

The meeting was called to order at 1:30 p.m. in Room 213
Senator Thomas R. C. Wilson was in the chair.

PRESENT: Senator Thomas R.C. Wilson, Chairman
Senator Richard E. Blakemore, Vice Chairman
Senator Don Ashworth
Senator Clifford E. McCorkle
Senator Melvin D. Close
Senator C. Clifton Young
Senator William H. Hernstadt

ABSENT: None.

OTHERS See attached guest list (Exhibit A).

PRESENT:

SB 201 Requires certain public buildings, sidewalks
and curbs to be constructed for physically
handicapped assessibility.

Senator James N. Kosinski, introducer, stated that there was similar legislation in 1977 supported by the Public Works Board and the Governor's Committee on Employment of the Handicapped, and that had passed in the Assembly and failed in the Commerce and Labor Committee.

Senator Kosinski stated that without checking, he had instigated Senate Bill 201, and that NRS 338.180 seems to contain similar provisions; that sub-section 1 of 338.180 makes the section applicable to all buildings open to the public in requiring access for the handicapped. He explained that sub-sections 2 and 3 clearly apply only to buildings constructed by the State or political subdivisions, and that this ambiguity, he had been told, resulted in local governments applying these provisions only in the construction of public buildings constructed by the State or its political sub-divisions. Senator Kosinski continued that Bill Hancock and Kathy Olson have polled local governments and determined that they are now applying these statutes to all buildings held open to the public.

In answer to Senator Ashworth's question, Senator Kosinski stated that according to Mr. Hancock, local governments are now interpreting it to apply to all public buildings or buildings used by the public.

Senator Kosinski, referred to a letter from Kathleen Olson, Executive Director, Department of Human Resources, Rehabilitation Division, expressing the stand that Senate Bill 201 is not necessary (see Exhibit B).

Senator Kosinski presented a letter from Ronald C. Jack, Ph.D., Deputy City Manager, City of Las Vegas, stating that he feels there is a need for a single entity to adopt clear and comprehensive regulations that could be used by all government entities, and therefore, he supports SB 201 (see Exhibit C).

Senator Ashworth stated that the bill's language is so broad that the financial burden of bringing existing buildings to specified qualifications would be too great.

Senator Kosinski replied that the fiscal impact under sub-section 2 could be significant, but the bill would require the local governments to determine how significant the problem would be. He continued that in some public buildings in Washoe County, such as the City Hall, Sparks' City Hall and some Clark County public buildings, the regulations have been complied with, at least in the case of access.

Senator Kosinski explained to Senator McCorkle that the language of sub-section 2, which reads: "The state public works board shall by January 1, 1980, adopt standards for making public buildings and curbs and sidewalks intended for public use accessible to and usable by the physically handicapped.", should apply to existing buildings and that sub-section 3, which reads: "Plans and specifications for all public buildings and for any curbs and sidewalks intended for public use which are constructed in this state after July, 1980, must conform to the standards adopted by the state public works board.", would apply to new buildings. He continued that that intent would be that less restrictive standards could be adopted for existing buildings than standards for new buildings.

Senator McCorkle stated that in the existing legislation, there is a restriction on standards such as entrance ramps, toilet facilities, drinking fountains and doors to public telephones, which is good; but if fire alarms, uniform Braille signs and other facilities are restricted, the cost would rise above 1 to 1 and 1/2 percent.

Senator Kosinski replied that the fiscal impact that was developed for the bill was based on the assumption that the building would be made entirely accessible, but that he didn't know if it would apply to fire alarms.

Senator Kosinski concluded that, in view of Ms. Olson's recommendation, there is a question as to whether the bill should be processed.

Chairman Wilson closed the public hearing on Senate Bill 201.

AB 23 Requires payment of recipient's cost to return unsolicited merchandise or to defend against attempts to collect payment.

Assemblyman James J. Banner, stated that while campaigning he was confronted by many people complaining about receiving unsolicited merchandise in the mail, and then receiving bills for the merchandise.

Mr. Banner explained that he had been involved in such a situation in which a package was received from ARCO and eventually letters

arrived asking for payment. He continued that upon investigation he discovered that the letters were being sent out by computer and by the time he was able to talk to a real person, his ARCO card had been cancelled and his daughter had been denied credit. He complained strongly, and a letter was received stating that he'd returned the merchandise, and his credit was good.

Mr. Banner then read a letter printed in a Las Vegas paper as follows: "We are calling on you as a last resort. In early May Atlantic Richfield sent us a book on a trial basis. The book was never ordered so we returned it immediately at our expense. We then received a bill from ARCO for \$25.07, and that's where the problem lies. Our letters have been ignored. At one point, we got so mad we returned the credit card, cut up into small pieces. It didn't help. Now ARCO is telling us our account is seriously overdue, and demanding that we pay immediately. We worry about our credit and hoping you can help."

He read another: "I was very interested to read the newspaper article in the Nevada State Journal about the Assembly Commerce Committee introducing a bill safeguarding against shipment of un-ordered books. In October, I received a big box of Nancy Drew and Hardy Boys mysteries from Atlantic Richfield Company. I live in an isolated area, so I do a lot of my Christmas shopping by mail. Because of all the packages I've been receiving, I was not as alert as I should have been in refusing the package and having it returned to sender. I kept the box of books until after the first of January, fully expecting to hear from Atlantic Richfield about why they sent them to me.

Finally, after having them for about two months, I divided the books and gave one-half of them to the local elementary school, and half to the middle school. I have felt that maybe I did something wrong in giving them away, but the return postage would have been over \$13, which I did not want to pay for something I did not order in the first place.

I was pleased to see that the statement of out of state statutes already stated that a person who receives unsolicited goods can dispose of them as he sees fit without obligation. I have received a letter from Atlantic Richfield stating that I owe \$82.86. I explained the situation in a letter addressed to R.A. McMahan."

In answer to Senator Young's question about enforcement, Mr. Banner stated that the matter could be handled in small claims court, and that it is already law in Nevada that unsolicited merchandise can be accepted as a gift, but that does not cover the damage that could be done to one's credit.

Senator Hernstadt stated that a law in Nevada would not affect other states, and the only control Nevada could have would be over credit recording bureaus within the state.

Chairman Wilson closed the public hearing on Assembly Bill 23.

SB 270 Reduces amount of unemployment benefits by certain amounts received from private pension plan.

Larry McCracken, Executive Director, Employment Security Department, explained that a bill passed in 1977 was practically inoperable because of changes made in Committee and the bill drafter's office.

The intent then was to limit the reduction of unemployment benefits to benefits paid by virtue of wages earned from a base period employer. He stated that the present law must be repealed because it is easily circumvented. He continued that the Employment Security Advisory Council recommends that the provision of NRS 612 which is 375, subparagraph 5 be deleted. He stated, however, that the Council has not been able to arrive at a satisfactory recommendation as to how to solve the problem.

Mr. McCracken explained that, prior to 1977 no notice was taken of retirement income; but the law passed then has had very limited impact and is very difficult to administer. He quoted the statute as follows: "Any wages which are paid for employment immediately preceding retirement, shall not be included as wages in determining the total wages paid during a claimant's base period." He explained that referring to wages rather than retirement income and limiting the exclusion to earnings immediately preceding retirement has presented difficulties; that about ten disqualifications per month have been assessed, mostly involving persons who voluntarily retire after several years of work with their previous employer. However, he continued, any intervening period of employment after retirement, but prior to filing a claim for retirement benefits permits a person to escape this disqualification. Mr. McCracken stated that because of these difficulties, and because there is some justified concern that the federal government may require all states to adopt a so-called "retirement provision", some change in Nevada law on this subject seems to be in order.

In reply to Chairman Wilson's question, Mr. McCracken explained that large numbers of people were being laid off or accepting voluntary retirement from Kennicott; and subsequently becoming available for employment in the labor force. Since the job potential was limited in Ely, they were eligible for benefits against an employer who had also contributed to their retirement income. He stated that the problem was initially addressed here, and the intent was to restrict it to base period employers.

Mr. McCracken explained to Senator Ashworth, that if an individual was to retire from an employer for whom he had worked for a long time, and the employer had contributed to the pension, and the person went to work for someone else and was laid off, he could collect both unemployment and retirement from the former employer. He stated that the base period is the first four of the last five completed quarters. He continued that Senate Bill 270 does not address public employees, military or federal employees, but simply private pension programs.

Senator Hernstadt asked about the case where an employer offers early retirement to a person who is no longer needed; the person goes to work for someone else and is laid off. Would SB 270 cut him off?

Mr. McCracken explained that the wording of the situation would determine the eligibility; and if the person went back to work and built a new base, he could draw unemployment. He continued that about 150 people a year are involved in this kind of situation.

Senator Ashworth stated that often, in professional corporations where there is a profit-sharing plan, if the corporation is terminated, the employee can go into a different occupation, can receive the compensation; but if he stays in the same profession he is not entitled to compensation.

Chuck King, representing the Central Telephone Company, stated that the Company has been bothered with the problem of employees drawing a pension and at the same time drawing unemployment benefits. He stated that in one year, 18 employees retired and every one applied for unemployment and received it. Of those 18, only 2 went back to work.

Claude Evans, Executive Secretary Treasurer, AFL-CIO, stated that he opposed SB 270. He participates in the Titanium Metals Corporation pension plan; and that the company pays the premium (an arrangement resulting from negotiations by the AFL-CIO). Mr. Evans explained that without the pension plan, the money would go to the employee; so, in fact, the employee is paying for the pension.

He continued that when an employee voluntarily retires, his pension isn't enough; so he is compelled to seek another job. If it is seasonal work, he is laid off and, under this legislation, would not be eligible to draw unemployment. He commented that if some legislation could be drafted that would eliminate the so-called "featherbedders" and cheaters, the AFL-CIO would give full support.

Bob Guinn, representing the Nevada Franchised Auto Dealers' Association and the Nevada Motor Transport Association, stated that he supports SB 270. He stated that a few years ago a beverage company manager retired at age sixty-five, cashed in stock for \$200,000, received a \$20,000 per year pension, and received 26 months of unemployment compensation.

In answer to Chairman Wilson's question, Mr. Guinn stated that if the private pension was contributed by an employer who employed the employee during the base period, the employee would be eligible for compensation. He continued that the thrust of the legislation is to insure that the employer who contributes to a pension, doesn't also have to pay unemployment.

Senator Hernstadt referred to the Kennicott problem where people had to voluntarily retire and could not find jobs.

Senator Ashworth stated that pensions and profit sharing plans are designed for retirement.

Mr. McCracken explained to Senator McCorkle that the unemployment benefits are charged to the base period employer. He then corrected his previous testimony by stating that the state would be considered a private pension plan. He continued that in Employment Security, every employer has a running account which shows the amount of money paid in, less the amount of money charged against the account. He stated that if an employer is paying the maximum rate, 3.5 percent, and benefits are being charged over that, the benefits come out of the fund, and that the minimum rate is 1.1 percent. He explained that about 2,000 companies are paying the maximum, and about 200 to 400 paying the minimum.

John A. Madell, representing the Associated General Contractors, concurred with Mr. Guinn's testimony.

Chairman Wilson closed the public hearing on SB 270.

SB 271 Changes minimum amount which may be provided for insurance coverage against uninsured vehicles.

George Vargas, representing the American Insurance Association, stated that all Senate Bill 271 does is deprive the consumer of one option, and it makes little difference to an insurance company if the requirement is that the uninsured motorist coverage and bodily injury liability has to exceed the amount of coverage otherwise carried by a policy holder; but then the premium would have to be adjusted accordingly, and the insurance cost would be more; unless the insured, under the terms of the law, rejected the uninsured motorist coverage.

Senator Hernstadt clarified that SB 271 provides for only the minimum or maximum coverage, and eliminates the middle.

Mr. Vargas suggested that the summary of SB 271 should be changed to read "changes minimum which may be required for insurance coverage against uninsured vehicles."

Virgil Anderson, representing the American Automobile Association, concurred with Mr. Vargas' testimony. He added that the smaller carriers would have a rating problem if a small percentage of insured drivers elected to take a high limit policy. He continued that the end result would be that the carrier would have to evaluate the situation, and possibly not be able to write more than the fifteen and thirty limit now existing. Mr. Anderson stated that, at present, it is optional to offer the higher limit.

Discussion followed as to whether the higher limit should be mandated to be offered.

In answer to Senator Hernstadt's question, Mr. Anderson explained that with his company, if a policyholder, who has a high liability coverage, has a collision with an uninsured motorist, he will still

be limited to the \$15,000-\$30,000. He add that the no fault law only mandates \$10,000, and that AAA offers no-fault in higher limits.

Chairman Wilson clarified that there is a rating problem when higher coverage is offered and the premium has to be adjusted.

Senator Ashworth stated that there is confusion as to what policyholders actually have with their uninsured coverage.

Dick Garrod, representing Farmers' Insurance Group, stated that the laws in Nevada go into effect on the first of July unless otherwise specified; and that many insurance companies that mail out billing thirty days prior to renewal would have to state that they have increased the cost of the insurance. Mr. Garrod agreed that the availability is not a problem, but the small companies would be hurt.

Senator Ashworth referred to Senator Close's statement about the great amount of uninsured motorists in Nevada. He stated that companies coming into Nevada would take that fact into consideration when determining rates.

Senator Young stated that he couldn't understand why a smaller company couldn't write policies for uninsured motorists.

Daryl E. Capurro, Managing Director, Nevada Motor Transport Association, stated that he objects to the way SB 271 has been drafted and that he concurs with the previous testimony. He continued that SB 271, in its present form, would substantially increase auto dealers' costs.

Barbara Bailey, representing the Nevada Trial Lawyers, stated that she is opposed to SB 271, and suggested the following amendment: "the amount of coverage to be provided must not be less than the minimum limits for bodily injury liability insurance required under the motor vehicle safety responsibility act. Options for additional higher coverage shall be offered to the policyholder in amounts up to and including the limits of the bodily injury coverage carried by the policyholder." Ms. Bailey continued that the Committee also might consider under-insured motorist coverage.

Gary Pauley, representing State Farm Insurance Company, explained that under-insurance coverage would attempt to provide a first party coverage on liability beyond the financial responsibility laws; if an individual were struck and severely injured and his own selected liability limits were \$100,000 and \$300,000, and the person who hit him was \$15,000 and \$30,000, under current Nevada law, the policyholder have an \$85,000 excess coverage.

Senator Ashworth stated that as it stands now, it is better to be hit by an uninsured motorist, than one who has a minimal policy.

Chairman Wilson asked what the difficulty is in making the higher coverage available upon request.

Mr. Pauley answered that if Ms. Bailey's amendment were included, there would be no problem.

In answer to Senator Ashworth's question, Mr. Pauley replied that presently State Farm, in a number of states, offers uninsured motorist coverage up to the limits of his liability coverage, and that it is either minimum financial responsibility limits or optional up to the maximum of the policy limits, but nothing in between. He stated that he is not sure if this is offered in Nevada, but if it isn't, there would be no problem in offering it.

Senator Young asked if there would be an objection to an option to provide under-insured coverage.

Mr. Pauley stated that he would object to a requirement that State Farm provide, optionally, under-insurance coverage; but he would not object to providing, optionally, additional uninsured motorist limits.

Chairman Wilson closed the public hearing on Senate Bill 271.

AB 69 Provides for enforcement of subpoenas of Public Service Commission.

Heber Hardy, Chairman, Public Service Commission, explained that Assembly Bill 69 is a bill that has come from the transportation study committee which functioned during the interim. He stated that it is a "clean up" bill that would take care of oversights in the past that occurred years ago when all the provision in NRS 706 were in NRS 704, and a separation related to the jurisdiction of the Public Service Commission over transportation was made and NRS 706 was enacted.

Mr. Hardy explained that NRS 704.490 and NRS 704.510 are provisions empowering the PSC to issue an order for a witness to appear and bring records before the PSC at a hearing; in the event someone refuses to appear, the PSC must make application to a district court for a court order. Then, if that is violated, the person is in contempt of court. Mr. Hardy explained that AB 69 would provide that the Commission could take action to require a witness from the transportation department to appear.

Chairman Wilson continued the public hearing on AB 69 for further testimony.

AB 23 Requires payment of recipient's cost to return unsolicited merchandise or to defend against attempts to collect payment.

Joe Midmore, representing DeHart and Associates, Washington, D.C., who represent people in the direct mail field, stated that if Assembly Bill 23 passes, the exemptions in sub-section 4 should remain.

Senator Ashworth stated that the problem is a situation where a computer is involved, and the credit rating of a person is impaired when he did not even request the merchandise.

Chairman Wilson closed the public hearing on AB 23.

AB 207 Resolves conflict between certain operative dates affecting deferred annuities.

Milos Terzich, Attorney, representing the American Council of Life Insurance, stated that Assembly Bill 207 was drafted by Frank Daykin and makes technical corrections by eliminating obsolete dates and making the first portion of the section in the conjunctive; rather than separated, as it was supposed to be in the original bill.

Frank Daykin, Legislative Counsel, stated as follows: "AB 207 is a reviser's bill to remove language which is now obsolete, from certain statutes relating to provisions required in a contract of annuity." Mr. Daykin explained that as originally enacted, there were two provisions which partially conflicted, and the one that was repealed in AB 207, NRS 688A.368, conferred a right of election which has now expired.

Mr. Daykin continued that Section 3 declares, retrospectively, that the presence of the date, which is now being deleted because it too has passed, in NRS 688A.361, was not meant to impair that right of election during that period that the two had existed side by side.

Chairman Wilson closed the public hearing on AB 207.

AB 215 Reconciles number of members appointed by Board of Dental Examiners of Nevada.

Frank Daykin, Legislative Counsel, explained that in 1977, the number of members on the State Board of Dental Examiners was reduced from nine to eight; but this particular distributing of them was not amended; hence the need for this legislation.

Chairman Wilson closed the public hearing on AB 215.

AB 69 Provides for enforcement of subpoenas of Public Service Commission

Chairman Wilson asked Mr. Daykin whether or not there is some kind of administrative procedure provision for subpoenas.

Mr. Daykin answered that at present there is none and that he would like to see one.

Senator Close suggested that it would be desirable to draft one statute that would encompass all subpoenas, rather than adopting amendments.

It was decided to hold AB 69 in lieu of drafting of a bill by Mr. Daykin that would address Senator Close's suggestion.

AB 20 Transfers the recording of licenses of certain professions from the county clerk to the county recorder.

Samuel D. Mamet, Management Analyst for Clark County, stated that Assembly Bill 20 is legislation submitted by the Clark County Clerk and Recorder, and presented suggested amendments (see Exhibit D).

Discussion followed during which time it was determined that these proposed amendments do not substantially change AB 20, but are merely mechanical corrections.

Chairman Wilson closed the public hearing on AB 20.

SB 231 Regulates practices of audiology and speech pathology.

For previous discussion and testimony on SB 231 see minutes of February 21, 1979.

Kenneth Shipley, Ph. D., representing the Nevada Speech and Hearing Association, presented proposed amendments to Senate Bill 231 (see Exhibit E).

Dr. Shipley stated that Nevada is a land-locked state and, if a lower educational requirement were adopted, practitioners from other states would flow in that would be of lower quality than desired. He continued that all other states that are licensed have a Master's degree minimum.

Senator Close stated that he thinks the M.A. is too high a requirement for licensure.

Dr. Shipley presented background information regarding educational requirements (see Exhibit F).

Discussion followed regarding the possible damage unqualified people can do who are presently practicing audiology and speech pathology. There was extensive discussion on this point during the hearing of February 21, 1979.

E. L. Newton, Nevada Tax Association, stated that he supports SB 137 because he feels there is a real need for licensure and for the protection of the consumer. Mr. Newton added that the proposed amendment deletes Section 18, and this would create an intolerable situation; because the board would need authority to maintain an office, and to employ an attorney if needed.

Senator Close explained that the bill provides for that authority without Section 18.

Mr. Newton stated that he feels that an M.A. should be mandatory for licensure, because a B.A. would be insufficient for a person to practice the profession of speech pathology or audiology.

Dr. Shipley stated that twenty-five states require an M.A. plus one year of internship; and all of the thirty-three states that have licensure require an M.A.

Chairman Wilson closed the public hearing on SB 231.*

SB 201 Requires certain public buildings, sidewalks and curbs to be constructed for physically handicapped accessibility.

Senator Young moved that SB 201 be indefinitely postponed.

Seconded by Senator McCorkle.

Motion carried.

Senator Blakemore absent.

SB 271 Changes minimum amount which may be provided for insurance coverage against uninsured vehicles.

Discussion followed regarding the proposed amendments to SB 271.

Senator Young stated that ten years ago Virgil Anderson testified that the companies had not had sufficient time to do an actuary study, and that is his claim even today.

Chairman Wilson suggested that rather than limiting the options, the coverage should be made available and the policyholder could choose whichever he liked.

Senator Close suggested that SB 271 be amended to require a carrier to offer uninsured motorist coverage by the same amounts that are offered in a liability policy, effective January 1, 1980, so that the companies could prepare.

Senator Close moved that SB 271 be passed out of Committee with and "Amend and Do Pass" recommendation

Seconded by Senator Young.

Senators Ashworth, McCorkle and Hernstadt dissented.

Motion carried.

* Exhibit G

AB 20 Transfers the recording of licenses of certain professions from the county clerk to the county recorder.

Senator Hernstadt moved that AB 20 be passed out of Committee with an "Amend and Do Pass" recommendation.

Seconded by Senator Young.

Motion carried unanimously.

AB 23 Requires payment of recipient's cost to return unsolicited merchandise or to defend against attempts to collect payment.

Discussion followed regarding the "unwarranted" and "unsolicited" language.

It was decided to eliminate reference to fees and costs and to eliminate the word "unwarranted" and on line 14 to replace "unwarranted" with "unsolicited".

Senator Blakemore moved that AB 23 be passed out of Committee with an "Amend and Do Pass" recommendation.

Seconded by Senator Ashworth.

Motion carried unanimously.

AB 215 Reconciles number of members appointed by Board of Dental Examiners of Nevada.

Senator Ashworth moved that AB 215 be passed out of Committee with a "Do Pass" recommendation.

Seconded by Senator Blakemore.

Motion carried unanimously.

SB 91 Reduces bonds for certain money order issuers.

For previous testimony and discussion on SB 91 see minutes of January 29, 1979.

Senator Young moved that SB 91 be indefinitely postponed.

Seconded by Senator Blakemore.

Motion passed unanimously.

SB 90 Provides for registration of trade-marks, trade names and service marks.

For previous testimony and discussion on SB 90, see minutes of January 29, 31, and March 5, 1979.

Senator Ashworth referred to a letter from James I. Barnes, Chief Deputy Attorney General, which reads as follows: "There appears to be some inherent problems with Section 21, particularly in light of Century 21's lawsuit against us. This section makes 'the likelihood of injury to business reputation or of dilution of the distinctive quality of a mark registered in this State or a mark valid at common law' grounds for obtaining injunctive relief. This section might be interpreted as abrogating the common law grounds for obtaining injunctive relief, i.e. irreparable harm, a balancing of hardships, a likelihood of success on the merits, the interest of the general public, and maintenance of the status quo. In effect, Section 21 would only require a showing of the 'likelihood of injury' in order to obtain injunctive relief. For this reason, I would be opposed to Section 21's enactment."

After further discussion it was decided to postpone action on SB 90 to a later date.

SB 172 Revises laws regulating dispensing opticians.

For previous testimony and discussion on SB 172, see minutes of February 12, 14 and March 5, 1979.

Chairman Wilson referred to a position paper of the Nevada State Board of Examiners in Optometry (see Exhibit H).

It was decided that line 21 of SB 172 be deleted; on page 2, line 2 after "frames" insert "or", and after "contact lenses" delete "or lens forms"; on page 2, line 18, end the sentence with "evaluation of work" and delete the rest of the sentence.

After further discussion, it was decided to postpone action on SB 172 to a later date.

Chairman Wilson stated that the Lahontan Chapter of the Nevada Association of Land Surveyors had requested legislation to amend certain statutes.

Senator Close moved for Committee introduction.

Seconded by Senator Young.

Motion carried.

Senator Hernstadt absent.

