



Virginia
Regulatory
Town Hall

Final Regulation Agency Background Document

Agency Name:	Board of Audiology and Speech-Language Pathology
VAC Chapter Number:	18 VAC 30-20-10 et seq.
Regulation Title:	Regulations Governing the Practice of Audiology and Speech-Language Pathology
Action Title:	Requirements for continuing competency
Date:	March 26, 2001

Please refer to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99) , and the *Virginia Register Form, Style and Procedure Manual* for more information and other materials required to be submitted in the final regulatory action package.

Summary

Please provide a brief summary of the new regulation, amendments to an existing regulation, or the regulation being repealed. There is no need to state each provision or amendment; instead give a summary of the regulatory action. If applicable, generally describe the existing regulation. Do not restate the regulation or the purpose and intent of the regulation in the summary. Rather, alert the reader to all substantive matters or changes contained in the proposed new regulation, amendments to an existing regulation, or the regulation being repealed. Please briefly and generally summarize any substantive changes made since the proposed action was published.

The Board of Audiology and Speech-Language Pathology adopted amendments to its regulations to provide continued competency requirements for renewal of an active license to practice. For each biennial renewal, the licensee shall be required to complete 30 hours of continuing learning activities, at least 15 of which must be provided by an accredited sponsor as approved by the board through its regulations. A maximum of 15 hours may be in non-accredited activities that the learner considers beneficial to his practice. In addition, amended regulations establish an inactive license and set the renewal fee and requirements for reactivation of such a license.

Changes Made Since the Proposed Stage

Please detail any changes, other than strictly editorial changes, made to the text of the proposed regulation since its publication. Please provide citations of the sections of the proposed regulation that have been altered since the proposed stage and a statement of the purpose of each change.

There were several clarifying changes made to the proposed regulation since it was published and sent to interested parties for public comment. The term “contact hour” was defined and used in the regulation, and examples of Type 2 activities were given. In addition, completion of the outcome and assessment portions of the Continuing Competency Activity and Assessment Form was made optional for compliance with regulation.

Statement of Final Agency Action

Please provide a statement of the final action taken by the agency: including the date the action was taken, the name of the agency taking the action, and the title of the regulation.

The Board of Audiology and Speech-Language Pathology adopted final amendments to 18 VAC 30-20-10 et seq., Regulations Governing the Practice of Audiology and Speech-Language Pathology on March 24, 2001.

Basis

Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority, shall be provided. If the final text differs from that of the proposed, please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the final regulation and that it comports with applicable state and/or federal law

18 VAC 30-20-10 et seq. Regulations Governing the Practice of Audiology and Speech-Language Pathology was promulgated under the general authority of Title 54.1 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations, levy fees, administer a licensure and renewal program, and discipline regulated professionals.

§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:

1. *To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
2. *To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
3. *To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
4. *To establish schedules for renewals of registration, certification and licensure.*
5. *To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
6. *To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*
7. *To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate or license which such board has authority to issue for causes enumerated in applicable law and regulations.*
8. *To appoint designees from their membership or immediate staff to coordinate with the Intervention Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.*
9. *To take appropriate disciplinary action for violations of applicable law and regulations.*
10. *To appoint a special conference committee, composed of not less than two members of a health regulatory board, to act in accordance with § 9-6.14:11 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final thirty days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the thirty-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 9-6.14:12, and the action of the committee shall be vacated. This subdivision shall not be construed to affect the authority or procedures of the Boards of Medicine and Nursing pursuant to §§ 54.1-2919 and 54.1-3010.*
11. *To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 9-6.14:12, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to*

court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 9-6.14:11 shall serve on a panel conducting formal proceedings pursuant to § 9-6.14:12 to consider the same matter.

12. To issue inactive licenses and certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of such licenses or certificates.

In addition to § 54.1-2400 (cited above), the Board is also authorized by § 54.1-103 to specify additional training or conditions for practitioners seeking renewal of licenses.

§ 54.1-103. Additional training of regulated persons; reciprocity; endorsement.

A. The regulatory boards within the Department of Professional and Occupational Regulation and the Department of Health Professions may promulgate regulations specifying additional training or conditions for individuals seeking certification or licensure, or for the renewal of certificates or licenses.

The office of the Attorney General has certified that the agency has the statutory authority to promulgate the proposed regulation and that it comports with applicable state and/or federal law.

