

STATEMENT ON HOUSE BILL 1561

PRESENTED TO HOUSE PROFESSIONAL LICENSURE COMMITTEE

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**Honorable Chairwoman Harhart, Chairman Readshaw and esteemed Representatives**

My name is Kathleen Helfrich-Miller and I am President of the Pennsylvania Speech Language and Hearing Association (PSHA). I work in Pittsburgh as a speech-language pathologist (SLP) where I have been in private practice for over thirty years. I am pleased to have this time to bring to your attention a number of issues that impact the services delivered in Pennsylvania by SLP's and to stress the need to update the 1984 Speech-Language and Hearing Licensure Act that governs our practice and ethical conduct in a variety of service delivery settings. I thank you for this opportunity.

In the almost three decades since the Act was passed much has changed in the delivery of health care services, including in speech-language pathology. The overall goal of House Bill 1561 is to provide better treatment for individuals suffering from communication and swallowing disorders, resulting in improved health and consumer protection in Pennsylvania. This is accomplished in this bill by ensuring that all persons performing the functions of an SLP are properly licensed by the Commonwealth regardless of the setting in which they practice. In addition, the bill updates our scope of practice to better reflect our education and training, thereby aligning our roles and responsibilities to be consistent with the standard of practice in many other states across the country.

This bill is the result of over six years of negotiations with stakeholders and represents compromises that reflect concerns expressed by universities, hospitals, skilled nursing facilities and other employers of SLP's.

The three major intentions of this bill are to (1) update scope of practice, (2) provide for consumer protection and (3) allow for provisional licensure. A more in-depth look at these areas will highlight the need for, and the nature of, these changes.

The current licensure act is a title act, not a practice act. It defines who we are but not what we do. Right now, if I want to call myself an SLP, I must be licensed by the state. However, if I want to perform the functions of an SLP without a license, I can do that as long as I don't call myself an SLP. That puts health care consumers at risk. That needs to be remedied, and House Bill 1561 will do that.

House Bill 1561 delineates what we do and allows for continued growth as new technology becomes available. Our scope of practice under the bill includes the addition of telepractice and the cognitive/linguistic aspects of communication, feeding and swallowing, as well as continuing the traditional treatment of language, speech sound production, resonance, and voice disorders. It enables the SLP to make a non-medical diagnosis and provide treatment for disorders such as apraxia of speech, which is the inability to sequence speech sounds, or flaccid dysarthria, which is the inability to make speech sounds because of reduced muscle tone in the articulators. It allows the SLP to provide augmentative and alternative communication techniques and strategies, to work with the patient on the use, selection, fitting and establishment of appropriate prosthetic/adaptive devices for speaking and swallowing, and to use instrumental technology to

observe, assess and remediate disorders of communication, voice and swallowing. Finally, it mandates the referral of persons with disorders of speech, language, voice, swallowing, and cognitive and social aspects of communication to an appropriate physician for medical evaluation when referral is indicated based upon the interpretation of the diagnostic evaluation results.

Turning to consumer protection, we strongly feel that all SLP's, regardless of practice setting, need to have a license. Currently, therapists employed in the public schools do not need to be licensed. Therefore, a school SLP is not required to complete any continuing education within the field of speech language pathology. While they have continuing education through Act 48 (which currently has been suspended), none of those hours are mandated to be in speech language pathology. House Bill 1561 establishes regulatory control over their clinical practice and offers the consumer a mechanism to file a grievance specific to speech language pathology to the Board of Examiners. Such consumer protection does not exist at present.

After much negotiation and compromise, we have established three different categories of licenses—full license, school based license, and provisional license. The full license would allow a licensee to practice in any setting in the state. It would require a Master's degree in speech-language pathology from a nationally accredited speech-language program and the completion of a period of supervised clinical fellowship.

The school based license would be for professionals who wish to work only in the school setting. It requires a Master's degree from an accredited academic institution in either education or science, with a focus in school based speech-language pathology. In addition, the school-based SLP must possess a certificate issued by the Department of Education to work as an SLP in a

public school entity. House Bill 1561 does not require SLP's already working the schools to obtain a license, nor will they be grandfathered in. They would be exempt from a license. SLPs currently in the schools who are exempt would be able to keep their job and be free to move to other schools without having to obtain a license. No one will lose their job as a result of this bill. PDE requirements will be unchanged.

We are adding the provisional license because current insurance billing requirements, including Medicare and Medicaid, require that a provider have a license in order to bill for services rendered. Because Pennsylvania does not have a provisional license, individuals working toward the completion of their Clinical Fellowship for licensure and individuals with a license from another state seeking to move to Pennsylvania have a difficult time finding employment. Often they end up moving to a state which does offer a provisional license. As all of our surrounding states have provisional licensure, this contributes to the shortage of SLP's in Pennsylvania.

In summary, the proposed licensure bill seeks to establish a credential that defines who we are, what we do, and the educational and clinical standards that must be achieved in order to be certified as competent. More importantly, however, licensure is a credential that protects the consumer. It establishes an expectation of excellence in service provision, overseen and monitored by the Board of Examiners, that ensures that the citizens of this Commonwealth with communicative, cognitive, and swallowing needs will have them met by the highest quality provider regardless of the setting in which the services are sought. We look forward to working with the Committee members and staff to produce the best possible bill to promote health care and consumer protection in Pennsylvania.

Thank you for the opportunity to present this information. I would like now to introduce Dr. Susan Langmore who will speak in more detail about both diagnosis and the use of instrumental technology by SLP's.

We will be happy to answer any questions you may have after Dr. Langmore presents her comments.