

- SUBJECT:** Licensing of dyslexia practitioners and advanced dyslexia therapists
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 8 ayes — Delisi, Laubenberg, Jackson, Cohen, Coleman, Gonzales, Olivo, Truitt
0 nays
1 absent — S. King
- SENATE VOTE:** On final passage, May 1 — 31-0, on Local and Uncontested Calendar
- WITNESSES:** (*On original version of House companion bill, HB 2505 by Eissler:*)
For — Suzie Berry; Pat Sekel, Rawson-Saunders School for Dyslexics;
(*Registered, but did not testify:* Dawn Eiland; Jim Pitts)

Against — None

On — Mark Hanna, Texas Speech-Language-Hearing Association;
William Kuntz, Texas Department of Licensing and Regulation; Stephen Mills, Professional Licensing Unit - Department of State Health Services

(*On committee substitute for HB 2505:*)
For — Paula Farish, Northeast Tarrant County Dyslexia Council; Susan Hinton; Joyce Pickering, The Shelton School and Evaluation Center;
(*Registered, but did not testify:* Linda Gladden, Scottish Rite Learning Center of Austin; Luis Gonzalez, Recording for the Blind and Dyslexic; Nancy Hill, Northeast Tarrant County Dyslexia Council; Abbie Rutledge)
- BACKGROUND:** Dyslexia is a learning disability characterized by impaired reading ability. Dyslexia occurs in people with normal vision and normal intelligence.
- DIGEST:** SB 703 would add Occupations Code, ch. 403 to license and regulate basic dyslexia practitioners and advanced dyslexia therapists. To use these titles, a person would have to follow the licensing requirements adopted by the Department of State Health Services (DSHS), including submitting an

application and required fee. DSHS would appoint an advisory board to advise the department in licensing these practitioners.

The bill would not require a school district to employ a licensed dyslexia pathologist or authorize a person who did not have the appropriate license to practice audiology or speech-language pathology.

SB 703 would define multisensory structured language education (MSLE) as the treatment of individuals with dyslexia and related disorders, including instruction in phonology, sound and symbol association, morphology, syllables, syntax, and semantics taught using the principles of:

- multisensory instruction, including auditory, visual, kinesthetic, and tactile instruction;
- systematic and cumulative instruction;
- explicit instruction;
- diagnostic teaching to automaticity; and
- synthetic and analytic instruction.

License requirements. To qualify as a basic dyslexia practitioner, a person would have to:

- possess a bachelor's degree from an accredited institution;
- complete at least 45 hours of course work in MSLE from a qualified training program;
- complete at least 90 hours of supervised clinical practice in MSLE; and
- complete at least five observations of the practice of MSLE followed by a conference and a written report observed by a qualified instructor.

To qualify as an advanced dyslexia therapist, a person would have to:

- possess a master's degree from an accredited institution;
- complete at least 200 hours of course work in MSLE from a qualified training program;
- complete at least 700 hours of supervised clinical practice in MSLE; and

- complete at least 10 observations of the practice of MSLE followed by a conference and a written report observed by a qualified instructor.

Basic dyslexia practitioners could practice only in supervised educational settings, including schools, learning centers, or clinics. Advanced dyslexia therapists could practice in a school, clinic, or private practice setting. Licensees would have to meet adopted continuing education standards.

License applicants would have to pay a fee for and pass an examination approved by DSHS. The exam would be administered at least twice a year. DSHS would maintain test results for at least two years. A person who failed the test could take the test once more without having to reapply for a license if the applicant paid an additional fee. The exam requirement could be waived if DSHS determined an applicant had an appropriate certification or accreditation from a national organization.

Provisional licenses could be issued to an applicant licensed and in good standing in another jurisdiction. A provisional licensee would have to have passed an exam recognized by DSHS and would have to be sponsored by and practice with a practitioner licensed in Texas. The provisional license would have to be maintained until the applicant was approved or denied a Texas license. This decision would occur within 180 days unless the period was extended awaiting exam results. DSHS also could adopt rules to issue temporary licenses and grant licensees inactive status for limited periods of time.

Prohibitions and disciplinary action. A license holder could not obtain a license by means of fraud, sell or barter a license, or engage in unprofessional conduct that could endanger the health or welfare of the public. If a licensee violated DSHS rules or an adopted code of ethics, DSHS could:

- revoke or suspend a license;
- place on probation a person whose license was suspended;
- reprimand the license holder;
- refuse to renew a license; or
- require the licensee to attend continuing education programs.