BDR 57-983[†] Relating to motor vehicle insurance and allowing the insured motorist to reject coverage for basic reparations benefits.

(BDR 57-983 Continued)

Senator Young moved for Committee introduction.

Seconded by Senator McCorkle.

Motion carried.

Senator Hernstadt absent.

No further business so meeting adjourned at 5:30 p.m.

Respectfully submitted,

Betty Kalicki, Secretary

APPROVED:

Thomas R. C. Wilson, Chairman

GUEST LIST

DATE: Wednesday, March 7, 1979

NAME	AGENCY OR ORGANIZATION
Bill Cozart	Nev Assoc of REALTORS
Gene Milligan	" " " "
Joe Midmore	DeHart + Associates
ED BOWERS	Gaming Industry Assoc of Nev, Inc
SAM MAMET	CLARK COUNTY AB20
E. F. Newton	NTA
Clare C. Evans	AFL-CIO
John H. Krell	AFL-CIO
Bill Ables	SELF
Larry Farnsworth	Farnsworth Drafting Co
Kraus & Evans	Insurance Division
BANNEN	ASSEMBLYMAN AB 33
Richard E. Garrod	Farmers Ins Group
Virgil B. Anderson	P.L.C.
HEBER P. HARDY	P.S.C.
CHUCK KING	CENTRAL TELEPHONE
Thomas H. Davis	CITY OF L.V.
Barbara Freiley	Nev. Trial Lawyers
Stan Warren	Nevada Bell
Larry Mcracken	ESD
Robert F. Gluing	Nev Franchised Auto Dealer Assn Nev Motor Transport Assn.
DARYL E. CAPURRO	NEVADA FRANCHISED AUTO DEALERS ASSN. NEVADA MOTOR TRANSPORT ASSN.
Tom C. Cresson	A.I.A.
Gary Peasley	State Farm Ins. Co.

GUEST LIST - EXHIBIT A

James N. Kosinski, Nevada State Senator
James J. Banner, Nevada Assemblyman
Larry McCracken, Executive Director, Employment Department
Chuck King, Central Telephone Company
Claude Evans, Executive Secretary Treasurer, AFL-CIO
Bob Guinn, Nevada Franchised Auto Dealers Association,
Nevada Motor Transport Association
John A. Madell, AFL-CIO
George Vargas, American Insurance Association
Virgil Anderson, American Automobile Association
Dick Garrod, Farmers Insurance Group
Daryl E. Capurro, Nevada Franchised Auto Dealers Association,
Nevada Motor Transport Association
Barbara Bailey, Nevada Trial Lawyers
Gary Pauley, State Farm Insurance
Heber Hardy, Chairman, Public Service Commission
Joe Midmore, DeHart and Associates
Milos Terzich, American Council of Life Insurance
Kenneth Shipley, Ph.D., Nevada Speech and Hearing Association
Frank Daykin, Legislative Counsel
Samuel D. Mamet, Clark County
Bill Cozart, Nevada Association of Realtors
Gene Milligan, Nevada Association of Realtors
E. L. Newton, Nevada Tax Association
Bill Ables
Larry Farnsworth, Farnsworth Drafting Company
Knaus & Evans, Insurance Division
Marsha Hudgins, City of Las Vegas
Stan Warren, Nevada Bell

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES

ROGER S. TROUNDAY, DIRECTOR

MIKE O'CALLAGHAN, GOVERNOR

L. FROST, ADMINISTRATOR

REHABILITATION DIVISION
GOVERNOR'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED
KINKEAD BUILDING, FIFTH FLOOR
505 EAST KING STREET
STATE CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

March 7, 1979

Thomas A. Wilson, Esq.
Senator, State of Nevada
Capitol Complex
Carson City, NV 89710

Dear Senator Wilson:

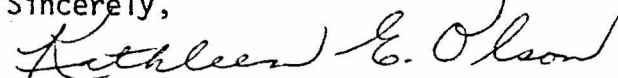
Senator Kosinski has asked me to advise you of a survey conducted by the staff of the Governor's Committee on Employment of the Handicapped relative to SB 201, Public Accommodations for the Physically Handicapped.

We have contacted the Public Works Boards of Carson City, Sparks, Reno, Las Vegas, North Las Vegas, Boulder City, Henderson, Douglas County, Lyon County and Churchill County as to enforcement of existing laws NRS 338.180 and 651.070. All of the building departments state that they are already reviewing building plans for accessibility and they feel that any further needs will be met through education programs such as those conducted by the Governor's Committee. The entities are complying with existing law by withholding building permits and business licenses until plans are approved.

Our only concern at this time would be the small rural communities where there is no building code and more education is needed. In these instances, education and technical assistance rendered by the Governor's Committee will assist in making the communities aware of the needs and rights of the disabled. We have already mailed packets of information to all public works boards and schools in the entire state. The Committee has a sub-committee on architectural barriers which works in an ongoing manner to provide technical assistance and the staff has a mobility expert who reviews plans and advises employers and builders of barrier-free design.

In discussing SB 201 with Senator Kosinski and Bill Hancock, Director of State Public Works Board, we find that the bill is not necessary at this time as the Governor's Committee will provide the necessary assistance to help provide reasonable accommodation for Nevada's disabled.

Sincerely,

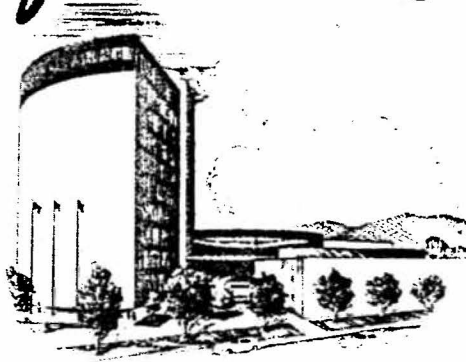


KATHLEEN E. OLSON, EXECUTIVE DIRECTOR

KEO:kr

City of Las Vegas

RONALD C. JACK, PH.D.
DEPUTY CITY MANAGER



SUPPORTIVE SERVICES
CITY CLERK'S OFFICE
FINANCIAL MANAGEMENT
FUNDS COORDINATION
MUNICIPAL SERVICES
PERSONNEL & EMPLOYEE
RELATIONS

March 5, 1979

The Honorable Thomas R. Wilson, Chairman
Senate Committee on Commerce and Labor
Legislative Building, Room 213
Carson City, Nevada 89701

Dear Senator Wilson:

On Wednesday, March 7, 1979 your committee will be hearing testimony on SB 201 which requires certain public buildings, sidewalks and curbs to be constructed for accessibility by the physically handicapped.

It is the opinion of the Architectural Services Department of the City of Las Vegas that the adoption of handicapped access standards would be beneficial from the standpoint of clarifying the present varying and often confusing sources of design guidelines for implementing such facilities. However, as is evidenced by the cost factors indicated below, if the standards apply to only new buildings constructed after July 1, 1980, the overall fiscal impact upon the City would not be significant. But if these standards were to be retroactively imposed on the existing public buildings or required when remodeling is undertaken in an existing facility, the cost factor would be substantially increased and would represent a financial burden to all local governments including the City of Las Vegas.

With regard to new construction, the actual additional cost to the governmental entities for including handicapped access facilities in accordance with the guidelines currently proported by various governmental agencies is not significant to the overall costs of these facilities unless the standards were to require vertical lifts or elevators where a facility is more than one story in height. The cost of providing an elevator is dependent upon several inter-related factors regarding the number of stories served, the overall height of the elevator run, and the desired response speed for the elevator services.

Other primary facilities affected by handicapped access standards would include the restroom facilities and the building entries as well as the mounting height of various public conveniences and fixtures.

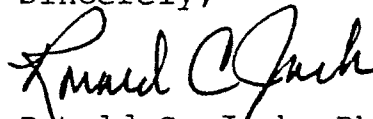
Regarding restroom facilities, the major additional expense would be the provision for a wider and deeper water closet enclosure with related grab bar facilities which would require only approximately three to four more square feet of building area per restroom. The actual additional cost to the City would vary with the prorated square footage cost of the building type. Public buildings probably fall within a price range of \$50 to \$75 a square foot in today's construction market. The installation of grab bars in conjunction with this widened stall is estimated to add an additional \$75 per restroom to the cost of the building.

In reference to the building entries, the additional cost would involve implementation of an entry access ramp where the building cannot be designed with an at-grade entry level. Actual additional cost of these ramps is directly proportional to the rise and run of the ramp as dictated by the grade elevation change on the site. While these entry ramps will require additional construction funds, they are not significant to the overall building program costs if taken into consideration in the early site planning/selection design phases. Costs for providing curb ramps at sidewalks and parking lot locations during new construction are virtually negligible as compared to traditional curb and sidewalk construction costs.

Other than drinking fountains, the additional cost of mounting fixtures such as lavatories, urinals, water closets, mirrors, light switches, and telephones during new construction is negligible. The additional cost of providing drinking fountains suitable to handicapped useage will vary depending upon the type of drinking fountain installed. With wall mounted fixtures, the additional cost is negligible; free-standing fountains could have a difference in cost of as much as \$350 per unit.

The City of Las Vegas is generally supportive of this bill for new construction only. If the Committee is interested in processing this bill we respectfully request that you consider re-scheduling this hearing in order to allow us and other governmental entities to provide expert witnesses who will be able to assist the Committee in determining not only the fiscal impact of this bill, but also provide assistance to the Committee regarding State standards for handicapped access.

Sincerely,



Ronald C. Jack, PhD
Deputy City Manager

TOM GRAHAM, Director, Architectural Services and Project Control
Employed by the City of Las Vegas since July 1971.

Present Position

General duties are related to all direction and administration of architectural services, including civic buildings, park design and special projects relating to urban design for the City of Las Vegas from the standpoint of public improvements.

Coordinates design control and project control through his position as Chairman of the City's Project Design Committee which is an inter-departmental coordination function having members from Recreation, Public Works, etc.

Education, Certificates and Licenses

Five year Bachelor of Architecture Degree - Pennsylvania State University.

City Planning - University of Florence in Italy.

Certificate of Environmental Impact Reporting - UNLV.

Licensed Landscape Architect.

American Planning Association - Full Member.

American Institute of Certified Planner Registration.

American Institute of Architecture, L.V. Chapter - Associate Member.

LEGISLATIVE MEMORANDUM

Date: Feb. 20, 1979

TO:

RON JACK

FROM:

MARSHA HUDGINS

SUBJECT:

SB 201 - HANDICAP ACCESS

Attached are detailed comments from Tom Graham on SB 201. Gary Holler indicates support for the bill also.

MH:bjw

Att.

From a design perspective the adoption of handicapped access standards would be beneficial from the standpoint of clarifying the present varying and often confusing sources of design guidelines for implementing such facilities. In that the proposed amendment will apply to design plans and specifications for only new buildings which are constructed in this state after July 1, 1980, the fiscal impacts upon the City will be minimal if these standards are incorporated into the initial design plans prior to contract bidding. Within new construction, the actual additional cost to the City for including handicapped access facilities in accordance with the guidelines currently proposed by various governmental agencies is not significant to the overall costs of these facilities unless the standards were to require vertical lifts or elevators where a facility is more than one story in height. In this case, the number of stories of the building determine the feasibility or desirability of providing an elevator. In all likelihood, any new structure of two stories or more would include a vertical elevator facility for the movement of materials and furnishings. The cost of providing an elevator is dependent upon several inter-related factors regarding the number of stories served, the overall height of the elevator run, and the desired response speed for the elevator services.

Other than vertical lifts, the primary facilities affected by handicapped access standards would most likely include the restroom facilities and the building entries as well as the mounting height of various public conveniences and fixtures. In reference to restroom facilities, the major additional expense would be the provision for a wider and deeper water closet enclosure with related grab bar facilities. The implementation of a wider and deeper water closet stall translates into only approximately three to four more square feet of building area per restroom facility. Again, the actual additional dollar amount to the City to satisfy this standard would vary with the prorated square footage cost of that building type. Generally speaking, public buildings probably fall within a price range of \$50 to \$75 a square foot in today's construction market. The installation of grab bars in conjunction with this widened stall is estimated to add an additional \$75 per restroom to the cost of the building.

In reference to the building entries, the additional cost would involve the implementation of an entry access ramp where the building cannot be designed with an at grade entry level. The actual additional cost of the entry ramps is directly proportional to the rise and run of the ramp as dictated by the grade elevation change on the site. While these entry ramps will require additional construction funds, they are again not significant to the overall building program costs if taken into consideration in the early site planning/selection design phases. Other related access facilities would include curb ramps at various sidewalks and parking lot locations. Cost for providing these facilities during new construction are virtually negligible as compared to traditional curb and sidewalk construction costs.

EXHIBIT C

The mounting height of various fixtures such as lavatories, urinals, water closets, mirrors, light switches, telephones, and drinking fountains would have to conform to these handicapped access standards also. Other than drinking fountains, the additional cost of mounting these fixtures in accord with the handicapped access standards during new construction is negligible. The additional cost of providing drinking fountains suitable to handicapped useage will vary depending upon the type of drinking fountain installed. If a wall mounted fixture is used, the additional cost again is negligible. However, if a free-standing drinking fountain is needed, the difference in cost could be as much as \$350 per unit depending on the style and model selected.

While I cannot estimate an accumulative cost impact to the City on an annual basis, I do feel that the above cost factors indicate that if the standards apply to only new construction, the overall fiscal impacts are not significant. However, if these standards were to be retroactively imposed on existing public buildings or required when a certain amount of remodeling is undertaken in an existing facility, then the cost factor for providing compliance with handicapped access standards is substantailly increased. As an example, to provide a curb ramp at an existing sidewalk location can cost an average of \$600 per unit and to install grab bars in an existing restroom facility can cost \$200 versus the \$75 mentioned above.

I am generally supportive of this amendment for new construction only in that if State standards are officially adopted, it should provide clarification and uniformity to local entities as to the handicapped access standards to be utilized as design and cost criteria in future City buildings. However, in order to accomplish this effectively, the State Public Works Board will have to incorporate any and all federal handicapped access standards into the proposed state standards in order to provide a continuity of requirements.

TBG:bjl

MEMORANDUM

OFFICE OF THE COUNTY MANAGER

TO: SENATE COMMERCE AND LABOR COMMITTEE

FROM: SAMUEL D. MAMET, MANAGEMENT ANALYST

SUBJECT: A.B. 20

DATE: MARCH 7, 1979

Before your committee this afternoon is legislation submitted by our Clark County Clerk and Recorder. This bill would make uniform the filing of all professional certificates with the recorder, as opposed to some professions filing certificates with the clerk and others with the recorder. Currently, acupuncture, chiropractor, medical surgery, and obstetrics certificates are recorded with the county recorder, while optometry, dentistry, podiatry, and osteopathy are filed with the county clerk. It is our proposal to switch these latter categories over to the recorder.

Because of some technical problems with the bill, we would suggest the following amendments to the legislation, all on page 2:

Line 1, [file] record.

File means that the documents are kept by the Recorder, which is not the case. The certificates are only recorded and returned to the holder.

Line 7, it [.] with the recorder's endorsement stamp affixed at the end of the certificate.

This is how the recorder records all documents.

Line 7, change the word filing to recording.

Line 8, take out \$1 fee and insert a fee to the county recorder as set forth in NRS 247.305 (attached). This is the statutory fee schedule for the recorder.

Line 13, for that purpose, or for microfilming, whichever method the recorder uses.

Line 14, same change as in line 8.

Lines 20 & 21, same change as in line 13.

Line 22, same change as in lines 8 & 14.

Line 23, [30] 90. 30 days may not be enough time for the switch-over.

Line 29, [file and]

Thank you for your consideration.

247.210 Certified copy of instrument once recorded, filed in another state may be recorded, filed in any county in Nevada: Effect. A copy, or a microfilm picture or photostatic copy of any instrument once recorded or filed in any recording office of any state, certified by the county recorder or other appropriate official in whose office such instrument is recorded or filed, may be recorded or filed in any county of this state, and when so recorded or filed the record thereof, or such filed instrument, shall have the same force and effect as though it were of the original instrument.

[10:120:1923; A 1935, 247; 1949, 84; 1943 NCL § 2120]—(NRS A 1965, 620)

247.305 Fees of county recorders.

1. Where another statute specifies fees to be charged for services, county recorders shall charge and collect only the fees specified. Otherwise county recorders shall charge and collect the following fees:

For recording any document, for the first page	\$3.00
For each additional page.....	1.00
For recording each portion of a document which must be separately indexed, after the first indexing.....	2.00
For copying any record, for the first page	1.00
For each additional page.....	.50
For certifying, including certificate and seal, for the first seal..	1.00
For each additional seal.....	.25
For recording or copying any document in a foreign lan- guage, double the normal fee.	

2. A county recorder shall not charge or collect any fees for any of the services specified in this section when rendered by him to the State of Nevada or the county, or any city or town within the county, or any officer thereof in his official capacity, except for copying of any document, including certificate and seal, for which the statutory fee shall be paid.

3. Except as otherwise provided by an ordinance adopted pursuant to the provisions of NRS 244.207, county recorders shall, on or before the 5th day of each month, account for and pay to the county treasurer all such fees collected during the preceding month.

(Added to NRS by 1967, 279; A 1973, 171, 1678; 1977, 335)

247.310 Fees for recording certificates of proof of labor on mining claims; payment of fees to county treasurer.

1. Except as otherwise provided by law, county recorders shall charge the following fees for recording certificates of proof of labor on mining claims:

For recording any such certificates that embrace therein one claim.....	\$0.50
For each additional mining claim embraced in the certificate.....	.25

Summary of Needs for Graduate-Level
Training Requirements for S.B. 231

Submitted to Senator T.R.C. "Spike" Wilson,
Chairman of Commerce and Labor Committee of
the Nevada Senate, by Dr. Kenneth Shipley
(Reg. Lobbyist 79-310) on behalf of the Li-
censure Committee¹ of the Nevada Speech and
Hearing Association

Preface

The Nevada Speech and Hearing Association feels strongly that S.B. 231 is necessary for Nevada, and that the educational requirements proposed are necessary for the public's protection. We also feel that the proposed educational requirements are necessary to afford this protection, but these requirements do not place unfair restrictions upon current and future speech pathology and audiology practitioners.

Needs for Graduate Training

1. Without requiring graduate level training, Nevada will remain and become an even greater "haven" for unqualified or incompetent practitioners.

¹Other committee members include:

Jean Curran, M.S., Director of Speech Services,
Special Children's Clinic, Las Vegas; limited
private practice
Dee Ann Freedman, M.S., Speech Pathologist,
Special Children's Clinic, Las Vegas
Stephen McFarlane, Ph.D., Director, Speech Pathology
and Audiology, UNR; limited private practice
Frank McMurry, B.A., Audiologist, Clark County
Schools; limited private practice
Diane Ross, M.S., Private Speech Pathology Practice,
Reno

- A. As of 1975 (1), all states with licensure required bachelors and masters degree training, an examination, and a post-graduate clinical fellowship year. Since then, all new licenses (total=33) have required standards equivalent to or greater than the proposals in S.B. 231.
- B. States bordering Nevada have more stringent requirements than S.B. 231.
 - 1. California (2), Oregon (3), and Utah (4) each require the graduate training, a test, and clinical fellowship year.
 - 2. Of these, Utah's (4) law is considered perhaps the most stringent in the country. Utah requires graduate training, a test, and 2,000 hours of supervised practice with a Utah license-holder. Also, there is no reciprocity for license-holders from other states.
 - 3. Arizona (5) is currently proposing legislation with requirements equivalent to California and Oregon.
- 2. Graduate level training has long been recognized as being necessary for effective clinical practice.
 - A. Since 1963 (6), speech pathology and audiology have recognized that graduate-level training is necessary. Undergraduate training is considered a pre-professional degree across the country (7-9). It is similar to a pre-law, pre-dentistry, or pre-medicine degree.
 - B. This is especially important for private practice because these persons work with a wider range of more severe and medically related disorders (aphasia, laryngectomy, etc.) than practitioners in other settings (11,12).
 - C. The graduate model has been used across the country for public school certifications, as well as licensure. As long ago as 1967 (13), 20 of 30 states surveyed and the District of Columbia required, or were converting to graduate requirements for school personnel.

Note: Sources are in parentheses. See page 5 for exact references. These sources have been provided to the Committee Chairman, Senator Wilson.

3. The graduate requirements afford the public with protection from unqualified or future under-qualified practitioners.
 - A. The bachelor's level training is similar to graduates of a two-year medical school going into practice. This person simply does not have the necessary academic instruction and clinical practice for many disorders. For example, classes like aphasia, stuttering, laryngectomy, cerebral palsy, advanced diagnostics, cleft palate, etc. are taught at the graduate level at almost all training institutions, including UNR (7-9)
 - B. The bachelor's level person is often ineligible for such protections as malpractice insurance (14), medicare or third-party payment (15), etc. Thus, the public has little or no recourse to funding assistance or compensation for poor practice.
4. The graduate-level stipulations do not represent a "handicap" to speech pathologists and audiologists.
 - A. The grandfathering clause prevents harm to current practitioners.
 - B. The Nevada Speech and Hearing Association consists of both bachelors and masters level personnel. Even the bachelor's trained persons have voted unanimously for the requirements at the annual state conventions.
 - C. Graduate degree training has been available at UNR since 1972. UNLV does not have any speech pathology and audiology program, so neither bachelors nor masters level people are being trained in Las Vegas.
 - D. As long ago as 1969 (16), many universities in neighboring states have offered both undergraduate and graduate training.

Arizona

University of Arizona

Arizona State

(Northern Arizona also developed a program since 1970)

California

California State Universities/Colleges at
Fullerton, Long Beach, Los Angeles,
Chico, Fresno, Humboldt, Sacramento,
San Diego, Northridge, San Francisco,
San Jose, Stanislaus

University of California-Santa Barbara,
University of Pacific, Chapman, LaVerne,
Loma Linda, Redlands, USC, and Stanford

Oregon

Portland State,
Oregon College of Education (since 1970)
University of Oregon

Idaho

Idaho State

Utah

Brigham Young
University of Utah
Utah State

Note: This listing includes only schools with bachelors and masters programs available for at least the last 10 years. It does not account for new programs or undergraduate only programs.

Graduate credit has been available in Northern and Southern Nevada for a number of years. For example, each summer since 1972, the State Department of Education and the UNR Department of Speech Pathology and Audiology have co-sponsored two three-five day workshops for graduate credit: one in Reno and one in Las Vegas. If a person had attended each workshop in Las Vegas (or Reno) he or she would have accumulated approximately 14 or more graduate credits. If this person attended the workshops in both cities each summer approximately 28-32 credits would have been earned. Tuition, fees, and a stipend has been awarded by the Department of Education for many practitioners to attend these workshops.

Special arrangements through UNR have been made for special circumstances. For example, a number of Las Vegas residents have earned credit in speech pathology and audiology through UNR for activities (e.g., internships) taken in Southern or rural Nevada.

Outside of UNR, additional opportunities for graduate credit are available. For example, Arizona State offers several courses through correspondence; Utah State offers

3 credits per year under a workshop format; Memphis State has offered a graduate workshop/convention in Las Vegas; UNLV's Department of Education offers coursework related to speech pathology and audiology (e.g., mental retardation, autism), etc.

Sources

1. Summary of 18 state laws licensing speech pathologists and audiologists, Asha, (February, 1975).
2. Speech Pathology and Audiology Examining Committee Regulations (Chapter 13.4), State of California (1977).
3. Speech Pathology and Audiology Licensure Law, State of Oregon (1975).
4. Showalter, W., Letter to the editor, Asha, p. 604, (July, 1978).
5. Shelton, R., Personal conversation between Dr. Shelton, Professor of Speech and Hearing Science, University of Arizona, and Dr. Stephen McFarlane (UNR). Dr. Shelton is actively involved in the Arizona licensure efforts (February, 1979).
6. Graduate Education in Speech Pathology and Audiology; Report of a National Conference, Highland Park, Ill.: (1963).
7. General Catalog, UNR (1973-74 through 1977-78).
8. Preprofessional Education in Speech Pathology and Audiology, University of Michigan, Asha (June 1968).
9. Preprofessional Education in Speech Pathology and Audiology, University of Oklahoma, Asha (October 1968)
10. Preprofessional Education in Speech Pathology and Audiology, Stanislaus State College, Asha (November 1968)
11. Fox, D., Private Practice: Guideline for Speech Pathologists and Audiologists, Danville, Ill.: Interstate Printers (1971)
12. Weiss, C., and Lillywhite, H., A Handbook for the Prevention and Treatment of Communicative Disorders, St. Louis, MO.: C.V. Mosby (1975).
13. Report on State Certification Requirements in Speech and Hearing, Asha (July 1968).

