COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
PROFESSIONAL LICENSURE COMMITTEE

IRVIS OFFICE
ROOM G-50
HARRISBURG, PENNSYLVANIA

HOUSE BILL 1653
SPEECH-LANGUAGE & HEARING LICENSURE ACT

JUNE 8, 2010
9:08 A.M.

BEFORE:

HONORABLE MICHAEL P. MCGEEHAN,
MAJORITY CHAIRMAN
HONORABLE HARRY READSHAW,
HONORABLE JARET GIBBONS
HONORABLE NICK KOTIK
HONORABLE DEBERAH KULA
HONORABLE TONY J. PAYTON, JR.
HONORABLE JOSEPH A. PETRARCA
HONORABLE TIMOTHY J. SOLOBAY
HONORABLE JAMES WANSACZ
HONORABLE RONALD G. WATERS
HONORABLE JULIE HARHART, MINORITY CHAIRMAN
HONORABLE MARIO M. SCAVELLO
HONORABLE KEITH GILLESPIE
HONORABLE SUSAN C. HELM
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PAM ODDO, EXECUTIVE ASSISTANT (D)
ERIC NELSON, RESEARCH ANALYST (D)
MICHELLE WARREN, ADMINISTRATIVE ASSISTANT
TO REP. HARHART (R)

JENICE M. WOLGEMUTH, CI, CT
ASL INTERPRETER

BRENDA J. PARDUN, RPR
REPORTER - NOTARY PUBLIC

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P R O C E E D I N G S

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CHAIRMAN MCGEEHAN: Good morning. I want to convene this hearing of the House Professional Licensure Committee to order. The first order of business is the taking of the roll.

MR. NELSON: Do we take roll for hearings?

CHAIRMAN MCGEEHAN: Yes. Anyone have a list?

MR. NELSON: Rep. Readshaw?

REP. READSHAW: Here.

MR. NELSON: Cherelle Parker? Rep. Casorio? Rep. Gergely? Rep. Goodman? Rep. Kotik?

REP. KOTIK: Here.

MR. NELSON: Rep. Kula?

REP. KULA: Here.

MR. NELSON: Rep. Payton?

REP. PAYTON: Here.

MR. NELSON: Rep. Petrarca? Rep. Sabatina? Rep. Solobay?

REP. SOLOBAY: Here.

MR. NELSON: Rep. Wansacz?

REP. WANSACZ: Here.

MR. NELSON: Rep. Waters?
REP. WATERS: Here.
MR. NELSON: Rep. Harhart?
REP. HARHART: Here.
MR. NELSON: Rep. Christiana? Rep. Gillespie? Rep. Helm?
REP. HELM: Here.
MR. NELSON: Rep. Hickernell?
REP. HICKERNELL: Here.
MR. NELSON: Rep. Maher? Rep. Mustio?
REP. MUSTIO: Here.
MR. NELSON: Rep. Quinn? Rep. Reichley? Rep. Scavello?
REP. SCAVELLO: Here.
MR. NELSON: Rep. Stevenson?
CHAIRMAN MCGEEHAN: Okay. Thank you.
The -- there'll be just an announcement for the members. This hearing is being recorded for broadcast, and there is an official transcription that will be available at the -- not at the conclusion of the hearing but certainly after the hearing at some time.
If -- there will a number of members coming and going, and it is rather early in

Harrisburg, so there'll be a number of members who are coming in and leaving for other engagements.

Also, I want to point out that we do have an interpreter here today. She is Jenice Wolgemuth. She is here, and we're grateful to have here. And our stenographer is Brenda Parlun (sic).

Brenda, thank you for your help today.

With saying that, before we open the meeting, I want to turn it over for opening remarks to Republican chairperson Julie Harhart.

REP. HARHART: Thank you, Mr. Chair. Thank you.

I really don't have long opening remarks. I just want to welcome everybody, and I'm looking forward to listening to your testimony and hearing what you have to say. And I appreciate everybody coming here and willing to do this.

Thank you very much.

CHAIRMAN MCGEEHAN: Thank you, Madam Chair.

Each speaker is to be allotted fifteen minutes to testify and questions from the members.

Members, we'll be -- remind them, we'll need to report to the floor at 11 o'clock.

The Department of State and the PA School Boards Association, along with the PA State Education Association, has submitted written remarks for the record.

We are -- we'll have a number of panels, and I'll ask that each of them come up and then begin when they're comfortable. The first panel that we're to hear from is a panel from the PA Speech-Language and Hearing Association. And they are Charlotte Molrine. She is a Ph.D. and president of the PA Speech Language and Hearing Association. Craig Coleman, he is the clinical coordinator for Children's Hospital of Pittsburgh. And Val Yura, who's a speech and language program supervisor at Bucks County Intermediate Unit No. 22.

Good morning.

DR. MOLRINE. Good morning.

MR. COLEMAN: Good morning.

MS. YURA: Good morning.

CHAIRMAN MCGEEHAN: Begin your testimony when you're comfortable.

Are the names clear to you?

You may begin.

DR. MOLRINE: Honorable Chairman

McGeehan, Chairwoman Harhart, and esteemed representatives. You have before you a copy of my full statement. In the interest of time and to allow for questions at the end, I will only present part of the statement here.

As you will note, I am the president of the PA Speech-Language and Hearing Association. But I'm also the chair and graduate program head of the speech-language and hearing department at Edinboro University of PA.

My remarks today reflect the perspective of a professional involved in competently educating and training new speech-language pathologists. The present licensure act that governs our practice and ethical conduct in a variety of service delivery settings in the commonwealth has not been updated since 1984. It is a title act, not a practice act. It defines who we are but not what we do. It does not acknowledge the full scope of our role in the diagnosing and treating of communicative, cognitive, or swallowing disorders.

Our disciplines, speech-language pathology and audiology have adopted standards of ethical and professional practice set forth by the

American Speech-Language and Hearing Association, ASHA, and the American Academy of Audiology, AAA. Both the AAA and ASHA have educational and clinical practice accreditation standards to which university programs nationwide must adhere in order to train students as future professionals competent to meet the scope of practice in audiology and speech-language pathology, regardless of the setting.

Students graduating from AAA- and ASHA-accredited programs must demonstrate that they have met standards of clinical competence to provide service delivery in audiology or speech-language pathology in a variety of settings, including, but not limited to, public and private schools, rehabilitation agencies, acute care hospitals, specialty hospitals, medical practices, university clinics, and private practices.

The certificate of clinical competence in speech-language pathology or audiology is recognized by the Departments of Education in seventeen states, as the credential that prepares speech-language pathologists for entry-level practice in schools, and it is recognized as the credential for highly qualified teacher status

under No Child Left Behind by many states and local education agencies.

Unfortunately, in the Commonwealth of PA, instructional certification in speech-language impaired is not automatic with the certificate of clinical competence and PA licensure. Additional requirements are mandated of applicants seeking the certification, and this is a major factor that contributes presently to the shortage of speech-language pathologist in many school districts across the commonwealth.

We believe that eliminating these unnecessary additional requirements is the solution to the shortage of speech-language pathologists in the schools, not exemption from licensure.

Moreover, we do not believe that reducing educational requirements for admitting and graduating speech-language pathologists or reducing the accreditation requirements for the graduate school programs that produce them, as has been proposed in the senate, is the solution.

In summary, the proposed licensure bill seeks to establish licensure as the hallmark of highest quality provider status. It is a credential that defines who we are, what we do, and

the educational and clinical standards we have achieved to be certified as competent.

More importantly, licensure is a credential that protects the consumer. It establishes an expectation of excellence in service provisions, overseen and monitored by the board of examiners, that ensures that the citizens of this commonwealth with communicative, cognitive and swallowing needs can have them met by the highest quality provider, regardless of the setting in which the services are sought.

Thank you for of the opportunity to present this information to you. I will be happy to answer any questions you may have.

CHAIRMAN MCGEEHAN: Any other panel members want to provide any testimony? And thank you for speaking extemporaneously. We have, obviously, your written comments, and that, in the interest of time, will help the committee meet its 11 o'clock deadline for the house session.

But any of the other panelists have anything? Yes.

MR. COLEMAN: I would just like to read part of my testimony also.

Chairman McGeehan, Chairwoman Harhart,

and members of the committee, thank you for also allowing me to be here today.

In the interest of time, again, I'm going to skip down to the last paragraph on the first page of my testimony, my written testimony, where I'll start, because I know that there's two main issues that are going to be of -- sources of discussion will be the use of endoscopy and instrumental technology and speech-language pathology and also the universal licensure requirement that will require licensure for all speech-language pathologists no matter practice setting.

The use of flexible fiber optic endoscopy to evaluate swallowing function by trained speech-language pathologists is specially included in the American Speech-Language Hearing Association's 2007 scope of practice and has been in use by speech-language pathologists for the past two decades without a single published report of an adverse event.

Swallowing disorders causing misdirection of swallowed food or liquid into the lungs are the source of up to 15 percent of community-acquired pneumonia in elderly adults, as

well as choking and malnutrition. Many states specifically include endoscopy in the speech-language pathology scope of practice either by law or regulation.

Recent licensure law changes in California, New Jersey, Tennessee, Michigan, and Maryland have all included specific language to allow speech-language pathologists to use endoscopy.

With an updated scope of practice, clinicians will be obligated to continue our education and maintain the highest possible standards. This bill will protect consumers by holding specific-language pathologists accountable to standards that our patients deserve and that serves to promote the health and welfare of PA's children and adults in need of communication and swallowing intervention.

