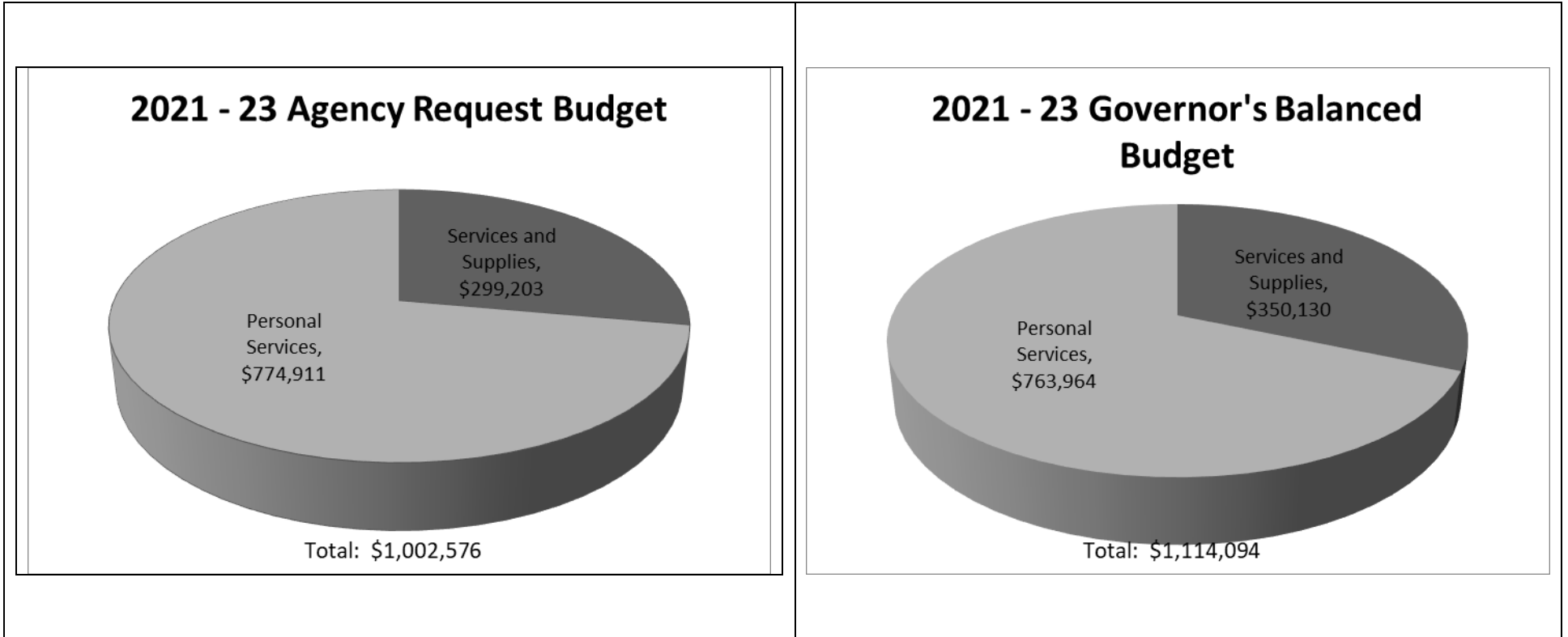


AGENCY SUMMARY

1.a. Budget Summary Graphics



BSPA is one agency, one program, totally supported by Other Funds.

AGENCY SUMMARY

1.b. Mission Statement and Statutory Authority

The Board of Examiners for Speech-Language Pathology and Audiology (BSPA) protects the public by licensing and regulating the performance of speech-language pathologists (SLPs), speech-language pathology assistants (SLPAs) and audiologists.

681.220 Policy. It is declared to be a policy of this state that it is necessary to provide regulatory authority over persons offering speech-language pathology and audiology services to the public in order to:

- (1) Safeguard the public health, safety and welfare;
- (2) Protect the public from being misled by incompetent, unscrupulous and unauthorized persons;
- (3) Protect the public from unprofessional conduct by qualified speech-language pathologists and audiologists; and
- (4) Help ensure the availability of the highest possible quality speech-language pathology and audiology services to people of this state who have communication disabilities. [Formerly 694.315; 1989 c.224 §134; 1995 c.280 §2; 2005 c.698 §2; 2007 c.70 §307]

681.420 Powers and duties; rules. The State Board of Examiners for Speech-Language Pathology and Audiology shall:

- (1) Administer, coordinate and enforce the provisions of this chapter;
- (2) Evaluate the qualifications of applicants for any license as issued under this chapter and supervise the examination of such applicants;
- (3) Investigate persons engaging in practices which violate the provisions of this chapter;
- (4) Conduct hearings and keep records and minutes as the board deems necessary to an orderly dispatch of business;
- (5) Adopt rules and regulations, including but not limited to governing ethical standards of practice under this chapter; and
- (6) Adopt a seal by which the board shall authenticate its proceedings. Copies of the proceedings, records and acts of the board, signed by the executive director or chairperson of the board and stamped with the seal, shall be prima facie evidence of the truth of such documents. [Formerly 694.465; 1995 c.280 §18; 2005 c.698 §18]

The authority and responsibilities of the Board are contained in the Oregon Revised Statutes (ORS) 681.205 through 681.605, and in Oregon Administrative Rules (OAR) 335-001-0000 through 335-095-0065.

SLPs, SLPAs, and audiologists provide services to children, seniors, and disabled and/or vulnerable adults. SLPs treat swallowing disorders in patients with traumatic brain injury or stroke, and their clinical judgment can mean life or death for these patients at risk for aspiration. Incompetent hearing and speech professionals can have a significant negative impact on the appropriate development or rehabilitation of patients in their care. Any licensee exhibiting inappropriate behavior such as client abuse, boundary issues, and professional impairment can endanger or otherwise

AGENCY SUMMARY

victimize Oregonians. BSPA’s mission is to protect the public as it relates to the practice of speech-language pathology and audiology. Board functions address professional competence and professional conduct, and Board actions focus on remediation and prevention.

1.c. Agency Strategic Plans

The Board’s Vision:

- **Equity and Inclusion** – The Board will ensure that its volunteer and staffs, human resource, administrative rules affecting licensees, and operational policies embrace equity and inclusion.
- **Safer, Healthier Communities** – The Board will protect the public by overseeing the practices of speech-language pathology and audiology in all settings. Speech, language and communication disorders are the most prevalent health issues of young children, and these professionals help ensure children enter school ready to learn. Licensees also help our seniors with hearing, swallowing, communication after stroke, and feeding issues. Board statutes and administrative rules will be continuously reviewed to ensure they meet the legislative purpose of protecting the public.
- **Excellence in State Government and Board Operations**– Board operations will follow all state policy including transparency. The Board will ensure that it provides excellent customer service by processing licenses in a timely manner, protect the public by conducting investigations and closing cases in a timely manner, and ensuring that Board members receive training and support for the important public role they play.

The Board’s overall strategic goals for the 2021-23 Biennium are designed to advance the Mission and Vision as well as meet the four Key Performance Measures (KPM) assigned by the Legislature in HB 5022A.

Key Performance Measures:

KPM 1: Percentage of School District compliance with supervision requirements outlined in OAR 335
Goal: 60%.

KPM 2: Complaint professional development reported – percentage of licensees audited during the renewal cycle, which occurs every even-numbered year, who are in compliance with continuing education requirements. Goal: 100%.

AGENCY SUMMARY

KPM 3: Customer service: percentage of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.