14. Stryker, S., Procedures relating to Medicare and other third-party payments, Asha (August 1976).
15. Professional liability insurance for Speech Pathology and Audiology, (1979).
16. A Guide to Graduate Education in Speech Pathology and Audiology, American Speech and Hearing Association (1969; 1975-76).

the boards be composed exclusively of speech pathologists and audiologists. New York's board may have such a composition, although members who are neither speech pathologists nor audiologists may be added to the board.

Four of the nine states which require that an otolaryngologist be a board member also require that a consumer representative sit on the board. Seven states in all have consumer representatives on their licensure boards: California, Delaware, Georgia, Hawaii, Oklahoma, Oregon, and Rhode Island. In one state, South Carolina, a hearing-aid dealer serves as a voting member of the seven-man board.

In 11 of 18 states with licensure, the boards are not autonomous bodies, but report to various state agencies, including the Health Department in six states and the Department of Education in two states. In several states, reorganization of the various professional licensing boards under the authority of a centralized administrative body has been proposed or already adopted.

Education-Experience Requirements

The vast majority of states have modeled their licensure requirements on those standards required for ASHA's Certificate of Clinical Competence (CCC). In 13 states, the licensure requirements are identical to the CCC requirements in effect in 1972. However, when ASHA's revised requirements became mandatory in 1973, there was no longer an exact correspondence between licensure requirements and those for the CCC. This problem was averted in the Tennessee law because the licensure requirements are an M.A., an examination, and evidence of educational, clinical, and employment requirements as prescribed in the regulations adopted by the board. In the proposed regulations for Tennessee, the requirements for licensure are identical to the revised CCC requirements in all respects except one. The requirement for clinical practicum is 275 hours, but the Board will be able to amend this part of the regulations when the new requirements become effective. Maryland has followed Tennessee's example by preparing an amendment that would remove detailed licensure requirements from the law and empower the Boards of Examiners to include the more detailed standards in the Boards' rules and regulations. It seems likely that other states will have to follow the procedure of seeking formal legislative amendment of the licensure law. New York's statute, which was recently enacted, contains provisions similar to those in Tennessee, and prospective board members have indicated that they intend to adopt the revised CCC requirements. Thus, casting the licensure requirements in general terms and leaving to the Board the authority to set down the detailed requirements is a course of action that should eliminate the onerous problem of amending the law to effect a correspondence between CCC and licensure requirements.

The following language is suggested as appropriate for future licensure bills and for amendments to existing statutes:

Requirements for professional license—

To qualify for a license as a speech pathologist or audiologist, an applicant shall fulfill the following requirements:

- (1) file an application with the board;
- (2) have earned at least a master's degree in the area of speech pathology and/or audiology or its equivalent, as determined by the board;
- (3) submit evidence of the completion of educational, clinical experience, and employment requirements, which requirements are based on national standards and prescribed by the rules and regulations adopted pursuant to this act.

In all of the laws enacted thus far, the requirements for licensure are either identical or equivalent to the CCC requirements. However, there have been efforts to circumvent the CCC requirements, in an apparent attempt to accommodate bachelor's level personnel employed in school settings. For example, Louisiana's law permits the licensure of teachers of the speech defective and hard of hearing. At the time of the enactment of the bill, the vast majority of these individuals were B.A. degree holders. Subsequent to the bill's enactment, however, the state association cooperated with the state Board of Education in its review of certification standards and in the fall of 1974, the Board adopted the M.A. as the basic requirement for state certification of speech and hearing professionals working in the public schools.

A licensure law in which state licensure requirements differ from the CCC requirements would have at least two untoward effects: first, it would seriously undermine ASHA's national competency standards and the perception of those standards on the part of other professions, government, and the public; and second, it might interfere with arrangements between neighboring states concerning interstate practice (that is, reciprocity). In future state licensure efforts, ASHA intends actively to represent both its certification standards and the interests of those speech and hearing professionals whose livelihoods and the interests of whose clients depend on interstate practice. This commitment is bolstered by a 1972 Legislative Council Resolution in which ASHA support was pledged for state licensure laws that are supportive of ASHA's standards.

State laws that permit licensure of practitioners who have achieved a bachelor's degree plus "X" amount of graduate credits may also pose reciprocity problems. Such qualifications may well be equivalent to ASHA's CCC standard. The issue here, though, is that they may also cause "image" problems since the profession could be viewed as a B.A. degree profession by the government, the public, and other professions.



DEPARTMENT OF BOARD OF MEDICAL EXAMINERS SPEECH PATHOLOGY AND AUDIOLOGY EXAMINING COMMITTEE

1020 N STREET, SACRAMENTO, CALIFORNIA 95814 TELEPHONE: (916) 322-2670



Chapter 13.4 Speech Pathology and Audiology Examining Committee Regulations

Article 1. General Provisions

1399.150. Location of Offices. The principal office of the Speech Pathology and Audiology Examining Committee is located at the Consumer Affairs Building, 1020 N Street, Sacramento, California 95814.

Note: Authority cited for Chapter 13.4: Section 2531.25, Business and Professions Code. Reference: Sections 488, 492, 2530.6, 2531.25, 2531.4, 2531.5, 2531.7, 2532.1, 2532.2, 2532.3, 2533, 2533.1, 2534.2 and 2535.1, Business and Professions Code. History: 1. New Chapter 13.4 (Sections 1399.150-1399.171) filed 10-26-73; effective thirtieth day thereafter (Register 73, No. 43).

1399.151. Definitions. For the purpose of the rules and regulations contained in this chapter, the term:

- (a) "Department" means the Department of Consumer Affairs;
(b) "Board" means the Board of Medical Examiners;
(c) "Committee" means the Speech Pathology and Audiology Examining Committee;
(d) "Code" means the California Business and Professions Code;
(e) "Act" means the Speech Pathologists and Audiologists Licensure Act;
(f) "Actively engaged in practice" shall mean pursuit of the practice of speech pathology or audiology for a minimum of 15 hours per week. Clinical experience gained as a student, either in a practicum on or off campus, either voluntary or for remuneration, shall not be considered as "actively engaged in practice."
(g) "Actively engaged in practice on March 7, 1973, as defined by Sections 2530.2(h) and 2530.2(e) of the Business and Professions Code" is deemed to include, but not limited to the following:

- (1) Be engaged in practice during March 1973,
(2) Be on formal leave from employment in such practice,
(3) Have been engaged in such practice during at least nine of the previous 14 months and be actively seeking reemployment.

1399.152. Officers. The election of officers shall be held annually at the first regular meeting of the Committee after the 15th day of July each year. Vacancies occurring in any of the offices may be filled at any regular meeting or at a special meeting called for that purpose.

1399.153. Delegation of Certain Functions. The power and discretion conferred by law upon the Committee to request the Division of Investigation of the Department to investigate alleged violations of the Act or this chapter; receive and file accusations; issue notices of hearing, statements to respondent and statements of issues; receive and file notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; set and calendar cases for hearing and perform other functions necessary to the businesslike dispatch of the business of the Committee in connection with proceedings under the provisions of Section 11500 et seq., of the Government Code, prior to the hearing of such proceedings; and the certification and delivery or mailing of copies of decisions under Section 11518 of the Government Code are hereby delegated and conferred upon the executive officer or, in his absence from the office of the Committee, the chairman of the Committee.

The executive officer is further authorized, subject to the approval of the Committee and the rules and regulations of the Board, to investigate and to evaluate each and every applicant applying for a license under the Act; and to recommend to the Board for final determination the admission of the applicant to the examination, or for the issuance of a license, in conformance with the provisions and qualifications required by the Act and this Chapter.

Article 2. Applications

1399.154. Application for License. (a) An application for a license as a speech pathologist or audiologist shall be submitted to

the Committee at its principal office in Sacramento on an application form provided by the Committee, and filed with the Committee at its principal office. For those applicants not having the examination waived pursuant to regulation 1399.159, their application must be submitted no later than 45 days prior to the date set for the examination.

(b) Every application shall be typed or written in ink, signed under the penalty of perjury and accompanied by the appropriate application fee and by such evidence, statements, or documents as therein required.

(c) The applicant shall be notified, in writing, of the results of the evaluation of his application for license if the application is rejected.

(d) Approved applications and all documents filed in support thereof shall be retained by the Committee with the provision that the Committee may permit such documents to be withdrawn upon substitution of a true copy.

1399.155. Renewal Applications. A renewal application shall be on a form provided by the Committee accompanied by the renewal fee and filed with the Committee at its office in Sacramento prior to the expiration date of the license.

1399.156. Abandonment of Application. An applicant shall be deemed to have abandoned his application if he does not complete the requirements for licensure within one year from the date on which application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

Article 3. Qualifications for License

1399.157. Education Equivalents. (a) Educational qualifications deemed equivalent to those specified in Section 2532.2 of the Code shall include, but are not limited to, a master's degree (M.A., M.S. or M.Ed.) with major emphasis in speech pathology, audiology, communicative disorders, or speech and hearing science from an institution approved by the Committee.

(b) Institutions approved by the Committee within the meaning of this section and Section 2532.2 of the Code shall include, but are not limited to, those institutions accredited by the American Boards of Examiners in Speech Pathology and Audiology, and those institutions accredited by regional accrediting associations approved by the Committee.

1399.158. Supervised Clinical Experience. Supervised clinical experience within the meaning of Section 2532.2(c) of the Code shall be clinical experience with individuals representative of a wide spectrum of ages and communication disorders in the area for which licensure is sought, under the supervision of a licensed speech pathologist or audiologist, or a speech pathologist or audiologist having qualifications deemed equivalent by the Committee.

1399.159. Waiver of Examination. Applicants shall be deemed to have satisfied the examination requirements of Section 2532.2(e) of the Code if they have: (a) Taken the National Examination in Speech Pathology or the National Examination in Audiology administered by the Educational Testing Service of Princeton, New Jersey, within five years preceding the date on which their application is filed with the Committee and have achieved a score on such examination which is acceptable to the Committee; or

(b) Taken an examination(s) leading to one of the following certificates:

- (1) A certificate of Clinical Competence awarded by the American Speech and Hearing Association in the area for which licensure is sought. (Note: the statement of certification equivalence provided by ASHA for vendorization under Medicare-Medicare aid does not constitute an acceptable certificate for purposes of this section.)

(2) For licensure as a speech pathologist, one of the following credentials:

(A) A Restricted credential authorizing service as a speech and hearing specialist issued by the California State Department of Education pursuant to Section 13152 of the Education Code as added by Chapter 1211 of the 1967 Statutes. (Note: this does not include those restricted credentials issued on the basis of a postponement of requirements.)

(B) The Standard credential (general elementary, general secondary, or junior college teaching credential type A) with specialized preparation to serve as a teacher of exceptional children in the area of speech and hearing handicapped issued by California State Department of Education Code Sections 13188 and 13197.55. (Note: this does not include credentials issued on the basis of partial fulfillment of requirements.)

(C) A Basic Teaching credential (standard elementary or standard secondary with academic major) and a minor in the speech and hearing area as required under the 1961 California Teacher Licensing Act commonly referred to as the Fisher Bill.

1399.160. Waiver of Educational and Experiential Requirements; Actively Engaged in Practice. The education and experience requirements of Section 2532.2 of the Code may be waived for those applicants actively engaged in practice on March 7, 1973. Evidence of this practice must be filed with the Committee by March 7, 1974 at its principal office in Sacramento.

Article 4. Speech Pathology and Audiology Aides or Assistants

1399.161. Registration. Licensed speech pathologists and audiologists supervising a speech pathology or audiology aide or assistant shall register with the Committee on a form provided by the Committee, the name of each aide or assistant working under his supervision.

1399.162. Maximum Number of Aides or Assistants. A licensed speech pathologist or audiologist may not supervise more than three aides or assistants. The Committee may authorize more than three aides or assistants if it is demonstrated by the supervisor to the committee that the public's health and safety would be served, that the supervisor has the need, and that the supervisor can adequately supervise more than three aides or assistants.

1399.163. Supervision. The method of supervision of aides or assistants must be specified on registration. Supervision must be provided by a licensed speech pathologist or audiologist who is usually physically present in the same facility when the aide or assistant is carrying out his responsibilities.

1399.164. Supervisor's Responsibilities. Each licensed speech pathologist or audiologist supervising an aide or assistant shall be responsible for the following:

- (a) The institution of a training program for each aide or assistant under his supervision encompassing all the procedures to be performed by the aide or assistant;
- (b) Insuring that the extent, kind and quality of functions performed by each aide or assistant under the supervisor's supervision are consistent with his training and experience; and
- (c) Insuring that each aide or assistant under his supervision complies with the provisions of the Act and this Chapter.

1399.165. Notice of Termination. Within thirty days after the termination of the supervision of a speech pathology or audiology aide or assistant, the supervising licensee shall notify the Committee, in writing, of such termination and the date thereof.

1399.166. Annual Report. On or before January 31 of each calendar year, every licensed speech pathologist or audiologist who is supervising or who has supervised any aide or assistant shall submit to the Committee, on a form provided by the Committee, a report for the preceding calendar year showing:

- (a) The nature and extent of the functions performed by each aide or assistant supervised;
- (b) The nature and extent of the training completed by each aide or assistant supervised; and
- (c) Such other information as the Committee may require.

1399.167. Noncompliance With Article. Failure of a supervising licensee to comply with the provisions of this article may result in a forfeiture of the privilege of such supervising licensee to supervise an aide or assistant.

Article 5. Fees

1399.168. Fees. (a) The application fee shall be eighty-five dollars (\$85).

(b) The renewal fee shall be fifty dollars (\$50).

(c) The delinquency fee shall be ten dollars (\$10).

(d) The reexamination fee shall be fifteen dollars (\$15). F

Article 6. Denial, Suspension, and Revocation of Licenses

1399.169. Unprofessional Conduct. The Board may refuse to issue a license, or may suspend or revoke the license of any licensee if he has been guilty of unprofessional conduct within the meaning of Section 2533 of the Code. Unprofessional conduct within the meaning of Section 2533 of the Code shall include, but is not limited to, the following:

(a) Conviction of a felony, the record of conviction being conclusive evidence thereof.

(b) Securing a license by fraud or deceit practiced on the Board or Committee.

(c) Using any narcotic as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any hypnotic drug or alcoholic beverage to an extent or in a manner dangerous to himself, or to any other person or to the public to an extent that such action impairs his ability to perform his work as a licensed speech pathologist or audiologist with safety to the public.

(d) Use of any false or misleading statements in advertising or otherwise which would be a violation of Section 17500 of the Code.

(e) Violating or conspiring to violate or aiding or abetting any person to violate the provisions of the Act or this Chapter.

(f) Committing a dishonest or fraudulent act as a licensed speech pathologist or audiologist.

(g) Violation of any applicable provision of Article 6 of Chapter 1 of Division 2 of the Code.

(h) Diagnosing or treating individuals for speech or hearing disorders by mail or telephone unless the individual has been previously examined by the licensee and the diagnosis or treatment is related to such examination.

(i) Incompetence or negligence in the practice of speech pathology or audiology which has endangered or is likely to endanger the health, welfare, or safety of the public.

1399.170. Lack of Good Moral Character: Criteria for Rehabilitation. (a) A person may be denied the status of a licensee by the Board pursuant to Sections 480 and 481 of the Code if such person does not possess good moral character.

(b) Upon the denial of a license for lack of good moral character, the Board in evaluating the applicant and his present eligibility for licensing will consider the following criteria:

(1) The nature and severity of the act(s) which resulted in the denial of his application;

(2) The extent of time that has elapsed since the denial of his application;

(3) Whether he has committed any act(s) which if done by a licensee would be grounds for suspension or revocation of a license since the date of denial;

(4) Whether he has done any act(s) involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another or substantially injure another since the date of denial;

(5) Whether he has complied with any or all conditions of probation or restitution, or any other civil or criminal sanction imposed against the applicant as a result of the act(s); and

(6) Such other evidence of rehabilitation as the applicant may submit.

1399.171. Conviction of Crime: Criteria for Rehabilitation. (a) The board may order a license suspended or revoked, or may decline to issue a license if an applicant or licensee has been convicted of a crime within the meaning of Section 2533.1 of the Code.

(b) Upon the suspension or revocation of a license on the grounds that the licensee has been convicted of a crime, the Board in evaluating the rehabilitation of such person and his eligibility for licensure will consider the following:

(1) The nature and severity of the act(s) which resulted in the suspension or revocation of his license;

(2) The extent of time elapsed since the commission of the act(s) which resulted in the suspension or revocation;

(3) Whether he has committed any act(s) which if done by a licensee would be grounds for suspension or revocation of a license since the date of suspension or revocation;

(4) Whether he has done any act(s) involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another since the date of the suspension or revocation;

(5) Whether he has complied with any or all conditions of probation or restitution, or any other civil or criminal sanction imposed against him as a result of the act(s) including such administrative penalties and conditions of probation as have been imposed on him by the Board; and

(6) Such other evidence of rehabilitation as the person may submit.

681.220 Policy. It is declared to be a policy of this state that, in order to safeguard the public health, safety, and welfare, and to protect the public from being misled by incompetent, unscrupulous, and unauthorized persons, and to protect the public from unprofessional conduct by qualified speech pathologists and audiologists, and to help assure the availability of the highest possible quality speech pathology and audiology services to the communicatively handicapped people of this state, it is necessary to provide regulatory authority over persons offering speech pathology and audiology services to the public.

[Formerly 694.315]

681.230 Application of chapter. (1) Nothing in this chapter is intended to prevent a person licensed in this state under any other law from engaging in the profession for which he is licensed.

(2) Nothing in this chapter is intended to restrict or prevent activities of a speech pathology or audiology nature or the use of the official title of the position for which they were employed on the part of the following persons:

(a) Persons who hold a valid and current credential as a speech and hearing specialist issued by the State Board of Education.

(b) Speech pathologists or audiologists employed by federal agencies.

(c) Speech pathologists or audiologists employed by accredited colleges or universities.

(d) Persons performing activities described in subsection (2) of this section who are not licensed under this chapter must do so solely within the confines of or under the jurisdiction of the organization in which they are employed and shall not offer to render speech pathology or audiology services to the public for compensation over and above the salary they receive for performance of their official duties with organizations in which they are employed. However, without obtaining a license under this chapter, such persons may consult or disseminate their research findings and scientific information to other such accredited academic institutions or governmental agencies. They also may offer lectures to the public for a fee, monetary or otherwise, without being licensed under this chapter.

(4) Nothing in this chapter is intended to restrict activities and services of a student of speech pathology from pursuing a course of study in speech pathology at an accredited or approved college or university or an ap-

proved clinical training facility. However, these activities and services must constitute a part of his supervised course of study and no fee shall accrue directly or indirectly to the student. Such persons shall be designated by such title as "Speech Pathology Intern", "Speech Pathology Trainee" or other such title clearly indicating the training status appropriate to his level of training.

(5) Nothing in this chapter is intended to restrict the activities and services of a student of audiology from pursuing a course of study in audiology at an accredited or approved college or university or an approved clinical training facility. However, these activities and services must constitute a part of his supervised course of study and no fee shall accrue directly or indirectly to the student. Such persons shall be designated by such title as "Audiology Intern", "Audiology Trainee" or other such title clearly indicating the training status appropriate to his level of training.

(6) Nothing in this chapter is intended to restrict a person from another state offering speech pathology or audiology services in this state if such services are performed for no more than five days in any calendar year and if such services are performed in cooperation with a speech pathologist or audiologist licensed under this chapter. However, a person from another state who is licensed or certified as a speech pathologist or audiologist by a similar board of another state, or territory of the United States, or of a foreign country or province whose standards are equivalent to or higher than, at the date of his certification or licensure, the requirements of this chapter, and duly adopted rules, or a person who meets the qualifications and requirements, and resides in a state or territory of the United States, or a foreign country or province which does not grant certification or license to speech pathologists or audiologists, may also offer speech pathology or audiology services in this state for a total of not more than 30 days in any calendar year by securing a temporary license from the board subject to such limitations as the board may impose.

(7) Nothing in this chapter is intended to restrict any person holding a Class A certificate issued by the Conference of Executives of American Schools of the Deaf from performing the functions for which he qualifies.

(8) Nothing in this chapter is intended to restrict any person holding a certificate of registration in this state as a hearing aid dealer from consulting with respect to the

selling of hearing aids according to ORS chapter 694
[Formerly 694.325]

LICENSING

681.250 License in speech pathology or audiology required. (1) A license shall be issued to qualified persons either in speech pathology or audiology. A person may be licensed in both areas if he meets the respective qualifications and in such instances the license fee shall be as though for one license.

(2) No person shall practice or represent himself as a speech pathologist or audiologist in this state unless he is licensed in accordance with the provisions of this chapter.
[Formerly 694.335]

681.260 Qualifications for licensing. To be eligible for licensing by the board as a speech pathologist or audiologist, the applicant must:

(1) Be of good moral character.

(2) Possess at least a master's degree or equivalent in the area of speech pathology or audiology from an accredited educational institution.

(3) Submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 60 semester hours constituting a well-integrated program that includes 18 semester hours in courses that provide fundamental information applicable to normal development and use of speech, hearing, and language, and 42 semester hours in courses that provide information about and training in the management of speech, hearing, and language disorders and that provide information supplementary to these fields:

(a) Of 42 semester hours required, no fewer than six may be in audiology for the speech pathologist or in speech pathology for the audiologist.

(b) No more than six of these 42 semester hours may be in courses that provide academic credit for clinical practice.

(c) Of these 42 semester hours, at least 24, not including credit for thesis or dissertation, must be in courses in the field for which the license is requested and 30 of these 42 semester hours must be in courses acceptable toward a graduate degree by the college or university in which these courses are taken.

(4) Submit evidence of the completion of a minimum of 275 clock hours of supervised,

direct clinical experience with individuals presenting a variety of disorders of communication, the experience being obtained within the training institution or in one of its cooperating programs.

(5) Present written evidence from a licensed or certified speech pathologist or audiologist supervisor of nine months of full-time post-educational professional employment pertinent to the license being sought. "Full-time" means at least nine months in a calendar year and a minimum of 30 hours per week.

(6) Pass an examination approved by the board. The board shall determine the subject and scope of the examinations. Written examinations may be supplemented by such oral examinations as the board shall determine. An applicant who fails his examination may be reexamined at a subsequent examination upon payment of another licensing fee.
[Formerly 694.345]

681.270 License application; fee. (1)

A person desiring to obtain a license from the State Board of Examiners for Speech Pathology and Audiology shall make application to the board.

(2) The application shall be made upon a form and shall be made in such a manner as the board prescribes.

(3) The application required by this section shall be accompanied by a nonrefundable application fee prescribed by ORS 681.340.

[Formerly 694.355]

681.280 Who may perform duties pending disposition of application. A speech pathologist or audiologist who holds ASHA certification or equivalent or is licensed in another state and who has made application to the board for a license in this state may perform activities and services of a speech pathology or audiological nature without a valid license pending disposition of application.
[Formerly 694.365]

681.290 Examination; fee. (1) Except as provided in ORS 681.300, an applicant shall be examined for speech pathology or audiology by the State Board of Examiners for Speech Pathology and Audiology, and shall pay to the board, at least 30 days prior to the date of the examination, the examination fee for each examination prescribed by ORS 681.340.

EXHIBIT F

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Forum

Concern for the Communicative Handicapped?