A system needs to be in place that would ensure the highest quality of care for every consumer. The current law, as it stands right now, does not do that.

Our current system allows speech-language pathologists working in schools and government agencies to practice without a license,

thus children from higher socioeconomic backgrounds are able to receive services from a licensed speech-language pathologist because their parents can afford to take them to an outpatient clinic or private practice.

At the same time, children whose parents cannot afford such services risk receiving services from unlicensed clinicians with less training and education than licensed clinicians in a school setting or government agency.

In addition, nonlicensed personnel are not regulated by the state or bound by a scope of practice within the state, and, more importantly, are not required to participate in professional speech-language continuing education.

Knowing that, I would ask you all to consider whether you would like your children to receive speech and language services from a less qualified, non licensed provider when their communication skills or swallowing are at stake.

In the state of PA, groups such as physicians, occupational therapists, physical therapists, cosmetologists, funeral directors, and landscape architects are among the groups that must be licensed in all settings of practice. We owe to

it our consumers to include provisions for universal licensure to ensure that speech-language pathologists are among those groups licensed in all settings.

I urge you all to oppose any and all efforts to remove this crucial consumer protection from the legislation. Universal licensure is necessary for all speech-language pathologists and audiologists who seek to practice in our state.

Recent licensure updates in the nearby states of Maryland and Michigan in the last three years have all included universal licensure.

Further, we are aware of the personnel shortages that exist for speech-language pathologists in PA. These shortages are not limited to the schools but exist in all settings, including healthcare settings. This shortage is nationwide but reducing the necessary qualifications for competent practice is not a solution that has been embraced by other states.

Those who oppose universal licensure at this point do so for one of two reasons. First, some believe that universal licensure will make it more difficult to fill job opening in school settings. In reality, universal licensure will

allow more flexibility for people to move from other states into our state and make it easier for professionals already practicing in our state to move between work settings.

Furthermore, nobody currently working in a setting would have to be -- obtain a license, only those hired after the law passes would be required to be licensed.

Second, some oppose universal licensure simply as a means of supporting their own programs designed to train school-based personnel. Bloomsburg has created one such program, which happens to be the only one of its kind in the commonwealth. Under this program, speech-language pathologists receive limited training and are trained only to work in a school setting.

Graduates of this program are not eligible to receive a state license or certification from the American Speech-Language Hearing Association. They are eligible only for PA Department of Education certification and will not have the flexibility to move between states or between work settings within PA.

A universal licensure requirement will essentially put an end to this practice of training

less qualified professionals and allow more opportunities for licensed speech-language pathologists to be employed in school settings.

We cannot sit on the sidelines while the future or our constituents and our patients is at stake. I urge you to act decisively, informatively and passionately.

Thank you.

CHAIRMAN MCGEEHAN: Thank you very much.

Before I open it up for questions -- and thank you for your testimony.

Before I open it up to question for the members, I just want to acknowledge the presence of prime sponsor here, Rep. Wansacz and recognize his long efforts to make into law the language that is currently included in House Bill 1653. So Rep. Wansacz, thank you for bringing this bill to the attention of the committee.

Are there questions for the panelists?

MS. YURA: I would like to make a statement, too.

CHAIRMAN MCGEEHAN: Pardon me. Yes. Excuse me.

MS. YURA: Thank you.

Good morning, Chairman McGeehan and Chairwoman Harhart And everyone else on the committee.

My name is Valery Yura, and I'm a speech-language pathologist in the schools. I practice in the schools. I'm also supervisor of over ninety speech-language pathologists at an intermediate unit, and I've worked in the schools for thirty years.

And I really only want to make two points to you. The first point is the continuing education requirements of a universal license bill. The speech-language pathologists and audiologists would be required to take a certain number of hours to keep up with current best practices in their profession.

Right now, in the Department of Education, the people that work for me, are required to take Act 48 credit hours, but those are not specific only to their profession. They may take Act 48 hours that are mathematics or reading or other areas of interest to them. And they're not required to take any speech-language pathology or audiology.

And the second point I want to make,

too, is that right now we have a two-tiered system in our state. We have providers in the schools and private providers, who private providers would have a license and people in the schools may not have a license and may not have the ASHA certification, and sometimes we're put in a position in the school districts where we're comparing private practice to what's provided in the schools.

And consumers always look to the private practitioners as being better qualified. That is not really the case. The people that work in the schools, know the schools and know how the education system works, and they should have the same licenses that private practitioners so we're on the same level.

So those are the two points I'd like to make to you, and you also have my testimony to read.

Thank you very much.

CHAIRMAN MCGEEHAN: Thank you very much.

Are there questions of the members?

Yes, Rep. Solobay.

REP. SOLOBAY: Thank you, Mr. Chairman.

One question I have, it seems to be one of the most invasive things that you do as speech pathologists is the endoscopy practice. What is the training that goes on behind that, and how far do you actually pass a scope down?

I know physicians that are gastroenterologists have issues that occurred oftentime with perforations and everything else whenever they're passing the scope through the esophagus. So what is the training, the amount of time, and also I guess the continuing ed that goes along with that?

MR. COLEMAN: One of things that we had put in the bill, as it stands right now, that we thought about would be to define that in the regulations once the bill passes, that just as a speech-language pathologist, you wouldn't be able to do this. You would have to have further education and need certain hours of continuing ed and training to be able to do that. So that not every speech-language pathologist would be able to pass the scope. There would have to be specific training involved to do that.

As it stands right now, speech-language pathologists get -- well, every speech-language

pathologist that graduated from a graduate program gets a course -- gets course work in swallowing, which does involve endoscopy training. They also do clinical practicums, many times, that involve swallowing placements, where they have to pace -- be able to pass the scope as well, and where they work with other people to get training to do that. So there is a training in the graduate program to be able to do that.

We would agree, though, that there would be probably more training that would be needed beyond that, and that would be defined in the regulations to be able to do that.

REP. SOLOBAY: Thank you.

DR. MOLRINE: And to answer the other part of your question, the scope is inserted through the nose, and usually resides at about the level of the soft pallet, which then allows us to look at the larynx, the voice box, in the more colloquial language, and to observe the swallow as it's being performed dynamically.

REP. SOLOBAY: You're not passing all the way down into the esophagus.

DR. MOLRINE: No, it doesn't go -- no, it doesn't go usually farther than the soft pallet.

Occasionally and ear, nose, and throat doctor may pass it farther down to look diagnostically at problems in the larynx, but that's not our role.

REP. SOLOBAY: Thank you.

CHAIRMAN MCGEEHAN: Thank you, Rep. Solobay.

Chair Harhart.

REP. HARHART: Thank you. Thank you, Mr. Chair.

The definition of practice of audiology in this bill includes diagnosis and treatment and auditory and vestibular disorder, and the definition of practice of speech-language pathology includes diagnosis and treatment services for disorders of speech, language, swallowing, cognitive and social aspects of communication.

Now, aren't these disorders medical conditions? And do you believe it's appropriate in the state for nonphysicians to diagnose and order treatment for hearing, vestibular, communication and swallowing disorders?

DR. MOLRINE: I will not comment on the hearing because we have the AAA -- members of the American Academy of Audiology are here.

We are not diagnosing medical

pathologies. We are diagnosing communicative, cognitive disorders that may result from medical pathologies. If somebody has a traumatic brain injury, the speech-language pathologist is not diagnosing traumatic brain injury, but he or she may be diagnosing a communicative or cognitive outcome of the head injury.

So if the individual is having difficulty understanding language, producing intelligible speech, that's where our diagnosis comes in. We are not going to diagnose medical pathology. That's not within our scope of practice.

Regardless of whether we're talking about cognitive, communicative, or swallowing disorders, we are looking at that from a functional behavioral standpoint, not a medical diagnosis.

REP. HARHART: So when you finally diagnose that, do you then send them -- do you take care of that or do you send them to a medical physician?

DR. MOLRINE: Typically, we will get referrals from physicians. So if someone, for example, has come into the ER with a head injury, and then the physician notes that the individual's

having difficulty with understanding and expressing language, he or she may recommend that that person then see a speech-language pathologist, who will further investigate the communicative problem and then come up with a behavioral diagnosis based on that person's language processing, speech ability, swallowing ability.

MR. COLEMAN: And just a comment on that, too. In my setting, for example, I'm the coordinator of our stuttering program at Children's Hospital in Pittsburgh. And so a lot of times we will get patients that will come in from a -- with a referral from a physician because they've gone to the pediatrician, the parents have taken the child to the pediatrician because they're concerned about stuttering. So they'll send them to me for an evaluation, and then I actually am the one to diagnose them with a stuttering disorder.

So that's already happening right now.

REP. HARHART: Oh. So you do the diagnosing?

MR. COLEMAN: Correct.

REP. HARHART: For stuttering?

MR. COLEMAN: For anything that's behavioral from a communication standpoint. We

already diagnose those things. We're the ones who assign the ICD9 codes and the diagnostic codes.

REP. HARHART: Okay. Thank you.

CHAIRMAN MCGEEHAN: Thank you very much, Chairman Harhart.

Thank you very much, panelists. In the interest of time, we're going to move -- in fairness to the other panelists who are here, but thank you for sharing your expertise with us.

MS. YURA: Thank you.

CHAIRMAN MCGEEHAN: The chair wants to note the presence Rep. Gillespie, Rep. Reichley, and Rep. Petrarca as well.