Goal: 95%

KPM 4: Best practices: percentage of total best practices met by the Board

Goal: 100%;

KPM 5: Timely resolution of complaints: percent of investigations presented to the Board within 180 days from the date of the complaint beginning with calendar year 2020.

Goal: 90%

Additional Board Goals:

1. Work closely with the Health Licensing Office to ensure a smooth transition of Board operations beginning the second year of the biennium.
2. Ensure that Board best practices (above) include training on equity and inclusion.
3. Continue to work closely with associations and constituent groups to develop public policy and recruit board members and volunteers.
4. Provide a telepractice guidance document for licensees, administrators and the public.
5. Provide a guidance document for administrators and licensees who utilize the services of SLPAs to assist SLPs with their caseloads.
6. The Board has moved to an online system for licensing. Complete this process by ensuring all data is in the new system, produce procedure manual for staff, and transition to a completely paperless licensing system.
7. Begin moving to completely paperless operation. Tasks will include scanning license files, saving public and case documents per state record retention policy, and reducing office space needed.
8. Update the COOP (continuing operations plan for emergencies) to include lessons learned from the COVID-19 crisis, particular relating to providing guidance for licenses during public health emergencies of this nature. The plan will be expanded beyond board operations (current plan) to include plans for updating licensees and working with other state agencies such as ODE, OHA, BOLI, DAS and OSHA. Staff and Board members will remain nimble and able to respond to existing work, licensing and investigation realities during this current COVID-19 crisis.
9. Create detailed procedures for remote work for both staff and board. Include lessons learned with COVID-19 and work with the DAS Chief Human Resources Office.
10. Continue to offer public speakers at universities, and on hot topics such as telepractice and new SLPA rules.

AGENCY SUMMARY

1.d. Criteria for 2021-2023 Budget Development

In developing the 2021-23 budget, the Board considered the following criteria:

1. Is it required for basic licensing, investigation, and disciplinary functions?
2. Does it enhance customer service?
3. Does it improve public safety?
4. Does it move the Board towards its strategic plan?
5. Does it support one or more of the Board goals?
6. Does it resolve current or potential problems, or otherwise improve agency operations?
7. Can it be implemented within existing statutes and rules? If not, consider statute/rule amendments.

1.e. State Owned Buildings and Infrastructure

The Board does not own any state buildings, but currently leases space from the Portland State Office Building at 800 NE Oregon. We hope to be able to reduce the space leased by transitioning to a mostly virtual, paperless operation. Staff have successfully worked remotely during the COVID-19 pandemic and do not need to work full time in the building.

1.e. Major Information Technology Projects and Initiatives

The Board currently has contracts with DAS and the Physical Therapy Board for IT services. It also is part of a six agency contract with Thentia for database services and is completing the transition to this new database during 2021.

AGENCY SUMMARY

REVENUES

1. Revenue Forecast Narrative

Source: The Board of Examiners for Speech-Language Pathology & Audiology is supported solely by Other Funds. Licensing fees comprise 99% of revenue, with the remainder provided through delinquent fees, civil penalties, interest income, and sales of mailing lists.

Matching Funds: None

Agency Programs Funded with Revenue: This agency has one program: regulating speech pathology and audiology practice.

General Limits on Use of Funds: Funds are appropriated for administration and enforcement of ORS 681.205 through 681.991, and OAR 335-001-0000 through 335-070-0095.

Basis for 2021-23 Estimates:

The majority of Agency revenue comes from licensing fees and the number of licensees is affected by the supply and demand for SLPs, SLPAs, and audiologists who operate from Oregon or who provide services to Oregonians.

Adequate revenue is needed to provide the needed cash flow and funding to maintain operations. Approximately 90% of the Board's revenue is derived from license renewals, which are tied to the license expiration date of January 30th of each even-numbered year. The Governor's Balanced Budget projects that the beginning cash balance will be \$357,538 a revenue of \$748,973, providing \$1,095,696 in total available funds. Expenses are budgeted at \$1,114,094 or approximately \$46,420 per month. The ending balance is projected to be \$277,492 or about 5.9 months of operating revenue. The projected ending balance is expected to sustain agency operations throughout the revenue cycle and through 2021-23 and includes a fee increase for the first time since 2013.

When projecting needed ending balance, it would be prudent to include an amount to cover extraordinary case costs, for which BSPA is self-insured. A reasonable estimate would be \$20,000 per year or \$40,000 per biennium. While this amount has not been included the ending balance projections in this

AGENCY SUMMARY

budget request, it is important to recognize that this business risk is uncovered. As the volume and complexity of cases has increased, legal and investigative costs have grown. BSPA is totally supported by licensing fees paid by licensees, with no “reinsurance” provided by the General Fund or any third party policy. The Board must have sufficient reserves to cover actions it takes to protect the public

BSPA’s cash reserves must be used to pay investigative, legal, and hearing costs that exceed budget. The Board has statutory authority to charge licensees for the costs of disciplinary proceedings. Nevertheless, at times it may be inappropriate to charge the licensee for legal costs, such as when seeking to avoid hearing costs by entering into a Stipulated Agreement with the licensee. One Board case in which a license limitation was achieved through a Stipulated Agreement consumed more than \$40,000 in AAG and OAH fees.

Proposed Changes in Revenue Sources or Fees

The Board has statutory authority in ORS 681.340 to impose fees for license fees and renewal thereof.

As indicated in the 2019-21 budget narrative, the Board has expected the need to increase fees during the 2021-23 biennium to support current service levels. It is reasonable to expect that fees will be raised about every 4 years to accommodate inflation and increased workload, but the Board has been able to maintain the current fee structure since 2013.

History of BSPA Licensing Fees

The following tables summarize fee changes, their rationale, and amounts over the last 19 years.

Year	Action	Rationale
1995	Licensing fees increased	Support operations
2003	SLPA certificate fees established	New category of licensee: SLPA
2005	Licensing fees increased	Support operations
2008	Permissions fee established	New registration of SLPA supervisors licensed by TSPC; discontinued in 2009
2009	Licensing fees increased administratively	Support operations; generate 2007-09 ending balance needed to maintain agency operations through 2011-13
2011	Requested legislative approval of 2009 fee schedule; request denied and fees reverted to 2005 level	Request supported increased staffing to meet increased administrative/investigative caseload, as approved by December 2010 E-Board
2013	Fee increase approved	Fee increase was requested to support increased staff required to meet increased

AGENCY SUMMARY

		administrative/investigative caseload as approved by December 2010 E-Board, and to implement fingerprint-based criminal background checks as authorized by 2009 Legislature. However, this fee increase was lowered in the LAB based on legislative denial of requested 0.5 FTE investigator. Also, new fees were approved for temporary and limited license fee categories and for fingerprinting fees to be passed through to the Oregon State Police .
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BSPA Current Licensing Fee Schedule								
Fee	Fee Amount 1995	Fee Amount 2005	Fee Amount 2008	Fee Amount 2009	Fee Amount 2011	Fee Amount 2013-21	Who Pays?	Biennial/One Time/ Annual
Application Fee	30	40	40	200	40	75	ALL	One Time
Biennial Active License/Renewal Fee	100	160	160	275	160	210	SLP/AUD	Biennial
Biennial Inactive License/Renewal Fee	20	50	50	50	50	50	SLP/AUD	Biennial
Conditional License/Renewal Fee	50	50	50	125	50	50	SLP/AUD	One Time/ Annual
Biennial Certificate/Renewal Fee	--	50	50	150	50	65	SLPA	Biennial
Biennial Inactive Certificate/Renewal Fee	--	20	20	20	20	20	SLPA	Biennial
Delinquent Fee	10	50	50	200	50	100	ALL	When Applicable
Permissions Fee	--	--	80	NA	NA	NA	SLP	Annual

