

LICENSE SPEECH-LANGUAGE PATHOLOGISTS

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Senate Bill 493 (Substitute S-2)

Sponsor: Sen. Gilda Z. Jacobs

House Committee: Health Policy

Senate Committee: Health Policy

Complete to 11-12-08

A SUMMARY OF SENATE BILL 493 AS PASSED BY THE SENATE 9-23-08

The bill would create Part 176, entitled "Speech-Language Pathology," within the Public Health Code (MCL 333.16342 et al.) to establish a framework for licensure of speech-language pathologists, define the scope of practice, create the Michigan Board of Speech-language Pathology, provide exemptions from licensure, and establish annual license fees. Under the bill, a person could not engage in the practice of speech-language pathology or use certain titles unless licensed under Part 176 or otherwise exempted.

Definition of speech-language pathology. The bill would define "practice of speech-language pathology" as the application of principles, methods, and procedures related to the development of disorders of human communication and would include assessing, identifying by history or nonmedical physical examination, treating with therapy, rehabilitating, and preventing certain specified disorders; assessing, selecting, and developing augmentative and alternative communication systems and training persons in their use; providing speech language treatment or therapy and related counseling services to the hearing impaired and their families; enhancing speech-language proficiency and communication effectiveness; and the screening of hearing and other factors for the purpose of speech-language assessment, provided that judgments and descriptive statements about the screening results were limited to pass/fail determinations.

A speech-language pathologist would have to perform assessment, treatment or therapy, and procedures related to swallowing disorders and medically related communication disorders only on patients who had been referred by a licensed physician.

Limited diagnostic testing, such as endoscopic videolaryngostroboscopy, would have to be performed in collaboration with or under the supervision of a licensed physician.

Further, a speech-language pathologist would have to follow procedures in which collaboration among a speech-language pathologist and a licensed physician and other licensed health care professionals was regarded to be in the best interest of the patient.

Exemptions. The fitting and dispensing of hearing aids as provided under the Occupational Code would not be included in the practice of speech-language pathology, and neither would the practice of medicine or osteopathic medicine and surgery, medical diagnosis, medical management with medication, surgical interventions, ordering medical testing, or medical treatment.

Michigan Board of Speech-language Pathology. An 11-member board would be created within the Department of Community Health; board composition would be as specified in the bill. Members would serve four-year terms.

Licensure. To be licensed as a speech-language pathologist, a person would have to possess a master's or doctorate degree in speech-language pathology that was acceptable to the board and submit a completed application with payment of the application processing fee and license fee. In addition, an applicant would have to meet either of the following criteria:

- Have successfully completed an accredited speech-language pathology training program approved by DCH and the board that included at least nine months (or the equivalent) of full-time supervised postgraduate clinical experience and have passed a national examination acceptable to the board; or,
- Have the credential conferred by the American Speech-Language-Hearing Association or its successor organization as a certified speech-language-pathologist (or its successor credential). The credential conferred by the national association would be considered the substantial equivalent to the requirements of the criterion described above.

A licensee could not perform an act, task, or function within the practice of speech-language pathology unless he or she were trained to do it, and the performance of that act, task, or function was consistent with the rules regarding the performance of speech-language pathology.

The rules regarding the performance of speech-language pathology would include, but not be limited to, the performance of procedures relating to the assessing, identifying by history or nonmedical physical examination, treatment with therapy, rehabilitation, and prevention of disorders of oral-pharyngeal function disorders related to swallowing dysfunction. The rules would have to recognize and incorporate certain requirements described in the code and the need for collaboration among a speech-language pathologist and a licensed physician and other health care professionals.

Continuous professional development as a condition for license renewal would be prescribed by rule by the department.

Fees. The fee for processing an application would be \$20 and the annual license fee would be \$75.

Exemptions. The bill would not prevent any of the following:

- An individual licensed or registered under the health code or other act from performing activities considered to be speech-language pathology services if those activities are within the individual's scope of practice and the individual did not use the titles protected under the bill.
- Activities considered to be speech-language pathology services performed by an individual (1) not licensed under the bill as long as he or she were engaged in

clinical fellowship and was under the supervision of an individual who was licensed under the bill, and (2) who did not hold himself or herself out as a licensee or use the titles protected by the bill.

- The practice of speech-language pathology that is an integral part of a program of study by students in an accredited program, provided they are identified as students and provide services only while under the supervision of a licensee.
- An individual meeting the qualifications of the State Board of Education as a teacher of the speech and language impaired and who was employed or contracted for employment by a school district, intermediate school district, nonpublic school, or department of state government that provided educational services from engaging in his or her practice as part of that employment. (However, a teacher of the speech and language impaired in the schools who practiced outside of school-based employment would be required to be licensed under the bill.)
- Self-care by a patient or uncompensated care by a friend or family member who did not represent himself or herself as a licensed speech-language pathologist.

Miscellaneous provisions. If, due to signs or symptoms, a licensee suspected a patient had an underlying medical condition, he or she would have to refer the patient to a licensed physician. The Department of Community Health could issue a license by endorsement to an applicant from another state with licensure requirements substantially equivalent to the bill. Furthermore, the bill would not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual licensed as a speech-language pathologist.

FISCAL IMPACT:

The bill will create state costs to develop and administer the licensing, regulation, and complaint review, and to support a state board for the licensure of the profession of speech-language pathologist. Annual licensing fees of \$75 and application processing fees of \$20 per individual are established with the intent that they will fully support the state licensing system costs for this profession. The costs and revenue are dependent upon the number of persons who seek licensure. Persons will be subject to discipline under Part 161 of the Public Health Code for speech-language pathologist licensure violations or for unlawful practice without licensure, which may include fines.

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