



**House
Legislative
Analysis
Section**

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THE APPARENT PROBLEM:

Speech-language pathologists and audiologists have been seeking licensure for a number of years in Michigan in the belief that not only would licensure increase the quality of care provided by these professionals but also that the public good would be better protected if speech-language pathologists and audiologists were licensed.

THE CONTENT OF THE BILL:

The bill would add a new section to the Public Health Code to license and regulate speech pathologists and audiologists and to prohibit the practice of either specialty without the appropriate license.

Each specialty would have a separate license, though individuals who met the requirements of both licenses could get a license to practice both specialties. Speech-language pathologists and audiologists would be prohibited from any areas of practice in their respective fields for which they did not have adequate education and training. Certified teachers of the speech-language impaired also would be required to be licensed in one of the two specialties.

Definitions. The bill would define both the practice of audiology, which deals with hearing and hearing disorders, and that of "speech-language pathology," which deals with speech and language disorders. The practice of both specialties would include the rehabilitation and counseling of hearing-impaired people and their families and the screening of people for communication disorders (including hearing evaluations).

Under the bill, the practice of audiology also would involve:

- developing and implementing programs for the workplace and elsewhere to protect hearing;
- "screening, identifying, assessing and interpreting, diagnosing, preventing, and rehabilitating" hearing problems;
- providing and interpreting hearing tests; and
- selecting, fitting, dispensing, and training people in the use of devices to help hearing.

The practice of speech-language pathology also would include:

- "enhancing speech-language proficiency and communication effective-ness;"
- diagnosing and rehabilitating "cognitive and communication disorders;"
- "screening, identifying, assessing and interpreting, diagnosing, and rehabilitating" both speech disorders and physical problems of the mouth and throat; and
- assessing, selecting, developing, dispensing, and training people in the use of "augmentative and alternative" communication systems.

Board, license requirements. The bill would create a nine-member board of speech-language pathology and

LICENSE SPEECH PATHOLOGISTS

House Bill 5748 as introduced
First Analysis (9-25-90)

Sponsor: Rep. John D. Pridnia
Committee: Public Health

audiology in the Department of Public Health. Three members would be speech-language pathologists (one working in a public school), three audiologists, and three public members. The members would have to meet the health code's general requirements for licensing board members (good moral character, 18 years of age or older, and so forth).

The board would have to require by rule that people granted licenses as audiologists or speech-language pathologists meet certain requirements, including:

- at least a master's degree in audiology or speech-language pathology,
- successful completion of board-determined college or university course work,
- supervised clinical experience,
- passing the appropriate national examination, and,
- after getting a limited license, a supervised post-graduate professional experience.

"Grandparent" provision. The board would have to grant a license to anyone who had practiced audiology or speech-language pathology for at least one of the two years immediately before — and who applied for a license within a year after — the bill took effect.

Exemptions. The bill would exempt a number of people from its licensing requirements, including:

- members of other professions legally practicing their professions, so long as they did not claim to be licensed audiologists or speech-language pathologists;
- college or university researchers or teachers of communication disorders, so long as they did not claim to be licensed audiologists or speech-language pathologists or practice these specialties;
- employees in Department of Public Health hearing screening training programs who conducted screening of hearing sensitivity; and
- people certified by Occupation Health Standards Commission-approved agencies engaged in hearing screening under the Michigan Occupation Safety and Health Act standards.

Title protection. The following titles would be legally protected (i.e. could be legally used only by licensed audiologists or speech-language pathologists):

- communication disorders specialist;
- communication disorders therapist;
- aphasiologist;
- audiometrist;
- audiologist;
- communicologist;
- hearing therapist;
- hearing aid audiologist;
- language pathologist;
- logopedist;

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- phoniatrist;
- speech clinician;
- speech correctionist;
- speech pathologist;
- speech therapist;
- speech-language pathologist;
- voice pathologist;
- voice therapist;
- teachers of the speech and language impaired;
- education audiologist;
- industrial audiologist; and
- clinical audiologist.

Note: An amendment to House Bill 5913 would set license fees for speech-language pathologists and audiologists as follows: \$55 for an application fee, \$50 for an annual license fee, and \$25 for a limited license fee.

MCL 333.16131 et al.

FISCAL IMPLICATIONS:

Fiscal information is not available.

ARGUMENTS:

For:

Although no one particular problem has prompted speech-language pathologists and audiologists to seek licensure in Michigan, anecdotal evidence reportedly suggests that there have been problems, primarily with misdiagnoses, that might have been avoided if the professionals involved had been required to be licensed. The lack of reported cases of problems with speech-language pathologists and audiologists, moreover, may be the result of the fact that there is no established mechanism for complaints, as well as the fact that the typical client is likely to be a child or an elderly person, neither of whom is likely to pursue complaints should there be some problem with their diagnosis or treatment. There has also been an increased sophistication in the technology available to these health professionals, as well as expanded clientele (for example, patients with cancer of the larynx and survivors of closed head injuries), both of which add to the need for some kind of formal state oversight of these professions. Reportedly about 40 other states already license speech-language pathologists and audiologists, and it is high time that Michigan moves to license the estimated 3,000 speech-language pathologists and audiologists in the state.

Against:

While advertised as a method of protecting the public, licensing also has harmful effects. It works primarily to restrict entry into a profession, raises prices, and restricts consumer choices often without any significant countervailing benefit. To the extent that licensing results in third-party reimbursement by insurance companies, it also can contribute to higher health care costs. Licensing should be used prudently and only when there is a significant threat to the consumer's health and safety, when there is no other regulation available, and when consumers cannot make rational choices. Abuses exist now in the licensed professions and regulators often lack the resources or the will to act. In fact, the most recent state study of medical cost containment (the October 1989 report to the governor prepared jointly by the Departments of Commerce and Public Health, "Managing Michigan's Health Care Costs: Strategies for the 1990s") recommended that a group be convened to study the existing system of licensure of health occupations and that, until the group's study were

completed, there be a two-year moratorium on enacting legislation to license additional categories of health care professionals. At the very least, until this group has had time to complete its study and issue its report, no new health professions should be licensed.

Response: Other groups (including acupuncturists and social workers) have sought licensing or registration through legislation recently, while professional counselors were successful in having their profession licensed in 1988. Speech-language pathologists and audiologists surely should deserve the same legislative consideration as these other groups.

POSITIONS:

A representative of the Michigan Speech-Language-Hearing Association testified in support of the bill. (9-13-90)

A spokesperson for the Department of Commerce testified in opposition to the bill. (9-13-90)

A representative of Blue Cross and Blue Shield of Michigan testified in opposition to the bill. (9-13-90)