AGENCY SUMMARY

Temporary License	--	--	--	--	--	100	SLP/AUD	When Applicable
Temporary Certificate	--	--	--	--	--	30	SLPA	When Applicable
Limited Term License	--	--	--	--	--	100	SLP/AUD	When Applicable
Limited Term Certificate	--	--	--	--	--	30	SLPA	When Applicable
OSP Background Check	--	--	--	--	--	44.50	ALL	One Time

Types of Licenses and Who Pays

- Licensing fees are paid on a biennial basis by active speech-language pathologists (SLPs), speech-language pathology assistants (SLPAs), and audiologists (AUDs). Individuals dually licensed in both SLP and AUD pay only a single fee.
- Delinquent fees are levied on licensees who are late in renewing, re-activating after a lapse, and for other reasons specified in our rules (including late or inadequate reporting of professional development).
- The application fee is a one-time, non-refundable fee for initial licenses of all types.
- The conditional license fee is for a special one-year license for newly graduated SLPs during their clinical fellowship year which is renewable for one year if needed while the individual completes their fellowship requirements.
- Miscellaneous fees are charged for sales of mailing lists to licensees or members of the public.

Temporary license fees were approved as part of the 2013-15 budget process. The Board adopted OAR 335-085-0010 to implement this license category, effective July 1, 2013. Temporary licenses are valid for up to 6 months, and its current uses are:

- To allow an applicant to be licensed while awaiting final transcripts to be issued in the event that all degree requirements have been met, but the university only confers degrees at certain dates in the year.
- To allow applicants who are licensed after May 1st of odd-numbered years to be issued a lower-cost limited term initial license, since they will need to renew it by December 31st. This makes the initial costs fairer for licensees applying within a short time before the renewal deadline.
- To allow military spouses to work in Oregon if they hold a license in another state, until the next renewal at which time they must obtain the regular Oregon license.
- Effective September 13, 2013, the Board created a new temporary Provisional SLPA license. This license allows an SLPA candidate to complete their clinical fieldwork outside of an academic practicum course without engaging in unlicensed practice.

AGENCY SUMMARY

2. Detail of Fee, License or Assessment Revenue Proposed for Increase

Fee	Fee Amount current	Fee Amount 2021-23	Who Pays?	Biennial/One Time/ Annual
Application Fee	75	85	ALL	One Time
Biennial Active License/Renewal Fee	210	250	SLP/AUD	Biennial
Biennial Inactive License/Renewal Fee	50	100	SLP/AUD	Biennial
Conditional License/Renewal Fee	50	100	SLP/AUD	One Time/ Annual
Biennial Certificate/Renewal Fee	65	100	SLPA	Biennial
Biennial Inactive Certificate/Renewal Fee	20	50	SLPA	Biennial
Delinquent Fee	100	100	ALL	When Applicable
Temporary License	100	100	SLP/AUD	When Applicable
Temporary Certificate	30	30	SLPA	When Applicable
Limited Term License	100	100	SLP/AUD	When Applicable
Limited Term Certificate	30	30	SLPA	When Applicable
OSP Background Check	44.50	44.50	ALL	One Time

AGENCY SUMMARY

3. Detail of Lottery Funds, Other Funds, and Federal Funds Revenue—See ORBITS BPR012 (same as 107BF07) on page C6. The Board has one source of funds: Other Funds.

Agency Programs

The Agency is comprised of one program that regulates the practice of speech-language pathology and audiology and licenses and investigates speech-language pathologists, speech-language pathology assistants, and audiologists in the state of Oregon. The Board’s functions are entirely supported by Other Funds; specifically by licensing fees and related administrative charges (such as delinquent fees, civil penalties, and sales of licensee mailing lists).

The Board regulates the professional practice of speech-language pathology and audiology through reviewing credentials for licensure, ongoing monitoring of licensees through compliance audits, and investigating complaints regarding professional competence and conduct. BSPA issues licenses to qualified applicants on an ongoing basis, and renews licenses biennially. All regular licenses must be renewed by December 31st of odd numbered years to be considered timely. This creates a very uneven revenue cycle, with 90% of BSPA’s revenue historically realized in November/December/January of each new biennium.

BSPA references national standards developed by the American Speech-language Hearing Association (ASHA) regarding scope of practice, required education and training, and professional and ethical standards. BSPA also solicits input from the Oregon Academy of Audiology (OAA) and Oregon Speech-language Hearing Association (OSHA) regarding issues important to licensees.

The Board regulates the professional practice of speech-language pathology and audiology through ongoing monitoring of licensees, including investigations regarding professional competence and conduct. The Board receives complaints and reviews them to determine whether the complaints fall within the Board’s authority, and, if so, obtains information to establish whether a violation of statutes or rules has occurred. Investigative reports prepared by staff and paid and volunteer clinical experts are reviewed, and Board members themselves may also interview licensees during an investigation. The Board functions as a “committee of the whole” to determine if a violation has occurred and take appropriate disciplinary action. The Assistant Attorney General (AAG) assigned to the Board is consulted for legal advice on disciplinary and related administrative matters.

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Volume

Workload is tracked by two measures—licensee counts and disciplinary/compliance caseload. The total number of licensees as of July, 2018, was 2,771 while the total as of July, 2020 is 3,058. That represents a 10.3% increase. The total number of licensees in 2018 was up 7.2% over the same time in 2016. The total licensee count in 2017 was up 11.4% from 2015. It is most relevant to compare to two years ago at the same point in time, because of the biennial renewal cycle. This trend of the number of licensees increasing by approximately 10% each biennium has held true over the last 15 years, and is expected to continue here in Oregon.

Disciplinary and compliance cases have also increased over time. During 2004 through 2008, the Board investigated approximately 20 cases per year. 2009 saw a big jump to 41 cases, and in 2011 the board logged 100 case investigations. The Board opened 86 case investigations in 2017, 56 in 2018, 74 in 2019, and 63 in 2020. Investigators at state licensing boards generally handle 40 open cases at any given time. Because of the COVID-19 epidemic and closures of schools and clinics, the Board anticipated it may have a lower number of cases in 2020. However, that has not proven to be the case.

Staffing & Budget Highlights

The Board is currently staffed by three positions including a full time Executive Director, full time Administrative Assistant (Administrative Specialist 2) and as of May, 2019, a full time Investigator 2.

No General Funds are used to fund the Board program or functions. Licensing fees provide 99% of Board revenue; the remainder comes from civil penalties or delinquent fees for violations of Board statutes and rules, interest income and sales of mailing lists. These are all Other Funds.

Environmental Factors

- Growth and aging of the state population is increasing the demand for speech, language, communication and audiology services. According to the *U.S. Occupational Outlook*, the number of audiologists is expected to grow 10% during 2006-2016, and the number of SLPs is projected to increase 11%.
- Pacific University has added graduate programs in audiology and SLP, and PSU has increased its SLP graduate program capacity by 50%. These changes increased the number of Oregon graduates qualified for licensing beginning in 2013.