Our next presenter is Karen Rizzo, M.D. She's the vice chair of the board of trustees for the PA Medical Society and legislative representative, the PA Academy of --

DR. RIZZO: Otolaryngology.

CHAIRMAN MCGEEHAN: Thank you. Couldn't get my tongue around it. Thank you for the help.

Ms. Rizzo, begin when you're prepared.

DR. RIZZO: Good morning, Chairman McGeehan and members of the House Professional Licensure Committee.

I'm Dr. Karen Rizzo, and I'm here today on behalf of the PA Medical Society and the thousands of physicians it represents across the Commonwealth.

The PA Medical Society is dedicated to better health for all Pennsylvanians, which is why today's hearing is so important.

I come before you today as a concerned physician who has dedicated her life to treating patients with hearing loss and swallowing disorders. I practice otolaryngology in Lancaster, and currently serve as the vice chair of the PA Medical Society's board of trustees.

We have all seen the Verizon television commercial that features a gentleman holding a cell phone and repeatedly saying, Can you hear me now? Whoever created that spot was a genius. How many times have you said those very words to someone you were speaking with on a mobile phone?

For most viewers, the Verizon commercial is really funny, but I have a different perspective. Don't get me wrong, the commercial is funny, but hearing loss is not.

Imagine being the parents of a teenager whose attention wanders in class because he can't

hear the teacher, or imagine a newborn that is not comforted by a mother's soothing voice.

While all of us have experienced an elderly parent, grandparent, or friend who has age-related hearing loss, unexplained hearing loss must not be taken lightly. That brings me to today's topic, House Bill 1653.

Let me begin by saying that I personally, along with my fellow otolaryngologists, am not threatened professionally by this legislation. I do not view this proposal as a turf battle between competent health care professionals.

The health and welfare of my patients, your constituents, is my primary concern, not competition from other health care professionals.

As you might expect, there are number of elements of this legislation that trouble the PA Medical Society. I will briefly explain the two that rise to the top of our list and then take any questions you may have.

The first one is diagnosing. This is big one. The PA Medical Society firmly believes that audiologists and speech therapists do not possess the necessary skills to accurately

diagnosis medical pathologies in a patient who is experiencing hearing loss or speech-related problems.

These hearings and speech professionals are very good at what they do. They are well trained and, like myself, care very deeply about their patients. Let me take a few minutes to expand on this thought.

There are countless medical pathologies that lead to hearing loss. Sensorineural hearing loss can be inherited, acquired through loud noise exposure, caused by infections such as meningitis, or incurred via trauma or stroke. These hearings deficits are usually irreversible.

Conductive hearing loss occurs from abnormal function of the eardrum, ossicles, or from fluid trapped behind the eardrum. A whole in the eardrum, ear infections, head colds, and sinus infections can all influence hearing by impacting the eustachian tube function. In either case, physician involvement is paramount to reaching an accurate diagnosis.

As I was putting together my remarks for today's hearing, I couldn't help thinking about the ophthalmologist who spends considerable time

peering into a dilated eye during what we all consider to be a routine examination. What is the ophthalmologist looking for when he or she looks into your eye? He or she is looking for signs of potential life-threatening disease that often present themselves in the structure of the eye.

My colleagues view the ear in much the same way. When I look into a patient's ear, nose, throat, or sinus cavity, I'm also looking for potential problems that may not be readily apparent to the patient, or, in this case, to an audiologist or speech therapist.

Consider just for a moment the complex pathologies that are often discovered as a result of diminished hearing: Basilar artery migraine or Bickerstaff syndrome, Goldsheider's disease, Wegener's granulomatosis, cholesteatoma, Vohwinkel syndrome.

MS. WOLGEMUTH: Would you read them a little bit slower so that I can spell them.

DR. RIZZO: Well, Basilar artery migraine, Goldsheider's Disease, Wegener's granulomatosis, Cholesteatoma, and Vohwinkel syndrome.

While these are not common household

terms or ones that you would routinely hear on Oprah or Dr. Phil, patients with cysts, tumors, allergic rhinitis, or simple ear infections can all complain of diminished hearing.

Please understand that I'm not suggesting that all hearing problems are the result of a brain tumor. When hearing problems do arise, it is critical that the medical pathologies that I referenced above be ruled out or identified.

Physicians, in this case otolaryngologists, are trained from the very first week of their nine-year medical training to perform what is perhaps the keystone of medical practice: the differential diagnosis. This complex process is intended to distinguish a disease or condition from others that present with similar signs and/or symptoms. That is really what is at the crux of our concern with this legislation.

In medicine, fleshing out a specific symptoms from a whole host the complaints is where differential diagnosis plays its most critical role. Current law permits an audiologist to engage in oral rehabilitation without a prior physical exam by a physician, provided the patient signs a waiver. Interestingly, that waiver clearly states

that the commonwealth of PA believes that it is in the patient's best interest to seek a medical exam by a licensed physician before moving forward with oral rehab.

House Bill 1653 proposes to remove that waiver requirement, thereby placing the medical health of that patient solely in the hands of a physician. Yes, House Bill 1653 further amends existing law requiring referral to a physician if the patient presents with suspected medical or surgical conditions.

This particular change begs the question, do audiologists know what they don't know? After this hearing today, you need to ask yourselves whether or not an audiologist or speech therapist possesses the ability to differentiate often vague symptoms and use that information to effectively diagnosis and treat. I would submit to you that their education and clinical training does not lend itself to that level of responsibility.

Our second important issue is physician participation. Under the current system as it exists today, the state board of examiners in speech-language and hearing includes two physicians, one of which is required to be an

otolaryngologist. This structure has, to my knowledge, functioned without incident for many years.

For reasons that seem obvious to the medical society, physician input, specifically the input of an otolaryngologist on that board is necessary to ensure quality care for those patients falling under the care of either an audiologist or speech therapist. House Bill 1653 calls for the removal of one physician slot and further lessens the board's expertise by no longer requiring the participation of an otolaryngologist.

I cannot understand the rationale in eroding the clinical effectiveness of this board by lessening physician involvement. In today practice environment where patients safety is the hallmark of quality care, I believe that expanding clinical expertise on this board, not restricting it, would benefit our patients most.

Alarmingly, language in this bill effectively allows national audiology and speech-language pathology organizations to define the scope of practice here in PA. I always understood that the scope of practice of any healthcare provider falls under the purview of the

legislature. Apparently this bill takes that authority away from you.

As I conclude my remarks here today, there are many unanswered questions raised by the introduction of House Bill 1653. Is the current system not working? Isn't a health care team comprised of physicians and nonphysicians the most effective model for patients? Who should define scope of practice? Shouldn't a patient be informed that a medical exam by a physician is in their best interest? Isn't our collective goal to provide patients with the best quality of care possible?

"Can you here me now?" was an effective marketing tool for Verizon. "Will you ever hear me?" is perhaps a more appropriate phrase that we all need to think about and consider before approving House Bill 1653.

Thank you again, Chairman McGeehan and members of this committee for the opportunity to share these thoughts with you today. To the best of my ability, I will be happy to take any questions that you may have.

CHAIRMAN MCGEEHAN: Thank you, Dr. Rizzo, for taking the time out of your schedule and your excellent presentation.

Are there questions for Dr. Rizzo?

Yes, Rep. Wansacz.

REP. WANSACZ: Thank you, Mr. Chairman.

I just have -- I just want to understand a couple things. Obviously, as you know, I'm the prime sponsor of the bill.

If somebody comes in to you, a child, as we heard before, who has a stuttering problem, do they -- how does that patient usually find its way to yourself? Is it through their family physician? Is it through a nurse? Is it through a pediatrician? How does that usually happen?

DR. RIZZO: Well, first it depends on their insurance status. Okay? If they're an HMO, they must be referred by a primary care doctor. If they're not in an HMO, they can, you know, make an appointment and come in and be seen, either with or without a referral from a primary care provider.

If they're on medical assistance or Medicare patients, the same thing. Medicare -- I'm sorry, medical assistance patients need a referral. So they go through the primary care component first, which would be a pediatrician or a family doctor, an internist.

Once we see them, especially if it's a child, you want to do a head/neck exam. You want to see if it's a physical reason for their communication problem. Okay? I mean, the stuttering is something you hear many times, but, you know, we want to make sure are they hearing accurately. So we look at eardrum and the anatomy of the ear. We do a hearing test to evaluate that.

And then we also look at their head, neck anatomy. Their nose, their throat, does their tongue move well, does their soft pallet move well. Sometimes we look at their larynx, although in young children that can be difficult because they don't like being instrumented. They don't like people looking in their nose anyway. But the reality of it is, there's a lot that goes into that process of evaluating, you know, that perception that they're not speaking correctly. So that's the beginning of it.

REP. WANSACZ: So right -- so you're saying right up that you need insurance, for them to see their family physician, where I would say, probably a lot of the kids may be in the lower income stuff. So first would be diagnosed or

somebody would have to raise a suspicion of a problem with their speech or audiologist, probably in the school system or prekindergarten or head start or something like that. That's what I would assume would be the first. And I --

DR. RIZZO: Well, depending on the age. Again, I mean, if they're very young kids, they're not in a school system. And many times, it's the parents that are concerned and, like I said, they'll bring them in.

REP. WANSACZ: So they'll bring them in to a physician.

DR. RIZZO: They usually bring them in to the physician right off the bat, and usually it's primary care.