Purpose

Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the final regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of the goals of the proposal and the problems the proposal is intended to solve.

The Code of Virginia specifically authorizes the Board to establish requirements for relicensure which will assure the continuing competency of the practitioners it licenses. As the practices of audiology and speech-language pathology have evolved and changed, the minimal competencies that were evidenced by completion of requirements for initial licensure may no longer be adequate.

In the professions of audiology and speech-language pathology, the knowledge base has continued to grow, but the growth in utilization of technology has been even more dramatic. Educational programs have been modified to accommodate changes in practice and to incorporate newer technology, but some who currently hold licensure are not keeping up with those changes and may not be offering the consumers of the Commonwealth the most competent and safest care. In addition, the economic demands of third-party payers have led to an increased use of assistive personnel in the practices of audiology and speech-language pathology. With such usage, there are new demands on the licensed professionals to make evaluative judgements on which tests and procedures can be safely delegated to these unlicensed, unregulated persons. There is a need for continuing education in the delegation of tasks to such persons who are treating consumers with disabilities who are being rehabilitated from disease or injury.

Therefore, the Board now finds that it is essential to establish some evidence of continuing education as a condition for renewal of licensure in order to assure the public of the continuing competency and safety of its practitioners in treating the public.

For some practitioners who are now retired or are practicing out of state but who wish to retain their Virginia license, the necessity of acquiring continuing education would result in an unnecessary burden and expense. The Department sought legislation, which was included in the Governor's legislative package for the 1998 General Assembly, to authorize the establishment of an inactive license. Therefore, the Board is authorized to develop and propose regulations for inactive licensure to include a fee for such a license and any remedial education or professional activity it deems necessary to assure that the practitioner is prepared to return to active practice with minimal safety and skill.

In the development of amendments to these regulations, the Board has used the "Principles for Fee Development" adopted by the Department in 1999 to be applied across all professions and all boards. In doing so, it became necessary to lower several of the miscellaneous fees charged for a specific purpose - specifically the fees providing a duplicate wall certificate or license and for reinstatement of an expired license.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. Please note that a more detailed discussion is required under the statement of the regulatory action's detail.

Amendments to regulations have been adopted to establish a requirement for 30 hours per biennium in activities or educational courses as an indication of continuing competency. Regulations state that a minimum of 15 hours must be Type 1, or activities offered by an accredited sponsor as approved by board regulation; no more than 15 of the hours may be Type 2 activities which may or may not be offered by accredited sponsor but are considered by the practitioner to be valuable to his clinical practice.

Since there are many areas of practice for audiology and speech-language pathology in which there are overlapping modalities or conditions, the Board has provided a 45-hour continuing competency requirement for persons who are dually licensed in both fields. Knowledge gained in one is likely to be beneficial to practice in another.

Amendments will also stipulate provisions for record-keeping, a random audit of licensees for compliance, an exemption for the first renewal cycle following initial licensure, and conditions for waivers or exemptions. Amendments to regulations will also establish an inactive license, a fee for renewal of such a license, and conditions for reinstatement of an inactive or lapsed license to include some indication of continued competency to practice.

Issues

Please provide a statement identifying the issues associated with the final regulatory action. The term "issues" means: 1) the advantages and disadvantages to the public of implementing the new provisions; 2) the advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please include a sentence to that effect.

Issues which were addressed by the ad hoc advisory committee, the Regulatory/Legislative Committee and the Board include the following:

1) Type and amount of continuing competency requirements

In order to include varying perspectives on practice in the development of regulations, the Board appointed a Task Force on Continuing Competency Requirements with representation from public and private practice settings. The goal of their work and the intent of the Board was to develop requirements that would: 1) encourage learner-directed continuing education through which the practitioner can identify a question or problem, seek the learning activity which provides needed information or teaches a new skill, and thereby, enhance his expertise or ability to practice; 2) offer a choice of content and form that is flexible enough to meet the needs of the learner in any type of practice in any location in Virginia; and 3) assure the public that practitioners providing audiology or speech-language treatment are maintaining their skills and competencies.

As a result of its work over a period of several months, the Task Force and the Legislative/Regulatory Committee recommended and the Board adopted a requirement which is aimed at involving the audiologist or speech-language pathologist as a continuing learner who is consistently assessing the questions and problems encountered in his practice and then making a determination about the knowledge and skills needed to address those issues. In making the assessment, the practitioner is asked to consider issues of ethics, standards of care, patient safety, new technology, communication with patients, the changing health care system, and other topics influencing practice.

