 9-Pre-Conference

The NCSB will offer the ever popular pre-conference Board Training for new and returning Board Members.

2014 Conference Schedule - TBA in Summer Newsletter

#### Pre-Conference Workshop/Training for Board Members, participants will be able to:

- Delineate key components of laws as well as rules and regulations that govern the practice of speechlanguage pathology and audiology.
- Describe elements of the disciplinary process and its application to the professions through participation in a mock hearing.
- Differentiate the function of professional associations and regulatory boards in the regulation of the practice of speech-language pathology and audiology.
- Oraft a consent order and agreement.
- Engage in the process utilized in examining potential complaints and ethics violations as well as in reporting to the HIPDB.

#### Sponsorship Opportunities Available

(Contact Doreen Oyadomari, NCSB Past President, at doreenphd@gmail.com for additional information)

- ♦ Keynote Speaker Sponsorship \$1500;
- ♦ Council Luncheon at Conference \$1000;
- Breakfast for Opening of Conference \$1000;
- ♦ Afternoon Break \$500;
- ♦ Program Sponsor: Gold Level \$750; Silver Level \$500; Bronze Level \$100

#### TRAVEL OPTIONS TO SALT LAKE CITY, UTAH

#### TO SALT LAKE BY AIR:

Salt Lake City International Airport is about thirteen miles from the hotel.

A complimentary hotel shuttle is available and leaves every hour and half hour starting at 5:00 am to 12:00 am. Once you arrive at the airport, please call the hotel and the operator will advise you of the pickup location.

### Update on the Data Bank for Speech-Language Pathologists, Audiologists, and their State Boards by Donald Illich and Jiaying Hua

On May 6, 2013, two government-run databases containing information on health care practitioners, providers, and suppliers combined their operations. The merger makes reporting to and querying of the newly merged Data Bank easier and, in some cases, cheaper for speech-language pathologists (SLPs), audiologists, and their state boards. The new Data Bank, officially called the National Practitioner Data Bank (NPDB), combines data previously contained in the former version of the NPDB with data previously stored in the Healthcare Integrity and Protection Data Bank (HIPDB). For individual SLPs and audiologists, this means they save money every time they ask the Data Bank for information about themselves, because they only need to query one Data Bank. Organizations, including state licensing and accreditation boards, save time, effort, and money because they now access only one database to satisfy mandatory requirements and optional opportunities for reporting and querying.

#### **Background**

The Data Bank collects and makes available reports on negative actions taken against health care professionals and entities, including SLPs and audiologists. The general public does not have access to this information, and access is given to health care professionals and entities only in situations carefully defined by federal law. In general, licensing and accreditation boards are required to report to the Data Bank negative actions taken against SLPs and audiologists, while hospitals and other health care entities may report certain actions. Hospitals must query the Data Bank when an SLP or an audiologist is given or increases clinical privileges, and at least every two years as long as the practitioner has privileges. Licensing boards may query the Data Bank at any time, and other health care entities may query when screening applicants for a medical staff appointment, or granting affiliation or clinical privileges, and in support of professional review activity. (See "What Speech-Language Pathologists and Audiologists Need to Know About the Data Banks," NCSB Newsletter, Summer 2012, p. 4 for more detailed information.)

The merger is the latest in a series of responses to congressional mandates dating back a quarter of a century, all intended to promote patient safety. Congress first created the NPDB to stop incompetent physicians and dentists from moving from state to state without the new state learning about sanctions that had been imposed by other jurisdictions. Later, it created the HIPDB to combat the financial impact of health care fraud. With the adoption in 2010 of the Patient Protection and Affordable Care Act, Congress decided to merge the two databases to prevent needless duplication. The Federal Register published regulations implementing the merger on April 5, 2013, and published minor technical changes to the regulations May 3, 2013.

#### Impact of the Merger

The effect of the merger on individuals is a good example of how duplication has been eliminated. Individuals may query the Data Bank at any time to see what information it contains about them; for example, they might conduct a self-query because a prospective employer has asked the practitioner for a copy of the Data Bank report during the hiring process. The Data Bank charges a fee of \$8.00 to provide practitioners these "self-query" results. Before the merger, to get a complete picture of what the Data Bank knew about them, SLPs and audiologists would have to self-query both the (old) NPDB and the HIPBD, resulting in a charge of \$16.00.