REP. WANSACZ: Then that physician then will send them to yourself.

DR. RIZZO: Correct.

REP. WANSACZ: And then, from then, would you send them to, if you do -- if you say, hey, this is just a diagnosis, a stuttering problem, a hearing problem, then you would send them to the appropriate individuals; correct?

DR. RIZZO: Absolutely.

REP. WANSACZ: Now, do you ever get --

see children that come in from the school system at all?

DR. RIZZO: Absolutely.

REP. WANSACZ: So those people that are in the school system now will send them to where, the family physician again, or would they send them directly to yourself?

DR. RIZZO: Either/or. They can go either place.

I mean, I just saw a child yesterday that's a prime example of what you're talking about. He's in kindergarten. Parents are concerned, teachers are concerned. He had already gone through the I system, so there was concern about his language development. They wanted to make sure there was no anatomic problem or ear hearing loss or hearing abnormality.

So that's where I come in. I do a head/neck exam. I do a hearing test. And hearing was normal. I saw nothing physically wrong, so then said to the parents, You're doing the right thing. Continue with speech therapy.

REP. WANSACZ: Wouldn't you agree then that you would want the most competent people that are licensed as a first line of defense to say

there's something wrong? Do you ever see cases where you said, geez, I wish -- somebody would have caught this earlier?

DR. RIZZO: I think the point is, you want the most educated person seeing the patient earliest on. And I think -- that's our point here. I mean, we advocate a team approach. I mean, there's clearly -- that's the best model, team approach.

REP. WANSACZ: Don't they currently do that now? And even if they're licensed, wouldn't they continue to be able to do that?

I mean, why wouldn't they -- I'm trying to get the most competent people in the classrooms to know what's going on when you're dealing with somebody's children. So if have a licensed professional that knows what's happening, and they saying, Okay, here's -- we believe there's something wrong. Are they not going to still send them to a family physician or send them to yourself? And I'm sorry, I have a hard time saying --

DR. RIZZO: Otolaryngologist.

REP. WANSACZ: -- pronouncing the word.

Do you see a big change in this field

that will stop that from happening?

DR. RIZZO: Well, I think, from our perspective, we feel that the physician should be the one who determines, who makes the diagnosis and suggests the treatment. And many times, our role is to funnel that patient in the right direction, making sure that something is not overlooked.

That really the key with communication disorders. You want to make sure something isn't missed and that that communication disorder is not just a small part of a bigger problem. And that's our concern.

And that's why we feel that, as a physician, with all the knowledge that we have, I mean, that differential diagnosis is the key to all this. But, you know, it just doesn't happen in a few years. I mean, there's a lot of education and training that goes into our expertise that allows us to assess everyone individually and then determine what we think is the best mode of treatment for them.

And I don't think anyone can really replace that role of us as a physician, as physicians.

REP. WANSACZ: Well, I think -- you

know, what I feel, the more we -- this general assembly expands scope of practice in many fields is to allow more and more people to be what they're trained to do and allow them to work in that field and then work in collaboration with that. And I think that is something that more and more states are doing. It's something I'd like to see PA going forward and doing as well.

I see right here that you say in your own testimony here that you're for expanding the board of medicine. I believe you want more and more people and/or more and more otolaryngologists, but I would, as a member of this committee for nine years, every time, you know, we want to expand the scope or add more things, the medical society has been against it.

So I mean, are you saying -- is this your opinion or is this the medical society that wants more and more people included on the board?

DR. RIZZO: Are you referring to some of the negotiating that's been going on already regarding this bill?

REP. WANSACZ: No. No. I'm talking about other bills as well.

DR. RIZZO: Well, I think everything is

individualized, but the bottom line is, quality of care has to be established, and the physician has to be the paramount player in that whole concept, because the knowledge base is there. Okay?

I don't think anyone can deny that we are the most educated and expertly trained to do what we do. No one can deny that, that point.

And, you know, the conversation about endoscopy, I will just give a little flavor of concerns that we have about putting scopes in noses, to give you an example of what you're talking about.

Everyone thinks it's very simple the slide a scope in someone's nose. The nose is very sensitive. It is very delicate. It bleeds easily. Many people with swallowing problems or elderly patients, they're on aspirin, they're on Coumadin, they're on Plavix, they have deviated septums, okay, they have big turbinates. There's a lot to it. It's very uncomfortable. They don't like it.

I, as an otolaryngologist, many times go and do these endoscopy procedures at the bedside. They're uncomfortable. They don't like it. You anesthetized the nose. You can cause

aspiration by anesthetizing the nose sometimes. There's a lot that goes into that process.

And the bottom line is, you need to see down by their larynx. You need to see where that esophagus begins. And it's a very uncomfortable thing for the patient to go through at the bedside.

So the perception that it's easy and it's a piece of cake is wrong, because it's not. It's always uncomfortable. And you want to do it as well as you can and as efficiently as you can and as comfortably as you can for the patient, because, ultimately, it's their body, it's their problem, and you're trying to help.

So I don't think we should devaluize anything in medicine, and that seems, from my perception, to be the way some of this expansion of scope of practice is going. Because, you know, specialist like myself can make things look very easy because we do it a lot and we do it well. And we're trained that way.

And then the perception becomes, Well, if it's easy for you, it's easy for everybody else, and that's not necessarily true, because there is a lot of training and time and expertise that goes

into making it look easy.

REP. WANSACZ: I don't think that's --

CHAIRMAN MCGEEHAN: On that sound bite, doctor, if I may, that was an excellent way to end it.

DR. RIZZO: Thanks.

CHAIRMAN MCGEEHAN: Dr. Rizzo, thank you. If you would, and I know there may be other questions, Dr. Rizzo, from Rep. Wansacz and others. Are you able to stay until the conclusion or do your duties call you away?

DR. RIZZO: I can stay for some period of time.

CHAIRMAN MCGEEHAN: If you would make yourself available if there are additional questions. But thank you for being here and your fellow otolaryngologists.

DR. RIZZO: Otolaryngologists.

CHAIRMAN MCGEEHAN: Thank you, Doctor, very much.

Our next panel is from the PA Academy of Audiology. They include James Zeigler, he is the past president of the PA Academy of Audiology; Kamal Elliot, she is the immediate past president of the PA Academy of Audiology; and Victor Bray, he

is the dean of the George S. Osborne College of Audiology, Salus University.

Good morning. And begin when you're prepared and ready to testify.

DR. ZEIGLER: Good morning, and thank you, Chairman McGeehan and Chairman Harhart and members of the House Professional Licensure Committee.

I am Dr. James Zeigler, an audiologist and past president of the PA Academy of Audiology. With me today are Dr. Kamal Elliot, an audiologist practicing in Lancaster and current past president of PA Academy of Audiology, and Dr. Victor Bray, dean of the George Osborne College of Audiology at Salus University.

Thank you for the opportunity to provide input on the current state of audiology care in PA on behalf of the Academy of Audiology in PA.

Our academy represents approximately three hundred licensed audiologists who practice in nearly every county in the commonwealth. We serve as an entry point in the hearing and balance health care system for many PA citizens. We have provided independent, full-scope, primary hearing and

balance care and collaboration with our physician colleagues.

The purpose of today's testimony is to provide you with some compelling reasons for the need to update our licensure act, which dates back to 1984. As you can imagine, the practice of audiology has changed in the past twenty-six years. There have been advances in instrumentation procedures and technology which have had a very positive impact on our ability to provide appropriate care to our patients.

In order to understand what we are trying to accomplish, it's important to know what an audiologist is, our scope of practice, our education, training, and where audiologists practice and some of the things we do on day-to-day basis. I hope to invite you to join me on an update and also provide information on the education and training of audiologists, and then, finally, to discuss some of the efforts by physicians who are opposing our efforts and why some of their arguments are unfounded.

I'm an audiologist in practice since 1984. I earned a bachelor's degree in Speech and Hearing from Indiana University of PA in 1981 and a

master's degree from Penn State in 1984. In 2006, after three years of clinical course work in audiology, I earned my clinical doctorate from Bloomsburg University while working full time and with two other sons also in college.

Currently, I own Asby and Zeigler Audiology, an independent practice. I began working there in 1987 as an employee, and then assumed and purchased the ownership of the practice in 2004. That practice was founded in 1967 and currently employs four audiologists with two offices in northeast PA.

We provide comprehensive, multi-generation hearing care. Our services include diagnostic testing for temporary and permanent hearing loss of patients of all ages. In addition to infants and children, we provide a full range of diagnostic audiology and balance services for adults of all ages and stages of life.

In addition to my administrative duties, I provide diagnostic services in our practice and also in an educational audiology setting in the school. We have contracts with local hospitals to provide specialized evaluation called evoked response testing, which helps us to

evaluate hearing and from the ear to the brain.

We evaluate infants and children. That way we don't require them to respond by raising their hand with a standard hearing test. So we can evaluate people that could not be evaluated with any other method or procedure.

I've also provided evoked response testing in the hospital setting in suspected cases of Multiple Sclerosis and benign tumors that put pressure on the hearing and balance nerve as it travels to the brain. We also provide assessment of brain function when evaluating patients in a coma or nonresponsive state in the ICU.

I also teach audiology course as an adjunct professor in speech pathology at Misericordia University. I also supervise the clinical practicum of third-year students in the doctorate program at Bloomsburg University. So I'm experienced in the education and training of various professionals in the field.