The 30 required hours are divided into two types: (1) In Type 1 continuing learning activities, the 15 hours required biennially must be offered by an accredited sponsor or organization which is sanctioned by the profession and which provides documentation of hours to the practitioner; and (2) In Type 2 continuing learning activities, a maximum of 15 hours earned biennially may or may not be approved by an accredited sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; licensees document their own participation on the form provided by the Board.

In its adoption of these regulations, the Board considered continuing education requirements for the two professions in other states, requirements of other boards within the Department of Health Professions, and the availability and cost of compliance. Of the 39 states that currently have a continuing education requirement, 20 require a minimum of ten hours in one year or 20 hours in two years. The average number among all states is 11.5 hours of continuing education per year with a range of 10 hours every two years in West Virginia to 50 hours every two years in Maine. Maine and Montana are the only states that list a division between approved and unapproved hours, similar to the proposal in Virginia. In both states, 25 hours must be gained in **sponsored** activities every two years, compared with the 15 hours

proposed in Virginia.

The Board (following the recommendation of the Task Force) elected to model its regulations after those adopted by the Board of Medicine, in which half of the hours are "unaccredited", learner-directed and documented. Therefore, of the 30 hours required for biennial renewal, only 15 hours would have to be obtained from and documented by an accredited sponsor. The Board determined that was a minimal amount. In addition, a wide range of accredited sponsors for continuing education were approved through the proposed regulation, so compliance should not be a burden for any licensee regardless of the practice setting or area of the Commonwealth in which he/she works.

2) Requirements for reactivation of an inactive or lapsed license.

Along with requirements for continuing competency for renewal of licenses, the Board is proposing an inactive license for those practitioners who are now retired or out-of-state and have no intention of engaging in active practice in the Commonwealth. In doing so, requirements for reactivation of such a license are necessary to ensure that practitioners are competent to resume practice. The Board determined that it was necessary for a practitioner whose license has been inactive or lapsed for two or more years to provide evidence of continuing competency hours equal to the amount of time the license has not been active, not to exceed four years. The Board also reserves the right to deny reactivation if an inactive licensee has violated provisions of unprofessional conduct.

Advantages to the licensees:

The proposed continuing competency requirements are intended to provide some assurance to the public that licensees of the Board are maintaining current knowledge and skills, while providing the maximum amount of flexibility and availability to licensees. Board members concluded that approximately half of the practitioners already engage in enough learning activities to meet the requirements and should only have to maintain documentation of those activities and hours. Fifteen of the 30 hours may be earned by the practitioner on his own time and schedule and may be hours that are useful to the learner but not accredited or documented by an organization. Fifteen of the hours must involve the practitioner in some course or activity which is offered by an approved sponsor that does provide documentation of completion. The resources for earning the hours and engaging in the required learning are numerous and readily available in all parts of Virginia.

Disadvantages to the licensees:

For those practitioners who do not currently engage in any continuing learning in their profession, these requirements will represent an additional burden. While opportunities for obtaining continued competencies exist that are without cost, there may be some additional expense associated with renewal of licensure. However, it was determined by enactment of the statute and by the Board's concurrence that those practitioners and their patients would greatly benefit from continuing learning requirements, and that the public is better protected if there is some assurance of that effort.

Advantages or disadvantages to the public:

There are definite advantages of the amended regulations to the public, which will have greater assurance that the licensees of the Board are engaged in activities to maintain and improve their knowledge and skills in providing care to their patients.

Advantages or disadvantages to governmental agencies:

Government agencies that employ audiologists or speech-language pathologists may incur additional costs if they elect to hire individuals to present workshops or seminars to their staff or to pay for continuing education. The Board will incur additional costs to monitor compliance of licensees, and to hold additional disciplinary hearings for individuals who do not comply with the requirement. Current fees charged to regulated entities are sufficient to cover the cost of compliance and enforcement of these requirements.

Public Comment

Please summarize all public comment received during the public comment period and provide the agency response. If no public comment was received, please include a statement indicating that fact.