If an SLP or an audiologist is providing a self-query response to a third party such as a prospective employer, a state licensing board, or a medical malpractice insurer, and the requester asks for both NPDB and HIPDB reports, the SLP or audiologist should tell the requester that any Data Bank report processed after May 6, 2013, contains information from both databases.

For state licensing and accreditation boards, the cost for querying the Data Bank remains the same, but boards that previously submitted One-Time Queries to both the NPDB and the HIPDB have seen an immediate savings because now there is only one Data Bank to query. Continuous Query users see a reduction in costs when they re-

enroll their practitioners. The Data Bank is currently evaluating the fees for One-Time Queries (\$4.75) and Continuous Queries (\$3.25 per practitioner per year) to determine if changes are necessary. Any changes to the fees will be announced in the Federal Register and posted on the Data Bank website.

State board reporting requirements remain essentially the same, although the new regulations clarify how to count the time period governing when reports must be submitted to the Data Bank. All reports must be submitted within 30 days of when a negative action is taken or, for Medical Malpractice Payment Reports, within 30 days of the date a payment is made. The boards do not need to reregister with the Data Bank because the registration flagging systems automatically re-aligned to prevent disruption in Data Bank service. Boards should continue to renew their registrations with the Data Bank every 2 years.

#### Reports in the Data Bank

Between September 1, 1990, and December 31, 2012, 926,816 reports were filed on 517,224 individual practitioners of all types in the (old) NPDB. About 41 percent were for malpractice payments, 50.7 percent were for licensure actions, and 5.9 percent were for Medicare and Medicaid exclusions. The remaining 2.5 percent were for clinical privileges or panel membership, professional society membership, and DEA actions.

As of December 31, 2012, 569,175 reports were in the HIPDB, representing 320,231 individual practitioners of all types. About 78.7 percent of the reports were based on state licensure actions and 14.9 percent were based on Federal and state health care program exclusion actions. The remaining 6.3 percent comprised health care-related judgments or convictions, government administrative actions, and health plan actions such as contract terminations.

Tables 1 to 3 (SEE APPENDIX at end of newsletter) contain information on audiologists and SLPs between September 1, 1990 and December 31, 2012. Even though the NPDB and the HIPDB are now combined, the reporting periods covered by these tables predate the merger, and data are provided for each database.

Table 1 shows the number of each type of report in NPDB and HIPDB for audiologists and SLPs. Tables 2 and 3 show the fifteen most frequently reported reasons or bases for actions reported to the NPDB and HIPDB for SLPs and audiologists.

ble 1. Number of Adverse Action and Medical Malpractice Reports
by Practitioner Type
(September 1, 1990 – December 31, 2012)

Report Type	Audiologist	Speech/Language Pathologist	Total
NPDB			
Medical Malpractice Payment State Licensure Action	42 220	14 994	56 1,214
Clinical Privileges / Panel Membership Action	1	1	2
Exclusion Action Total NPDB Reports	26 <b>289</b>	0 1,009	26 <b>1,298</b>
HIPDB			
State Licensure Action Health Plan Action	221 7	997 0	1,218 7
Government Administrative Action	4	2	6
Exclusion Action Judgment or Conviction	44 13	53 52	97 65
Total HIPDB Reports	289	1,104	1,393
Total NPDB and HIPDB Reports	578	2,113	2,691

