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777 East Park Drive
PO Box 8820
Harrisburg, PA 17105-
8820

717-558-7750, ext. 1519

717-558-7841 (Fax)

www.otopa.org

Karen Rizzo, MD (Physician / Otolaryngologist) Lancaster, PA
Pennsylvania Academy of Otolaryngologists - Head and Neck Surgery
House Bill 1561

28 August 2013 10 AM

House Professional Licensure Committee
Room 481 Main Capitol Building

Good morning.

Chairwoman Harhart, Chairman Readshaw and members of the Committee
Thank you for listening to my testimony regarding House Bill 1561. My name
is Karen Rizzo and I am a Board Certified Otolaryngologist or otherwise
known as an Ear, Nose and Throat doctor, My practice is in Lancaster
County. I have been a practicing ENT for 22 years and I gained that privilege
after more than 13 years of education, including Medical School and
Residency. Most importantly, I care for patients. Quality and Safe care for
patients is my reason for being here today. I have concerns, that if passed as
currently written, House Bill 1561 would create safety and quality concerns
for Pennsylvania patients that are seeking care. And, I have concerns that
some of the language contained in the bill, would enable a self governed
board (Audiology and Speech Language Board) the ability to define their own
scope of practice. That creates serious concerns for the future. I will highlight
a few of the key provisions, the PAO and I have concerns with.

Page 4, Line 13 & Page 5 Line 28 – The use of “instrumental Technology.”
This language is too broad and would allow a Speech Language Pathologist
to utilize all technology. Members of the Committee, SLPs have no use for
the vast majority of available technology. SLPs should list specific technology
and provide non-medical treatment within that range. If an SLP has access to
all technology, there is nothing stopping them from using it. That creates a
host of concerns, including safety, quality and costs.

Page 4 Line 20 & Page 6 Line 5 – This language allows the Board of
Audiology and Speech Language to adopt National Standards that expand
their scope of practice. That language cuts the General Assembly out of the
loop and allows a self governing board to make safety decisions regarding
patients.

Page 3 Line 7 & Page 4 Line 23 – Within these definitions, key language is
used that creates concerns. “Non-medical” should be used before treatment,
intervention and other words. Moreover, I have concerns with the use of
“feeding and swallowing.” SLPs do not have the medical education and
training to be dealing with complex issues surrounding feeding and
swallowing. If an SLP suspects a feeding or swallowing issue, they should
immediately refer that patient to a physician.

Members of the Committee, while these are some of the highlights of the legislation I have concerns with, it is not exclusive. The PAO, in no way, believes that it cannot work through these issues with the Committee and SLPs. Much like it did with the Audiologists in the Senate. However, until discussions occur, the PAO and I are opposed to House Bill 1561. I would be willing to continue the dialogue with the Committee to ensure patients receive quality safe care in the future.

I am happy to answer questions. Thank you, once again, for listening to my concerns.