Proposed regulations were published in the Virginia Register of Regulations on October 23, 2000. Public comment was requested for a 60-day period ending December 22, 2000. A Public Hearing before the Board was held on November 9, 2000, and the Board sent copies of the proposals to all its licensees. A total of 15 persons commented as follows:

Three persons commented that 15 hours per year (30 per biennium) is too much, especially for those practicing part-time.

Board response: The Board appreciates the concern and has reviewed its requirement. While 30 hours per biennium is the total requirement, only 15 of those hours (7.5 per year) must be obtained from an approved or accredited sponsor. The remaining 15 may be in self-study, working with colleagues or other activities that promote learning.

One person commented that re-certification by the Board of Education and continuing education requirements by this Board may be confusing to those who are dually licensed, since the renewal cycles and rules are different.

Board response: The Board of Audiology and Speech-Language Pathology will recognize the hours that are approved by local school boards or by the Board of Education for recertification, so obtaining a sufficient number of hours per biennium should not be a problem for persons who are dually licensed.

Five persons expressed support for the Board in addressing a pressing need for continuing competency.

Board response: The Board appreciates support for its efforts.

The Speech-Language-Hearing Association of Virginia supported the regulations and offered two clarifying amendments.

Board response: In the adoption of final regulations, the Board will consider adding the word “contact” before the word “hour” to avoid any confusion and adding a sentence to the requirement for Type 2 activities to illustrate or offer specific examples.

Two person recommended that a licensee be exempted from continuing education requirements for one renewal cycle following completion of an advanced degree.

Board response: Persons who complete an advanced degree will have more than sufficient hours for continuing education since the Board recognizes courses from accredited colleges and universities. An exemption is unnecessary.

Two persons supported inclusion of a “family medical crisis” as a circumstance for which an exemption may be sought.

Board response: The Board considered the comment and concluded that a “family medical crisis” would be too difficult to define. A licensee may request an extension of time to complete his requirements for any good cause, which would include a medical crisis.

One person sought specific guidelines for Type 2 continuing education.

Board response: The Board will add a sentence to the requirement for Type 2 activities to illustrate or offer specific examples, but flexibility to allow the licensee to determine the type of activity that will be most helpful is the intent of the Type 2 requirement.

Two persons commented that costs for conferences in order to acquire continuing education will represent a large financial outlay for licensees.

Board response: It is not necessary to attend a professional conference to obtain approved hours, which are available on-line, through journals and other sources.

One person commented that the costs to employers for maintaining records of continuing competency activities has not been calculated.

Board response: There is no requirement that employers maintain records for their employees; it is the individual licensee who is required to maintain the records for a possible audit.

One person commented that there are no competency standards and no proof that practitioners benefit from continuing education, so there should not be any disciplinary action taken against those that do not comply.

Board response: The Board respectfully disagrees with the comment. Health care professionals who are intentional about continued learning do report a positive effect on practice. Regulations of the Board state that a violation of law or regulation may be grounds for disciplinary action; each case will be considered individually.

One person requested that hours be recognized for preparation and delivery of presentations.

Board response: Those hours would be recognized as Type 2 continuing education.

One person commented that he remains aware of current research by reading journals, meeting with colleagues and participating on inter-disciplinary teams, but those activities would not earn credit toward the Board's requirements.

Board response: Those hours may be Type 1 if offered by an accredited sponsor or if not, would be recognized as Type 2 continuing education and counted in the 30-hour requirement.

One person commented that the documentation form, requiring assessment and outcome of continuing education, was intrusive and burdensome.

Board response: Although studies on continuing education indicate that the assessment of a practitioner's practice and reflection on the outcome and impact of his activities on that practice are strong indicators of CE validity, the Board will consider making those portions of the documentation form optional for renewal of a license.

One person suggested that the 15 hours of Type 2 continuing competency activities be eliminated as not being valid.

Board response: The Board determined that 15 hours of Type 2 activities do not have to be offered by an accredited sponsor in order for those activities to be valid to the practitioner. Many report that self-study, working with colleagues, or other activities that promote learning are often more beneficial than traditional CE courses.

One person requested some exemption for military spouses who transfer out of state but may want to be able to practice in Virginia in the future.

Board response: The Board did not choose to add an exemption for military spouses. If a licensee is not actively practicing in Virginia, he may allow his license to lapse and be reinstated if he returns to the state. Reinstatement requires evidence of continued competency, but if the licensee has been practicing in another state and maintaining CE, he should be able to qualify.