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- A shortage of qualified SLPs has existed in all geographical areas of the state; particularly in rural areas. This appears to be subsiding with increased in-migration, the slow economic recovery, and the increased capacity of the Oregon training programs and a dramatic increase in the provision of services via telepractice. There remains a problem in recruitment and retention of SLPs in rural areas.
- Increased awareness of the law requiring speech-language pathology assistant (SLPA) certification and use of SLPAs due to the shortage of SLPs has contributed to the use of SLPAs. The Board responded in September 2013 by creating a Provisional SLPA license to allow individuals *not* enrolled in a university program to legally complete clinical fieldwork required for SLPA certification.
- SLPAs are required to be supervised by a SLP licensed by the Board, or by an SLP certified by TSPC who has agreed to follow the supervision rules adopted by the Board. This maintains supervision standards and provides the Board with jurisdiction over all aspects of SLPA practice.
- Improved awareness of the Board's role in consumer protection has resulted in increased administrative and legal costs associated with investigations and disciplinary actions. From 1989-2006, the Board received only 2-3 outside complaints per year. The Board now engages in more compliance investigations and communicates regularly with other jurisdictions regarding complaints filed elsewhere. Recent statistics demonstrate a striking increase in caseload.
- The number of SLPs licensed by Teacher Standards and Practices Commission (TSPC) has declined from 1,007 in November 2009 to 512 in July 2014. As of 2018, only about 250 individuals still hold that license. In 2015, the legislature passed a bill that continues to allow those individuals to work if they currently have that license, but no new licenses are being granted by TSPC as of January 1, 2016. Slowly, individuals are becoming licensed with BSPA in lieu of renewing their TSPC license, since BSPA governs the practice of speech-language and communication services in all settings in Oregon.
- COVID-19 has impacted agency operations in a number of ways including the need to clarify telepractice, conduct temporary rulemaking, and coordinate guidance statements with Oregon Department of Education, the Oregon Health Authority, the Governor's office and others.
- In ORS 694 and OAR 333-025, the State of Oregon requires hearing aid dealers to be licensed through the Oregon Health Licensing Agency. Legislative changes in 2009 recognized hearing aid dispensing as part of the scope of practice of audiologists. Board-licensed audiologists are no longer required to be licensed by OHLA; regulation of this function is now under the aegis of this Board. However, there remain issues of mutual interest and cooperation between BSPA and OHLA regarding these related license types.

AGENCY SUMMARY

Agency Initiatives & Accomplishments

- Collaboration with Oregon Department of Education Medicaid program to ensure that licenses who bill Medicaid for services provided by SLPs, audiologists, and SLPAs are according to Board rules. Participated in training sessions for this pilot program.
- Conversion to a new database and conducted successful online renewal. New applicants now able to apply online and the board is working to eliminate all paper by accepting electronic college transcripts. As of 2020, the Board is no longer accepting checks with all payment received online, increasing efficiency and reducing risk.
- Telepractice rules were prepared by a representative committee, and finalized.
- Rules pertaining the utilization and supervision of speech-language pathology assistants (SLPAs) were discussed by a committee of SLPs and SLPAs from around Oregon, and implemented as of January 1, 2020.
- Executive Director spoke at the Council for School Administrators, and the Oregon Speech-Language Hearing Association regarding details of the new SLPA rules.
- With COVID-19, Board staff of three began working remotely as of March 10, 2020, and Board meetings have been held via Zoom and conference call.
- The Board held or participated in three Zoom meetings to update and advise licensees on matters related to COVID-19 during Spring and Summer, 2020.
- Staff spoke at additional public meetings including presentations for master's students at Portland State University and Pacific University.
- Executive Director participated on national Compact Licensure steering committee. The Board will provide technical assistance if the legislature adopts compact licensure this biennium.
- Increased the board's racial diversity. Completed biennial Affirmative Action diversity and inclusion plan.
- Successful transition to new state website format.
- Board received energy efficiency award from the City of Portland.

Legislative Concepts

The Board has submitted a legislative concept to add one position to the Board to be held by a licensed speech-language pathology assistant (SLPA).

AGENCY SUMMARY

- 1.e. **State-owned buildings and infrastructure** – (n/a)
- 1.f. **Major IT Projects/Initiatives**— N/A
2. **Summary of 2019-21 Budget**—See ORBITS report.
3. **Program Prioritization for 2019-21**—Form 107BF23 not applicable. Agency has only one program.
4. **Reduction Options**—ORS 291.216 Reduction Option Form (Form 107BF17).
5. **Organization Chart 2019-21 (current)**
6. **Organization Chart 2019-21**—(proposed)

AGENCY SUMMARY

PROGRAM UNITS

1. Program Unit Organization Charts--The agency has only one program; see previous information regarding agency operations.

2.i. Enabling Legislation/Program Authorization

Statutory authority for this regulation is provided in ORS Chapter 681 and ORS Chapter 676 (for Health Professions Generally), and implemented through OAR Chapter 335.

2.j. Funding Streams

BSPA's functions are entirely supported by Other Funds. Licensing fees provide 99% of agency revenue; the remainder is from delinquent/late fees, civil penalties, interest income, and sales of licensee mailing lists.

3. Program Unit Narrative—The agency has only one program; see Section 1

4. Packages

The Board is requesting both essential packages, and a fee increase package.

a. Package Narrative

Essential Packages

010 Non-PICS Personal Services/ Vacancy Factor—This package reflects an increase in Public Employees' Retirement System pension obligation bond payment calculated by the state, and an adjustment to the mass transit tax. These items total \$1,290. Vacancy savings is not anticipated.

031 Standard Inflation and State Government Service Charges—This package increases most Service and Supplies costs by amounts allowed by the state.

b. Essential and Policy Package Fiscal Impact Summary

AGENCY SUMMARY

ORBITS BPR013 follows on page D16.

c. Policy Packages Involving IT Projects

Not applicable.

5. Detail of Lottery Funds, Other Funds, and Federal Funds Revenue

See ORBITS BPR012 on page C6.

AGENCY SUMMARY

Special Reports

Annual Performance Progress Report

KPM report attached

Affirmative Action Report - attached

Oregon's Speech-Language Pathology and Audiology Workforce

Based on data collected during 2016 and 2017

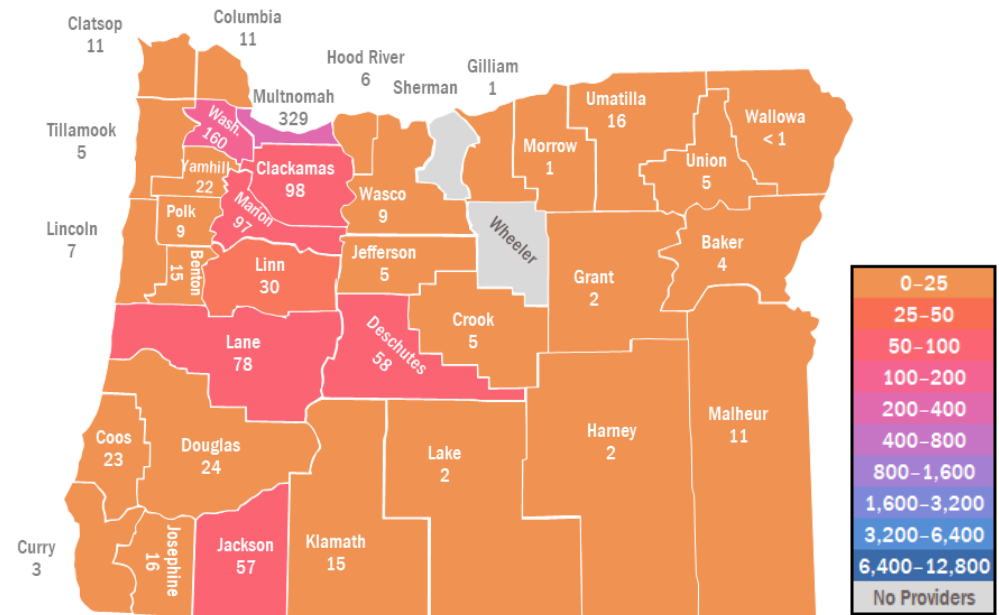
These fact sheets provide a snapshot of the state's speech-language pathology and audiology workforce using data collected by the Oregon Health Authority in collaboration with the Oregon Board of Examiners for Speech-Language Pathology and Audiology.