Several years ago I had the opportunity to serve as chairman of the ASHA Committee on Governmental Affairs. At that time the Committee focused most of its efforts on further developing a model licensure law for speech-language pathology and audiology and assisting states in their legislative efforts to achieve licensure. The model licensure law encompasses the standards for training and competency recognized and accepted by the profession. The model law, recognizing the transient nature of our society, included a reciprocity section that makes it possible for qualified professionals serving the communicatively handicapped to move from state to state without being denied the right to practice. This very important section recognizes the ASHA Certificate of Clinical Competency as acceptable evidence for licensure by reciprocity.

It has recently come to my attention that Utah does not have a reciprocity clause in its licensure law. A respected professional with a Ph.D. and holding ASHA certification in both speech-language pathology and audiology was denied licensure in Utah until he completes over two thousand logged clock hours of direct clinical experience under the direct supervision of a professional holding the Utah license. There is a very real possibility that this competent individual, with years of experience, may be forced out of the profession.

Punitive state licensure laws that, in the righteous name of quality care, deny competent professionals the opportunity to practice raise serious ethical questions. One of the most frequent arguments made by legislators and others opposed to licensure is that they question whether we are really concerned for the communicatively handicapped public or are more interested in the economic advantages of fencing others out of our corner of the lucrative health-care market. A recent study (HEW, 1977) on speech-language pathology and audiology manpower resources and needs reports that approximately eight times as many audiologists and at least three or four times as many speech-language pathologists are needed if sufficient manpower is to be available to meet the needs of the country's communicatively handicapped. State laws that go beyond screening out the unqualified to restrict the availability of qualified professionals are most certainly not in the best interest of those we are committed to serve, and these laws give aid to those that challenge the credibility of our intentions.

Robert G. Showalter
West Lafayette, Indiana

Caveat Descriptor

Attempts by various ASHA committees to provide guidelines for the use of audiometric symbols are commendable in that they have brought some order to the symbols used in everyday clinical work. The committees' recommendations . . . however, have neglected one aspect of audiometric terminology that is the correct usage of the term *Hearing Level (HL)*.

The ANSI S3.6-1969 specifications for audiometers recommend that the "amount of decibels by which the threshold of audibility for that ear exceeds a standard audiometric threshold" be expressed as the Hearing Threshold Level (HTL). My interpretation of this ANSI recommendation is best expressed by the following example:

If the audiometric threshold is 25-dB HTL, and speech discrimination stimuli are presented at 40-dB

sensation level (SL), then the resulting presentation level is 65-dB HL.

That is, that HTL represents the threshold level and that HL reflects the audiometric dial reading of suprathreshold stimuli. If this interpretation is correct, then I would suggest that the editorial board of the ASHA journals adopt this terminology. Instead, they have been changing the appropriately used term, HTL, to read HL with the explanation that "the current descriptor is HL."

There does appear to be some confusion about these descriptors, and I would recommend that future committees address themselves to this issue.

Barry A. Freeman
Nashville, Tennessee

Praise, But—

It was with avid interest that I read the "Guidelines for Manual Pure-Tone Threshold Audiometry." The ASHA Committee on Audiometric Evaluation deserves much praise for the scope and thoughtfulness of these guidelines. I noted a probable error in the document. On page 299 (*Ashe*, April 1978), the guidelines explicitly state ". . . the abscissas being frequencies on a logarithmic scale . . ." and throughout the article references are made to testing intraoctave frequencies, specifically, 750, 1500, 3000, and 6000 Hz. However, according to the graphic representation of the audiogram on page 300, there appears to be a contradiction. The intraoctave frequencies are represented as being half-octave frequencies which would be 710, 1400, 2800, and 5600 Hz, respectively. If it is the intent of the Committee that these frequencies be tested, then audiometer manufacturers need to change their instruments to make these frequencies available. It seems more likely that the intent of the Committee was that intraoctave frequencies commonly available on most audiometers (750, 1500, 3000, and 6000 Hz) be tested under conditions specified in the article. If that is the case, then the abscissas on the graph are distorted, with octave intervals (based on 125 Hz) being on a logarithmic scale, and other frequencies not consistent with the scaling. As represented on page 300, the graph is misleading, since it implies that half-octave frequencies are tested when in fact they are not. As it is now, the graph is inconsistent with the recommendations of section 4.10 of ANSI standard S3.6-1969. One would hope that this error will soon be corrected.

Michael J. M. Raffin
Evanston, Illinois

David M. Resnick is Associate Editor of *FORUM*. Readers who wish to submit material or make suggestions for this department are urged to contact him at Washington Hospital Center, Hearing and Speech Center, 110 Irving Street, N.W., Washington, D.C. 20010.



master's degree is considered essential for professional competence. A minimum of 38 credits in speech pathology and audiology and 125 clock hours of practicum with individuals who present a variety of communicative disorders is required. In addition, 20 credits in related areas such as medical sciences, nursing, psychology, special education, linguistics, sociology, or semantics must be completed, and each student must demonstrate adequate ability to work with children having articulation and language disorders.

Required Courses in S.P.A.	Credits
S.P.A. 259—Phonetics	3
S.P.A. 310—Speech and Language Development	3
S.P.A. 356—Survey of Speech Pathology	3
S.P.A. 357—Communication Science	3
S.P.A. 359—Assessment of Communication Disorders	3
S.P.A. 360—Methods of Clinical Management	3
S.P.A. 361—Articulation Disorders	3
S.P.A. 362—Introduction to Audiology	3
S.P.A. 363—Practicum in Speech Pathology	4-8
or	
S.P.A. 463—Internship in Speech Pathology and Audiology	6-8
S.P.A. 466—Aural Rehabilitation	3
S.P.A. 467—Language Disorders in Children	3

All majors are required to have their programs approved by a faculty adviser within the Speech Pathology and Audiology Program.

For additional information on the baccalaureate program in speech pathology, contact the Program Director, Room 108, Mackay Science.

Preprofessional Programs Optional Baccalaureate Degree

Students preparing to enter professional schools of medicine, dentistry, and physical therapy may earn Bachelor of Science degrees by following the required course of study in residence at the University of Nevada, Reno. However, some students elect the option of entering professional schools prior to completion of baccalaureate degree requirements. Preprofessional students who transfer to approved professional schools under this option and who wish to receive baccalaureate degrees from the University of Nevada, Reno, should consult exceptions to residency requirements, Registration and Records section of this catalog. Additional information is available from the Office of Undergraduate Student Advisement, Room 221, Mackay Science.

Premedical and Pre dental

The objective of the premedical and pre dental programs is to offer to the student

educational experiences in the interdisciplinary approach to solving health care problems while providing a background in those academic areas required for admission to professional schools.

Curriculum

Required General Courses	Credits
Engl. 101—Composition I	3
Engl. 102—Composition II	3
P.Sc. 103—Principles of American Constitutional Government or Hist. 111—Survey of American Constitutional History	3
Math. 110—College Algebra (Math. 265—Calculus and Matrices—also strongly advised)	3
Chem. 171—General Chemistry; Chem. 172—Life Science Chemistry II; B.Ch. 301 and 302—Introductory Biochemistry I and II	16
or	
Chem. 101 and 102—General Chemistry; Chem. 243, 244, 245, and 246—Organic Chemistry and Organic Chemistry Laboratories	16-18
Biol. 101—General Biology, plus 12 hours elective biology	16
Phys. 151, 152, 153, and 154—General Physics and General Physics Laboratories	8
Behavioral Sciences, including one course in developmental psychology selected from Psy. 231—Psychology of Adolescence; Psy. 233—Child Psychology; Soc. 275—Marriage and the Family; H.Ec. 131—Child Development: Prenatal to Six; H.Ec. 274—The Individual and the Family; or H.Ec. 430—Human Sexuality; plus one course in abnormal psychology	9
	77-79

Health Sciences Core

Med.S. 101—Introduction to the Health Sciences	4
Med.S. 202—Self-Learning Laboratory	1
Med.S. 272—Interpersonal and Interprofessional Communication Skills	3
Med.S. 282—Health Care: Assessment and Intervention	3
Med.S. 380—Health Values and Ethics	3
Med.S. 381—Consumer Health Problems	3
	17

Area of Concentration 24
May be in any field. Must be filed in the Office of Undergraduate Student Affairs by the beginning of the junior year.

Electives 10

Courses may be selected from the above. Other suggested electives include:

Biol. 206—Cellular Biology I; Biol. 300—Principles of Genetics; Biol. 301—Genetics Laboratory; Biol. 306—Microbiology.

Biol. 366—Comparative Vertebrate Anatomy; Biol. 385, 386—Mammalian Physiology I and II, and Biol. 364—Embryology; Biol. 370—Histological Techniques; Biol. 468—Histology.

Engl. 321—Expository Writing.

Psy. 203, 204—Advanced General Psychology.

H.Ec. 121—Human Nutrition; H.Ec. 223—Principles of Nutrition; H.Ec. 420—Bionutrition;

H.Ec. 430—Human Sexuality.

S.Sv.C. 320--Individual and Society	3
	9
<i>Health Sciences Core</i>	
Med.S. 101--Introduction to the Health Sciences	3
Med.S. 103--Health Maintenance	3
Med.S. 272--Interpersonal and Interprofessional Communication Skills	3
Med.S. 380--Human Values and Ethics in Professional Health Practice	3
Med.S. 381--Consumer and Professional Health Problems	3
Med.S. 451--Health Education Seminar	3
Med.S. 452--Health Education Field Work	3
	21
<i>Area of Concentration</i>	28-32
Each student selects an area of concentration by the beginning of the junior year. Specific courses in most areas of concentration are planned individually by the student and the adviser. Examples of possible areas of concentration are school health education, journalism and media, nutrition, patient education and counseling, management and administration.	
<i>Electives</i>	24-35
	Total 128

For further information concerning the health education curriculum, contact the Program Director for Health Education, Room 300 C, Mackay Science.

Medical Technology

The medical technology curriculum is designed to provide the student with the knowledge and skills required to perform diagnostic procedures in the clinical laboratory. The course of study includes a selected base of subject matter to give the student a broad background in physical, chemical, and biological concepts fundamental to the field of laboratory medicine. Emphasis is placed on the role of the medical technologist in modern health care delivery.

Students who wish to pursue a career in medical technology are classified premajors upon admission to the University. University required courses for graduation, and all prerequisite courses for the major should be taken during the premajor period.

Premajor Curriculum

<i>University Required Courses</i>	<i>Credits</i>
Engl. 101 Composition I	3
Engl. 102 Composition II	3
P.Sc. 103 Principles of American Constitutional Government or Hist. 111 - Survey of American Constitutional History	3

Prerequisite Courses

Math. 110--College Algebra	3
Biol. 101--General Biology	4
Biol. 262, 263--Anatomy and Physiology I, II	6
Biol. 306--Microbiology	4
Chem. 171, 172--Life Science Chemistry I and II	8
B.Ch. 301, 302, 303, 304--Introductory Biochemistry and Laboratories	8
Phys. 151, 152--General Physics	6
Med.S. 202--Medical Terminology	1

Students who achieve an overall GPA of 2.5 or higher, and who complete each prerequisite course with a grade of C or better, are eligible to apply for acceptance to the medical technology major. Applications are reviewed by the medical technology faculty and students are accepted on the basis of academic achievement and space available in the program.

Students who do not meet the above criteria for acceptance may appeal to the Medical Technology Advisory Council for provisional consideration. Transfer students are considered by means of interview and transcript evaluation to determine equivalence of prerequisite course content.

Once admitted to the major, students must maintain a GPA of 2.5 or higher and must earn a grade of C or better in each major course to satisfy minimum graduation requirements. Any exception to this policy requires the approval of the Medical Technology Advisory Council. Students who do not meet minimal objective articulated standards relating to didactic knowledge, psychomotor skills, and behavioral aptitude, as these relate to professional performance in the clinical laboratory at any time during the major, must petition and receive approval from the Medical Technology Advisory Council to remain in the program.

The program is fully accredited by the Council on Medical Education of the American Medical Association with approval for 30 students per year. Students who satisfactorily complete the program and obtain a baccalaureate degree may be eligible to take the generalist certification examinations for medical technologists given by various certifying agencies.

For further information concerning the medical technology curriculum, contact the Program Director, Room 226, Mackay Science.

Speech Pathology and Audiology

The baccalaureate degree program with a major in speech pathology (including an option in audiology) is a preprofessional program. A

Special Reports

PREPROFESSIONAL EDUCATION IN SPEECH AND HEARING IV. UNIVERSITY OF OKLAHOMA

If a person's work is not made significantly more effective by a liberal education, he is practicing a craft rather than a profession. Moreover, if his work includes ministering to the ills of men, then at the center of his liberal education should be a study of human processes. With these thoughts in mind, we are revising the undergraduate course of study for prospective speech clinicians at the University of Oklahoma. The evolving program is called "Speech and Hearing," but the substance of study central to the plan is that which is spoken and heard: human utterance.

Any program's curriculum is merely the expression and implementation of the philosophy behind that program. The implementation of educational philosophy is influenced by many factors; faculty preferences and aptitudes, available literature, and administrative support, to name but a few. Our own curriculum certainly is not free from such influences, but, in any case, the philosophy must precede the curriculum in the orderly development of a program, and so it comes first in this report.

The Philosophy

We do not consider an undergraduate education in speech and hearing to be primarily preprofessional training; nor do we see why such an education could not be terminal. This is not to say that a graduate of such a program is a qualified clinician; further education is obviously required to attain that goal. How-

EDMUND C. NUTTALL, Ph.D., Director of the Speech and Hearing Program and Associate Professor of Speech, University of Oklahoma, Norman, Oklahoma, prepared this Special Report. This is the fourth in a series of reports on undergraduate education in speech pathology and audiology. Publication of these reports does not constitute endorsement of the programs described.

ever, we reject the notion that the academics underlying our profession must culminate in clinical application in order to justify their consideration in higher education. An undergraduate concentration in normal speech and hearing processes is, we believe, the best possible background for the student who elects to study speech pathology or audiology at the graduate level, but this is not the primary value of such a program. One's undergraduate years should imbue him with the knowledge, perspective, and values which result from a liberal education. The study of human utterance with all of its ramifications can do this in excellent style, and this is its primary value.

The purpose of a liberal education is to free one from the limits of his own experience and to allow one to see himself and his work in the broadest perspective of mankind and nature. Such an education must include the study of many disciplines—their substances, their basic relationships, and the scholarly means by which their knowledge is acquired. One must be acquainted with the natural sciences and the rigorous descriptive and experimental methods used to study them. Of equal or greater importance is study of the humanities, which reveals the spirit of man through his philosophy, literature, art, and other works. The imaginative scholarly methods of the critic and the historian are basic to these studies. In recent decades, study of the ways in which the behavioral sciences bring the methods of science to bear upon the subjects of the humanities has also become extremely important.

Such diverse studies may, however, result not in liberalization but in confusion or dilettantism. Whether or not an education is, in fact, "liberal" depends mainly on whether the student can integrate the knowledge he acquires. A study of human utterance provides an excellent college major within the con-

text of a liberal education because it cuts across the traditional academic taxonomy and, by doing so, becomes an integrator, reflecting the essence of a liberal education. From the pathway through the forest of disciplines which the study of speech and hearing blazes, the student traveler can venture laterally into other areas without losing the bearings which give his study the rich meanings effected by realizing basic relationships.

Central to the curriculum we are evolving is the study of man as a speaking-listening creature. The study of man's use of symbols and how they relate to his cognitive processes (Language Development) is basic. Man's vocal and auditory uses of language as a means of relating to his environment (Speech Behavior) are linked with the study of language development to indicate basic relationships with other behavioral sciences. The study of speech sounds (Phonetics) and the ways in which they are produced (physiological phonetics in Speech and Hearing Science I) involves learning the descriptive and experimental methods as well as something of the content of the life sciences, which are sampled in pure but limited form in other courses (Anatomy and Physiology of Speech and the Neural Basis of Speech and Language). Scientific descriptions of the physical aspects of sound, especially speech sounds, (acoustics and acoustical phonetics in Speech and Hearing Science I) take the study of utterance to the basic level of the hard sciences. Through examples of research in speech and hearing, the study of scientific issues, methods, and reporting styles can provide some understanding and appreciation of all scientific research (Speech and Hearing Science II).

Moving from the central point of man as a speaking-listening creature, we can also extend our study into the humanities and arts. It is germane to study the effects of speeches throughout man's history (History of Public Address) and the theories which explain why some failed and others succeeded (Rhetorical Theory), and the scholarship of historians and critics is revealed. The esthetic use of speech (Oral Interpretation) involves further study of the work of both the critic and the performing artist. Some of the most complex questions in philosophy deal with the moral implications of man's use of speech (Ethics of Speech).

The study of human utterance, then, spans the academic spectrum from the hardest sciences to the most humanistic considerations, and numerous academic competencies can be brought to bear upon it. At its most vivid hue is man's most singular characteristic, his ability to achieve harmonious relations with his environment through spoken symbols.

Problems in Implementation

So far we have discussed the philosophical basis for an undergraduate speech and hearing program, but the translation of theory into curriculum meets some noteworthy obstacles. Before presenting our particular

course offerings, we would like to discuss two of the problems which arise between theory and practice.

In planning a liberal education focused on human utterance, we included some topics of study which require interests and competencies rarely found in speech pathologists or audiologists; for instance, rhetorical theory and oral interpretation. The fact that such courses would most likely be taught in a separate department has not caused too much concern; speech and hearing programs frequently require their students to take courses in outside disciplines.

Of great concern, however, has been the manner in which most speech courses are taught at the undergraduate level. All but a few have traditionally emphasized the students' platform performance. We believe a principal value of a major in speech and hearing is that it serves as an integrator of a broader education, but the commonality of the various aspects of human utterance is clear only when the emphasis is upon broad principle and theory. When knowledge of the nature of speech is applied to different goals in different settings, the basic unity of the course of study becomes submerged in the peculiar principles and parochial problems of each type of application. The speech clinician, the public speaker, and the oral interpreter move from the theoretical center in different directions to apply their knowledge. The unity of a speech and hearing major is essential to its success, and any attempts to apply basic concepts through practice or performance are divisive and destroy the essence of the study. Efforts to combine theory and practice in a single course may appear reasonable, but they run contrary to man's learning behavior. When a student knows he is being concurrently judged in two ways, academic comprehension and performance ability, his natural reaction is an emphasis on the latter. The resulting ego involvement creates in him a sense of urgency that overwhelms his concern for theoretical principle—a very different reaction than that of a student whose test paper is graded on a particular and limited academic topic. For this reason it is difficult to transmit the philosophy of a liberal education centering on human utterance to the parts of a curriculum not designed for that purpose.

The second problem in implementing the philosophy is created by those upon whom its success ultimately rests: the students. Their interest is in ministering to the handicapped, and they are anxious to study disorders and the treatment of them. Siding with these students, directors of graduate programs claim they cannot educate speech pathology students in a reasonable amount of time if the students have had no undergraduate exposure to speech and hearing pathologies and clinical procedures. As a result, four or five courses dealing with pathologies or their treatment remain in our undergraduate curriculum.

Not all of these courses, however, are a concession to practicality. Some concern with pathologies is not only justifiable within a liberal education but highly

desirable. From the time of the ancient Greeks to the present a valuable epistemological method has been the study of anomalies to gain understanding of the normal. An exposure to the expathomathic (from the pathology comes knowledge) method is a legitimate and purposeful part of liberal education. We would not, however, be comfortable attempting to justify as many as five courses in an undergraduate major on that basis alone.

The Curriculum

Freshman Year.

Fundamentals of Speech (3 hrs.)

Sophomore Year.

Phonetics (3 hrs.)

Language Development (3 hrs.)

Bases of Speech Behavior (3 hrs.)

Survey of Processes and Pathologies (3 hrs.)

Junior Year.

Anatomy and Physiology of Speech (3 hrs.)

Neural Basis of Speech and Language (3 hrs.)

Clinical Procedures in Speech (2 hrs.)

Articulation Disorders (3 hrs.)

Rhetorical Theory or Oral Interpretation (3 hrs.)

Senior Year.

Speech and Hearing Science I (3 hrs.)

Speech and Hearing Science II (3 hrs.)

Clinical Practice in Speech (3 hrs.)

Theories of Speech Behavior, Semantics, or a graduate course in Speech Pathology or Audiology (3 hrs.)

Summary

In this report we have tried to present our philosophy for making an undergraduate major in speech and hearing an integral part of a liberal education. The curricular expression of the philosophy has been outlined after discussion of some problems confronted in implementation. The program presented here consists of changes already in effect and some currently in the process of inclusion. Though we are not pleased with the excessive number of courses in pathologies and clinical procedure, we will probably retain them until a two-year master's program for all speech pathologists and audiologists becomes commonly acceptable. Meanwhile, we will continue our efforts to enrich our program for the student who sees the study of speech and hearing as his best avenue to a liberal education, even though he does not plan to go on into a professional career in the field.

IMPORTANT NOTICE

NATIONAL EXAMINATIONS IN SPEECH PATHOLOGY AND AUDIOLOGY—APRIL 19, 1969

The next administration of the National Examinations in Speech Pathology and Audiology (NESPA) will be April 19, 1969. In order for an applicant to be considered for the NESPA on this date, his complete application must be received in the National Office no later than December 31, 1968. This examination is only open to approved applicants for certification under the current standards.

The April NESPA should not be confused with the special 1969 examination to be given in the fall of 1969. The Special 1969 Examination is only open to eligible pre-1965 Members.

Special Reports

PREPROFESSIONAL EDUCATION IN SPEECH PATHOLOGY AND AUDIOLOGY

V. STANISLAUS STATE COLLEGE

Stanislaus State College is one of 18 institutions comprising the California State College system. The college opened its doors for the first time in September 1960. A four-year Bachelor of Arts degree program in speech was inaugurated in 1961.

The four-year undergraduate curriculum was designed specifically as a preprofessional liberal arts program in the study of normal processes and systems underlying human symbolization and deviations therefrom.

In 1966 the Department of Communication Arts and Sciences was awarded a Program Development Grant by the U. S. Office of Education, under Public Law 85-926, as amended, for the development of the graduate program in communication pathology leading to the Master of Arts degree. The grant provided "seed money" for additional teaching faculty for a period of two years. The Master of Arts degree in speech with the major in communication pathology will be awarded in September 1969.

Undergraduate Program

The undergraduate program consists of a sequence of courses in academic subjects which distinctly delineate the normal processes and the disorders of human symbolization and oral communication. These courses are supplemented by background courses in the biological, physical, and social sciences. Of the total course offerings, approximately one-third are in specialized areas of speech pathology and audiology.

MAX C. NORTON, Ph.D., Director of the Speech and Hearing Program, Stanislaus State College, Turlock, California, prepared this Special Report. This is the fifth in a series of reports which several program directors have been asked to prepare on undergraduate education in speech pathology and audiology. Publication of these reports does not constitute endorsement of the programs described.

The curriculum is designed to provide an academic foundation for the more specialized, professionally oriented graduate curriculum.

The pattern of the program is described in the following outline:

Physical, Biological, and Psychological Systems Upon Which the Normal Process Depends

- Principles of Biology
- Genetics
- Human Development
- Introduction to Psychoacoustics
- Educational Psychology
- Psychology of Personality

Development of the Speech and Language Function

- Human Development
- Mental Hygiene
- Language Behavior and Development
- Speech and Hearing Science
- Theory and Research in Learning

Study of Linguistic Systems

- Phonetics
- Structural Linguistics and Phonology
- Spanish Phonetics
- Dialectology (1969)

Study of the Communication Process

- Speech Communication
- General Semantics
- Communication Theory
- Group Communication

Deviations from Normal Communication Process

- Abnormal Psychology
- Communication Disorders I (Language)
- Communication Disorders II (Speech)
- Language Development of the Hard of Hearing

Assessment and Management of Deviations in Communication

Introduction to Communication Disorders
 Diagnostic Methods of Communication Disorders
 Group Psychological Testing
 Principles of Audiology
 Speech Reading and Auditory Training
 Tests, Measurements, and Evaluation
 Exceptional Children and Youth
 Counseling and Guidance

Graduate Program

The graduate program, in contrast to the liberal arts undergraduate program, provides professional specialization in studies pertaining to deviations from the normal communication process, assessment and management of deviations in communication, and practicum experience in off campus and on campus professional settings.