Two persons stated that 45 hours was excessive for persons who maintain two licenses.

Board response: Since audiology and speech-language pathology are two distinct professions with separate licenses, the Board does not believe the requirement is unreasonable. There are other dually licensed individuals (physician/dentist or physician/pharmacist) and they must meet the full CE requirement for renewal under both boards.

Two persons requested that courses provided by manufacturers and by local school systems for recertification be included in the approved coursework.

Board response: Courses offered through a local school system would be approved coursework (18 VAC 30-20-300 recognizes courses offered by local, state or federal government agencies). If courses offered by hearing aid manufacturers are approved in advance for credit by ASHA or SHAV or any of the other organizations or entities approved by the Board, those courses would be credited as Type 1. If they are not so approved, they would count as Type 2 activities.

One person urged the Board to consider a broad interpretation of what constitutes continuing education or demonstration of competency; there are many ways in which professionals maintain and increase knowledge and skills.

Board response: The Board agrees with the comment and therefore allows half of the required hours to be self-selected, non-accredited courses or activities chosen by the licensee based on his or her practice and method of learning.

Detail of Changes

Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or crosswalk - of changes implemented by the proposed regulatory action. Include citations to the specific sections of an existing regulation being amended and explain the consequences of the changes.

The following amendments are adopted for 18 VAC 30-20-10 et seq.:

18 VAC 30-20-10. Definitions.

Definitions are added for “Type 1 and Type 2” and for “contact hour” to provide guidance for continuing competency requirements established in 18 VAC 30-20-300.

18 VAC 30-20-80. Fees.

A new fee is established for biennial renewal of an inactive license; it is set at \$30 which is half the cost of renewal of an active license. Several miscellaneous fees are reduced for consistency with other boards within the Department; those fees include the reinstatement or late fee (\$50 to \$20), the fee for a duplicate wall certificate (\$50 to \$15) and the fee for a duplicate license (\$10 to \$5).

18 VAC 30-20-160. Reinstatement of lapsed license.

In addition to the current requirement for payment of fees, amendments will require documentation of continuing competency hours in order to reinstate a lapsed license. If the license has been lapsed for two years or less, the applicant is required to complete the prescribed hours for the period in which the license was lapsed. If the license is lapsed for more than two years, the applicant must meet the requirements for licensure and complete the required hours for the lapsed period, not to exceed four years. In addition, the applicant will be required to provide evidence that no disciplinary action has been taken or is pending in any other jurisdiction in which he holds a license.

18 VAC 30-20-300. Continued competency requirements for renewal of an active license.

New regulations provide that a licensee must complete 30 hours of continued competency activities or course for each biennial renewal; at least 15 hours must be in Type 1 programs or courses offered by a sponsor or organization approved by board regulation, that includes state, national and international professional associations, accredited colleges and universities, and local, state and federal agencies. No more than 15 hours may be in Type 2 activities which may or may not be accredited, may be chosen by the licensee, and must be related to the licensed profession. Licensees in audiology and speech-language pathology must acquire a total of 45 hours with 30 of those in Type 1 activities or course and a minimum of 15 in each profession. The Board has also provided an exemption for licensees on their first renewal, for random audits to determine compliance, and a record-keeping requirement of four years following renewal. The Board may grant an extension or an exemption for hours of continuing competency for good cause shown in accordance with regulations.

18 VAC 30-20-310. Inactive license.

New regulations establish an inactive license which does not entitle the holder to practice his profession in Virginia, but also does not require completion of continued competency hours.

18 VAC 30-20-320. Reinstatement of an inactive license.

New regulations establish the criteria for reinstatement of an inactive license to include payment of the difference between the current inactive and active fee and completion of continued competency hours for the period of time in which the license has been inactive, not to exceed four years. The Board reserves the right to deny reactivation of a license if it is determined that the applicant has violated provisions of law or regulation.

Family Impact Statement

Please provide an analysis of the regulatory action that assesses the impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The agency has reviewed the proposed regulation in relation to its impact on the institution of the family and family stability. There would be no effect of the proposal on the authority and rights of parents, economic self-sufficiency or the marital commitment. While the amended regulation will require licensees to obtain hours of continued learning in methodology or newer technology, it is likely that such requirements would have only minimal effect on disposable family income.