The Oregon Board of Examiners for Speech-Language Pathology and Audiology was established in 1973 to regulate the practice of audiology and speech-language pathology in Oregon. It regulates the performance of audiologists, speech-language pathologists and speech-language pathology assistants in order to protect consumers.

Workforce data were collected for audiologists (AUD), speech-language pathologists (SLP), and speech-language pathologists assistants (SLPA) and are presented as individual occupational profiles. Eight licensees that hold both audiology and speech-language pathology licenses are grouped with the audiologists.

If you would like more information about the Board of Examiners for Speech-Language Pathology and Audiology, please visit: <https://www.oregon.gov/bspa>

Estimated direct patient care FTE by county
(includes all occupations within this factsheet)



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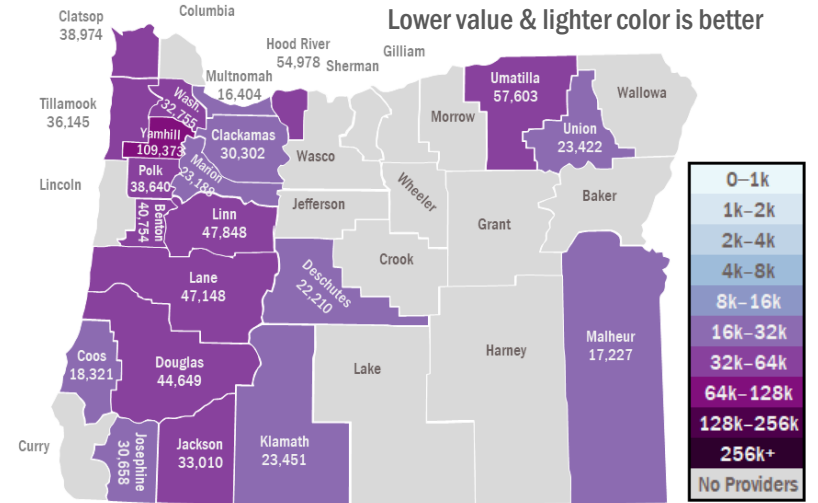
Audiologists (AUD)

Oregon's AUD supply



299
Licensed AUDs
237
Estimated working AUDs
144
Estimated AUD direct patient care FTE

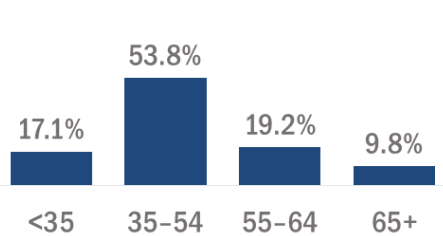
Estimated population-to-provider ratio*



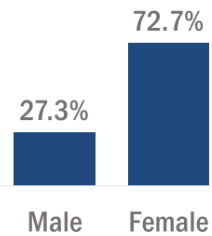
All subsequent data presented are from AUDs who held an active license as of January 2018 and were actively practicing in Oregon at the time of Health Care Workforce Survey completion (n=235).

Workforce demographics

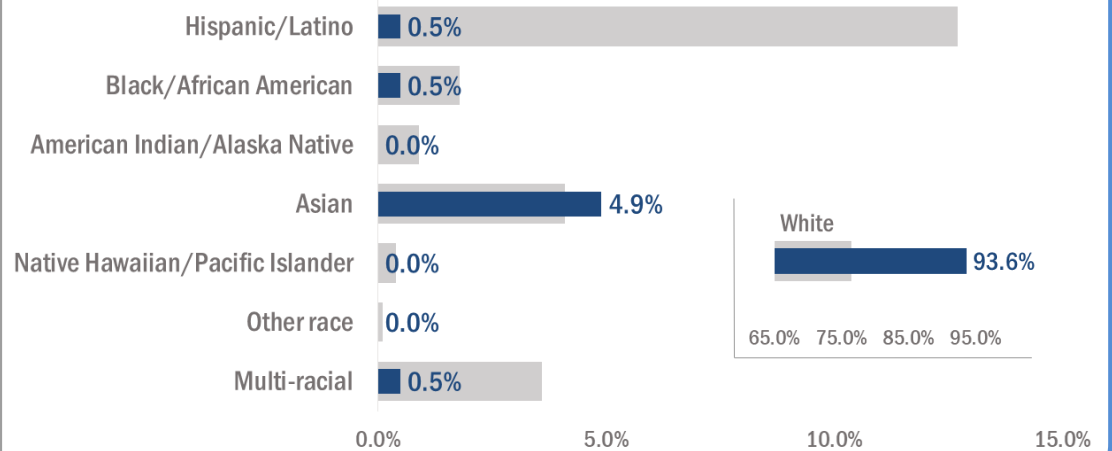
Age



Gender



Race and ethnicity — workforce compared with population†



13.2% of workforce declined to answer or data is missing for race and ethnicity.

Audiologists (AUD)

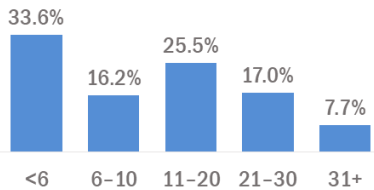
Workforce supply



AUDs work an average of 35.1 hours per week.

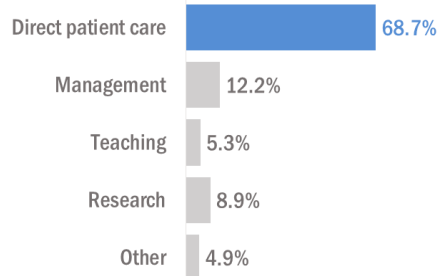
62.6% of AUDs work at least 40 hours each week.

Number of years licensed in Oregon

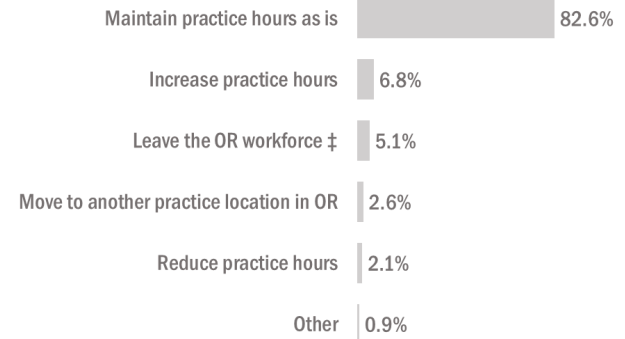


How AUDs spend their time

On average, AUDs spend 68.7% of their time in direct patient care.