I have provided audiology services in a large multi-physician ENT practice in Reading and Wilkes-Barre. I have worked in hospital settings and completed a fellowship in interoperative monitoring and neurophysiology. And in that

setting, I've worked with cardiac, orthopedic neuro and otologic surgeons

As a result of my extensive university education in the art and science of audiology, I'm able to bring a high level of service in an accessible and a timely manner to an underserved population. I provide audiologic diagnosis and treatment of hearing and balance disorders, when necessary patients in our practice receive appropriate and timely referrals to physicians to determine the need for medical or surgical treatment of their hearing and balance disorder.

You have our full written testimony with definitions of our scope of practice. In the interest of time, I would like to ask audiologist, Dr. Victor Bray to provide an overview of the training and education for audiologists in PA.

DR. BRAY: Good morning. Thank you, Chairman McGeehan and members of the House Professional Licensure Committee. Thank you for the opportunity to meet with you.

I'm Dr. Victor Bray, an audiologist and dean of the George S. Osborne College of Audiology. The vision of the Osborne College of Audiology is to provide programs that prepare audiology students

and audiologists to fulfill and support the expanding role as hearing health care providers in the prevention, diagnosis, treatment, and management of hearing and balance disorders.

I'm here today to speak in support of House Bill 1653, the speech-language and hearing licensure act. I would like to utilize my time today to review the significant changes that have occurred in the educational model for the profession of audiology.

My credentials for this testimony including a master's degree in clinical audiology and a Ph.D. degree in auditory research, thirty years of practice as an audiologist, and my current position as dean of the Osborne College of Audiology, which is one of the largest and, I think, finest programs in the country.

Per the Council of Academic Accreditation in Audiology and Speech Pathology, the clinical degree required for all audiology training programs is the Doctor of Audiology degree, the Au.D. The transition to the Au.D. degree from the previously required master's degree was necessitated by an expanding knowledge base, improved technologies to assess hearing and balance

function, and new technologies to treat hearing loss and balance disorders.

The transition of audiology to the clinical doctorate began over twenty years ago with the establishment of an expanded framework for the educational underpinnings of the degree. Since that time, the profession has made steady progress in transitioning educational standards, university programs, accreditation and certification that match the educational framework.

The final phase of transition, updating state licensure laws to reflect contemporary education and practice is currently underway, as evidenced by today's public hearing.

It is important for me to emphasize that the master's degree in audiology, as specified in the current law, is no longer available through any accredited training program in the United States. Our on-campus training program, which began in 2003, is a four-year professional degree program that combines classroom, laboratory, and clinical experiences. Our college's curriculum covers the professional practice of audiology and includes ten modules, several of which are interdisciplinary and span multiple years in the

training program. The modules cover molecular and cellular processes, integrative organ systems and disease, integrative auditory and systemic disease, integrative neuro-auditory sciences, audiometric principles and management of hearing and vestibular problems, principles and practices of audiologic medicine, integrative approaches to clinical problem solving, clinical externships, optional research and electives, and strategies for personal and professional development.

Embedded in these modules are biomedical science courses covering anatomy and neuroanatomy, biochemistry, histology, cell biology, and molecular biology, immunology, pathology, and neuropathology, pharmacology, and physiology.

MS. WOLGEMUTH: Could you slow down a little bit.

DR. BRAY: Yes, I could.

Layered over this biomedical science framework are dedicated courses focused on the diagnosis, treatment, and management of hearing and balance disorders, including courses on audiometric principles, evidence-based medicine, cerumen management, electrodiagnostics and advanced

electrophysiology procedures, pediatrics, geriatrics, hearing instruments, auditory implantable devices such as cochlear implants, pediatric intervention, adult aural rehabilitation, vestibular and balance evaluation, vestibular rehabilitation, interoperative neuromonitoring plus tinnitus and tinnitus management.

In addition, our students first learn the clinical practice of audiology under the direction of our clinical faculty in our on-campus, community-based hearing and balance center.

In their second and third years, our students participate in clerkships at local facilities such as the Children Hospital of Philadelphia, the Veterans Administration, a physician private practice, or an audiologist's private practice, where they further develop their skills under the guidance of a licensed audiologist.

In their fourth year, our students extern nationally in a one-year, full-time audiology experience, again, under the guidance of a licensed audiologist.

Upon success completion of our program, the graduates will have obtained one hundred

thirty-five semester credits, covering over one thousand didactic hours, over four hundred laboratory hours, and over two thousand five hundred hours in clinical rotations. At this point, they're awarded the Doctor of Audiology degree and are eligible to apply for state licensure as audiologists.

In summary, let me say that our graduates are well prepared through education, training, and clinical experience for the autonomous practice of audiology, including audiologic identification, assessment, diagnosis, and treatment of individuals with impairment of auditory and vestibular function.

I would urge the House Professional Licensure Committee to support this much-needed revision of the licensure act for audiology.

Thank you for your time and for providing me the opportunity to testify at this public hearing.

DR. ELLIOT: I'd like to share with you the day in the life of an audiologist, so you can sort of have an understanding what we do in our day-to-day practice.

Current estimates are that over thirty-

four million Americans have hearing loss, and hearing loss can have a devastating impact on a person's communication ability and, consequently, their quality of life. Studies have linked untreated hearing loss to feelings of depression, isolation, anxiety. And people with hearing loss often withdraw from activities they enjoy because of the frustration they feel in trying to communicate. A study conducted by the Better Hearing Institute in 2007 even linked hearing loss to reduced job performance and earning potential.

There are many such people here in PA who live with the challenges imposed by their hearing loss every day, and I'm fortunate because I get to help these people improve their hearing, and, consequently, their quality of life.

A day in the life of an audiologist is never boring. My typical day might include assessing the degree of hearing loss in a tiny newborn, referred to me after failing a newborn hearing screening test performed at the hospital. Hearing loss in young children can cause difficulty with learning, developing speech and language, and building the important interpersonal skills necessary to be successful in school and in life.

There is nothing more rewarding than fitting an infant with hearing loss -- who has hearing loss with hearing aids for the first time, and watching their eyes light up as they experience sounds for the first time. There's usually not a dry eye in the room.

Despite the fact that hearing loss is the third most chronic -- common chronic health condition, and it does contribute to a decline in the patient's well-being if left untreated, a very few primary care physicians actually routinely screen patients for hearing and balance problems.

There was a recent survey of seven hundred and ten physicians that showed that only 3 to 5 percent of physicians are currently routinely screening patients for hearing and balance problems. This is despite the fact that Medicare actually pays for these services. This makes my job a lot more challenging because patients who need my services are not always referred for the care that they need.

As an audiologist, I'm able to complete a thorough assessment and make a diagnosis as to whether the hearing loss is medically or surgically treatable. If it is, I refer the patients to their

primary care physician or ENT surgeon as needed.

Ninety percent of all hearing losses in older adults is due to inner ear or nerve damage, which cannot be corrected with medicine or surgery, therefore, it's it permanent. The only effective treatment for permanent hearing loss is to fit these individuals with hearing instruments and provide them with counseling and comprehensive follow-up services to ensure maximum benefit from amplification. We always try to include family members to ensure the likelihood of success and improved quality of relationships.

I might see a two-year-old who was referred by their pediatrician or their parents because of the late speech and language. Using specialized equipment, I put a little tiny probe in their ear and I can tell whether or not they have fluid behind their eardrum. And if they do, I call their primary care physician, and I let them know that this hearing loss is temporary and needs medical attention.

In fact, most audiologists work in conjunction with physicians. Our training includes the ability to provide a differential diagnosis as to whether the person's hearing loss is temporary

or permanent.

You might have heard of a condition called tinnitus. This is something where people have this ringing in their ears. Usually it's really not problematic, but in some patients it does become problematic to the point where they can't sleep, they can't relax, they can't enjoy their normal life. And the sad thing about this is sometimes they even become suicidal. And oftentimes these patients are told by physicians that there's nothing that can be done and they just have to learn to live with it. And that's really not true.

Audiologists do provide treatment for tinnitus. There are many interventions, like masking devices, tinnitus retraining therapy. Oftentimes, if we treat their hearing loss, their perception of tinnitus reduces. So we do have a very positive impact on their lives.

During the course of my day, I often have to remove earwax prior to doing a diagnostic test, before making a swim plug or fitting a tiny hearing aid in somebody's ear. Adult patients that come in with hearing aids, you're probably familiar with that high-pitched ringing noise, the little

beep. That's called feedback. That comes from either excessive wax in your ear or in their hearing aid or a combination of the two. And I'm having to remove that wax from their ears.

I place tiny, little hearing instruments called -- something a lyric four millimeters from the patient's eardrum, and I have the appropriate training to do things like that.

Opposition, I wanted to address the opposition from the physicians. And, as you know, opposition is mainly coming from medical doctors, particularly otolaryngologists or ENT physicians. Unfortunately, they make unfounded claims whenever a nonphysician healthcare provider group attempts to bring their practice in line with their education, training, and patient needs, as Rep. Wansacz pointed out.

PAA recently met with representatives from Senator John Gordner's and the Senate Consumer Protection and Professional Licensure Committee's office and representatives of the PA Academy of Otolaryngology to discuss their objections to our bill.

Their strongest objection is to the use of the terms "diagnosis and treat." The fact is,

that our current regulations already include this terminology, and audiologists in PA have been diagnosing and treating hearing disorders since the regulation was written in 1984.