The following courses are required of all students who plan to enter the fifth-year professional program leading to the master's degree in speech; the American Speech and Hearing Association Certificate of Clinical Competence in Speech Pathology; and the Restricted Credential Authorizing Service as a Speech

and Hearing Specialist, California State Department of Education:

Clinical Practice in Communication Disorders
 Psycholinguistics
 Seminar: Aphasia and Symbolic Disorders
 Seminar: Stuttering and Neurological Disorders
 Seminar: Cleft Palate Speech
 Seminar: Delayed Speech and Articulation Disorders
 Seminar: Principles of Clinical Audiology
 Seminar: Voice Disorders
 Advanced Clinical Practice: Speech and Language Pathology
 Advanced Clinical Practice: Hearing Pathology
 Research Methods in Speech
 Thesis
 Practicum in Communication Disorders in Public Schools
 Clinical Practice in Communication Disorders in the Public Schools

The bachelor's and master's degree programs are viewed as a continuing five-year program in the science and pathology of communication. Within the next five years, the curriculum will be expanded to include additional specializations in speech science, language pathology, and audiology. The college has committed itself to the development of these specializations in its staffing patterns, facilities, and equipment.

~

Special Reports

PREPROFESSIONAL EDUCATION IN SPEECH PATHOLOGY AND AUDIOLOGY

Editor's Note: Since ASHA began to require graduate education as preparation for the Certificate of Clinical Competence, we have received numerous requests for information about preprofessional education. There is now considerable interest in planning bachelor's degree programs to prepare students adequately for graduate education in speech pathology and audiology. Several program directors have been asked to report on their preprofessional undergraduate programs and the first of these reports is published below. Subsequent issues of this journal will carry other reports. Publication of these reports does not constitute endorsement of the preprofessional programs described.

I. THE UNIVERSITY OF MICHIGAN

In response to ASHA's decision to require the master's degree as the basic preparation for professional practice in speech pathology and audiology, the University of Michigan has taken several steps to insure that its students attain academic and clinical competence. These steps have been based on three preconditions:

Undergraduate training should be a broad preparation for graduate study.

Graduate training should represent an extension and enrichment of training begun in the undergraduate years; not a delay of training until the graduate years.

Clinical training should prepare the potential professional to diagnose, in the true sense of the word; to treat, through direct intervention and through the indirect approaches of counseling; to consult with members of ancillary professions; and to take a scholarly approach to the practice of his profession through continued study, research, and dissemination of clinical findings.

To accomplish these aims several changes are being made in our curricula.

The present teaching major in speech correction will terminate as an undergraduate program in 1970 hereafter can only be completed as part of the program in speech. The catalog indicates that the present terminal program can not be entered by students who enroll in the fall term of 1968.

Two undergraduate programs (Concentration in Speech Pathology and Audiology, and an interdisciplinary program in Psychology-Speech and Hearing Science) have been established to prepare students for graduate study in speech pathology, audi-

ology, and the speech and hearing sciences, and for master's level preparation for teaching certification.

Three M.S. programs have been designed. The M.S. with emphasis in speech pathology and the M.S. with emphasis in audiology are designed to enable students to meet academic and clinical requirements for the professional practice of speech pathology and audiology, respectively. The third program is in speech and hearing science.

As part of the program to meet ASHA's goals and standards, the University of Michigan Speech Clinic has prepared its request for accreditation by the Education and Training Board of ABESPA and has recently forwarded it to the ASHA National Office.

The University has also joined the majority of Michigan training institutions in requesting that the State Department of Public Instruction change its certification requirements by:

- (1) defining speech correction personnel as *clinicians*, rather than teachers;
- (2) deleting the present teacher-education requirements which are appropriate to the training of special education teachers but are not properly a part of the professional training of speech and hearing clinicians; and
- (3) designating the ASHA requirements of academic preparation, clinical practice, and degree status as the basic requirements for state certification.

More specific details of Michigan's undergraduate training programs in speech and hearing follow. They are taken directly from the university catalog's descriptions of the two fields of concentration.

Concentration in Speech Pathology and Audiology

This undergraduate program is designed to prepare students to enter professional training at the graduate level in speech pathology, audiology, or speech and hearing science. The program includes the following requirements:

Prerequisites (15 hours): Introductory courses in physiology, zoology, psychology, and speech.

LAN BLOOMER, Ph.D., Director of the Speech and Hearing Institute for Human Adjustment and Professor of Psychology, the University of Michigan, Ann Arbor, prepared this Special Report.

among adults such as dysphasia or esophageal speech. As a group, public school speech pathologists are more experienced and better qualified to deal with articulatory and language disorders among children than they are to work with voice and stuttering disorders among adults, but there are many exceptions.

By the very nature of their primary professional responsibility, the services of public school speech pathologists may not be obtained as conveniently as speech pathologists working in clinics or in private practice. Aside from their school case loads, they can see clients only after working hours or during summer vacation. Furthermore, they may have to work in their homes or in the homes of the clients, which may be a disadvantage. If done in their homes, therapy may be less expensive because their overhead expenses are also considerably less than those of private clinics or private practitioners working elsewhere.

SPEECH PATHOLOGISTS AND AUDIOLOGISTS IN PRIVATE PRACTICE

Several decades ago speech pathologists and audiologists in private practice were scarce. Today they can be found in all major cities and in a number of smaller cities. Full-time practitioners are listed in the telephone directory; part-time practitioners may be contacted through state speech and hearing associations or through private practice resources. Their qualifications should be at least a master's degree in speech pathology or audiology, certification by the American Speech and Hearing Association, or in those states that have a licensure law, an unexpired license to practice privately.

Private practitioners are usually excellent sources of help. They are typically experienced, competent, and qualified to work with persons having various kinds of communication disorders. They generally have been exposed to a wide range of clients not only in terms of age but also in terms of disorders. Unfortunately, you may occasionally encounter unqualified practitioners in private practice, but this is becoming less common as the standards are upgraded and as new consumer protection laws are enacted. To safeguard against such practitioners, you should contact a state or private speech and hearing association for information.

As with practitioners in other professions, speech pathologists

Source 12

EXHIBIT F

PRIVATE PRACTICE

Guidelines for Speech Pathology
and Audiology

Edited by

DONNA RUSSELL FOX, Ph.D.

Sponsored by

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438

Source 12

EXHIBIT F J

II. PRACTITIONER QUALIFICATIONS AND CASE TYPES

The success or failure of his private practice depends upon the personal qualifications of the practitioner. These include his academic preparation, clinical competence, judgment, and emotional maturity. These factors will also determine the types of cases he accepts.

The development of professional competence begins with a thorough background in academic training and clinical experience. The criteria for clinical certification established by the American Speech and Hearing Association specify the attainment of a Master's degree or equivalent and the minimum hours of supervised practicum experience with specific hours in the area of specialization, speech pathology or audiology. This foundation is considered sufficient to enable the speech pathologist or audiologist to begin clinical work in a closely supervised environment. After a year of supervised employment in a clinical program accredited by the professional services board of the American Board of Examiners in Speech Pathology and Audiology, and a national examination, the Certificate of Clinical Competence in Speech Pathology and Audiology is granted.

The future private practitioner should meet an even greater demand. He should obtain his academic and clinical practicum experience in a college or university that has a specialized department in speech pathology and audiology. The student should maintain a disciplined regimen of personal reading and study of journals and books related not only to his own field, but also to the areas of psychology, special education, biological sciences, and those pertinent to medicine and dentistry. Speech pathology and audiology are not static fields of knowledge and clinical procedures. Research, theoretical contributions and clinical experience are constantly changing perspectives in these fields. The speech pathologist/audiologist who was trained several years ago can be out of contact with current knowledge and outmoded in his clinical procedures unless he maintains a faithful regimen of study and research. Because most private practitioners in communicative disorders work independently, discipline in study habits and self improvement is most important.

The Doctor of Philosophy degree is important for the speech pathologist/audiologist in order that he may communicate with psy-

Special Reports

REPORT ON STATE CERTIFICATION REQUIREMENTS IN SPEECH AND HEARING

An item of continuing interest in the field of special education is that of state certification requirements. In recent years persons in speech and hearing have been especially concerned with this matter as a result of the changes in membership and certification requirements of the American Speech and Hearing Association. Recognizing that not only training programs but state education agencies were being affected by the new ASHA requirements, we at the U.S. Office of Education decided to examine certification requirements for public school speech clinicians in various states.

We decided to contact those state departments of education that had supervisors in the area of speech and hearing because: (1) state supervisors in speech and hearing would be knowledgeable on the matter of certification and could readily provide information

on the topic; and (2) the states that had supervisors in this area would more than likely have speech and hearing programs developed to the point where they would be influenced by actions of professional organizations. We realized this would be a biased sampling of the states, but hoped it would give some indication of certification trends.

Each state supervisor in speech and hearing was contacted by telephone and asked whether his state were moving toward requiring a master's degree or its equivalent for state certification of speech clinicians. If they replied that they were not planning to require this level of training, we asked their reasons for not doing so. Below is a chart (Table 1) listing the 30 states and the District of Columbia that were contacted.¹ The status of their certification code and any rationale they may have given is listed. Note that states

TABLE 1. Survey of state certification standards—fall 1967.

State	Are you moving toward the master's degree requirement for certification?	Reasons for not moving in this direction.
California	Yes. Effective 1968. Will certify bachelor's level person for 7 years with additional work required every 2 years.	
Colorado	Yes. Effective 1970. Master's degree required to work in the schools.	
Connecticut	Yes. Effective presently. Will certify bachelor's level for 3 years after which a master's degree is required.	
Delaware	No.	The matter won't be considered until at least 1970. There are no training programs in the state at the present time. Awaiting stabilization of training programs and adequate supply.
District of Columbia	Yes. Certification recommendation has not been acted upon so it is not known when it may become effective.	
Florida	Yes. Agreed in principle but no steps have been taken to implement the new code.	Is concerned about the quality of graduate programs in terms of whether they will accomplish the desired goals.

NICHOLAS W. BANKSON, M.A., Consultant, United States Office of Education, prepared this Special Report.

¹Includes three states that reported their information in writing at a later time.

TABLE 1. (Cont.)

EXHIBIT E

State	Are you moving toward the master's degree requirement for certification?	Reasons for not moving in this direction.
Georgia	Yes. Agreed in principle but no date set for adoption.	Shortage of clinicians will not allow raising existing certification requirements.
Illinois	Yes. Adoption will be a gradual process with no date set at present. Is considering certifying clinicians for differing roles.	Reflected concern over quality of training at the graduate level.
Indiana	Yes, hopefully. The matter has not been resolved by the advisory committee to the Indiana State Department of Public Instruction. Present requirements are being evaluated.	
Iowa	Yes. Effective January 1, 1968. Will issue a temporary certificate at B.A. level if person has been accepted into a graduate program in speech pathology and audiology, and satisfactorily completes 8 semester hours on such program each year. The temporary certificate may be renewed for 7 years.	
Kansas	Yes. Effective September, 1970. Master's degree required to work in the schools.	
Kentucky	No.	Shortage of clinicians precludes this move.
Louisiana	No. There has been some discussion of the matter.	Shortage of clinicians will not allow it.
Maryland	Yes. Effective, perhaps 1970. Temporary certification may be allowed for the bachelor's degree. The matter will be acted upon in the near future.	
Massachusetts	No.	Shortage of clinicians prevents increasing certification requirements. However, over 65% already have a master's degree.
Michigan	No. After 5 years with a bachelor's degree one must have master's degree or 10 graduate hours.	Great shortage of clinicians.
Minnesota	Yes. Proposal not yet given final approval. Will certify at bachelor's degree level for 5 years and then must have the M.A. degree or its equivalent.	
Mississippi	Yes. Certification requirement change is under consideration. Outcome uncertain.	
Missouri	Yes. Proposal not given final approval. Will certify at the B.A. level for 5 years and then require a master's degree.	
Nebraska	Yes, but the matter is only in the planning stages.	
North Carolina	Yes, agreed in principle. Will move toward the requirement when possible.	Shortage of speech clinicians makes this change too difficult at the present time.
Ohio	No.	Shortage of clinicians precludes this step.
Oregon	Yes. Effective presently. Will certify at the B.A. level for 3 years, after which a fifth year of training is required.	
Pennsylvania	Not by legislation. Presently require a B.A. for provisional certification, and must have 24 hrs. post-bac. in 3 years for permanent certification.	Pennsylvania Bureau of Teacher Education certifies college programs, therefore the decision for level of training is dependent upon college program.
South Carolina	No. Three colleges are considering establishing undergraduate and graduate programs in the fall of 1968. If established will consider changing the requirements.	There are presently no training programs offering the master's degree in the state.
South Dakota	Yes, but not in the immediate future.	Shortage of clinicians in rural population.
Tennessee	Yes.	The shortage of clinicians makes this change a difficult step.
Texas	No.	Shortage of clinicians prevents this. Also the other areas of special education have not made this change.
Utah	Yes. Effective 1968. Will certify at the bachelor's level with 60 professional hours for 4 years, after which a master's degree will be required. Clinicians must obtain 12 quarter hours to renew a B.A. certificate for each year. Nine quarter hours every 5 years will be required to renew a master's certificate.	
Virginia	No.	State just completed increasing the bachelor's level requirements. Shortage of clinicians is a problem.
Wisconsin	No.	State department certifies training programs therefore it is up to the colleges to take the first step in this matter.

were asked whether they were moving toward the new certification standard. Thus an affirmative response does not necessarily imply that a definite decision had been reached.

The chart indicates that, of the 30 states contacted, 11 states plus the District of Columbia are taking steps to require the master's degree for state certification. Of this group, California, Colorado, Connecticut, Iowa, Kansas, Oregon, and Utah have already passed the new requirement, while Maryland, Minnesota, Mississippi, Missouri, and the District of Columbia have yet to take final action on their proposals. In addition, eight states reported that they were in the process of either considering or preparing a proposal of this nature.

Effective dates for the seven proposals already passed ranged from the present to 1970. It should also be noted that, with the exception of Colorado and Kansas, the states that require or will require the master's degree also allow for temporary certification at the bachelor's degree level for prescribed lengths of time, usually with certain contingencies such as summer school included.

Eleven states reported that they were not at this time moving to require the master's degree for certification. The most frequent reasons for not changing certification requirements are listed in Table 2.

In summary, it appears that there is a trend toward state certification standards paralleling the membership requirements of ASHA. In spite of this trend, however, many states presently do not plan to alter

TABLE 2.

EXHIBIT F

<i>Reason for not changing</i>	<i>Number reporting</i>
Current shortage of clinicians when certification is granted at the bachelor's degree level	11
Lack of training programs in the state or programs that are just developing	2
Concern for the quality of training that will be received at the graduate level	2
State department certifies training programs, therefore the decision is up to the training programs	2

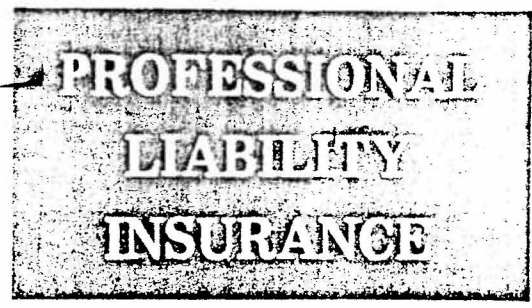
their certification requirements. The current shortage of speech clinicians seems to be the most frequently stated reason for continuing certification at the bachelor's degree level. In order to have a truly comprehensive survey, however, it would be necessary to contact those states without state supervisors in speech and hearing.

This study was completed while the author was Consultant in Speech and Hearing to the Bureau of Education for the Handicapped, U.S. Office of Education. The Assistance of Michael Marge in the development of the study is gratefully acknowledged.

Source 14



EXHIBIT F



JUST HAVE DEGREE
MASTERS DEGREE
PASS TEST AND COMPLETE
one year fellowship to
qualify

Limits of Liability . . . \$200,000.00 each claim
\$600,000.00 total claims per year

THE NEED FOR PROFESSIONAL LIABILITY INSURANCE

In the performance of your services as a speech-language pathologist and/or audiologist there is always the possibility that you may be held responsible for some alleged malpractice, error or mistake in the rendering or failure to render professional services.

Whether valid or not a claim for a professional act or omission could mean, at the least, an expensive court action. Further, if an award is rendered against you, you could be faced with paying an expensive, even staggering judgment.

The Professional Liability Policy available to all members of the American Speech and Hearing Association protects your legal liability for claims arising out of your practice. Furthermore, the policy pays all costs of defending suits against you, even if they are groundless, false, or fraudulent.

In view of an increasing number of suits involving professional personnel, you may find it wise and prudent to protect yourself against the possibility of an unexpected lawsuit for damages by applying for a Professional Liability Policy today.

Insurance advisors generally recommend high limits of protection in view of the low cost involved and the occasional occurrence which, frequently, results in extensive litigation and high judgments for damages. Therefore, only one plan of high limits is being made available.

This is the broadest coverage available. This is an "occurrence" form. You will be fully protected at any future date even though your policy may not be in effect at that time, provided that your policy was in effect when the incident occurred. Most policies are written under a "claims made" form which provides that in the event of a loss, the policy must be in effect on the date of notice. Under such a plan any claim filed after the date the policy has lapsed would not be covered. (Some "claims made" policies have an extended discovery period, normally not more than 3 years. Losses reported during that limited time period would be covered even though the policy was not in effect.)

If you apply for the "occurrence" form plan, you will have the broadest coverage available.

If you are an employee, unless you have received a Certificate of Insurance from the facility where you are employed or their company stating the conditions of any such coverage, it is very unlikely that you are covered by their Liability Insurance.

Specifically designed for members of the . . .
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PROCEDURES RELATING TO MEDICARE AND OTHER THIRD-PARTY PAYMENTS

Providing quality patient care as well as receiving payment for services rendered are two important concerns of the private practitioner. Since many of us receive our payments from fees through third parties, that is, fees are not directly paid by the person receiving the services, this paper explains some basic procedures and discusses some common problems arising from third-party billing. Included in this paper are discussions of contract arrangements, documentation procedures, billing problems, proposed legislation, current Medicare rulings, along with a sample contract, treatment plan, and financial responsibility form.

Since we, as speech pathologists in private practice, are still unable to bill Medicare directly for our services, contracts with providers are essential in order to receive reimbursement for speech pathology services rendered to Medicare patients.¹ A provider according to Medicare regulations is defined as a physician, hospital, skilled nursing facility, home-health agency, clinic, or rehabilitation agency.²

The speech pathologist should meet with the administrator of the hospital, skilled nursing facility, or home-health agency to discuss the terms of the contractual arrangement. In addition, it is usually necessary for the speech pathologist to apply for a position on the staff of the hospital or skilled nursing facility as a consultant in speech pathology. Sometimes there is difficulty in establishing the need for a contract and it may be necessary to talk with the physicians on the medical staff and with the patients' families to stress the importance of speech pathology services explaining that such services are covered by Medicare only when the hospital agrees to do the Medicare billing for the contract speech pathologist under arrangement. Perseverance to secure a contract may be necessary and is usually worthwhile.

A contract³ should include both the responsibilities of the speech pathologist and the responsibilities of the provider. The amount of fees for services rendered should be stated, as well as when the fees will be paid, for example, by the end of the month, or by the fifteenth of the month. All services should be promptly billed for the previous month. A statement should also be included to the effect that payment will be made to the speech pathologist for services rendered and that the provider will collect the fees from Medicare. The speech pathologist may in addition

agree to pay the hospital a percentage of the fee billed for this service. The customary fee for billing in the south Florida area ranges from 15 to 25%. For example, if the charge is \$35 per visit and the contract calls for a 20% billing fee, the hospital would retain \$7 per visit for billing services and guarantee payment at the end of each month. The amount of time it takes to receive payment depends on the stipulated terms of the individual contract.

Some contracts with hospitals or home-health agencies state that the hospital and the home-health agency will transmit the money to the speech pathologist when they are paid by Medicare. This may mean waiting three to six months in some cases. Other contracts may provide for payment at the end of each month. Some insurance companies may take from two to three months before payment is forthcoming. It is necessary to be aware of the terms of the contract and it is advisable to consult your attorney before signing any contract.

In addition to a suitable contract (see Appendix A), proper documentation and good report writing are essential to the collection of fees, especially in this age of accountability.

According to the Medicare regulations,⁴ a patient must be under the care of a licensed physician, and speech pathology services must be furnished under a plan established by the physician⁵ after any needed consultation with the speech pathologist and reviewed periodically at least once every 30 days. The treatment plan (see Appendix B) must accompany progress notes and the monthly bill. The plan must be signed each month by the referring physician and must include complete medical diagnosis, date of onset of illness, type, severity, and prognosis of speech and language disorder, specific treatment goals, type, frequency of the treatment, and the duration of treatment. Each month a new treatment plan must be signed by the physician. If this treatment plan is a renewal, the doctor must recertify⁶ that there is a need for continuing treatment, that the patient has made observable progress, and that the treatment will be needed for an estimated time period. Only the physician may make changes regarding the treatment plan, however, he usually relies on the clinician's recommendations.

Each treatment session must be documented on the patient's chart stating specific goals, procedures, and techniques used, along with the patient's progress and response to treatment procedures. An initial evaluation report describing the patient's speech and language disabilities, a prognosis for improvement, and

¹Federal Register, 40, 119, June 19, 1975 (Sect. 405.1721).

²Federal Register, 40, 119, June 1975 (Sect. 405.1121(h)). Brock bill S. 1465 proposed April 1975, seeks to clarify definition of a provider of out-patient speech pathology services.

³Federal Register, 40, 119, June 19, 1975 (Sect. 405.1721(a)).

⁴Sect. 1861(p) of the Social Security Act (42 U.S.C. 1395 x (p)).

⁵Federal Register, 40, 119, June 19, 1975 (Sect. 405.1717(b)).

⁶Sect. 1831(a) (2) (D) of the Social Security Act (42 U.S.C. 1395 n (a) (2) (D)).

STEPHANIE STRYKER, M.A., a full-time private practitioner in Miami Beach, Florida, prepared this Special Report.

See p. 494 for definition of qualified speech pathologist / audiologist

a statement of treatment goals should be sent to the referring physician with a copy to the third-party billing as well. A progress report at 30- or 60-day intervals should be recorded. Family conferences and staff meetings should also be noted.

When the patient is ready for discharge, the doctor should be contacted and this decision should be discussed. A discharge summary report should include speech and language diagnosis, length of time patient was in treatment, number of treatment sessions, date of onset of illness, treatment goals, patient's progress in achieving these goals, and the reason for his discharge. A copy of the discharge summary should accompany the bill to the third party.

In addition to Medicare third-party payments, other agencies such as private insurance companies, Workmen's Compensations, CHAMPUS (Civilian Health and Medical Program for the Uniformed Services), and Division of Vocational Rehabilitation require the completion of special billing forms. The proper billing procedures should be discussed at the time of the referral with the third-party representative.

Before beginning treatment, it is wise to obtain a letter from the insurance company stating that the services that will be provided are covered by the patient's individual policy and that the patient's deductible has been met. A telephone confirmation is not sufficient, whereas a follow-up letter is legally binding. It is wiser to have the patient pay the bill at the time services are rendered and be furnished with a paid receipt. Then have the patient file for reimbursement from his own insurance company. In addition, it is a good idea to have all non-Medicare patients sign a financial responsibility form (see Appendix C) to ensure payment for services since the patient is responsible for the bill if the insurance company does not pay. Certain problems in the collection of fees from third-party agents may stem from these reasons:

1. Insufficient documentation—omission of information or of a valid physician's treatment plan (one that is not updated or signed properly or does not contain specific treatment goals, amount, and duration), or missing progress notes or ones that do not coincide with billing dates or unsigned progress notes will result in nonpayment or delay of payment.
2. Use of certain nonacceptable descriptive terms—use of words denoting poor progress, status quo, maintenance therapy with no improvement noted within the last month, inferring that the patient has reached his maximum potential and that no further treatment is indicated. Therefore, payment will not be forthcoming as determined by fiscal intermediaries or carriers.
3. Continuation of treatment after exhaustion of patient's Medicare benefits—a Medicare patient is entitled to up to 100 visits under Part A and up to

100 visits under Part B as an outpatient or a home-health patient. It is wise to keep checking with the Medicare secretary to find out when the patient has used up his Part A benefits. When the patient's Part A benefits have been exhausted, one should bill under Part B. The patient is entitled to up to 100 visits under Part B during any one calendar year as long as the physician signs the treatment plan and the speech pathologist documents the patient's continuing progress. On January first of each new year, the patient may receive up to 100 additional visits under Part B as long as his deductible has been met for the year and continued treatment is warranted, reasonable, and necessary as ordered by his physician. In addition, if the patient who has been receiving home-health services is readmitted to the hospital and stays there for more than 72 hours for a related illness, he is then entitled to up to 100 more home-health visits on Part A of Medicare. If the speech pathologist feels that a patient needs continuing speech pathology treatment after his Part A and Part B Medicare benefits have been exhausted, he should speak to the family and discuss either continuing speech pathology treatments on a private-paying basis or, if the family is unable to assume financial responsibility, an alternate means of financing continued treatment and community resources should be discussed. A state or locally funded agency may be able to provide the services at a nominal fee, such as Easter Seal Societies, state hospitals, university clinics, or United Fund agencies. A social worker might be contacted to help make the referral to other community services.

