

The 2025 Clinical Fellow Crisis

SC Speech-Language Hearing Association (SCSHA)
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What do we
know?

[MLN Matters Newsletter 5/29/25](#)

[ASHA Advocate Release 6/9/25](#)

[ASHA Medicare Part B Information 6/9/25](#)

[ASHA Q&A Release 6/13/25](#)

[ASHA CEO live chat 6/17/25](#)

[SC Licensure in Speech-Language Pathology](#)



Controlling Entities on the practice of Speech-Language Pathology

Federal Law

Federal Regulations

NCDs and LCDs

State Law (practice act)

State Regulations (any further LLR board info)

*Payer, Employer, Professional policies and statements, etc.



SC Attorney General Opinion on the Licensing of SLPs in SC - Medicaid

“Taking the three methods of licensure for speech-language pathologists under section 40-67-220 above in reverse order, we begin by concluding if a speech-language pathologist is licensed under section 40-67-220(8)(3), he or she meets the qualifications under the federal regulations. Section 440.110(c)(2) states a "speech pathologist" is an individual that meets one of three conditions. The first method by which an individual is considered a speech pathologist is by obtaining "a certificate of clinical competence from the American Speech and Hearing Association [(ASHA)]." 42 C.F.R. § 440.110(c)(2)(I). Section 40-67-220(8)(3) mirrors this requirement. Therefore, if a speech pathologist is licensed under section 40-67-220(8)(3), he or she is a speech pathologist for purposes of section 440.110(c)(2).”

SC Attorney General Opinion on the Licensing of SLPs in SC - Medicaid

“Finally, we consider whether an individual licensed under section 40-67-220(8)(1) meets the qualifications of a speech pathologist under the federal regulations. Section 440.110(c)(2)(iii) provides the final method by which an individual is qualified as a speech pathologist. ...

... the federal regulations do not require an individual satisfy the ASHA work experience requirement prior to becoming qualified as a speech pathologist, but simply mandate the individual be in the process of acquiring such experience. Thus, if an individual satisfies the State licensure requirements under section 40-37-220(B)(I), he or she satisfies the academic program requirement and most likely would be considered as in the process of obtaining the work requirements mandated by ASHA, thereby qualifying that individual as a speech pathologist under section 440.110(c)(2)(iii) of the federal regulations. **Accordingly, the three methods by which a speech-language pathologist may be licensed in the State of South Carolina are consistent with the three ways in which a speech pathologist is presumed qualified under the section 440.110(c)(2) of the federal regulations.**

<https://www.scag.gov/wp-content/uploads/2011/03/06apr19-Kerr.pdf>



One problem

The regulation in 42 CFR 440.110 only applies to Medicaid.

42 CFR 484.115 applies to Medicare when services are provided by a home health agency

The CMS Medicare Benefit Policy Manual on 1/16/25 further clarified that 484.115 applies to **outpatient services under the Medicare benefit**.

Standard: Speech-language

pathologist. A person who has a master's or doctoral degree in speech-language pathology, and who meets either of the following requirements:

- (1) Is **licensed as a speech-language pathologist** by the state in which the individual furnishes such services; or...



<https://www.cms.gov/files/document/r13051bp.pdf>

Questions we have to consider

Do you have other questions you'd add to the list?

Does our state (LLR) consider licensed SLP Interns to be licensed as a speech-language pathologist?

Does CMS agree with us that the licensed SLP Intern is in effect, an SLP? A license title from a state is within the state's power to interpret.

How does the supervision language in our state practice act play into the perspective on scope of practice? If an SLP Intern MUST have supervision as defined by LLR, are they "independent"?

Do we need to consider a state practice act change (possibly in 49 plus states?), or push for a federal regulatory change in 42 CFR 484.115? Is a regulatory change necessary, or is this up to interpretation of state laws?

Possible implications of the CF Crisis, if not resolved:

- Difficulties navigating changes between Medicare Part A and Medicare Part B in a facility setting (hospital - remember OBS status; SNF Med A <-> Med B)
- Increased supervision with ASHA's most conservative recommendation for **100% in-room supervision and supervisor completing documentation for Med B patients**
- Employers may find it too challenging to employ a CF-SLP given the increased supervision guidelines for non-Medicare providers
- Potential for compliance issues with Med A and Med B (need to know status of patients)
- CF candidates may have to consider jobs in settings where they will not see Medicare patients
- Employers could be less likely to hire CFs without a retainer in the contract.

Potential for limited CF opportunities to work with patients with chronic disability or the elderly

Working with a CF for Med B:

- The ASHA info that is the "most conservative" advice right now is to have the CF work with Medicare part B patients as if the CF is a student, with 100% in-room supervision (what CMS calls personal supervision).
- That also means the supervisor who has the SLP license (not the SLP intern license) needs to be the signer and provider on all documentation.
- ASHA is also suggesting each practice/clinic/setting consider a "risk assessment" to determine if there would be significant impact on the practice if it was later determined that a CF improperly provided services.



This information may change as ASHA provides additional information to members.

What SCSHA has done:

1. Provided information to SC LLR
2. Collaborated with ASHA Staff to provide all state level resources that would be relevant to their efforts to resolve the CF crisis with CMS
3. Collaborated with our STAMP & LLR liaison
4. Informed members - email blasts, Teams community
5. Asked people to sign ASHA's petition
6. SCSHA signed on to a joint coalition letter with ASHA to CMS with 25 state associations
7. Consulted with our lobbyist
8. Attended ASHA CEO chat on 6/17/25 for updates
9. Discussed our own practice act in light of this crisis with the legislative affairs committee

What members can do to support CFs

Find a way to hire a CF and provide the necessary supervision for any Med B patients, hoping that this crisis is short-term.

Our Medicare contractor, Palmetto GBA, should have received the Medicare Benefit Policy Manual (change request 13922) which is active as of 4/18/25. This may result in an LCD update.

The information that ASHA received on “provisional licensure” to potentially be interpreted as something other than a state license as an SLP was not contained in the MBPM.

We are waiting for ASHA’s guidance and will discuss with LLR.



What members can do to support advocacy



Sign the ASHA Petition to CMS by 6/25/25

<https://ashaa.quorum.us/campaign/medicarecf25/>

Ask your friends, neighbors, parents, professors, fellow students, non-Medicare provider friends, doctors, ANYONE to sign on to this petition.

ASHA resource on advocacy from the 6/17/25 CEO live chat:

<https://www.asha.org/siteassets/events/chats/ceo-live-chat-asha-advocacy-resources-061725.pdf>

Discussion

We will continue to follow up with members, and will share information on Teams and via member emails.

Not all member emails are being received, sometimes there are email errors. Please ensure that your profile on [SCSHA.NET](https://scsha.net) is correct.

DISCLAIMER

The information discussed or included on slides **does not function as legal advice**. Information is provided so that viewers will have access to primary sources and can use them with their employers and those they supervise as they navigate the CF crisis.

THIS SITUATION COULD CHANGE RAPIDLY.

Stay tuned to ASHA for updates, and SCSHA will share updates as we get access to the information.