		NPDB	
Table 2. Reasons for Adverse Action Reports (AARs) by Practitioner Type (September 1, 1990 – December 31, 2012)			
	(September 1,	1990 – December 31, 2012)	Speech-
Major 15 Reasons for AARs	Audiologists	Major 15 Reasons for AARs	Language
			Pathologists
		Failure to Comply with	
Unprofessional Conduct	29	Continuing Education or	138
		Competency Requirements	
Violation of Federal or State		Violation of Federal or State	
Statutes, Regulations or	25	Statutes, Regulations or	118
Rules		Rules	
Failure to Comply with		Practicing Without a Valid	
Continuing Education or	22	License	112
Competency Requirements			
Practicing Without a Valid	19	Practicing With an Expired	90
License		License	
Criminal Conviction	18	Practicing Without a License	55
		Failure to Meet Licensing	l
Negligence	11	Board Reporting	51
		Requirements	
License Action by Fed.,			50
State, or Local Licensing	11	Unprofessional Conduct	50
Authority		Filing False Reports or	
Incompetence	10	Filing False Reports or Falsifying Records	42
Program-related Conviction	10	Criminal Conviction	39
Program-related Conviction Practicing With an Expired	10	Improper or Inadequate	33
Practicing with an Expired License	9	Supervision or Delegation	38
License		Allowing or Aiding	
Submitting False Claims	8	Unlicensed Practice	29
Violation of or Failure to		Officerised Fractice	
Comply with Licensing Board	6	Improper or Abusive Billing	20
Order	"	Practices	20
Misleading, False or		Violation of or Failure to	
Deceptive Advertising or	6	Comply with a Licensing	20
Marketing	-	Board Order	
		Fraud, Deceit, or Material	
Substandard or Inadequate	6	Omission in Obtaining	20
Care		License or Credentials	

Other (Not Classified)

HIPDB Table 3. Reasons for Adverse Action Reports (AARs) by Practitioner Type (September 1, 1990 – December 31, 2012)			
Major 15 Reasons for AARs	Audiologists	Major 15 Reasons for AARs	Speech- Language Pathologists
Unprofessional Conduct	28	Failure to Comply with Continuing Education or Competency Requirements	138
Violation of Federal or State Statutes, Regulations or Rules	27	Violation of Federal or State Statutes, Regulations or Rules	119
License Action by Fed., State, or Local Licensing Authority	22	Practicing Without a Valid License	116
Failure to Comply with Continuing Education or Competency Requirements	22	Practicing With an Expired License	90
Criminal Conviction	21	Practicing Without a License	57
Practicing Without a Valid License	20	Failure to Meet Licensing Board Reporting Requirements	51
Program-related Conviction	14	Unprofessional Conduct	50
Negligence	11	Filing False Reports or Falsifying Records	41
Incompetence	10	Criminal Conviction	39
Practicing With an Expired License	9	Improper or Inadequate Supervision or Delegation	38
Submitting False Claims	8	Allowing or Aiding Unlicensed Practice	29
Violation of or Failure to Comply with Licensing Board Order	7	Program-related Conviction	28
Misleading, False or Deceptive Advertising or Marketing	7	License Action by Fed., State, or Local Licensing Authority	24
Improper or Abusive Billing Practices	6	Fraud, Deceit or Material Omission in Obtaining License or Credentials	21
Other (Not Classified)	35	Other (Not Classified)	67

#### **For More Information**

Audiologists and SLPs interested in learning more about the Data Bank or the recent merger of the (old) NPDB and the HIPDB should visit the website at www.npdb.hrsa.gov. The site contains stores of information on all aspects of the Data Bank, including information about the Public Use Data File; research data analysis tools that allow users to perform specific data analyses and create their own customized data tables; data on reports, including reports submitted by state agencies and health plans; annual reports; information on Continuous Query; and instructions for reporting and querying.

The Division of Practitioner Data Banks – the government organization that oversees the Data Bank – is combining guidebooks for the two databases into one, providing clear instructions on reporting and querying obligations for the new Data Bank. Current guidebooks for the old NPDB and HIPDB are available on the Data Bank's website now, and a draft version of the new combined Guidebook is expected to be available for comment in late 2013.

New resources related to the merger, such as FAQs and the new Guidebook, will be posted online as they become available. For technical questions related to billing or registration, contact the Customer Service Center at help@npdb.hrsa.gov or 1-800-767-6732. Merger-related policy questions can be sent via email to NPDBPolicy@hrsa.gov.

#### **GET "SOCIAL WITH NCSB!"**

Did you know NCSB now has a Facebook group? Membership in this group is open to anyone who is a past or present member of your state's licensure board in speech-language pathology or audiology, state and national association leaders...or if you are interested in information related to the regulation of the communication professions. Our Facebook page will also feature up-to-the minute information about our publications, trainings, and our annual conference. Connect with your colleagues around timely issues confronting the professions, and share news about what is happening in your state.

Search under "NCSB" or go to https://www.facebook.com/groups/201684259941209/?fref=ts

See you on Facebook!