4. Treatment of chronic illnesses—certain diagnoses infer chronic illnesses, such as organic brain syndrome, organic mental syndrome, arteriosclerotic cerebrovascular disease, chronic Parkinsonism, amyotrophic lateral sclerosis, and have resulted in nonpayment for speech pathology services beyond one or two months. However, payment beyond this time may be made in individual cases if potential and progress are appropriately documented. If the speech pathologist feels that a patient requires treatment even though he has a chronic illness, he must document that the treatment is reasonable and necessary and that there is an expectation that the patient's condition will improve significantly in a reasonable period of time, restoring function in speech or hearing.⁷ If it can be shown that the specialized knowledge and judgment of a qualified speech pathologist is required to design and establish a maintenance program⁸ based on initial evaluation

⁷Health Insurance Manual 10 Coverage of Hospital Services, Sect. 210.8, Rev. 91, August 1973.

⁸Federal Register, 40, 186, September 24, 1975 (Sect. 405.127).

and reassessment of patient's needs, then payment will most likely be made in most instances for the evaluation and preparation of the plan. If there are Medicare denials, one should submit a supportive letter from the physician along with strong arguments to justify one's viewpoint to the claims department of Medicare for further adjustment and processing. If there is a basis for further review and the amount of benefits in question is more than \$100, one may request a hearing by writing to the Social Security district office. If progress in speech and language skills is well documented, benefits may be extended even beyond one year.

5. Individual policy stipulations—according to the patient's individual policy some insurance companies will pay for speech "treatment" or "therapy" only and will not pay for a speech "evaluation." In these cases, one should use proper wording to conform to the insurance company regulations. Other policies will not allow payment for office visits, limiting treatments and billing to be done through the hospital or skilled nursing facility. Since the patient is responsible for his bill, he should read the fine print of his contract and advise the speech pathologist of what terminology is acceptable in order for him to be reimbursed. The speech pathologist should advise the patient to contact his insurance agent to get a specific ruling for his individual case before beginning treatment.

Just as it is important to be informed of treatment techniques, it is imperative that we, as speech pathologists keep up to date on new governmental regulations. One can do so by reading the "9030" section of *Ashu, a Journal of the American Speech and Hearing Association* where pertinent current rulings and proposed legislation are reported each month.

A new regulation entitled "salary equivalency" was published in the *Federal Register* on February 7, 1975.⁹ This law is intended to determine reasonable costs by equating the prevailing hourly salary paid to employed physical therapists amounts up to \$9.20 per hour. In addition, a travel allowance of \$4.60 per hour will be given to contract therapists, regardless of the number of patients seen at any one site. A home health visit, however, may be valued at one hour plus one standard travel allowance equaling \$13.80.¹⁰

The regulations apply to all therapy services and all health-care specialists furnished under arrangements, but the initial guidelines with specific salary equivalency scales according to states has been set only for

⁹*Federal Register*, 41, 34, 7215, February 19, 1976. Revised Salary Equivalency Scale for Contract Physical Therapists in Florida. April 1, 1976 a rate of \$10.10 per hour and \$5.05 per travel allowance will be effective.

¹⁰*Federal Register*, 40, 27, February 7, 1975 (Sect. 405.432) on Public Law 92-603, Title 20 Code of Federal Regulations Part 405, Subpart B.

physical therapy, since physical therapy is the most common therapy under arrangements. The salary scale does not affect the speech pathologist immediately. The cost of speech pathology services continues to be governed by the reasonable cost prudent-buyer concept guidelines for speech pathology.¹¹ Guidelines for speech pathology salary schedules will be developed at a later date after consultation with the appropriate speech pathology organizations.

Another new regulation¹² effective January 5, 1975, states that the Department of Health, Education, and Welfare has authorized that "a public or non-profit home health agency may contract with a proprietary organization to provide speech pathology services." This means that speech pathologists and audiologists who are organized as partnerships or corporations for profit may, under the new regulations, contract with a public or nonprofit home health agency or organization to provide services.

A new regulation¹³ entitled "Post Hospital Standard Care Benefits" states that "until now an individual could qualify for extended care (posthospital Medicare benefits) only if he required skilled nursing services provided by a nurse. Retroactive to January 1973, an individual is now eligible for such benefits if he needs skilled nursing or other skilled rehabilitation as a Medicare reimbursable service (only where provided in a recognized skilled nursing facility as a posthospital service).

Another new regulation¹⁴ regarding outpatient physical therapy and speech pathology services states that "the patient has the option under Part B Home-Health-related benefits of having reimbursement for speech pathology services under either Medicare home-health benefit or Medicare outpatient speech pathology benefits, as long as the plan of treatment requirements are met and the physician certifies and recertifies the need for these benefits."

Another new regulation¹⁵ is that of advanced approval for posthospital health-care services in which the Department of Health, Education, and Welfare plans to establish basic periods appropriate for reimbursement for treatment of specific illnesses. Recent regulations implementing Section 228 of Public Law 92-603 published in the *Federal Register* on May 25, 1976, provides for presumed coverage of posthospital extended care and posthospital home-health services advanced approval under the Medicare program. It provides that payment can be guaranteed in advance for an initial period of care for a limited number of skilled nursing facility days of home-health agency visits for a specific medical condition listed in the

¹¹Public Law 92-603, Sect. 251(c).

¹²*Federal Register*, 40, 234, December 4, 1976 (Sect. 405.1221).

¹³*Federal Register*, 40, 186, September 24, 1975 (Sect. 247A of Public Law 92-603, Sect. 405.123).

¹⁴*Federal Register*, 40, 188, September 26, 1976 (Sect. 405.239).

¹⁵*Federal Register*, 41, 102, May 25, 1976 (Sect. 405.133).

regulations. It was stated that for a cerebral vascular accident with hemiplegia or aphasia, that a Medicare patient would be allowed five physical-therapy or five speech-therapy visits in a two-week period. In addition, it was proposed that a patient be entitled to 15 days of posthospital care in skilled nursing facilities. Beneficiaries who do not have a medical condition that is described in the regulations or who have a condition listed in the regulations, but who need services or care, in addition to or beyond the presumed coverage period, will still be eligible to have payment made for additional care they need up to the maximum number of days of visits provided for in the law. As in the past, payment for such additional care would not be guaranteed, but must be predicated on a finding by an intermediary from a review of the facts in the individual case that such care or additional care was reasonable and necessary to the treatment of the patient's condition. Thus, good documentation is important.

Another recent regulation¹⁶ effective June 21, 1976, expands the definition of a provider of outpatient services to Medicare patients to include a rehabilitation agency which provides social or vocational adjustment services in addition to speech pathology or physical-therapy services. These regulations permit speech and hearing centers that qualify by providing social or vocational services, to become independent Medicare providers. As in the past, the physician must authorize the treatment plan and recertify the need for additional care every 30 days in order that the speech pathology services may be covered.

Several other proposed changes are still pending. One such proposal is the Brock Bill S 1465, introduced by Senator Bill Brock of Tennessee into the Senate in April 1975. It seeks to expand Medicare reimbursement for speech pathology services in outpatient settings to clarify the meaning of a "provider of outpatient speech pathology services" to include any such provider, clinic, or agency which provides only speech pathology services, as well as those providers which offer both physical therapy and speech pathology services. If this law passes, it would mean that as well as clinics, rehabilitation facilities, and public health agencies, approved providers in private practice will be able to bill Medicare directly for outpatient services. Senate Bill 1783, the Communicative Health Care Amendments of 1975, would clarify the physician-speech pathologist relationship by eliminating the requirement of a physician's prescription for services and substituting a physician's referral; permitting the speech pathologist and audiologist in private practice to be a provider; and expanding audiology services to cover aural rehabilitation, hearing aid examinations, and speech-reading training, under the Medicare umbrella. Further clarification is still pending.

These proposed regulations still pending, can and should be commented on and challenged if necessary

by professionals and lay people by writing to individual congressmen and senators. In addition, the author suggests that the speech pathologist or audiologist with specific problems or questions should contact Richard J. Dowling or Vickie Dempsey in the Governmental Affairs Department of the American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014. They are available to assist ASHA Members in such matters.

Thus a discussion of contract arrangements, documentation procedures, billing problems, and current Medicare rulings and proposed legislation have been presented. With knowledge of these fundamental business and financial management procedures, one can then be free to devote his energies to providing quality services.

APPENDIX A

SAMPLE CONTRACT

STEPHANIE STRYKER, M.A. & ASSOCIATES
Certified Speech Pathologists
1674 Meridian Avenue
Miami Beach, Florida 33139

Date _____

TO WHOM IT MAY CONCERN:

Address _____

Dear Sir:

This office agrees to provide diagnostic speech and language evaluations and the necessary treatment follow-up services to any patient in the hospital/skilled nursing facility, whose physician requests such service.

We will promptly notify the referring physician and the hospital/SNF of the results of these procedures via letter and a resume of our test finds. We will keep daily progress notes, outlining treatment goals and procedures in the patient's chart. We will provide a summary of progress at regular intervals, along with a discharge summary. In-service training programs will be provided on request. We will provide our own equipment and treatment materials.

Fees for the speech evaluation are \$_____ and for the speech pathology treatment sessions \$_____. These fees for services rendered will be due and payable by the fifteenth of the month following the billing period. The hospital/SNF will receive 20 percent of the charges as a billing fee and for guaranteeing payment for all services rendered regardless of any Medicare denials. The fee for in-service training is \$_____.

As a qualified speech pathologist, I hold the Certificate of Clinical Competence in Speech Pathology issued by the American Speech and Hearing Association in Washington, D.C. I am licensed by the state of _____. My license number is #_____. (List other pertinent personal qualifications, such as, publications, consultantships, hospital, and university affiliations.) I have professional liability malpractice insurance coverage of \$200,000 each claim, \$600,000 aggregate issued by _____ company policy number _____.

I and my associates will be happy to be of service to any of your patients with speech and language disorders.

This agreement will be in effect from the date of your ap-

¹⁶Federal Register, 41, 100, May 21, 1976 (Sect. 405.1701).

proval but may be terminated by either party or through mutual agreement to dissolve this contract with 30 days notice.

Sincerely yours,

Signed _____ (CCC/Sp)

Dated _____
AGREED UPON and signed by:

(Title) Administrator, Comptroller

If this is a continuation of treatment previously authorized, is there a noticeable improvement in patient's condition:

I certify that the above-named patient is under my care and the speech treatments ordered for this patient are medically necessary.

Date: _____ M.D.

Signature of Physician

Address of Physician

APPENDIX B

SPEECH PATHOLOGY SERVICES

Patient's name _____ Age: _____

Address _____

Phone _____

Date pt. examined _____ Soc. Sec. # _____

PHYSICIAN'S PLAN OF TREATMENT

Complete diagnosis: _____

Date of onset of illness _____
(Date of surgery, if any) _____

Type of treatment: _____

Speech evaluation only _____

Speech evaluation and treatment _____

Anticipated goals: _____

Frequency of treatment

1x 2x 3x 4x 5x per week
(check desired amt.)

Duration of treatment

1 week 2 weeks 3 weeks 4 weeks

KINDLY FILL OUT AND SIGN THIS FORM AND RETURN IT TO MY OFFICE.

APPENDIX C

STEPHANIE STRYKER, M. A. & ASSOC.

CERTIFIED SPEECH PATHOLOGISTS

1674 MERIDIAN AVE., SUITE 201

MIAMI BEACH, FLORIDA 33139

TELEPHONE 534-3676

Date: _____

I hereby authorize and guarantee payment for all speech pathology services rendered to the following patient, including costs of collection and reasonable attorney's fees.

Patient's name: _____

Authorized signature: _____

Relationship to patient: _____

Witness: _____

Fees:

Initial evaluation: \$ _____

Follow-up treatment \$ _____ per session

PROGRAM	Typical Length of Master's Programs				Thesis (R) Req (O) Opt Not Available (NA)	Minimum Required Practicum Hours		Hours of Graduate Academic Credit Required	Record of Graduates on National Examinations				Doctoral Degrees Awarded In:		Practicum Contact Hour/ Supervised Contact Ratio
	With Undergraduate Major		Without Under- graduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiol- ogy	
	Speech Path	Audiol- ogy	Speech Path	Audiol- ogy					Number Taking	Number Passing	Number Taking	Number Passing			
ALABAMA U. of Alabama Auburn U.	15 mos 4 qtrs	15 mos 4 qtrs	24 mos 8 qtrs	24 mos 8 qtrs	O O	250 0	500 150	42 sem 45 qtr/ M.A. 50 qtr/ MSC	46 14	43 14	20 8	18 7	No No	- No	- -
ARIZONA U. of Arizona Arizona State U.	2 yrs 2 yrs	2 yrs 2 yrs	2 yrs 3-3½ yrs	2 yrs 3-3½ yrs	O O	0 0	300 300	36 sem 30 sem	31 8	29 8	12 NA	11 NA	Yes No	Yes -	3:1 15:4
CALIFORNIA U. of California- Santa Barbara California State U.-Fullerton California State U.-Long Beach U. of the Pacific San Diego State U. San Francisco State U. San Jose State U.	2 yrs 1½ yrs 3 sems 1 yr+ sum 18 mos	2 yrs - 3 sems 1 yr+ sum 18 mos	3-4 yrs 2½ yrs 6 sems 2 yrs 2 yrs +	3-4 yrs - 6 sems - 2 yrs +	R O O O O	10-30 50-75 90 - 66	300 200+ 210 300 88	- 30 30 sem 39 30 sem + thesis 33 sem 30	- - - - 13	- - - - 13	NA NA - NA NA	NA NA - NA NA	No No No No No	No No No No No	2:1 9:1 - 3:1 1:1 2:1 1:1

Guide to Graduate Education

COLORADO Colorado State U. Denver	2 yrs 20 mos 4-6 qtrs	2 yrs 16 mos 4-6 qtrs	3 yrs 32 mos 8-10 qtrs	3 yrs 28 mos 8-10 qtrs	R O O	NA 0 100	350+ 700 300	26 sem 32 sem 52 qtr	23 33 49	21 33 49	NA 20 8	NA 18 6	Yes No Yes	Yes No Yes	2:1 14:5 3:1
CONNECTICUT U. of Connecticut Southern Connecticut State C.	2 yrs 3 sems	2 yrs -	3 yrs 5 sems	3 yrs -	O O	20 0	300 300	- 36-42	31 -	31 -	13 NA	13 NA	Yes No	Yes -	- 3:1
DISTRICT OF COLUMBIA Catholic U. of America George Washington U.	2 yrs 12 mos	2 yrs 12 mos	3 yrs 2 yrs	3 yrs 2 yrs	O O	0 0	300 150	40 sem 36 sem	30 -	26 -	NA -	NA -	No No	No No	3:1 10:9
FLORIDA U. of Florida	6 qtrs	6 qtrs	-	-	R=M.A. O=M.Ed.	80	250	60 qtr	46	45	10	9	Yes	Yes	3:1
GEORGIA Emory U. U. of Georgia	7 qtrs 4 qtrs	7 qtrs 4 qtrs	7 qtrs 8 qtrs	7 qtrs 8 qtrs	NA O	NA 40	450 300	72 qtr 60 qtr	10 39	9 38	NA 9	NA 6	No Yes	No No	3:2 3:1
ILLINOIS Bradley U. Eastern Illinois U. U. of Illinois Northern Illinois U. Northwestern U. Southern Illinois U.-Carbondale	3 sems 11 mos 2 sems + sum 3 sems + sum 5 qtrs	3 sems - 2 sems + sum 3 sems + sum 4 qtrs	4 sems + sum 22 mos 4 sems + sum NA 8 qtrs	4 sems + sum - 4 sems + sum NA 7 qtrs	O O O O	150 125 100 80 100	150 150 150- 200	36 sem 34 sem 32 sem 36 Sp=72 qtr Aud= 52 qtr 30 sem	11 - 101 27 104	10 - 93 25 103	NA NA 21 11 28	NA NA 16 11 28	No No Yes No Yes	No - Yes No Yes	1:1 - 3:2 3:2 2:1 3:1

Accredited Programs

EXHIBIT F

PROGRAM	Typical Length of Master's Programs				Thesis (R) Req (O) Opt Not Available (NA)	Minimum Required Practicum Hours		Hours of Graduate Academic Credit Required	Record of Graduates on National Examinations				Doctoral Degrees Awarded In:		Practicum Contact Hour/ Supervised Contact Ratio	
	With Undergraduate Major		Without Undergraduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiology		
	Speech Path	Audiology	Speech Path	Audiology					Number Taking	Number Passing	Number Taking	Number Passing				
INDIANA																
State U.	12 mos	12 mos	21-24 mos	24 mos	O	150	150	45 qtr	16	12	8	6	No	No	7:2	
Indiana U.	3 sems	-	6 sems	-	O	100	300	36 sems	58	56	13	12	Yes	Yes	14:5	
Indiana State U.	1½ yrs	1½ yrs	2-2½ yrs	-	O	200	150	32 sem	-	-	NA	NA	No	No	2:1	
Purdue U.	4 sems	4 sems	2 yrs	2 yrs	O	0-150	150-300	33 sem	-	-	-	-	Yes	Yes	2:1	
IOWA																
U. of Iowa	15 mos	21 mos	3 yrs	3 yrs	O	0	300	38 sem	83	81	16	15	Yes	Yes	2:1	
U. of Northern Iowa	2 sems + sum	-	3 yrs	-	O	150	150	30 sem	23	22	NA	NA	No	No	3:1	
KANSAS																
U. of Kansas	1½ yrs	1 yr	2 yrs	1½ yrs	O	0-100	75-300	Sp=36-48 sem Aud=30 sem	36	35	10	10	Yes	Yes	5:3	
Kansas State U.	3 sems	3 sems	5 sems	5 sems	O	0	150	30 sem	28	25	NA	NA	No	No	4:1	
LOUISIANA																
Louisiana State U.	2 yrs	2 yrs	2 yrs	2 yrs	O	200 B.S. 15 B.A.	200	36 sem	29	29	5	5	Yes	Yes	3:1	
Tulane U.	18-24 mos	18-24 mos	24-30 mos	24-30 mos	R = M.S. O = MAT	0	Var	30-36	12	12	NA	NA	No	No	2:1	

Guide to Graduate Education

MARYLAND																
U. of Maryland	3 sems + sum	3 sems + sum	NA	NA	O	0	150-300	30-40 sem	66	65	13	12	Yes	Yes	3:1	
MASSACHUSETTS																
Boston U.	3 sems	4 sems	5 sems	6 sems	Sp=O Aud=R	50	250	33 sem	79	70	7	6	Yes	Yes	2:1	
U. of Massachusetts	1-1½ yrs	1-1½ yrs	2 yrs	2 yrs	O	-	-	30 sem	28	28	6	5	Yes	Yes	-	
MICHIGAN																
Central Michigan U.	1 yr + sum	1 yr + sum	2½ yrs	2½ yrs	O	100+	300+	30 sem	-	-	-	-	No	No	4:1	
Eastern Michigan U.	1 yr	NA	2 yrs	NA	O	-	300	30 sem	-	-	NA	NA	No	No	3:1	
U. of Michigan	3 terms	3 terms	5 terms	5 terms	O	0	10 hrs/wk	30 sem	-	-	-	-	Yes	Yes	3:1	
Michigan State U.	12 mos	12 mos	24 mos	24 mos	O	-	150	45 qtr	67	60	24	21	Yes	Yes	3:1	
Northern Michigan U.	2 yrs	-	2½ yrs	-	O	100	200	32 sem + plus 8 - 12 intern sem hrs	9	9	NA	NA	No	-	3:1	
Wayne State U. (Speech)	1 yr+	-	2 yrs	-	O	200	150+	48 qtr	36	33	NA	NA	Yes	No	2:1	
Wayne State U. (Audiology)	7 qtrs 2 yrs	7 qtrs	7 qtrs	7 qtrs	O	0	16-20 hrs/wk	54 qtr	NA	NA	-	-	No	Yes	1:1-4:1	
Western Michigan U.	1 yr	1 yr	2 yrs	2 yrs	O	Var	150	35 sem	-	-	-	-	No	No	3:2	
MINNESOTA																
U. of Minnesota	2 yrs	2½ yrs	2 yrs	2½ yrs	O	0	300	60-75 qtr	-	-	NA	NA	Yes	Yes	1:1	
MISSISSIPPI																
Southern Mississippi	5 qtrs	5 qtrs	8 qtrs	8-9 qtrs	O	200	150	34 sem	29	22	13	11	Yes	Yes	3:1	

Accredited Programs

EXHIBIT F
 Practice Contact Hour Supervised Contact Ratio

PROGRAM	Typical Length of Master's Programs				Thesis (R) Req (O) Opt Not Available (NA)	Minimum Required Practicum Hours		Hours of Graduate Academic Credit Required	Record of Graduates on National Examinations				Doctoral Degrees Awarded In:		Practice Contact Hour Supervised Contact Ratio	
	With Undergraduate Major		Without Undergraduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiology		
	Speech Path	Audiology	Speech Path	Audiology					Number Taking	Number Passing	Number Taking	Number Passing				
MISSOURI																
Central Missouri State U.	12 mos	12 mos	18 mos	18 mos	O	120-160	150+	32 sem	-	-	NA	NA	No	No	4:1	
University of Missouri-Columbia	2 sems + 1 sum	2 sems + 1 sum	4 sems + 2 sum	4 sems + 2 sum	O	100	150+	30 sem	-	-	NA	NA	No	Yes	2:1	
Northeast Missouri State U.	1 yr	NA	2 yrs	NA	O	200	300	32 sem	22	19	NA	NA	No	No	-	
St Louis U.	1½-2 yrs	1½-2 yrs	3 yrs	3 yrs	O	150	150	Sp/A=30 sem Lrng Dis=36 33 sem	32	29	8	4	No	No	6:1	
Central Institute for the Deaf-Washington U.	2 acad yrs	2 acad yrs	2 acad yrs	2 acad yrs	O	NA	325	33 sem	16	16	9	6	No	Yes	3:1	
MONTANA																
U. of Montana	2	2	3	3	O	0	150	45 qtr	15	14	NA	NA	No	No	3:1	
NEW MEXICO																
U. of New Mexico	1½ yrs	1½ yrs	2 yrs	2 yrs	O	-	300	32 sem	30	29	NA	NA	No	No	2:1-3:1	
NEW YORK																
Adelphi U.	1 yr + 2 sum	1 yr + 2 sum	2 yrs + 2 sum	2 yrs + 2 sum	O	150	200	33 sem	31	24	NA	NA	No	No	-	
Brooklyn C.-City U. of New York	2 yrs 3 sem	2 yrs 3 sem	4 yrs 4-5 sem	4 yrs 4-5 sem	O	0	300	39 sem 33	-	-	-	-	No	No	2:1	
City C.-City U. of New York	3 sem	3 sem	4-5 sem	4-5 sem	O	125	300	33	6	5	NA	NA	-	-	3:1	