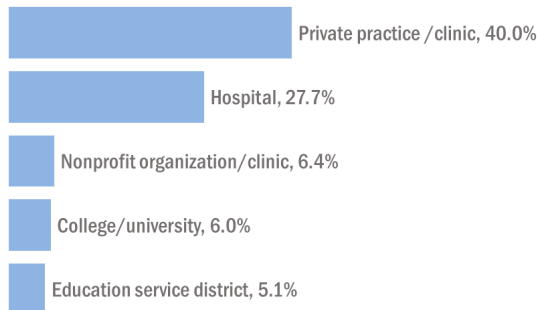


Practice plans in the next two years

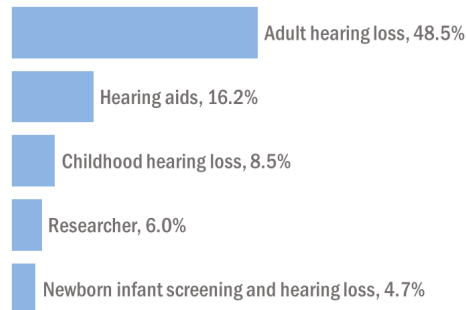


Practice settings and specialties

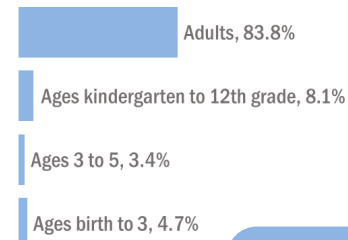
Top 5 practice settings



Top 5 specialties



Primary population served



4.3% report practicing telehealth

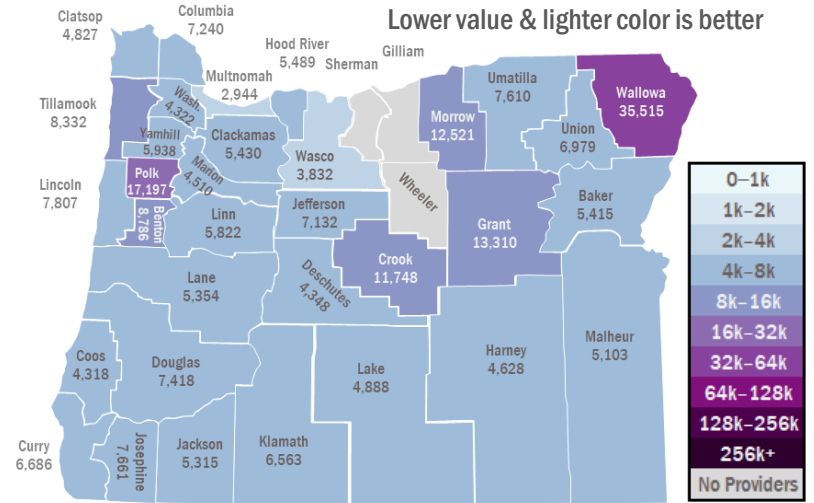
Speech-language pathologists (SLP)

Oregon's SLP supply



1,878
 Licensed SLPs
1,587
 Estimated working SLPs
893
 Estimated SLP direct patient care FTE

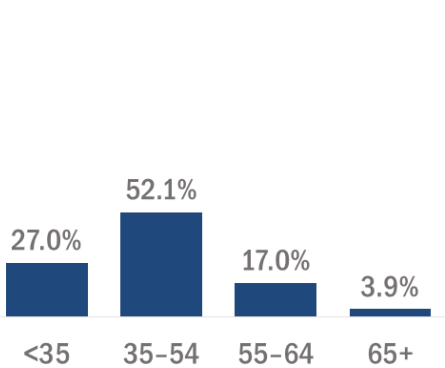
Estimated population-to-provider ratio*



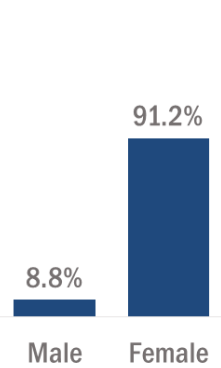
All subsequent data presented are from SLPs who held an active license as of January 2018 and were actively practicing in Oregon at the time of Health Care Workforce Survey completion (n=1,567).

Workforce demographics

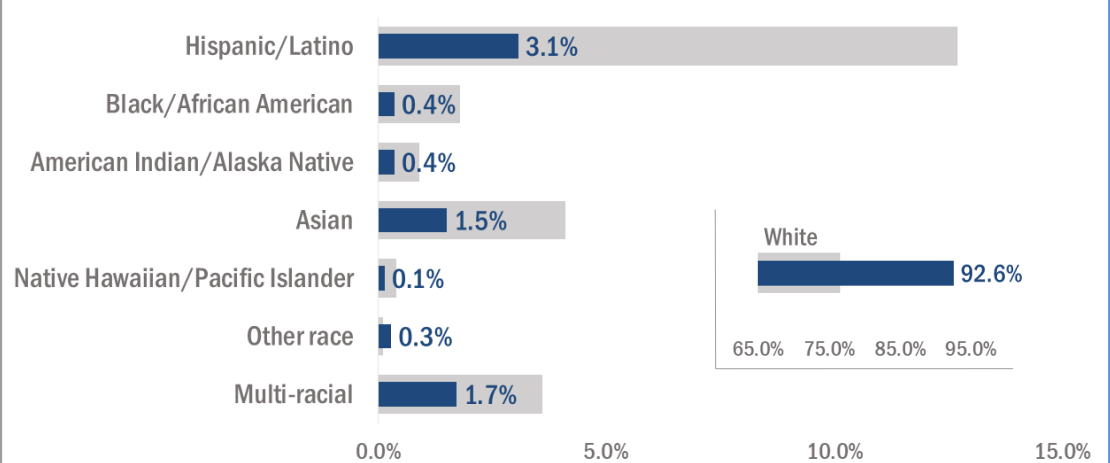
Age



Gender



Race and ethnicity — workforce compared with population†



10.7% of workforce declined to answer or data is missing for race and ethnicity.

Speech-language pathologists (SLP)

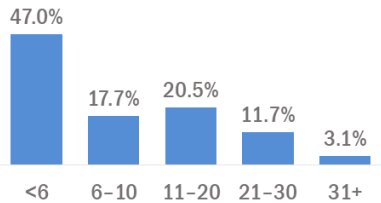
Workforce supply



SLPs work an average of 33.3 hours per week.

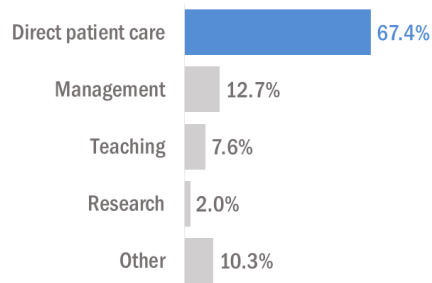
54.6% of SLPs work at least 40 hours each week.

Number of years licensed in Oregon

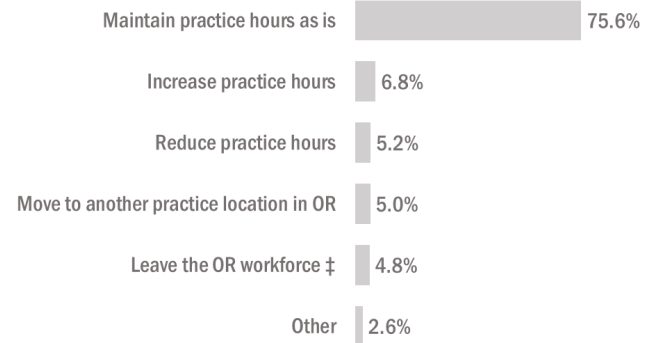


How SLPs spend their time

On average, SLPs spend 67.4% of their time in direct patient care.

