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BILL ANALYSIS

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Senate Bill 493 (as introduced 5-10-07)
Sponsor: Senator Gilda Z. Jacobs
Committee: Health Policy

Date Completed: 6-11-08

CONTENT

The bill would add Part 176 (Speech-Language Pathology) to the Public Health Code to do the following:

- **Prohibit a person from engaging in the practice of speech-language pathology unless licensed by the Department of Community Health (DCH).**
- **Prescribe licensure criteria, including a master's or doctorate degree.**
- **Require the DCH to identify best practices that would have to be followed in the performance of speech-language pathology.**
- **Require the DCH to prescribe continuing education requirements.**
- **Create the Michigan Board of Speech-Language Pathology.**

The bill also would amend the Code to set a \$20 application processing fee and a \$75 annual license fee for an individual licensed or seeking licensure as a speech therapist or speech pathologist under Part 176.

Practice 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, including identifying, assessing, treating, rehabilitating, and preventing the following:

- Disorders of speech, voice, and language.
- Disorders of oral-pharyngeal function, dysphagia, and related disorders.
- Cognitive-communicative disorders.

The term also would include the following:

- Assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use.
- Providing speech treatment and related counseling services to hearing-impaired individuals and their families.
- Enhancing speech-language proficiency and communication effectiveness.

In addition, the term would include screening of hearing and other factors for the purpose of speech-language assessment or the initial identification of individuals with other

communication disorders, provided that judgments and descriptive statements about results of that screening were limited to pass-fail determinations.

The practice of speech-language pathology would not include the fitting and dispensing of hearing aids as provided by Article 13 of the Occupational Code, or the practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment.

Protected Titles

Beginning on the bill's effective date, an individual could not use the title "speech-language pathologist", "speech pathologist", "speech therapist", "speech correctionist", "speech clinician", "language therapist", "language pathologist", "logopedist", "communicologist", "aphasiologist", "phoniatrist", "voice therapist", or "voice pathologist", or similar words that indicated that the individual was a speech-language pathologist, unless he or she were licensed under Part 176 as a speech-language pathologist.

This prohibition would not apply to individuals who met the State Board of Education qualifications for a teacher of the speech and language impaired while their services were provided in school districts, intermediate school districts (ISDs), and nonpublic schools.

Board of Speech-Language Pathology

The bill would create the Michigan Board of Speech-Language Pathology in the DCH. The Board would have to consist of the following seven members:

- Four individuals meeting the requirements of Section 16135(2).
- Three public members, including one board-certified otolaryngologist.

(Under Section 16135(1), health profession board members must be currently licensed or registered in Michigan in the health profession, and must have actively practiced that profession and/or taught in an approved educational institution that prepares individuals for licensure or registration in any state for at least the two years preceding appointment. Section 16135(2), however, allows the Governor to appoint board members who are certified or otherwise approved by a national organization or have actively participated in the profession and/or taught for at least the two years before appointment, or both.)

The terms of office of Board members, except those appointed to fill vacancies, would expire four years after appointment on December 31 of the year in which a term expired.

License Requirement

An individual would be prohibited from engaging in the practice of speech-language pathology unless licensed under Part 176. Also, 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 so, and performing that act, task, or function were consistent with the rules regarding best practices for speech-language pathology.

A speech-language pathologist would have to refer a patient to a person licensed in the practice of medicine or osteopathic medicine and surgery if signs or symptoms identified during the practice of speech-language pathology caused the pathologist to suspect that the patient had an underlying medical condition.

The proposed license requirement would not prevent an individual licensed or registered under any other part or act from performing activities that were considered speech-language pathology services if those activities were within the individual's scope of practice and if the individual did not use the titles protected under Part 176.

The license requirement also would not prevent an individual not licensed under Part 176 from performing activities that were considered speech-language pathology services as long as he or she was engaged in clinical fellowship, was under the supervision of an individual who was licensed under Part 176, and did not hold himself or herself out as an individual licensed under Part 176 or use the protected titles.

In addition, the license requirement would not prevent the practice of speech-language pathology that was an integral part of a program of study by students enrolled in an accredited speech-language pathology educational program approved by the proposed Board, as long as they were identified as students and provided speech-language pathology services only while under the supervision of a licensed speech-language pathologist.

Further, the proposed license requirement would not prevent an individual who met the qualifications established by 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, ISD, nonpublic school, or department of State government that provides educational services, from engaging in his or her practice as part of that employment. Part 176 would not prevent a teacher of the speech- and language-impaired who was employed or contracted for employment by school districts, ISDs, nonpublic schools, or departments of State government that provide educational services from obtaining a license under this part.

Also, the license requirement would not prevent self-care by a patient or uncompensated care by a friend or family member who did not represent or hold himself or herself out to be a licensed speech-language pathologist.

Licensure Criteria

Upon submission of a completed application and payment of the appropriate application processing and license fee, the DCH would have to issue a license under Part 176 to an individual who possessed a master's or doctorate degree in speech-language pathology acceptable to the proposed Board and who fulfilled either of the following:

- Successful completion of an accredited speech-language pathology training program approved by the DCH and the Board having at least nine months, or the equivalent, of full-time supervised postgraduate clinical experience in speech-language pathology and passing a national exam acceptable to the Board.
- Having the credential conferred by the American Speech-Language Association or its successor organization as a certified speech-language pathologist or its successor credential, acceptable to the Board.

The credential conferred by the American Speech-Language Association would be considered the substantial equivalent to the required training program described above. That credential and the standards of qualifications for it, as they existed on the bill's effective date, would be adopted by reference.

In consultation with the Board, the DCH could promulgate rules necessary or appropriate to fulfill its functions under Article 15 of the Code (health care occupations) or to amend or supplement these licensure requirements, including the updated standards of the American Speech-Language Association or any successor organization.

Best Practices

In consultation with the Board, the DCH would have to promulgate rules to identify best practices that would have to be followed in the performance of speech-language pathology. The rules would have to include the performance of procedures for identifying, assessing,

treating, rehabilitating, and preventing disorders of oral-pharyngeal function, dysphagia, and related disorders, in which collaboration among a speech-language pathologist and a person licensed in medicine or osteopathic medicine and surgery would be regarded as in the best interests of the patient.

A speech-language pathologist would have to follow best practices established by the DCH.

Other Provisions

Continuing Education. The DCH, by rule, would have to prescribe continuing education requirements as a condition of license renewal, subject to Section 16204. (Under that section, if continuing education is a condition of renewal of a license or registration, the appropriate board must require an applicant for renewal to complete an appropriate number of hours or courses in pain and symptom management.)

Reciprocity. The DCH would have to issue a license to an applicant from another state that offered reciprocity to licensees in Michigan and had licensure requirements substantially equivalent to Part 176, as determined by the Board.

Reimbursement for Services. Part 176 would not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual licensed under this part.

Proposed MCL 333.16342 et al.

Legislative Analyst: Suzanne Lowe

FISCAL IMPACT

The bill would require the State to incur costs associated with the establishment and operations of the Michigan Board of Speech-Language Pathology. In addition, the State could expect to experience a mild increase in administrative costs as a result of processing applications and maintaining a database of licensed speech pathologists.

A 2006 estimate by the Michigan Speech-Language-Hearing Association suggests that about 2,000 professionals in Michigan would be eligible to become State-licensed speech pathologists under the standards of this bill. If this estimate is assumed to be valid, then the State could expect to collect approximately \$150,000 per year in license fees.

Fiscal Analyst: Matthew Grabowski

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.