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Yonkers U.	2 sem + sum	2 sems + sum	6 sems	6 sems	O	30	150	30-33 sem	38	27	7	6	-	-	4:3	
Hunter C.-City U. of New York	2 yrs	2 yrs	3 yrs	3 yrs	R for A & S O for Teach Ed.	45 Sp 45 Aud	150	A&S=30 sem Teach Ed = 36 sem	27	22	11	8	Yes	Yes	1:1	
Queens C.-City U. of New York	3 sems	3 sems	5 sems	5 sems	O	0	300	37 sem	-	-	-	-	No	No	1:1	
State U. C. at Geneseo	1 yr 1 acad yr + sum	1 yr 1 acad yr + sum	2½ yrs 1½-2 acad yr + sum	2½ yrs 1½-2 acad yr + sum	O	80	150	33 sem	40	34	NA	NA	No	No	3:1	
Teachers C., Columbia U.	1 acad yr + sum	1 acad yr + sum	2½ yrs 1½-2 acad yr + sum	2½ yrs 1½-2 acad yr + sum	O	-	200-300	40 sem	121	109	21	20	Yes	Yes	2:1	
NORTH DAKOTA																
Minot State C.	4 qtrs	4 qtrs	8 qtrs	8 qtrs	O	200	150	45 qtr	25	20	NA	NA	No	No	-	
OHIO																
Case Western Reserve U.	12 mos	12 mos	1½-2 yrs	1½-2 yrs	O	-	300	27 sem	46	44	8	8	Yes	Yes	3:1	
Cleveland State U.	12 mos	12 mos	24 mos	24 mos	O	100	200	53 qtr	9	7	NA	NA	No	No	2:1	
Kent State U.	4 qtrs	4 qtrs	NA	NA	O	150	175	48 qtr	-	-	NA	NA	Yes	Yes	5:1	
Ohio State U.	4-5 qtrs	4-5 qtrs	6-7 qtrs	6-7 qtrs	R	0	300	45 qtr	-	-	NA	NA	Yes	Yes	-	
Ohio U.	1 yr	1 yr	2 yrs	2 yrs	O	var	300	52 qtrs	-	-	-	-	Yes	Yes	-	
OKLAHOMA																
U. of Oklahoma Phillips U.	1½-2 yrs 3 sems + 1 sum	1½ 3 sems + 1 sum	2 yrs 4 sems + 2 sums	2 yrs 4 sems + 2 sums	O	NA 200	300 200	32 sem 38 sem	40 5	40 5	9 NA	9 NA	Yes No	Yes No	17:10 1:1	
OREGON																
Portland State U.	2 yrs	2 yrs	3 yrs	3 yrs	O	0	150-300	48 qtr	22	22	NA	NA	No	No	3:1	

Accredited Programs

PROGRAM	Typical Length of Master's Programs				Thesis (R) Req (O) Opt Not Available (NA)	Minimum Required Practicum Hours		Hours of Graduate Academic Credit Required	Record of Graduates on National Examinations				Doctoral Degrees Awarded In:		Practicum Contact Hour/ Supervised Contact Ratio
	With Undergraduate Major		Without Undergraduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiology	
	Speech Path	Audiology	Speech Path	Audiology					Number Taking	Number Passing	Number Taking	Number Passing			
PENNSYLVANIA															
Pennsylvania State U.	1 yr	1 yr	2 yrs	2 yrs	O	250	300	36-40 sem var	74	72	12	10	Yes	Yes	4:1
U. of Pittsburgh	3-6 terms	3-6 terms	2 yrs	2 yrs	var	0	400	36 sem	38	36	6	6	Yes	Yes	1:1
Temple U.	1½-2 yrs	2 yrs	2-2½ yrs	2-2½ yrs	O	0	300	36 sem	73	68	30	27	Yes	Yes	2:1
SOUTH DAKOTA															
U. of South Dakota	1 acad yr + 1 sum	2 acad yrs	2 acad yrs	2 acad yrs + 1 sum	O	0	300	32 sem	22	20	NA	NA	No	No	3:1
TENNESSEE															
Memphis State U.	3-4 sems	3-4 sems	2 yrs	2 yrs	O	-	10 hrs wk	36 sem	34	31	9	8	Yes	Yes	2:1
U. of Tennessee	4-5 qtrs	5-6 qtrs	8-9 qtrs	8-9 qtrs	O	100-200	150	48 qtr	-	-	-	-	Yes	Yes	3:2
Vanderbilt U.	12 mos	12 mos	18-24 mos	18-24 mos	O	NA	300	30 sem	51	46	31	28	Yes	Yes	3:1
TEXAS															
U. of Houston	3 sems	-	3 + yrs	-	O	200	150	36 sem	41	40	NA	NA	No	No	4:1
Our Lady of the Lake C.	12 mos + 1 sum	-	2-2½ yrs	-	O	100	150	36 sem	35	32	NA	NA	No	No	2:1
Southern Methodist U.	12 mos	12 mos	24 mos	24 mos	O	-	150	36 sem	41	40	10	10	No	No	4:1
Southwest Texas State U.	12 mos	-	24 mos	-	O	200	150	36 sem	-	-	NA	NA	No	No	1:1
U. of Texas-Austin	2 yrs	2 yrs	3 yrs	3 yrs	O	150	150	30 sem	22	21	8	7	Yes	Yes	3:1

Brigham Young U. of Utah	1½ yr	1½ yr	2 yrs	2 yrs	O	300	800	34 sem	-	-	-	-	No	No	4:1
Utah State U.	1½ yr	1½ yr	2 yrs	2 yrs	O	50	300	45 qtr	15	15	6	5	No	No	14:5
U. of Virginia	4 qtrs	4 qtrs	8 qtrs	8 qtrs	O	80	220	45 + qtr	-	-	-	-	No	No	2:1-3:1
VIRGINIA															
U. of Virginia	1 yr	1 yr	2 yrs	2 yrs	M.A.= R M.Ed.= O	25-50	150-300	36 sem	80	75	13	12	Yes	Yes	3:1
WASHINGTON															
U. of Washington	5 qtrs	5 qtrs	2 yrs	2 yrs	O	50-100	250-200	45 qtr	-	-	-	-	Yes	Yes	3:1
Washington State U.	2 sems + sum	NA	3 sems + sum	NA	O	150	150	30 sem	7	6	NA	NA	No	No	-
WISCONSIN															
Marquette U.	2 sems + sum	NA	2 sems + sum	NA	O	0	150	30 sem	40	32	NA	NA	No	No	4:1
U. of Wisconsin-Madison	1½ yr	2 yrs	2½ yrs	2½ yrs	O	0	200	30 sem	-	-	-	-	Yes	Yes	2:1
U. of Wisconsin-Milwaukee	12 mos	NA	3 yrs	NA	O	150	150	30 sem	32	30	NA	NA	No	No	26:1
U. of Wisconsin-Stevens Point	2 sems + 2 sums	2 sems + 2 sums	2½ yrs	2 yrs	O	150	150	Aud=30 sem Sp=37 sem	23	20	9	9	No	No	3:1
WYOMING															
U. of Wyoming	2 yrs	2 yrs	3 yrs	3 yrs	O	150	150	30 sem	11	9	NA	NA	No	No	3:1

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	With Undergraduate Major		Without Under- graduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiol- ogy	
	Speech Path	Audiol- ogy	Speech Path	Audiol- ogy					Number Taking	Number Passing	Number Taking	Number Passing			
ALABAMA U. of Montevallo	4 sems	2 yrs	6 sems	2 yrs	O	200	150	36 sem	NA	NA	NA	NA	-	-	7:2
KANSAS U. of Arkansas- Fayetteville	2 sems + 1 sum	2 sems + 1 sum	60 sem hr	60 sem hr	O	-	-	30 sem + 6 sem hrs pract	NA	NA	NA	NA	No	No	3:1
U. of Arkansas- Little Rock	18 mos	-	30 mos	-	O	200	150	36 sem	NA	NA	NA	NA	No	No	4:1
CALIFORNIA California State C.-Stanislaus	1½ - 2 yrs	-	3 yrs	-	O	90	210	36	6	5	NA	NA	No	No	3:1
California State U.-Los Angeles	4-5 qtrs	4-5 qtrs	8-10 qtrs	8-10 qtrs	O	125	250- 300	45 qtr	-	-	-	-	No	No	4:1
California State U.-Chico	3 sems	NA	7 sems	NA	O	40	260	36-46	NA	NA	NA	NA	No	No	4:1
California State U.-Fresno	2 yrs	2 yrs	3-3½ yrs	3-3½ yrs	O	150	150	30 sem	-	-	-	-	No	No	Therapy 3:1-4:1 Diagnosis 1:1-3:2
California State U.-Northridge	2-3 sem	2-3 sem	2½- 3 yrs	2½- 3 yrs	O	150	150	30 sem	29	28	NA	NA	No	No	3:1
California State U.-Sacramento	1½-2 yrs	1½-2 yrs	3½-4 yrs	3½-4 yrs	R	70	180	26 sem	-	-	NA	NA	No	No	-
Chapman C.	2 yrs	-	3 yrs	-	O	225	150	37 sem	-	-	NA	NA	No	No	8:1

Guide to Graduate Education

Humboldt State U. La Verne C.	4 qtrs 2-3 sums	- -	2½ yr 2-3 sum + 3 sems	- -	O R	100 250	200 150	48 qtr 32 sem	- NA	- NA	NA NA	NA NA	No No	No No	- 3:1-4:2
Loma Linda U. U. of Redlands	4 qtrs 1½ yrs	4 qtrs 1½ yrs	8 qtrs 2½ yrs	8 qtrs 2½ yrs	O O	0 0-150	150 150- 300	48 qtrs 34 sem	NA -	NA -	NA NA	NA NA	No No	No No	3:1 3:1
U. of Southern California	1 yr	-	2 yrs	-	O	-	-	28 units	41	40	8	7	Yes	No	-
COLORADO Adams State C. U. of Northern Colorado	4 qtrs 4-5 qtrs	- 5 qtrs	2 yrs 10 qtrs	- 10 qtrs	O NA	100 100	200 300- 500	45 qtr 55 qtr	NA 15	NA 15	NA 5	NA 5	No Yes	No Yes	20:1 Sp: 3:1 Aud: 1:1
DISTRICT OF COLUMBIA Federal City C. Gallaudet C.	1-1½ yr NA	- 2 yrs	2 yrs -	- NA	O NA	125 NA	300 320	54 qtr 42 sem	6 NA	3 NA	NA 16	NA 14	No No	No No	15:7 -
FLORIDA Florida State U.	4-5 qtrs	4-5 qtrs	10 qtrs	10 qtrs	O	75-100	200- 225	48 qtr	45	45	11	9	Yes	Yes	4:1
U. of Miami	12-18 mos	-	2-2½ yrs	-	M.A.=R M.Ed= O	150	150	35-37	NA	NA	NA	NA	No	No	1:1
U. of South Florida	1 yr	1 yr	2 yrs	2 yrs	O	NA	300	45 qtr	59	51	6	5	No	No	3:1
HAWAII U. of Hawaii	3 sems + sum	3 sems + sum	3-4 yrs	3-4 yrs	O	-	150+	44 sem	21	20	NA	NA	No	No	3:1
ID. State U.	1½ sems	1½ sems	4 sems	4 sems	O	150	150	30 sem	7	5	8	6	No	No	3:1

Nonaccredited Programs

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	With Undergraduate Major		Without Undergraduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiology	
	Speech Path	Audiology	Speech Path	Audiology					Number Taking	Number Passing	Number Taking	Number Passing			
ILLINOIS Southern Illinois U.-Edwardsville Western Illinois U.	1 1/2 yrs 3-4 sems 4 qtrs	- 3-4 4 qtrs	2 1/2 yrs 4-5 sems 9 qtrs	- 4-5 sems 9 qtrs	O O O	0 150 or 0 200	150 150	32 sem 32 sem 48 qtr	NA - NA	NA - NA	NA - NA	NA - NA	No No No	No No No	5:4 3:1 3:1
KANSAS Fort Hays Kansas State C. Wichita State U.	1 yr	NA	2 yrs +	NA	O O	100 100	200-300 200	32 sem 35	NA -	NA -	NA -	NA -	No Yes	No Yes	15:2 3:1
KENTUCKY U. of Kentucky U. of Louisville Murray State U.	3-4 sems 3 sems	NA 3 sems	NA 5 sems	NA 5 sems	O O	150+ 150	150-300 200	30 sem 33-60 sem 30 sem	- 10 15	- 9 11	NA NA NA	NA NA NA	No No No	No No No	8:7 4:1 3:1
LOUISIANA Louisiana Tech. U. Northwestern State U. of Louisiana U. of Southwestern Louisiana	5 qtrs 12 mos	- -	7 qtrs 24 mos	- -	O NR	200 100	200 200-350	33 sem 39-45 sem	NA 14	NA 9	NA NA	NA NA	No No	No -	50:1 3:2
MAINE U. of Maine-Orono	18 mos	NA	2 1/2 yrs	-	O	200 (Educ) 175	200 (LA)	30 sem	NA	NA	NA	NA	No	-	2:1
MAINE U. of Maine-Orono	12 mos	-	24 mos	-	O	100	200	30 sem	5	5	NA	NA	No	-	8:3

Guide to Graduate Education

MARYLAND Hopkins U.	-	-	-	-	R	-	400	2 yrs resid	NA	NA	NA	NA	Yes	Yes	1:1
Loyola C.	1 acad yr + sum	-	2 acad yr + 1 or 2 sums	-	O	100-150	150-300	36 sem	-	-	-	-	No	No	3:1-4:1
Towson State C.	equiv of 3 sems	equiv of 3 sems	2-3 yrs	2-3 yrs	NA	-	150	36 sem	NA	NA	NA	NA	No	No	-
MASSACHUSETTS Emerson C.	1 1/2 yrs	-	2-2 1/4 yrs	-	R	open	300	39 sem	-	-	NA	NA	No	No	1st yr = 1:1 2nd = 4:3
Northeastern U.	4-6 qtrs	4-6 qtrs	8-10 qtrs	8-10 qtrs	O	No min req	150-300	48 qtr	59	46	10	7	No	No	2:1
MINNESOTA Mankato State C. U. of Minnesota-Duluth Moorhead State C.	2 yrs 1 yr	NA -	4 yrs 2 1/2 yrs	NA -	O NR	150 200+	150 44 qtr	54 qtr NA	NA NA	NA NA	NA NA	NA NA	No No	No 5:2	3:2
St. Cloud State C.	1 yr + 1 or 2 adj sums	-	2 yrs + 2 or 3 adj sums	-	O	200	150	45 qtr	NA	NA	NA	NA	No	No	7:2
U. of Mississippi	12 mos	12 mos	24 mos	24 mos	O	150	200	36 sem	-	-	NA	NA	No	No	4:1
Mississippi U. for Women	1 acad yr + 1 sum	NA	2 acad yr + sum	NA	O	150	150	30 sem	-	-	NA	NA	No	-	3:1
MISSOURI Southeast Missouri State U.	12 mos	-	18 mos	-	O	200	150	32 sem	5	2	NA	NA	-	-	4:1

Nonaccredited Programs

EXHIBIT F

PROGRAM	Typical Length of Master's Programs				Thesis (R) Req (O) Opt Not Available (NA)	Minimum Required Practicum Hours		Hours of Graduate Academic Credit Required	Record of Graduates on National Examinations				Doctoral Degrees Awarded In:		Practice Contact Hour Supervised Contact Ratio
	With Undergraduate Major		Without Under- graduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiol- ogy	
	Speech Path	Audiol- ogy	Speech Path	Audiol- ogy					Number Taking	Number Passing	Number Taking	Number Passing			
NEBRASKA U. of Nebraska- Lincoln	1 yr	1 yr	2 yrs	2 yrs	O	150	150	36 sem	45	44	8	8	Yes	Yes	-
NEVADA U. of Nevada	3-4 sems	-	2 yrs	-	O	150	150	32 sems	NA	NA	NA	NA	No	No	-
NEW JERSEY Douglass C. of Rutgers U. Kean C.	12 mos	-	24 mos	-	NR	100	100+	33 sem	-	-	NA	NA	No	-	1:1
Montclair State C.	33 sem hrs + clin hrs	33 sem hrs + clin hrs	54 sem hrs	54 sem hrs	R	150	200	33 sem	NA	NA	NA	NA	No	No	7:2
Seton Hall U.	2 sems + 2 sums	2 sems + 2 sums	3-4 sems	3-4 sems	NA	200	300	37 sem	-	-	NA	NA	No	No	1:1
Trenton State C.	1 yr + sum	1 yr + sum	2 yrs +sum	2 yrs + sum	O	-	300	38-69	13	11	12	10	No	No	1:1
William Paterson C.	1 yr FT	-	2 yrs PT	-	O	150	Var	30 sem	NA	NA	NA	NA	No	No	2:1
	2 yrs PT	-	3 yrs PT	-	O	150	Var	30 sem	NA	NA	NA	NA	No	No	2:1
	36 sem hr	36 sem hr	51 sem hr	51 sem hr	R	150	150 or 300	36 sem	12	10	NA	NA	No	No	3:1
NEW MEXICO New Mexico State U.	1½ yrs	1½ yrs	2 yrs	2 yrs	O	160	350	36	-	-	-	-	No	No	4:1

Guide to Graduate Education

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	With Undergraduate Major		Without Under- graduate Major			Under Grad	Grad		Speech Pathology		Audiology		Speech Path	Audiol- ogy	
Speech Path	Audiol- ogy	Speech Path	Audiol- ogy	Number Taking	Number Passing			Number Taking	Number Passing	Number Taking	Number Passing				
NEW YORK C.W. Post Center of Long Island U. City U. of New York	1 yr FT	1 yr FT	1½ yrs	1½ yrs	O	-	-	36 sem	-	-	NA	NA	No	No	4:1
Herbert H. Lehman C. Ithaca C.	1½ yrs 12 mos	1½ yrs 12 mos	2½ yrs var.	2½ yrs var.	O	0	0	33 sem	7	5	NA	NA	Yes	Yes	NA
Nazareth C. of Rochester	3 yrs	-	8 sems	-	NA	110	-	30 sem	22	15	13	9	No	No	3:1
State U. of New York C. - Buffalo	12 mos	-	2 yrs	-	O	75-150	150+	30 sem	NA	NA	NA	NA	No	No	4:1
State U. of New York - Albany	2 sems + 1 sum	-	2 yrs	-	O	64	64	31 sem	20	14	NA	NA	No	No	1:07
State U. of New York - Buffalo	2 yrs	2 yrs	3 yrs	3 yrs	O	0	150- 300	48 sem	NA	NA	NA	NA	Yes	Yes	3:1
State U. of New York C. - Fredonia	10-12 mos	-	2½ yrs	-	NR	285	225	30 sem	NA	NA	NA	NA	No	No	9:2
New York U.	3 sems	3 sems	5 sems	5 sems	NR	-	150- 300	34 sem	-	-	-	-	Yes	Yes	1:1
C. of St. Rose	1 yr + 2 sums	-	2 yrs + 1 sum	-	O	140	160	36	-	-	NA	NA	No	No	-
Syracuse U.	2 sem + 1 sum	2 sems + 1 sum	4 sems + 2 sums	4 sems + 2 sums	O	0	150- 300	30 sem	35	31	11	9	Yes	Yes	3:1
NORTH CAROLINA Appalachian State U. East Carolina U.	1 yr 12-15 mos	0 12-15 mos	2 yrs 2 yrs	0 2 yrs	O R	200 200	200 175	36 sem 45-48 qtrs	NA 9	NA 9	NA NA	NA NA	No No	No No	2:1 5:3
U. of North Carolina-Chapel Hill	12 mos	12 mos	24 mos	24 mos	R	-	300	30 sem	-	-	NA	NA	No	No	3:1
U. of North Carolina-Greensboro	3 sems	3 sems	5-6 sems	5-6 sems	O	125	175	33 sem	16	15	NA	NA	No	No	5:1
Western Carolina U.	1 yr +	-	2 yrs	-	O	150	150- 175	45 qtr	NA	NA	NA	NA	No	No	2:1- 5:3

Nonaccredited Programs

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	Speech Path	Audiol- ogy	Speech Path	Audiol- ogy					Number Taking	Number Passing	Number Taking	Number Passing			
IOA North ota	1½ yrs	1½ yrs	2½ yrs	2½ yrs	R	150	150	30+ sem	11	11	6	5	No	No	14:5
OHIO U. of Akron Bowling Green State U. U. of Cincinnati Miami U.	1½ yrs 4 qtrs 6 qtrs 12 mos +	1½ yrs 4 qtrs 6 qtrs -	2 yrs+ 8 qtrs 8 qtrs 3 yrs +	2 yrs+ 8 qtrs 8 qtrs -	O O O O	100 60 50 150	0 150 300 150	57+ 50 qtr 48 qtr 45	10 37 23 -	10 35 23 -	NA 8 14 NA	NA 6 10 NA	No Yes Yes No	No Yes Yes No	- 2:1 3:1 2:1
OKLAHOMA Northeastern State C. Oklahoma State U. U. of Tulsa	1½-2 yrs 4 terms incl sum 18 mos	NA - incl sum 18 mos	2½ yrs 6 terms 3 yrs	- - 3 yrs	O O Sp=O A=R	150- 200 150+ 300 450	150 200- 500	32 sem 38 sem 32 sem	NA - -	NA - -	NA NA -	NA NA -	No No No	No No No	1:1 4:1 4:1
OREGON Oregon C. of Education U. of Oregon	4 terms 2 yrs	4 terms 2 yrs	7 terms 2 yrs +	7 terms 2 yrs +	O O	open -	200- 300 300	45 qtr 51 qtr	23 -	22 -	9 NA	7 NA	No Yes	No Yes	3:1 5:1
PENNSYLVANIA Bloomsburg State C. California State C. Clarion State C. Indiana U. of Pennsylvania	12 mos 1 yr 12 mos 12 mos	12 mos NA - 0	24 mos 2 yrs 24 mos 2 yrs + 2 sums	24 mos NA - 0	O O O R	300- 400 275 150 60-80	150 150- 200 150 150	30 sem 36 30 sem 30 sem	23 - 22 NA	21 - 14 NA	7 NA NA NA	5 NA NA NA	No No No No	No No No -	3:1 5:1 2:1 3:1

Guide to Graduate Education

RI U. of Rhode Island	2 yrs	2 yrs	2 yrs + sums	2 yrs + sums	O	-	300	39 sem	12	11	NA	NA	No	No	1:1
SOUTH CAROLINA South Carolina State C. U. of South Carolina Winthrop C.	2 sems + 1 sum 1½ yrs	- 1½ yrs	2 yrs 2 yrs	- 2 yrs	O R	200 -	175 300	36 sem 45-63 sem 36 sem	NA 12	NA 12	NA NA	NA NA	No No	No No	3:1 3:1 5:4
TENNESSEE East Tennessee State U. Tennessee State U.	1 yr 12 mos	1 yr -	2 yrs 2½ yrs	2 yrs -	R R	200 75-100	150 200- 225	45 qtr 45 sem	NA NA	NA NA	NA NA	NA NA	No No	No No	2:1 -
TEXAS Abilene Christian C. Baylor U. East Texas State U. Lamar U. North Texas State U. Texas Christian U. Texas Tech U. U. of Texas- El Paso Texas Woman's U.	1½ yrs 3 sems 12 mos 12 mos 12 mos 1 yr + 2 sums 1 acad yr + 2 sums 12 mos 3 sems	- 3 sems - 12 mos 12 mos -	2 yrs 6 sems 18 mos 24 mos 24 mos 2 yrs + 1 sum 2+ acad yrs 24 mos 4 sems	- 6 sems - 24 mos 24 mos - 2+ acad yrs 24 mos -	O O O O O O O O	200 200 200 200 200 125 150 100- 200 150 400	200 200 150 200 150 150 100- 200 200 150	36 sem 36 sem 36 sem 30-36 42 sem 36 sem 33 sem 36 sem -	NA 9 NA 7 6 - - 18 18 -	NA 7 NA 6 - - - - -	NA NA NA NA NA NA NA NA NA NA	NA NA NA NA NA NA NA NA NA NA	No No No No No No No No No No	No No No No No No No No No No	1:1 3:1 9:2 4:1 3:1 5:1 4:1 2:1 5:2
VERMONT U. of Vermont	2 sems + 2 sums	NA	2 yrs	NA	R	varies	300	30 sem	-	-	NA	NA	No	No	3:2

Nonaccredited Programs

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	Speech Path	Audiol- ogy	Speech Path	Audiol- ogy					Number Taking	Number Passing	Number Taking	Number Passing			
VIRGINIA Old Dominion U.	33-36 hrs	-	45-50 hrs	-	O	250	250	33-36 sem	NA	NA	NA	NA	No	No	-
WASHINGTON Central Washington State C.	4-6 qtrs	-	9-12 qtrs	-	R	125	60	45 qtr	NA	NA	NA	NA	No	No	3:1
Eastern Washington State C.	4 qtrs	-	7 qtrs	-	O	250	150	45 qtr	16	16	NA	NA	No	No	3:1
Western Washington State C.	5 qtrs	5 qtrs	7 qtrs	7 qtrs	O	50	150	48 qtr	NA	NA	NA	NA	No	No	3:1
WEST VIRGINIA Marshall U.	12 mos	-	24 mos	-	O	200	150	36 sem	-	-	NA	NA	No	No	13:10- 3:1
West Virginia U.	1½ yrs	1½ yrs	2½ yrs	2½ yrs	O	200	150	36 sem	-	-	-	-	No	No	2:1
WISCONSIN U. of Wisconsin- Eau Claire	2 sems + sum	2 sems + sum	2 yrs	-	O	125	175	30 sem	-	-	NA	NA	No	No	3:1
U. of Wisconsin- Oshkosh	12 mos	12 mos	24 mos	12 mos	O	150	150	30 sem	NA	NA	NA	NA	No	No	A-5:3 Sp-2:1
U. of Wisconsin- Whitewater	2 sems + sum	-	1½- 2 yrs	-	O	150- 200	150	30 sem	NA	NA	NA	NA	No	No	15:1
CANADA McGill U.	2 yrs	2 yrs	2 yrs	2 yrs	O	-	116 days	60 sem	-	-	NA	NA	Yes	Yes	varies
Montreal U.	1 yr + thesis	1 yr + thesis	NA	NA	O	270 hrs	540 hrs	21 cr	NA	NA	NA	NA	No	No	-

1979 REGULAR SESSION (60TH)

ASSEMBLY ACTION	SENATE ACTION	Senate	AMENDMENT BLANK
Adopted <input type="checkbox"/>	Adopted <input type="checkbox"/>	AMENDMENTS to	Senate
Lost <input type="checkbox"/>	Lost <input type="checkbox"/>	Bill No. 231	Joint Resolution No.
Date:	Date:	BDR 54-844	
Initial:	Initial:	Proposed by	Committee on Commerce and Labor
Concurred in <input type="checkbox"/>	Concurred in <input type="checkbox"/>		
Not concurred in <input type="checkbox"/>	Not concurred in <input type="checkbox"/>		
Date:	Date:		
Initial:	Initial:		

Amendment N^o 185



Amend section 1, page 1, line 2, by deleting "34," and inserting "32,".