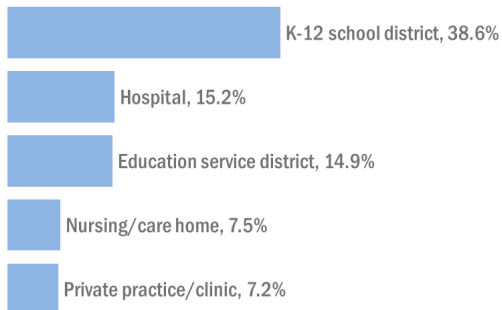


Practice plans in the next two years

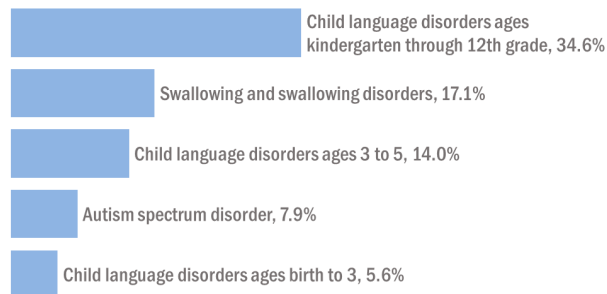


Practice settings and specialties

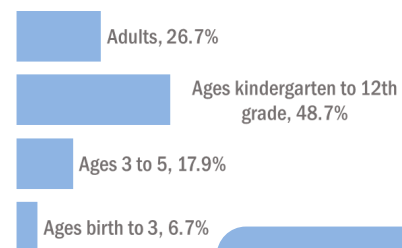
Top 5 practice settings



Top 5 specialties



Primary population served




5.9% report practicing telehealth

Speech-language pathology assistants (SLPA)

Oregon's SLPA supply

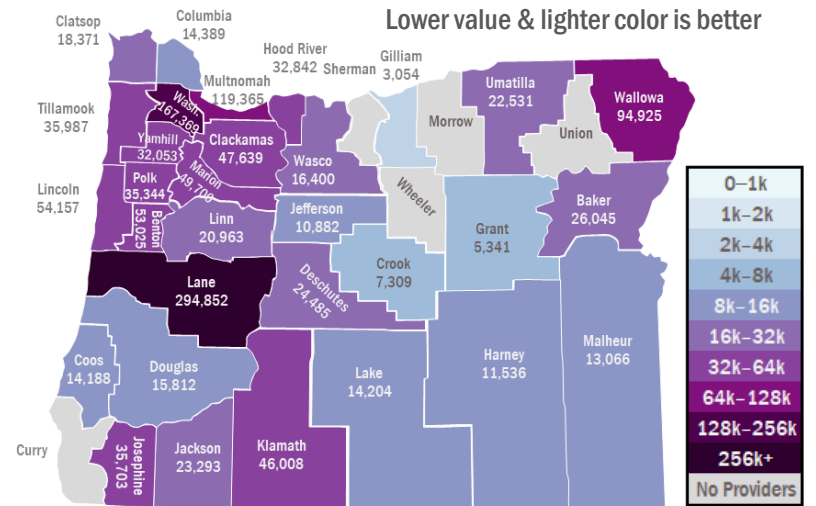


245
Licensed SLPAs

193
Estimated working SLPAs

97
Estimated SLPA direct patient care FTE

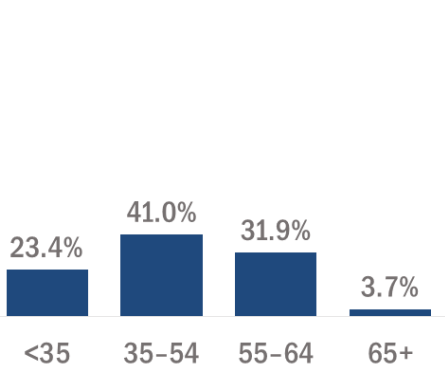
Estimated population-to-provider ratio*



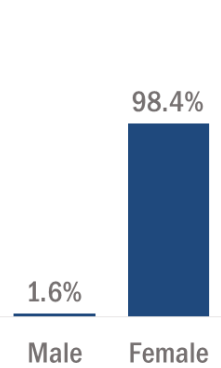
All subsequent data presented are from SLPAs who held an active license as of January 2018 and were actively practicing in Oregon at the time of Health Care Workforce Survey completion (n=189).

Workforce demographics

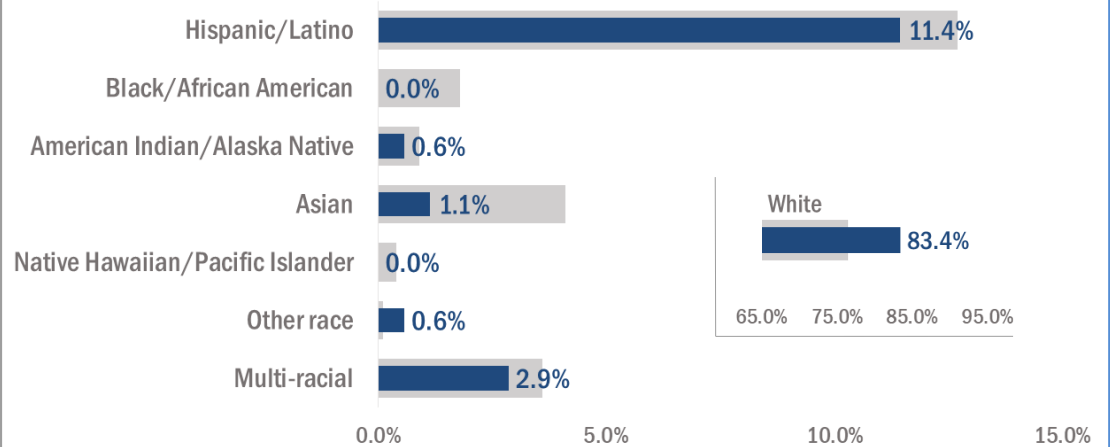
Age



Gender



Race and ethnicity — workforce compared with population†



7.4% of workforce declined to answer or data is missing for race and ethnicity.

Speech-language pathology assistants (SLPA)

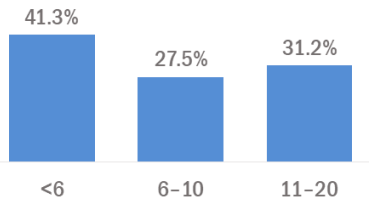
Workforce supply



SLPAs worked an average of 30.1 hours per week.

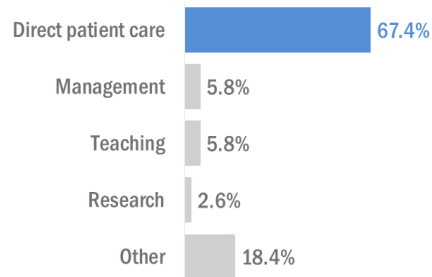
23.8% of SLPAs work at least 40 hours each week.

Number of years licensed in Oregon^s

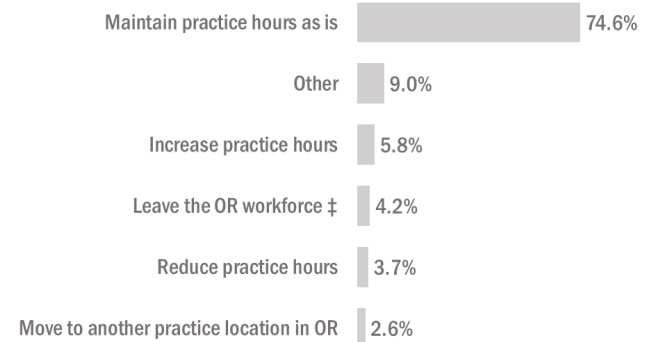


How SLPAs spend their time

On average, SLPAs spend 67.4% of their time in **direct patient care**.

