

SLP AND AUD TELEPRACTICE IN INDIANA DURING THE PANDEMIC

A number of questions have been raised about the practice of our professions during the current COVID-19 pandemic. Chief among those questions have been questions about the mode of service delivery under Indiana law. As always, each provider should consult their own legal counsel when developing a practice model, as ISHA does not provide legal advice. However, ISHA analyzes the situation as follows:

1. The most important fact is that any mode of service delivery that was appropriate before the pandemic is still appropriate. With one exception noted in #2, nothing has changed. For instance, telehealth has had established use in Indiana for many years by both SLPs and AUDs. It has been widely used, widely accepted, and without challenge to its use to the best of our knowledge. In addition, nothing in Indiana law prohibits the use of telepractice by SLPs and AUDs.
2. The only change to telehealth practice for SLPs is that Executive Order 20-13 issued by Governor Eric Holcomb requires the use of telemedicine (the equivalent to telehealth) by SLPs to follow IC 25-1-9.5-6(a), meaning “audio-only telemedicine is not authorized” and teleconferencing must be “secure”.
3. Nothing has changed for AUD telepractice. Some confusion has arisen due to the factual statement of the Indiana Professional Licensing Agency in response to some inquiries that Executive Order 20-13 does not include Audiologists. ISHA contacted IPLA, and as expected IPLA confirmed that they do not give legal advice, that there are no statutes or rules in Indiana governing telepractice by SLPs and AUDs, and that their statement that EO 20-13 does not include AUDs was not legal advice but rather simply a statement of fact.
4. Nothing in Indiana law prohibits the use of telehealth by individuals obtaining clinical experience during a Clinical Fellowship as long as other requirements are met [See #9 below].
5. Nothing in Indiana law prohibits the use of telehealth by SLPs to supervise graduate students who are obtaining clinical experience as long as other requirements are met [See #9 below].
6. Some confusion has arisen because of the definition of “direct supervision” in our **statute** (IC 25-35.6-1-2) as this definition requires onsite supervision. However, it is critical to note that this definition is not used in our statute and therefore is moot or meaningless.

7. There is a definition of “direct supervision” in our **rules** at 880 IAC 1-2.1-1(2) that requires that the supervision of support personnel by SLPs be “onsite”. Given the wide acceptance of telehealth in Indiana, ISHA believes that “onsite” can be interpreted to include supervision by telehealth as long as both the supervisor and support personnel are connected by both visual and auditory means in real time.
8. Normally a professional or paraprofessional practicing in the state of Indiana in the area of speech-language pathology or audiology must have an IPLA license or registration to treat citizens of this state and must follow both the statute (law) and the rules that implement the statute. Those working in the schools require this same license, which is a requirement to obtain an IDOE license. During the duration of the pandemic, however, Governor Eric Holcomb has issued two Executive Orders that modify this requirement:

Executive Order 20-05 permits an individual who has an equivalent license from another state and who is not suspended or barred from practice in that state or another state to practice in Indiana without an Indiana license.

https://www.in.gov/gov/files/EO_20-05.pdf

Executive Order 20-13 permits a retired health care professional who gave up their license within the past five years and whose license was not revoked, suspended, or relinquished to practice in Indiana without an active license.

<https://www.in.gov/gov/files/Executive%20Order%2020-13%20Medical%20Surge.pdf>

Please note that Executive Order 20-13 also requires an individual who practices without an Indiana license during the duration of the executive orders to register with IPLA.

9. You also need to be mindful of the guidance and regulations for clinical fellows and students who are supervised as they work to become certified. In Indiana, the rules have supported the training model adopted by ASHA. If that model is changed, our licensure board would likely review those changes and make decisions accordingly. As an example, if ASHA determines they would accept a different number of supervised clinical practicum hours to allow certification, this would likely be considered by our licensure board.

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