Amend section 9, page 2, lines 16 and 17, by deleting "the University of Nevada,".

Amend the bill as a whole by deleting section 10 and renumbering sections 11 through 17 as sections 10 through 16.

Amend section 11, page 2, line 41, by deleting "and of" and inserting "or of".

Amend section 14, page 3, by deleting lines 11 through 13 and inserting:

"Sec. 13. Members of the board are not entitled to receive compensation for service as members, but are entitled to receive the subsistence allowance and travel expenses provided by law."

Amend the bill as a whole by deleting section 18 and renumbering sections 19 through 35 as sections 17 through 33.

o: E & E
 LCB File
 Journal
 Engrossment
 Bill

Date 2-28-79 Drafted by DGS:ml

Amendment No. 185 to Senate Bill No. 231 (BDR 54-844) Page 2

Amend section 21, page 4, lines 17 and 18, by deleting "July 1, 1980." and inserting "December 31, 1979;"

Amend section 21, page 4, line 21 by deleting the period and inserting "; and".

Amend section 27, page 5, by deleting lines 18 through 31 and inserting:

- "1. Unprofessional conduct.
2. Conviction of:
 - (a) A violation of any federal or state law regarding the possession, distribution or use of any controlled substance as defined in chapter 453 of NRS or dangerous drug as defined in chapter 454 of NRS;
 - (b) A felony; or
 - (c) Any offense involving moral turpitude.
3. Suspension or revocation of a license to practice audiology or speech pathology by any other jurisdiction.
4. Gross or repeated malpractice.
5. Professional incompetence."

POSITION PAPER OF
NEVADA STATE BOARD OF EXAMINERS IN OPTOMETRY
ON
SENATE BILL 172

The Nevada State Board of Examiners in Optometry is in opposition to proposed revisions of the dispensing opticians law (NRS 637 et seq.) for the following reasons:

1. On page 1, line 7, the change of designation of "dispensing optician" to "ophthalmic dispenser" is unnecessary. The use of the initials "O.D." which might be used to describe ophthalmic dispenser would be confused with the degree of Doctor of Optometry, which also uses the initials "O.D."; hence a problem of identification between a dispensing optician and a "D.O." would exist.

2. On page 1, line 12, (designated Section 1, Subsection 3) which defines "ophthalmic dispensing" and continued through page 2, lines 1 through 11 -- this is, in the opinion of the Board, entirely uncalled for, misleading, and not in the best interest of the public. Specifically, we call your attention to line 18, (page 1) through line 21, in which the definition calls for "prescription analysis and interpretation," (designated as subsection a) at line 21 -- it is the opinion of the Board that there is no analysis and/or interpretation of an ophthalmic prescription. The prescription as designated by the prescribing doctor leaves no room for interpretation. The ophthalmic prescription is no different than a prescription written by a licensed physician to cure an illness which is filled by a pharmacist.

3. On page 2, lines 1-3, (designated as subsection b) the wording "or lens forms best suited to the wearer's needs," -- there is once again allowance for the person filling the prescriptions to change the prescription in some manner as opposed to the intent of the prescriber.

** 4. The Board objects to the principal address of the board of dispensing opticians being the place of business of the secretary as opposed to an office in the State capitol.

5. On page 3, lines 19 through 50, the subject of licensure, (designated as Section 6, subsection 5(a)) -- we see no reason to change the wording deleting "4 calendar" years and inserting the words

"3 years' full-time employment in an optical establishment where prescriptions for [optical glasses] spectacles or contact lenses" are filled.

6. On page 3, line 31, we ask that the wording be changed from "under the direct supervision of a licensed ophthalmic dispenser" to "under the immediate direct personal supervision of a..."

7. On page 3, lines 37 through 50 -- we object to the waiver of examination of an applicant for licensure as an ophthalmic dispenser.

8. On page 3, line 42 (designated as Section 7, subsection 3) -- we ask that the board be required to keep all examination papers of all applicants for a period of five (5) years, not just those who failed to obtain a grade of less than 75% on any examination.

9. On page 4, lines 7 through 12, (designated as Section 9, subsection 1) -- this again concerns the employment of persons designated as an "apprentice." It is the opinion of the Board that the wording is not specific nor does it cover the duties and responsibilities of the "apprentice" or his supervisor.

10. On page 4, lines 27, 28 and 29, (designated as Section 9, subsection 5) -- The Board is definitely opposed to this entire section, which allows an optical dispenser to employ persons who are not licensed by the opticians Board or who are registered with the same board as apprentices in performing work as indicated on line 28 "in making optical repairs." This type of work is included under the definition of optician; therefore, we strongly object to nonlicensed and nonregistered personnel performing in such capacity.

11. On page 4, line 31, (designated Section 10, subsections 2 and 3) and specifically lines 35 through 45, the Board objects to the waiving of the requirements of continuing education for those persons who are over the age of 60 or who "have been continuously engaged in full-time ophthalmic dispensing for a minimum of 15 years..." It is the Board's opinion that no one should be 'grandfathered' under a waiver of this important requirement.

12. On page 4, line 45, (designated as subsection 2(b) — change the word "maximum" to "minimum."

13. On page 5, line 6, (designated as Section 11, subsection 2), there is no allowance for a grace period for renewal of licensure. We respectfully submit that a licensee should be allowed the privilege of fulfilling requirements for relicensure within a grace period as is the practice with almost all licensing boards and commissions.

14. On page 5, lines 9 to 13, (designated as Section 12) — we see no reason to change the word "license" to "certificate" as used in this paragraph. The State, through its powers given to the Board, licenses persons to perform certain work under its jurisdiction, and does not certify; hence, the retention of the word "license" is desirable.

15. On page 6, lines 42 through 50, (designated as Section 16, subsections 2 and 3) — the recommendation of this section is contrary to the newly accepted FTC rulings on advertising. The FTC rulings on advertising concerning truth in advertising are very specific, and this section, if removed, would be contrary to the FTC's intent.

16. On page 7, lines 1 and 2, (designated as Section 16, subsection 4) — we object to the removal of the prohibition against "furnishing or advertising the furnishing of the services of a refractonist, optometrist, or physician or surgeon." Nowhere is the optician charged with the responsibility or allowed to advertise the services of someone other than himself. We strongly object to the removal of this section.

17. On page 7, lines 8 through 50 and page 8, lines 1 through 4, (designated as Sections 18 and 19) — This is an entirely new section added to this Chapter concerning the fitting of contact lenses. The Board objects to the intent of this full section, specifically, line 13, page 7, which allows only those "who fitted contact lenses before January 1, 1973, and submits an" appropriate "application with affidavits" for certification by the opticians board to fit contact lenses without examination. It is the feeling of the Board that no one be allowed to practice contact lens fitting without showing the appropriate proficiency.

SENATE BILL NO. 201—SENATOR KOSINSKI

FEBRUARY 9, 1979

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain public buildings, sidewalks and curbs to be constructed for accessibility by physically handicapped. (BDR 54-941)

FISCAL NOTE: Effect on Local Government: Yes.
Effect on the State or on Industrial Insurance: Yes.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to public accommodations; requiring adoption and enforcement of standards of construction for certain buildings, sidewalks and curbs to permit accessibility by the physically handicapped; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. Chapter 651 of NRS is hereby amended by adding
2 thereto a new section which shall read as follows:
3 1. *As used in this section, "public building" means a building open*
4 *to the public or intended for public use. The term includes, but is not*
5 *limited to, any auditorium, convention center, health care facility, hotel,*
6 *motel, restaurant, stadium or theater.*
7 2. *The state public works board shall by January 1, 1980, adopt*
8 *standards for making public buildings and curbs and sidewalks intended*
9 *for public use accessible to and usable by the physically handicapped.*
10 3. *Plans and specifications for all public buildings and for any curbs*
11 *and sidewalks intended for public use which are constructed in this state*
12 *after July 1, 1980, must conform to the standards adopted by the state*
13 *public works board.*
14 4. *The state public works board shall enforce the requirements of*
15 *this section and may delegate its powers of enforcement to the appro-*
16 *priate governing body of any county, city or other political subdivision.*
17 SEC. 2. NRS 341.110 is hereby amended to read as follows:
18 341.110 In general, the board [shall have] *has* such powers as may
19 be necessary to enable it to [fulfill its functions and to carry out the
20 purposes of this chapter.] *carry out its duties as imposed by law.*

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

A. B. 23

ASSEMBLY BILL NO. 23—ASSEMBLYMAN BANNER

JANUARY 16, 1979

Referred to Committee on Commerce

SUMMARY—Requires payment of recipient's costs to return unsolicited merchandise or to defend against attempts to collect payment for it. (BDR 52-699)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *Italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to trade practices; providing additional remedies to the recipient of unsolicited goods; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 598.090 is hereby amended to read as follows:
2 598.090 1. Any person who receives unsolicited goods, wares or
3 merchandise offered for sale, but not actually ordered or requested by
4 him orally or in writing, [shall be] *is* entitled to consider [such] *those*
5 goods, wares or merchandise an unconditional gift, and he may use or
6 dispose of them as he sees fit without obligation on his part to the sender.
7 2. *The sender of unsolicited goods, wares or merchandise must pay*
8 *actual and reasonable costs incurred by the recipient:*
9 (a) *In returning the goods, wares or merchandise to the sender; or*
10 (b) *In defending against unwarranted attempts by the sender to collect*
11 *payment for the goods, wares or merchandise.*
12 3. *The sender of unsolicited goods; wares or merchandise is liable to*
13 *the recipient for any impairment of the credit of the recipient caused by*
14 *unwarranted attempts by the sender to collect payment for the goods,*
15 *wares or merchandise.*
16 4. The provisions of subsection 1 do not apply to the following:
17 (a) Where delivery of goods, wares or merchandise is by mistake in
18 response to an order to the sender for other goods, wares or merchandise.
19 (b) Where delivery is made by mistake to someone other than a per-
20 son who ordered goods, wares or merchandise from the sender.
21 (c) Where the sender has sent a substitute or substitutes in response
22 to an order for certain goods, wares or merchandise.
23 (d) Where someone has ordered a gift for another from the sender,
24 and the goods, wares or merchandise were sent directly to the recipient
25 of the gift.
26 (e) Where delivery of goods, wares or merchandise is made by mistake
27 to a member of a subscription-type plan (such as a book club or record
28 club) operated by the sender.

Ⓢ

S. B. 270

SENATE BILL NO. 270—COMMITTEE ON
COMMERCE AND LABOR

FEBRUARY 27, 1979

Referred to Committee on Commerce and Labor

SUMMARY—Reduces amount of unemployment benefits by certain amounts received from private pension plan. (BDR 53-1202)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to unemployment compensation; reducing the amount of unemployment compensation benefits by certain amounts received from private pension plan; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

1 SECTION 1. Chapter 612 of NRS is hereby amended by adding
2 thereto a new section which shall read as follows:

3 *For any week which a person is receiving a private pension and claim-*
4 *ing unemployment compensation, the weekly benefit amount payable to*
5 *that person for those weeks must be reduced:*

6 1. *By one-half the prorated weekly amount of the private pension if*
7 *at least half the cost of the private pension plan was contributed by an*
8 *employer who employed the person during the base period.*

9 2. *By the entire prorated weekly amount of the private pension if the*
10 *entire cost of the private pension plan was contributed by an employer*
11 *who employed the person during the base period.*

12 SEC. 2. NRS 612.375 is hereby amended to read as follows:

13 612.375 An unemployed person is eligible to receive benefits with
14 respect to any week only if the executive director finds that:

15 1. He has registered for work at, and thereafter has continued to
16 report at, an office of the employment security department in such man-
17 ner as the executive director may prescribe, except that the executive
18 director may by regulation waive or alter either or both of the require-
19 ments of this subsection for persons attached to regular jobs and as to
20 such other types of cases or situations with respect to which he finds
21 that compliance with such requirements would be oppressive or incon-
22 sistent with the purposes of this chapter.

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 271

SENATE BILL NO. 271—COMMITTEE ON
COMMERCE AND LABOR

FEBRUARY 27, 1979

Referred to Committee on Commerce and Labor

SUMMARY—Changes minimum amount which may be provided for insurance coverage against uninsured vehicles. (BDR 57-1096)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.



EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to casualty insurance; requiring insurers to offer wider choices of coverage against uninsured vehicles; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly,
do enact as follows:*

- 1 SECTION 1. NRS 690B.020 is hereby amended to read as follows:
2 690B.020 1. No policy insuring against liability arising out of the
3 ownership, maintenance or use of any motor vehicle [shall] *may* be
4 delivered or issued for delivery in this state with respect to any motor
5 vehicle registered or principally garaged in this state unless coverage is
6 provided therein or supplemental thereto for the protection of persons
7 insured thereunder who are legally entitled to recover damages, from
8 owners or operators of uninsured or hit-and-run motor vehicles, for
9 bodily injury, sickness or disease, including death, resulting from the
10 ownership, maintenance or use of such uninsured or hit-and-run motor
11 vehicle; but [no such] *this* coverage [shall be] *is not* required in or
12 supplemental to a policy issued to the State of Nevada or any political
13 subdivision thereof, or where rejected in writing, on a form furnished
14 by the insurer describing the coverage being rejected, by an insured
15 named therein, or upon any renewal of [such] *the* policy unless the cov-
16 erage is then requested in writing by the named insured. The coverage
17 required in this section may be referred to as "uninsured vehicle cover-
18 age."
19 2. The amount of coverage to be provided [shall be] *must not be*
20 less than the [minimum] limits for bodily injury liability insurance
21 provided for under the Motor Vehicle Safety Responsibility Act (chap-
22 ter 485 of NRS), but [may be in an amount not to exceed the bodily

Original bill is 3 pages long.
Contact the Research Library for
a copy of the complete bill.

SENATE BILL NO. 271—COMMITTEE ON
COMMERCE AND LABOR

FEBRUARY 27, 1979

Referred to Committee on Commerce and Labor

SUMMARY—Changes minimum amount which may be provided for insurance coverage against uninsured vehicles. (BDR 57-1096)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to casualty insurance; changing the minimum amount which may be provided for coverage against uninsured vehicles; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 690B.020 is hereby amended to read as follows:
2 690B.020 1. No policy insuring against liability arising out of the
3 ownership, maintenance or use of any motor vehicle [shall] *may* be
4 delivered or issued for delivery in this state with respect to any motor
5 vehicle registered or principally garaged in this state unless coverage is
6 provided therein or supplemental thereto for the protection of persons
7 insured thereunder who are legally entitled to recover damages, from
8 owners or operators of uninsured or hit-and-run motor vehicles, for
9 bodily injury, sickness or disease, including death, resulting from the
10 ownership, maintenance or use of such uninsured or hit-and-run motor
11 vehicle; but [no such] *this* coverage [shall be] *is not* required in or
12 supplemental to a policy issued to the State of Nevada or any political
13 subdivision thereof, or where rejected in writing, on a form furnished
14 by the insurer describing the coverage being rejected, by an insured
15 named therein, or upon any renewal of [such] *the* policy unless the cov-
16 erage is then requested in writing by the named insured. The coverage
17 required in this section may be referred to as "uninsured vehicle cover-
18 age."
19 2. The amount of coverage to be provided [shall be] *must not be*
20 less than the [minimum] limits for bodily injury liability insurance
21 [provided for under the Motor Vehicle Safety Responsibility Act (chap-
22 ter 485 of NRS), but may be in an amount not to exceed the bodily
23 injury coverage purchased] *carried* by the policyholder.

ASSEMBLY BILL NO. 69—ASSEMBLYMEN HAYES,
GLOVER, JEFFREY, BARENGO AND HORN

JANUARY 16, 1979

Referred to Committee on Judiciary

SUMMARY—Provides for enforcement of subpoenas
of public service commission. (BDR 58-16)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to transportation; providing for the enforcement of subpoenas of the public service commission of Nevada; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly,
do enact as follows:*

1 SECTION 1. Chapter 703 of NRS is hereby amended by adding
2 thereto a new section which shall read as follows:

3 1. *The district court in and for the county in which any investigation*
4 *or hearing is being conducted by the commission pursuant to the pro-*
5 *visions of this Title may compel the attendance of witnesses, the giving*
6 *of testimony and the production of books and papers as required by any*
7 *subpoena issued by the commission.*

8 2. *If any witness refuses to attend or testify or produce any papers*
9 *required by such subpoena the commission may report to the district*
10 *court in and for the county in which the investigation or hearing is*
11 *pending by petition, setting forth:*

12 (a) *That due notice has been given of the time and place of attend-*
13 *ance of the witness or the production of the books and papers;*

14 (b) *That the witness has been subpoenaed in the manner prescribed*
15 *in this chapter;*

16 (c) *That the witness has failed and refused to attend or produce the*
17 *papers required by subpoena before the commission in the investigation*
18 *or hearing named in the subpoena, or has refused to answer questions*
19 *propounded to him in the course of such investigation or hearing,*
20 *and asking an order of the court compelling the witness to attend and*
21 *testify or produce the books or papers before the commission.*

22 3. *The court, upon petition of the commission, shall enter an order*
23 *directing the witness to appear before the court at a time and place to*

ASSEMBLY BILL NO. 207—COMMITTEE ON JUDICIARY

JANUARY 25, 1979

Referred to Committee on Commerce

SUMMARY—Resolves conflict between certain operative dates affecting deferred annuities (BDR 57-289)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to annuity contracts; resolving conflict concerning certain operative dates; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 688A.361 is hereby amended to read as follows:
2 688A.361 No contract of annuity [issued on or after July 1, 1977,]
3 may be delivered or issued for delivery in this state unless it contains in
4 substance the following provisions, or corresponding provisions which
5 in the opinion of the commissioner are at least as favorable to the con-
6 tract holder:
7 1. A statement that upon cessation of payment of considerations
8 under a contract, the company will grant a paid-up annuity benefit on
9 a plan stipulated in the contract of such value as is specified in NRS
10 688A.3631 to 688A.3637, inclusive, and 688A.366 [.] ;
11 2. If a contract provides for a lump-sum settlement at maturity or
12 any other time, a statement that upon surrender of the contract at or
13 before the commencement of any annuity payments, the company will
14 pay in lieu of any paid-up annuity benefit a cash surrender benefit of an
15 amount specified in NRS 688A.3631, 688A.3633, 688A.3637 and
16 688A.366, and that the company reserves the right to defer the payment
17 of such cash surrender benefit for a period of 6 months after demand
18 therefor with surrender of the contract [.] ;
19 3. A statement of the mortality table, if any, and interest rates used
20 in calculating any minimum paid-up annuity, cash surrender or death
21 benefits which are guaranteed under the contract, together with sufficient
22 information to determine the amounts of those benefits [.] ; and
23 4. A statement that any paid-up annuity, cash surrender or death
24 benefits which may be available under the contract are not less than the

ASSEMBLY BILL NO. 215—COMMITTEE ON JUDICIARY

JANUARY 25, 1979

Referred to Committee on Government Affairs

SUMMARY—Reconciles number of members appointed to board of dental examiners of Nevada. (BDR 54-296)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.



EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to dental examiners; reconciling the number of members appointed to the board of dental examiners of Nevada; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 631.140 is hereby amended to read as follows:
- 2 631.140 Three of the members of the board shall be from Washoe
- 3 County. Three of the members of the board shall be from Clark County.
- 4 ~~Three~~ Two of the members of the board shall be from the state at
- 5 large, including Washoe County and Clark County.

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

A. B. 20

ASSEMBLY BILL NO. 20—ASSEMBLYMEN MANN,
HORN AND SENA

JANUARY 16, 1979

Referred to Committee on Government Affairs

SUMMARY—Transfers the recording of licenses of certain professions from the county clerk to the county recorder. (BDR 54-614)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to professions and occupations; transferring the recording of licenses of certain professions from the county clerk to the county recorder; and providing other matters properly relating thereto:

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 631.320 is hereby amended to read as follows:
2 631.320 1. Any person licensed to practice dentistry in this state
3 shall, before engaging in the practice of dentistry, and within 6 months
4 from the date of its issue, [cause such certificate to be registered] record
5 *his certificate* in the office of the [clerk] county recorder of [the] each
6 county [or counties] in which [such person] *he* desires to engage in
7 practice. [should such] *If the dentist [remove to] desires to engage in*
8 *practice in another county, he [shall register] must record* his certificate
9 in the [clerk's] office or [such] *the county recorder of the county*
10 before engaging in practice in that county.
11 2. The failure of any [such] person to [so register] record his certificate, as provided in this section, [shall work] *works* a forfeiture of the
12 certificate, and [the same shall] *it must* not be reinstated except upon the
13 payment to the board of the sum provided in this chapter.
14 SEC. 2. NRS 633.371 is hereby amended to read as follows:
15 633.371 1. Every person holding a license issued under this chapter
16 shall have the license recorded in the office of the county [clerk]
17 recorder of the county of his residence. Every licensee upon a change of
18 residence shall have his certificate recorded in like manner in the county
19 to which he has changed his residence.
20 2. Every license [shall] *must* be displayed in the office or place of
21 business or employment of its holder.
22

Original bill is 2 pages long.
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