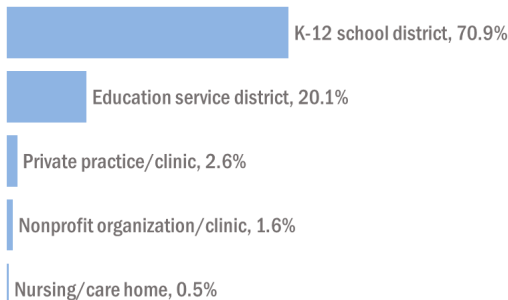


Practice plans in the next two years

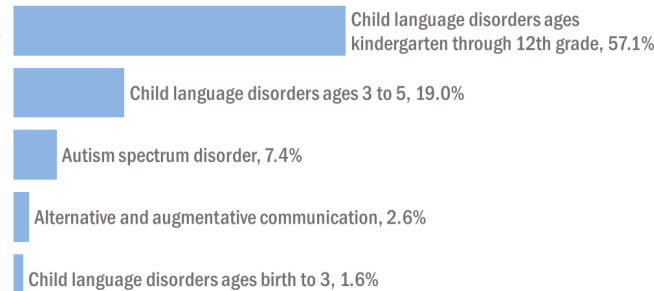


Practice settings and specialties

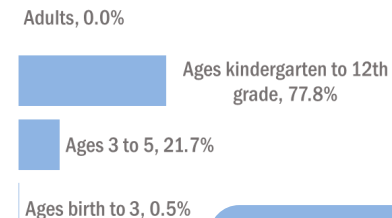
Top 5 practice settings



Top 5 specialties



Primary population served



1.1% report practicing telehealth

Footnotes:

* Ratio based on total estimated direct patient care FTE in county.

† Licensees who did not report race and ethnicity data are excluded from the charts. Racial categories exclude Hispanic.

‡ Leave the Oregon workforce includes those planning to retire, move to practice out of state, or leave the occupation.

§ SLPAs were licensed in Oregon beginning in 2001.

Accessibility:

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Oregon Health Authority Director's Office at 503-947-2340 or OHA.DirectorsOffice@state.or.us.

About these fact sheets:

The Health Care Workforce Reporting Program (HWRP) collects workforce-related information directly from health care professionals via a questionnaire embedded in the license renewal process. Data reported in this fact sheet were collected during a two-year period (2016-2017). Health care professionals with a completed survey during this time period and an active license in January 2018 were included in this report. Please refer to the HWRP's General Methods documentation on the website for further details.

For more information about methodology and results, visit:

<https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

For questions about this report, contact:

Health Care Workforce Reporting Program
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Oregon Health Authority
Wkfc.Admin@dhsaha.state.or.us
971-283-8792

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Additional data sources:

- Population Research Center. Population estimates and reports: certified population estimates, July 1, 2017 [Internet]. Portland, OR: Portland State University; 2017 [cited 2019 August 7]. Available from: <https://www.pdx.edu/prc/population-reports-estimates>
- U.S. Census Bureau: American Fact Finder. American Community Survey 5-Year Estimates 2013–2017: Hispanic or Latino origin by race (table name B03002, geography of Oregon). Washington, DC: U.S. Census Bureau: American Fact Finder; 2018 [updated 2019 February 7; cited 2019 August 7]. Available from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#acsST>

Suggested Citation:

Oregon Health Authority. (2019). *Oregon's speech-language pathology and audiology workforce: Based on data collected during 2016 and 2017*. Portland, OR: Oregon Health Authority.

Appendix A: Estimated count, FTE in direct patient care, and population-to-provider FTE ratio by county

County	Population	Audiologists			Speech-language pathologists			Speech-language pathology assistants		
		Estimated Count	Est. Patient Care FTE	Pop-to-Prov Ratio	Estimated Count	Est. Patient Care FTE	Pop-to-Prov Ratio	Estimated Count	Est. Patient Care FTE	Pop-to-Prov Ratio
BAKER	16,750	0	0.0	-	5	3.1	5,415	1	0.6	26,045
BENTON	92,575	3	2.3	40,754	22	10.5	8,786	4	1.7	53,025
CLACKAMAS	413,000	16	13.6	30,302	147	76.1	5,430	14	8.7	47,639
CLATSOP	38,820	1	1.0	38,974	15	8.0	4,827	6	2.1	18,371
COLUMBIA	51,345	0	0.0	-	12	7.1	7,240	6	3.6	14,389
COOS	63,310	4	3.5	18,321	21	14.7	4,318	8	4.5	14,188
CROOK	22,105	0	0.0	-	3	1.9	11,748	4	3.0	7,309
CURRY	22,805	0	0.0	-	6	3.4	6,686	0	0.0	-
DESCHUTES	182,930	12	8.2	22,210	78	42.1	4,348	14	7.5	24,485
DOUGLAS	111,180	4	2.5	44,649	25	15.0	7,418	14	7.0	15,812
GILLIAM	1,995	0	0.0	-	0	0.0	-	1	0.7	3,054
GRANT	7,415	0	0.0	-	1	0.6	13,310	3	1.4	5,341
HARNEY	7,360	0	0.0	-	2	1.6	4,628	1	0.6	11,536
HOOD RIVER	25,145	1	0.5	54,978	10	4.6	5,489	1	0.8	32,842
JACKSON	216,900	8	6.6	33,010	66	40.8	5,315	16	9.3	23,293
JEFFERSON	23,190	0	0.0	-	6	3.3	7,132	4	2.1	10,882
JOSEPHINE	85,650	4	2.8	30,658	18	11.2	7,661	4	2.4	35,703
KLAMATH	67,690	4	2.9	23,451	17	10.3	6,563	4	1.5	46,008
LAKE	8,120	0	0.0	-	3	1.7	4,888	1	0.6	14,204
LANE	370,600	9	7.9	47,148	138	69.2	5,354	3	1.3	294,852
LINCOLN	47,960	0	0.0	-	11	6.1	7,807	2	0.9	54,157
LINN	124,010	4	2.6	47,848	36	21.3	5,822	10	5.9	20,963
MALHEUR	31,845	3	1.8	17,227	11	6.2	5,103	4	2.4	13,066
MARION	339,200	18	14.6	23,188	126	75.2	4,510	17	6.8	49,700
MORROW	11,890	0	0.0	-	1	0.9	12,521	0	0.0	-
MULTNOMAH	803,000	98	49.0	16,404	473	272.8	2,944	18	6.7	119,365
POLK	81,000	3	2.1	38,640	8	4.7	17,197	4	2.3	35,344
SHERMAN	1,800	0	0.0	-	0	0.0	-	0	0.0	-
TILLAMOOK	26,175	1	0.7	36,145	5	3.1	8,332	1	0.7	35,987
UMATILLA	80,500	2	1.4	57,603	19	10.6	7,610	6	3.6	22,531
UNION	26,900	2	1.1	23,422	8	3.9	6,979	0	0.0	-
WALLOWA	7,195	0	0.0	-	1	0.2	35,515	2	0.1	94,925
WASCO	27,100	0	0.0	-	14	7.1	3,832	4	1.7	16,400
WASHINGTON	595,860	37	18.2	32,755	242	137.9	4,322	6	3.6	167,369
WHEELER	1,480	0	0.0	-	0	0.0	-	0	0.0	-
YAMHILL	106,300	2	1.0	109,374	34	17.9	5,938	6	3.3	32,053
STATEWIDE	4,141,100	237	144	28,718	1,587	893	4,638	193	97	42,560

Note: Circles indicate whether county has no providers (red) or is above (yellow) or below (green) the statewide ratio by 50%.

Population-to-provider ratios are based on the estimated patient care FTE in the county. Values greater than the county population are due to less than 1.0 FTE in county.