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Public Health Committee
Re: HB 6265

I strongly oppose the newly introduced bill HB 6265 *An Act Concerning Speech and Language Pathology* which proposes changes to the language in *Section 1. Section 20-408* of the Statutes. This section addresses the licensing of speech-language pathologists in the state of Connecticut and further describes the scope of practice of this group of practitioners. As the description now stands, speech-language pathologists may “diagnose” disorders of communication, i.e., disorders of fluency, receptive/expressive language, voice, articulation, cognition, and swallowing.

The diagnostic process is predicated on a carefully constructed set of observations, instrumental measurements, and behavioral descriptions that generate qualitative and quantitative data; the diagnosis of a problem results from a comprehensive interpretation of those data. The outcome of the process itself yields a diagnosis of a communication problem and classifies it as a disorder of speech sound production (stuttering, articulation), language – both comprehension and expression -, voice, (pitch, quality, loudness, resonance), feeding and swallowing, or cognition. Occasionally co-existing conditions yield multiple diagnoses, e.g., “language disorder accompanied by an articulation disorder”, frequently used to describe the communication of children with developmental disabilities. At no point in the process of diagnosing the presence of a communication disorder would a speech-language pathologist proffer a “medical” diagnosis that is based on anatomical or physiological changes or anomalies; that is, a speech-language pathologist would **not** conclude a diagnosis of cerebral vascular accident (CVA), vocal nodules, or neurological, psychological, or genetic disorder. Such a practice lies outside of the scope of practice for speech-language pathologists.

Acceptable practices for speech-language pathologists are circumscribed in numerous documents issued by the American Speech-Language-Hearing Association (ASHA), the professional organization that sets and monitors standards for service delivery. In addition to its statement of purpose and research and clinical practice guidelines, the *Scope of Practice in Speech-Language Pathology (2007)*, a cardinal document of the Association, specifies the qualifications of speech-language pathologists and their professional roles and activities across settings. Three key points from this document are germane to the proposal of altering the language of the current statute from “diagnosis” to “evaluation”. These include:

- 1) Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.
- 2) As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. *And*

- 3) Speech-language pathologists provide clinical services that include the following:
- prevention and pre-referral
 - screening
 - assessment/evaluation
 - consultation
 - **diagnosis** (bold added)
 - treatment, intervention, management
 - counseling
 - collaboration
 - documentation
 - referral

A second relevant document—the *ASHA Code of Ethics* (2003) – further specifies what is and what is not acceptable practice for a speech-language pathologist. A rule of the Principle II of the Ethics states that: “Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.”

All future speech-language pathologists who receive their training in the University of Connecticut’s Communication Disorders program are well versed in the prescriptions and prohibitions of practicing in the profession. They are well prepared to fulfill all of the roles and responsibilities cited above and they have the knowledge and skills necessary for executing their duties ethically and competently. Most of all, they understand the limitations of the scope of practice in speech-language pathology and they understand the difference between making a diagnosis of a communication disorder and diagnosing the etiology that underlies communication disorder. The former is within the scope of practice of a speech-language pathologist; the latter is not.

Diagnosis of communication disorders is the responsibility of speech-language pathologists whose unique training prepares them to describe, measure, and classify the specific nature of the problem. Diagnosis is a critical component of the assessment and treatment processes of children and adults whose communication has been compromised by trauma, disease, developmental disability, or other factors. In collaboration with medical teams that conclude the etiology of the disorder itself, specialists in communication disorders – speech-language pathologists – conclude the type, severity, and impact (i.e., functional limitations) of a speech and/or language disorder. For these reasons, I oppose HB 6265.

I urge you to reject HB 6265, *An Act Concerning Speech and Language Pathology*.

I am available for additional comments. Please contact me at your earliest convenience.

Yours truly,

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