#### 2014 NCSB BOARD OF DIRECTORS

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## Table 1. Number of Adverse Action and Medical Malpractice Reports by Practitioner Type

(September 1, 1990 – December 31, 2012)

Report Type	Audiologist	Speech/Language Pathologist	Total
NPDB			
Medical Malpractice Payment State Licensure Action Clinical Privileges / Panel Membership Action Exclusion Action Total NPDB Reports	42 220 1 26 <b>289</b>	14 994 1 0 <b>1,009</b>	56 1,214 2 26 <b>1,298</b>
HIPDB			
State Licensure Action Health Plan Action Government Administrative Action Exclusion Action Judgment or Conviction Total HIPDB Reports	221 7 4 44 13 289	997 0 2 53 52 <b>1,104</b>	1,218 7 6 97 65 <b>1,393</b>
Total NPDB and HIPDB Reports	578	2,113	2,691

#### NPDB

Table 2. Reasons for Adverse Action Reports (AARs) by Practitioner Type (September 1, 1990 – December 31, 2012)

	(September 1, 1990 – December 31, 2012)			
Major 15 Reasons for AARs	Audiologists	Major 15 Reasons for AARs	Speech- Language	
			Pathologists	
Unprofessional Conduct	29	Failure to Comply with Continuing Education or Competency Requirements	138	
Violation of Federal or State Statutes, Regulations or Rules	25	Violation of Federal or State Statutes, Regulations or Rules	118	
Failure to Comply with Continuing Education or Competency Requirements	22	Practicing Without a Valid License	112	
Practicing Without a Valid License	19	Practicing With an Expired License	90	
Criminal Conviction	18	Practicing Without a License	55	
Negligence	11	Failure to Meet Licensing Board Reporting Requirements	51	
License Action by Fed., State, or Local Licensing Authority	11	Unprofessional Conduct	50	
Incompetence	10	Filing False Reports or Falsifying Records	42	
Program-related Conviction	10	Criminal Conviction	39	
Practicing With an Expired License	9	Improper or Inadequate Supervision or Delegation	38	
Submitting False Claims	8	Allowing or Aiding Unlicensed Practice	29	
Violation of or Failure to Comply with Licensing Board Order	6	Improper or Abusive Billing Practices	20	
Misleading, False or Deceptive Advertising or Marketing	6	Violation of or Failure to Comply with a Licensing Board Order	20	
Substandard or Inadequate Care	6	Fraud, Deceit, or Material Omission in Obtaining License or Credentials	20	
Other (Not Classified)	37	Other (Not Classified)	68	

#### HIPDB

Table 3. Reasons for Adverse Action Reports (AARs) by Practitioner Type (September 1, 1990 – December 31, 2012)

(September 1, 1990 – December 31, 2012)  Speech-				
Major 15 Reasons for AARs	Audiologists	Major 15 Reasons for AARs	Language	
	, turning og is to		Pathologists	
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Violetian of Fodonal on State		Competency Requirements		
Violation of Federal or State Statutes, Regulations or	27	Violation of Federal or State Statutes, Regulations or	119	
Rules	27	Rules	119	
License Action by Fed.,				
State, or Local Licensing	22	Practicing Without a Valid	116	
Authority		License		
Failure to Comply with		Practicing With an Expired		
Continuing Education or	22	License	90	
Competency Requirements Criminal Conviction	21	Practicing Without a License	57	
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Practicing Without a Valid	20	Board Reporting	51	
License		Requirements		
Program-related Conviction	14	Unprofessional Conduct	50	
Negligence	11	Filing False Reports or	41	
		Falsifying Records		
Incompetence	10	Criminal Conviction	39	
Practicing With an Expired	9	Improper or Inadequate	38	
License		Supervision or Delegation Allowing or Aiding		
Submitting False Claims	8	Unlicensed Practice	29	
Violation of or Failure to				
Comply with Licensing Board	7	Program-related Conviction	28	
Order				
Misleading, False or	_	License Action by Fed.,	24	
Deceptive Advertising or Marketing	7	State, or Local Licensing	24	
S		Authority Fraud, Deceit or Material		
Improper or Abusive Billing	6	Omission in Obtaining	21	
Practices		License or Credentials		
Other (Not Classified)	35	Other (Not Classified)	67	