The Joint Committee on Infant Hearing published a position statement in Pediatrics entitled Principles and Guidelines for Early Detection and Intervention Programs. And basically this position statement expands on the role -- the recognized role of audiologists in the diagnosis and treatment of hearing loss in newborns and it's been adopted by the American Academy of Audiology, the American Academy of otolaryngology, and the American Academy of Pediatrics and other organizations that represent children with hearing loss.

Another very important part in this whole discussion is the fact that third-party payers currently recognize us as independent, entry-level hearing and balance care practitioners. Our ability to diagnosis and treat allows those of us that are in private practice, like myself and Dr. Zeigler, to bill insurances using diagnostic and treatment procedure codes. We cannot relinquish the ability to diagnose and treat

hearing and balance disorders because it will inhibit our ability to use these codes to bill Medicare and other insurances, and our livelihoods depend on this.

One point of contention with the ENTs has been over the desire to further police our practices by increasing the number of ENT surgeons on our state board. We've already compromised on this point, had lots of discussions. We've agreed that one of the physicians may be an ENT, but we also want to just point out that having physicians on nonmedical licensing boards is not the norm in PA as well as in many other states.

Chairman McGeehan and Harhart and members of the House Professional Licensure Committee, the licensure act has not undergone a thorough review since it was enacted over a quarter of a century ago. Our education has changed. The standard of care that we provide has evolved greatly. The entire health care delivery system in PA has evolved and changed dramatically, and I feel it's important to bring this law up to date now, so that it not only reflects the current reality and treatment of disorders of hearing and balance, but it also allows audiologists and our patients to

adapt to changing situations in the future.

As an audiologist practicing in PA, I would hate to see graduates of PA audiology programs, such as those trained at Dr. Bray's program, leave PA because there's a -- they are not able to practice to the standard that we're training them to because of our outdated licensure act.

It's really important to note that we're really not seeking a significant expansion in our scope of practice. In fact, this updated bill really will not change what we do in our day-to-day practices. It's merely an attempt to update the educational requirements and include the "diagnose and treat" language into the law that already exists in our statute -- or that already exists in our regulation.

These updates will reflect the standards that are in effect in many other states, and they have proven to be helpful and not harmful to the patients we serve. The new law will safeguard the public and provide greater access to care at a lower cost to patients in terms of time and finances.

We would like to thank Rep. Wansacz for

introducing this important piece of legislation that will help to bring better, more accessible hearing and balance care, practiced by trained, qualified hearing care professionals to the people of PA.

CHAIRMAN MCGEEHAN: Thank you, Dr. Elliot, Dr. Zeigler, and Dr. Bray, very much.

Before we take questions, my apologies to the members and to the remaining panelists. I was scheduled to take a conference call with a number of constituents about an important issue in my district at 10 o'clock, so I'll ask Rep. Readshaw, Vice Chairman Readshaw if he would conduct the meeting while I do that, please.

Thank you.

REP. READSHAW: Thank you very much for your testimony.

Is there any questions by the committee members at this time?

Rep. Harhart.

REP. HARHART: Thank you.

And thank you for your testimony. I know that in the bill, in -- requires that in 2010 that all applicants for new licensing in audiology must have be a doctorate degree. I guess my

question, you know, concern is, would this not have a negative impact on the access to audiology services particularly in the schools?

DR. ZEIGLER: Well, it won't change anybody who's currently working and licensed, and Dr. Bray can answer the issue about new graduates.

DR. BRAY: It will not change access to audiologists. We are graduating audiologists at about the same rate as we were when it was a master's-driven profession, now it's a doctoral profession.

REP. HARHART: But now the -- do they have doctorates in the schools, or are they just certified within the school?

DR. ZEIGLER: I work within the schools on a contracting basis, and I'm a doctorate. If you want to provide licensed audiology service within the schools, you have to be a licensed audiologist.

And, again, no programs in PA are turning out master's-level audiologists.

REP. HARHART: But, I mean, they are certified by the department; correct? If I'm not -- the certification.

DR. ZEIGLER: Well, for audiology care,

it would be different than the speech pathologist who provides services. So typically we go in, provide testing, and make the recommendations, but everybody who's providing educational audiology has a license in audiology.

REP. HARHART: Okay. Thank you.

REP. READSHAW: Thank you, Rep. Harhart.

Are there other questions to be asked?

Hearing none, we thank you very much for your participation and your testimony today. We appreciate it.

I would now like to call Dr. Larry S. Taub, head of school, PA School for the Deaf and current member of the educational resources for children with hearing loss.

Dr. Taub, please.

(Whereupon, the following testimony was interpreted by Ms. Wolgemuth, sign language interpreter.)

DR. TAUB: Good morning. Would you mind if I stand over on this side to give my testimony to make sure that the members in the audience are able to see me as well? May I stand over there to give my testimony?

REP. READSHAW: Yes, that will be fine.

DR. TAUB: Can you see me all right?

MS. WOLGEMUTH: Yep.

DR. TAUB: Okay. I'm sorry. What is your name?

REP. READSHAW: My name is Rep. Harry Readshaw. I am the vice chairman on the majority side.

DR. TAUB: Yes, Chairman -- Vice Chairman Readshaw, thank you very much for allowing me to give testimony today. I'd like to address the legislative committee today.

I'm here coming before you today to discuss your bill. I know the bill itself is well intended. I'd like to respectfully disagree with one particular part that we do not support. Please understand that the language in your bill states specifically that teachers of the deaf and hearing impaired should be included in the licensure. And that would not be an appropriate rule for workers who are specifically professional as teachers for deaf and hard of hearing.

As president of the PA School for the Deaf for the past several years, our members of the PA Department of Education and the committees are

aware that -- educational committee are aware that -- I'm sorry, excuse me -- and the community of professionals that work in education in general, speech-language pathologists, audiologists, and various professions, social work, and parent organizations, the whole group agrees with our statements today that in the bills recommendation that it's not appropriate for teachers of the deaf and hard of hearing who teach deaf children, that's their primary -- primary activity, that they're strictly certified by national council certification for teachers in education. And also in the state of PA and across the country, they have certifications that are required, additional certifications that are required for those who teach deaf and hard of hearing and to become qualified to teach.

So if the bill were to continue to include the requirements of licensure, I do not think that would be appropriate for that profession. And if you support it as it is, and you continue to include teachers of the deaf and hard of hearing, that it would make it -- cause a shortage of teachers.

Please understand that the primary

reason for licensure is to make sure that we have highly qualified speech-language pathologists and highly educated audiologists, and that's the scope, and to make sure that their training aligns with what's needed. I don't have any argument in that area.

But to mix apples and oranges together in this situation, to have teachers who -- of the deaf who primary responsibility is teaching, to have that included in the licensure, they are involved in an interdisciplinary team that includes those other provisions help the child who may be deaf and hard of hearing, including -- they work with speech pathologists, and they work with audiologists, and their certification or licensure is -- is important, but to include teachers of the deaf and hard of hearing.

Thank you very much for hearing and considering our concerns. But -- and I thank you on behalf of schools for the deaf and hard of hearing and teachers for the deaf and hard of hearing throughout the state of PA.

If you have any questions, I'll take them now.

REP. READSHAW: Thank you very much.

Are there any questions from committee members?

Hearing none, Dr. Taub, we thank you so much for being here.

DR. TAUB: Thank you very much.

REP. READSHAW: We thank you for your testimony.

Next, I'd like to call Richard Angelo, Ph.D. I'm sorry. I skipped one.

Cathy Rhoten, principal, Western PA School for the Deaf.

You may begin. We welcome you, and you may begin when you so choose.

MS. RHOTEN: Good morning, Rep. Readshaw, Harhart, and committee. Thank you very much for having me here today. I appreciate it. I'm much easier to interpret than the doctor's. My word are much simpler.

I am Cathy Rhoten. I am a member of the educational resources for children with hearing loss, which ERCHL, committee. I'm also director of academics at the Western PA School for the Deaf and the Scranton School for the Deaf and Hard of Hearing children, which happens to be the largest employer of teachers of the deaf in the

commonwealth of PA.

I'm testifying today on behalf the Educational Resources for Children with Hearing Loss at the request of the committee chairperson, James Salem, who couldn't be here today due to a scheduling conflict, and he's very sorry for that.

ERCHL is an advisory committee to the Bureau of Special Education, under PA Department of Education. It advises the Bureau of Special Education on matters concerning the education of children who are deaf and hard of hearing. Its membership is representatives from public and private schools for the deaf, school districts, intermediate units, parents of children with hearing loss, the Office of Deaf and Hard of Hearing, the Office of Child Development and Early Learning, and advocates. It is comprised of a very diverse group of individuals who are able to work and advise on matters of education as related to children who are deaf and hard of hearing.

ERCHL strongly opposes the provisions in House Bill 1653 which would require teachers of the deaf and hard of hearing to obtain license from the state board of examiners in speech-language and hearing, effectively nullifying the current system

of certification as a teacher of the deaf as issued through the Department of Education.

We do so for the following reasons: The current system of competencies in the field of education for deaf and hard of hearing as administered through the Department of Education, Bureau of Certification, has worked well in providing the commonwealth with qualified teachers of the hearing impaired.

Our teachers of the hearing impaired must be qualified in areas beyond speech-language pathology and audiology, of course. While these areas are very important to the children with the hearing loss, we also know that the education of such -- these children enables them to leave our educational systems with something that is comparable to their peers who are hearing, and upon graduation they have the same education as hearing children have. The current system of certification provides for this.

If the Bureau of Certification is qualified to certify competency of teachers in a regular education setting, doesn't it follow that they are qualified also to certify competencies of teachers who are hearing impaired? Certification

of teachers for the deaf and hard of hearing should include assurances of proper levels of competency in academic areas as well as in other specialized areas unique to hearing loss, and it should account for curricular, emotional, cultural, and environmental needs of children with hearing loss.

These children certainly have speech and audio -- audio -- auditory needs, I'm sorry, but there's also very much more that a teacher needs to be able to adapt and to give to these children.

In section three of the proposed bill, under Definitions, it says: The teacher of the hearing impaired is defined as a person who is qualified to provide evaluation and instruction in curriculum-based material appropriate for individuals whose cognitive and educational development have been affected primarily by impaired hearing sensitivity.

So how does being a speech-language pathologist or an audiologist qualify one to be competent to provide education and instruction in curriculum-based material?

I could give additional examples of how this proposed bill does not pertain to teacher of

the deaf and hearing impaired or teachers of the deaf or hard of hearing, and how its adoption could actually harm the educational process of children in this category. Suffice it to say, educators, parents, and professionals who are members of the Educational Resources for Children with Hearing Loss committee feel the adoption of this bill as it is currently constructed would have a negative effect on the education of deaf and hard of hearing children.

ERCHL would have no opposition at all if the bill -- if all the references within the bill to "teachers of the hearing impaired" were removed or if the teachers the deaf and hard of hearing employed by private and public schools in PA were exempt from the provisions of this act.

Thank you very much for your consideration on these thoughts.

REP. READSHAW: Thank you very much.

Are there questions from the committee members?

Hearing none, we thank you so much for your testimony today. Thank you.

Next, we'd like to invite Richard Angelo, Ph.D., to the table, please, for his

testimony.

We welcome you, and would you please introduce those who are with you?

DR. ANGELO: Thank you. My other two colleagues from the university were not included, and I apologize for that.

My name is Richard Angelo. I have been an audiologist and a neurophysiologist for the last thirty-five years. I have two doctorates, one from the University of Lehigh and one from the University of Pittsburgh. I've been trained in the department of neurosurgery, where I practiced neurophysiology and audiology.

In the essence of time, we'll just hit some bullets that we talked about.

Pam.

DR. SMITH: My name is Pamela Smith. I hold a Ph.D. in communication sciences from Temple University. I have twenty-three years of clinical experience as a speech-language pathologist and ten years in higher education.

Currently, my areas of expertise are adult neurogenics, to include swallowing disorders.

DR. GONZALEZ: My name is Jorge

Gonzalez. I have a Ph.D. from the University of Virginia in audiology. I have been working at the Bloomsburg University of PA for the last five years, teaching graduate-level audiology students as well as some undergraduates.

I also, prior to that, practiced audiology in the state of Virginia at the University of Virginia and spent eight years basically doing all the standard audiometric batteries, focusing specifically on vestibular and balance disorders.

DR. ANGELO: I would like to expand and point out that we agree with the two schools here for the deaf, that teachers of the hearing impaired are classroom specialists and should be governed by PDE. They do not provide a rehabilitative services nor are they usually in private practice.

The scope of practice of audiology, the definition that's presently in the bill is incomplete and does not include major areas that reflect the advances in the field of audiology over the past ten years, nor the requirements of the doctorate.

Also, invoking specific national organizations and crafting legislation reliant upon

the acts of organizations place the commonwealth under the control of these associations. The individuals of these associations responsible for development of their policies were not elected by the citizens of the commonwealth nor appointed by elected individuals in -- of the commonwealth. And the commonwealth is a sovereign institution.

DR. SMITH: The comments I'd like to offer have to do with two major categories, one being consequences, specifically unintended consequences, and this notion of governance.

In terms of unintended consequences, I'd like to talk about the issue about universal licensure. While well intended, the issue of universal licensure, required licensure at the public school system, would, in fact, reduce the available personnel to be able to be employed in that particular setting.

This relates to governance because, if, in fact, the legislation, as proposed, is approved, only ASHA-approved university programs would be qualified for licensure. ASHA has the ability to mandate basically pretty much anything that they would like to in the anatomy of the program. Some very specific things that ASHA, our national

association, can dictate is class size, enrollment, who is qualified to teach, who is qualified to supervise. They can enumerate budget. They can stipulate the number of faculty required to teach, thus limiting the number of students that can be enrolled. They can dictate space and facilities. They can dictate outcomes and goals of an academic program.

So should we cede control of our academic preparation to ASHA, we are then forcing the commonwealth to also cede to ASHA, and the commonwealth did not elect ASHA.

By its own terminology, ASHA is voluntary, certification programs are voluntary, and ASHA attempts to kind of divest itself from any political involvement. So to invoke ASHA in requiring their approval for training programs creates a dependence that neither ASHA wants or the commonwealth would benefit from.

I would further state that the purpose of a licensure act is to assure competence of individual practitioners. And the language of the bill does stipulate that there would be an examination, which would serve that purpose. And that examination happens to be by choice of -- in

regulation at present, the same national examination that is required for those who -- who would be seeking the certificate of clinical competence.

In further comment to governance, currently the PA Department of Education has the autonomy to regulate their own personnel. They are an independent body, and, again, as I mentioned, the purpose of a licensure bill is to assure adequate preparation of individuals, not to mandate change within another body that has its own autonomy.

I'm also a member of the PA Speech-Language Hearing Association. And I have understood from my communication, official communications, to the organization that PSHA has attempted to work with the PA Department of Education at changing their requirements for either accepting the certificate of clinical competence in lieu of PDE certification, and that PDE is really not interested in doing this. They have that right. They have that authority to govern their own personnel.

And so I would question the appropriateness of proposed legislation that would

seek to usurp that authority that they already have by legislation.

My last comment has to do with endoscopy, simply because my area of specialization is in swallowing.

I disagree with the suggestion that anyone off the street might potentially be doing endoscopy. I've been practicing for twenty-three years, and I am in training to learn this procedure. ASHA has recommendations for training processes. The licensure board would set up specific training regulation and standards that would need to be met by anyone who is going to be performing this procedure.

Endoscopy is less expensive, and in this time where health care costs must be taken into consideration, if a speech pathologist can do endoscopy, a patient saves money, the facility saves money, the hospital save money, the nursing facility saves money, and it can be an appropriate tool for the speech-language pathologist to use.

I have also personally been scoped by a speech-language pathologist. I have not had a stroke. My sensation inside my nose and pharynx is normal. It's not the most comfortable thing, but I

didn't hate it.

Thank you.

DR. GONZALEZ: I would like to address a few issues in terms of the licensure, specifically dealing with the audiology component.

Part of this actually ties in with what Rep. Harhart was asking earlier, about the doctorate being the minimum degree to practice in audiology, starting in 2012. And one of the issues that currently, as the -- as it is accepted through ASHA, we have to have a minimum of that doctorate to practice.

However, I think one of the unforeseen consequences of the language as it's written is the fact that it mandates that anybody who applies for the license after January 2012 needs to have the doctorate. That doesn't take into account, for example, the audiologists who are currently practicing in the state, in the commonwealth, who have a master's degree. And, currently, you can practice with a master's degree in the commonwealth of PA. You can practice audiology with a master's degree in the commonwealth.

I think it also will preclude potential people who relocate to the Commonwealth who may

have come from another state, who had their licensure at the other state that did not require the doctorate, and then they will be forced to go into more academic training, that -- they've already had the clinical experience and been able to practice elsewhere, plus that would also put them in a different state or different condition to those people who are within the commonwealth already that have the master's degree and do practice according to the licensure.

So that's one issue.

There are few other issues in terms of some of the time lines. The provisional licensure, as it's written up right now, actually is written up that it's nonrenewable.

At this stage, we don't believe that it should be an unnever-ending process. We believe it should be something that has limitations that will be decided by the board. However, what -- the eighteen months it currently gives doesn't take into account things like maternity leave. If someone were to go on maternity leave after they graduated, they wouldn't be able to complete that -- or during the course of their licensure, wouldn't be able to complete that process in a

timely fashion. That would preclude them from practicing either audiology or speech pathology in this case in light of that.

And if it were not renewable, then that individual would not be able to continue their practice.

And, lastly, what I'd like to talk about is the issue -- as it's written right now, the language says that the clinical supervision must occur prior to graduation. One of the things about that it does not take into account is the fourth year placement of audiology. In the audiology, there's a three-year program in which they're doing academics and clinical work. Their fourth year is typically done as a fourth-year externship. And at that stage, they can't get licensed because they don't have the -- their degree actually conferred at this point.

And what that will do is actually create a scenario in which we have students, future professionals, who will be in a very difficult situation in terms of getting placements to complete that externship because they may not be able to get a provisional licensure, and that puts an undue burden on the supervising sites and so on

and so forth. And so it creates issues in that regard.

So thank you for your time and attention.

REP. READSHAW: Thank you so much.

Questions by committee members?

Rep. Wansacz.

REP. WANSACZ: Thank you, Chairman Readshaw. This is just more of a statement.

I just want to thank everybody for testifying today and bringing forth your concerns and those testifying in support of the bill. The idea is to try to move the bill forward to let people practice with the abilities that they're trained to do. And I understand some people have some concerns about that, and I look forward to working with all of you to try to move this forward, because I do believe that licensing professionals get people in there so we have people that are competent so we can be moving forward in PA.

So I do look forward to working with all of you, and hopefully we can find a way to move this forward. Thanks.

REP. READSHAW: I thank you so much.

At this time, I will ask Chairlady Rep. Harhart for any closing remarks.

REP. HARHART: Just I want to thank everybody for being here today and giving your testimony. It was very interesting. And now what we do as a committee is go back and look at it all and put it all together. And we'll see then what comes of this.

So, again, thank you very much.

REP. READSHAW: Thank you.

And on behalf of Chairman McGeehan and myself and committee members, we'd like to thank everyone who testified today and also everyone who is in attendance.

And at this time, we will conclude and adjourn the hearing on House Bill 1653, prime sponsor Rep. Wansacz.

And, once again, we thank you all for being here.

(Whereupon, the hearing concluded at 10:38 a.m.)

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WRITTEN TESTIMONY SUBMITTED

(The following letter has been

submitted by the PA Department of State, Bureau of Professional and Occupational Affairs.)

Dear Chairman McGeehan:

Thank you for the invitation to comment on House Bill 1653. This bill, if enacted, will update the Speech-Language and Hearing Licensure Act (Act) to reflect current standards of practice for speech-language and hearing professionals. The current law was enacted in 1984 and requires the licensing of speech-language pathologists, audiologists and teachers of the hearing impaired. Other than an amendment in 2000 requiring all licensees to complete continuing education, the Act has never been updated. Accordingly, the Department is generally supportive of HB 1653 and would only submit a few recommendations to strengthen and clarify the requirements under the bill.

As drafted, HB 1653 removes the examination requirement from the Act. This would mean that any applicant for licensure would be permitted to obtain licensure without having passed an examination because applicants for licensure by the Board are not required to obtain American

Speech-Language Hearing Association (ASHA) certification prior to applying for a PA license. The Department submits that the licensure examination provides the consumer with a certain level of confidence that the licensee that they are working with, in this case speech-language and hearing professional have a minimum competency level of training and expertise. Therefore, the examination provision is necessary. The Department respectfully requests the examination requirement remain as a condition for licensure.

Also, the Department respectfully requests a minor change to the definition of speech-language pathology to reflect the correct terminology used in the profession. Consequently, we recommend changing the phrase “augmentative aids and devices” to “augmentative communication aids and devices”. This requested change would seem to come under the rubric of a technical change in the bill.

Since the Act is being opened, the Department would like to take this opportunity to include in section 4 of the Act a provision that states if a member of the State Board of Examiners in Speech-Language and Hearing does not attend

three consecutive meetings, he or she forfeits the seat. The Act currently does not have the standard language that appears in most if not all of the practices acts to address a board member who does not attend meetings regularly.

Again thank you for the opportunity to comment on the proposed legislation. Please feel free to contact me at 717-783-7192 if you have any questions or concerns.

Sincerely, Basil L. Merenda, Deputy Secretary/Commissioner

(This concludes the letter submitted by PA Department of State, Bureau of Professional and Occupational Affairs. The content was not altered to correct any errors in spelling, grammar, or punctuation.)

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(The following letter has been submitted by the PA School Boards Association.)

Dear Chairman McGeehan:

Thank you for offering the Pennsylvania School Boards Association (PSBA) the opportunity to

comment on House Bill 1653, P.N. 2083, which amends the Speech-Language and Hearing Licensure Act. This legislation has the potential to have a significant impact on school districts if the language is not carefully drafted and weighed, and we offer the following feedback.

Under the federal Individuals with Disabilities Education Act (IDEA), school districts must provide special education and other related services to ensure a free and appropriate education is available to all students. The definition of "related services" under IDEA expressly includes speech-language pathology and audiology services. Also, under Section 504 of the federal Rehabilitation Act of 1973, school districts are also required to provide aids and services to qualified handicapped students.

The provisions of Pennsylvania's current Speech-Language and Hearing Licensure Act require licensure of any individual who practices or holds himself out as being able to practice as an audiologist, speech-language pathologist or teacher of the hearing impaired in Pennsylvania. For those addressing speech and hearing needs in the school setting, Pennsylvania also has

instruction certificates for Special Education-Hearing Impaired and Special Education-Speech/Language Impaired.

PSBA's legislative platform supports initiatives that provide the greatest possible flexibility in the ability of school boards to attract and maintain qualified personnel to provide the wide variety of services that students need. However, we are concerned that current language in House Bill 1653 has the potential to instead limit the already limited pool of candidates that school districts have available to them, and set up unnecessary barriers to the provision of services to students.

Those individuals with a Special Education-Speech/Language Impaired certification of Hearing Impaired certification are currently permitted to teach without a corresponding license under the Speech-Language and Hearing Licensure Act. However, House Bill 1653 removes this exemption, and will require all new hires by school districts to hold a valid license in addition to a PDE certification -- and we would further point out that the language as written would encompass *all* new hires, not just those hired to serve in a

speech/hearing capacity, which would make it extremely difficult for school districts to find qualified teaching candidates.

Current school employees who have one of the two PDE certifications should be grandfathered. PSBA would maintain that for future school employees rendering speech/language impaired and hearing impaired services should only have either be required to be certified or licensed, not both. There is no need to duplicated efforts by requiring both certification from PDE and a separate licensure under another body. We have seen no evidence, nor heard concerns from our members, that the certification is insufficient for preparing special education teachers for these challenges or that changes have been suggested to the existing certification to address any perceived shortcomings. Individuals should be required to obtain only one credential or set of qualifications to prepare them to fill any role in a school, so that the burdens of meeting separate additional requirements do not become barriers to the availability of employees who have otherwise been deemed qualified to serve in the school environment.

It is further unclear what “newly employed” means (page 16, line 14) in the new licensure requirement for school employees -- would an individual who is employed as a Speech-Language Impaired teacher in one school district who moves to another school district deemed to be “newly employed,” or only those teachers just entering the system for the first time? Because the licenses under this act require at least a master's degree, PSBA is concerned about the impact on those special education teachers currently hired by school entities and those currently going through certification programs at the bachelor's level. These individuals could also be potentially impacted by the requirements for “newly employed” school employees to have a license.

The bill also puts in place a caseload size limit for speech-language pathologists hired in school districts based on a workload formula to be established by the school district. PSBA requests that this language be removed, as we believed the caseload sizes should be determined by the employer, who knows the needs of students and the abilities of the employee, rather than set by statute.

Additional concerns we would like to raise are as follows:

Creates a double standard for tutors of hearing impaired students (Page 5, lines 8 through 11). While PSBA appreciates that an exception has been created to the practice of teaching of the hearing impaired for those who provide out-of-school tutoring of hearing impaired students, we question why the same consideration is not granted to those who provide tutoring in the school setting to hearing impaired students. There is a precedent for consideration of in-school tutoring: the state Educational Assistance Program, which provides funding for tutoring programs related to preparation for the PSSA, originally limited the eligible tutoring to outside of school hours. The Program was expanded by ACT 46 of 2005 to allow schools more flexibility to provide tutoring during the school day and better recognize student needs. We ask for the same flexibility by extended in the exemption to teachers of the hearing impaired who provided tutoring in schools.

Doctoral degree requirement has potential to limit pool of audiologist candidates (Page 18, lines 23 through 25). PSBA understands

that the nature of the audiology profession may be moving toward doctoral programs rather than master's programs and in that case, would not oppose this change dictated by the profession. However, we remind the Committee that this move will limit schools entities' ability to recruit audiologists, and increase costs to hire these individuals which would ultimately be passed on to local taxpayers.

Removes the grandfather clause for those who did not meet previous licensure requirements (Page 19, line 24, through page 20, line 6). When the current licensure standards were enacted, the law grandfathered in those individuals who had at least a bachelor's degree in the appropriate discipline and had already been employed as a speech-language pathologist, audiologist or teacher of the hearing impaired for at least nine months in the previous three years. While this grandfathering provision was enacted in 1984, and few of those grandfathered individuals may still be in practice (although a survey completed by PSBA in 2009 shows there are a number of bachelor-level speech-language pathologists and teachers of the hearing impaired currently employed

by school entities), we request this committee maintain the grandfathering provision to prevent school districts from having to cut necessary employees.

To reiterate, PSBA questions the intent of requiring individuals who are already certified by PDE to obtain an additional license from a different state entity, as one credential is sufficient for ensuring an individual is appropriately qualified to fill a role in a school setting. To that extent, we strongly encourage the Committee to maintain the exemption for those with a PDE certification, and to weigh very carefully the impact of House Bill 1653 on the availability of those individuals and the constraints those requirements will place on the number of available candidates and thus school board flexibility to meet student needs. Should the House Professional Licensure Committee decide to move forward with the consideration of House Bill 1653, we would be happy to work with you to draft language to ensure this flexibility is preserved to the maximum extent possible. Thank you for your consideration of our comments.

Sincerely, Timothy M. Allwein,

Assistant Executive Director, Governmental and Member Relations; Beth L. Winters, Director of Legislative Services.

(This concludes the letter submitted by PA School Boards Association. The content was not altered to correct any errors in spelling, grammar, or punctuation.)

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REPORTER'S CERTIFICATE

I HEREBY CERTIFY that I was present upon the hearing of the above-entitled matter and there reported stenographically the proceedings had and the testimony produced; and I further certify that the foregoing is a true and correct transcript of my said stenographic notes.

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BRENDA J. PARDUN, RPR
Court Reporter
Notary Public