The executive commissioner of the Health and Human Services Commission (HHSC) would adopt sanctions associated with violations.

The commissioner also would adopt rules to monitor license holders for compliance.

If a person was convicted of a felony or a misdemeanor involving moral turpitude, the person's license could be denied, suspended, or revoked. If DSHS proposed to deny, suspend, or revoke a license, the individual would have the right to a hearing with an officer of the State Office of Administrative Hearings (SOAH).

DSHS could issue an emergency suspension of a license if the department determined the licensee could present an imminent threat to public welfare. SOAH would hold a preliminary hearing regarding the suspension no later than the 14th day after the suspension was issued, and a final hearing would have to occur by the 61st day after issuance.

Administrative, civil, and criminal penalties. DSHS could impose an administrative penalty of not more than \$5,000 for each violation. The amount of the penalty would be based upon a fee schedule, taking into account certain factors such as the seriousness of the violation and previous history of violations. DSHS would provide required notice of the assessment of the administrative penalty and the violation for which it was assessed. Within 10 days, the person would be required to either pay the penalty or request a hearing.

If SOAH upheld a finding that a violation occurred, the person would have 30 days to pay the penalty or appeal for judicial review. The attorney general could sue to collect unpaid penalties. The department could order a license holder to pay a refund to a consumer instead of imposing administrative penalties.

It would be considered a deceptive trade practice and a class B misdemeanor (up to 180 days in jail and/or a maximum fine of \$2,000) to operate under the title of dyslexia practitioner or advanced dyslexic therapist without license. A person committing this or any other violation could be enjoined. A civil penalty of up to \$5,000 per day of violation could be assessed. The commissioner could issue a cease and desist order and an administrative penalty against an unlicensed individual that committed a violation.

SB 703 would take effective September 1, 2007, and disciplinary actions and the imposition of penalties would not occur until February 1, 2008.

**SUPPORTERS
SAY:**

SB 703 would license and regulate dyslexia practitioners to ensure public safety and the soundness of the profession. Currently, there are no state standards dictating training or practice requirements for individuals working with people with dyslexia or related disorders.

Treating dyslexia requires an understanding of complex techniques for which a practitioner must undergo extensive formal training to learn. The bill would ensure that a person seeking treatment for dyslexia could feel confident in the quality of treatment received from a licensed dyslexia practitioner or advanced dyslexia therapist. In addition, schools are required to provide instruction to all students with dyslexia. While the bill would not require that a school hire a licensed dyslexia practitioner, a school could hire a licensed practitioner with the confidence that the practitioner could provide the highest quality education to students.

By focusing on the use of MSLE methods, SB 703 would provide the best quality of services for dyslexic individuals seeking treatment. MSLE encompasses the variety of treatment methods that are considered most effective for treatment of dyslexia. Dyslexia is a disorder involving altered brain function that must be addressed through very specialized techniques. The bill would not prevent other types of practitioners from treating dyslexia through other methods. Such practitioners could continue to practice as reading teachers or under similar titles. The bill simply would reserve the titles of dyslexia practitioner and advanced dyslexia therapist to those well-educated in the highly successful MSLE techniques.

The definition of MSLE would not be overly broad, because it specifies that dyslexia practitioners only could use MSLE techniques as they pertain to people with dyslexia or related disorders. DSHS is a competent regulatory body that could address any abuses of the dyslexia practitioner licensing statute through the enforcement authority granted in SB 703.

**OPPONENTS
SAY:**

SB 703 should not focus licensing requirements for dyslexia practitioners on their education and experience in MSLE. A licensing statute should license a profession and not a single technique. Such a designation would codify a bias towards a single type of treatment when other treatment types exist. There are other reading therapies and even unique therapies proving highly successful that involve specialized exercise regimens with no language-related therapy. This bill would overemphasize only one

therapy type, not accounting for the fact that the field of dyslexia treatment is broad and continuously evolving.

Although the bill would specify that possessing a dyslexia practitioner license would not authorize a person to practice audiology or speech-language pathology, the definition of MSLE would be troubling. The bill would state that MSLE could be used to treat disorders related to dyslexia, and the first half of the definition essentially would define language. The practice of audiologists and speech pathologists is so immersed in other disorders related to language that the MSLE definition could blur the lines of practice between these disciplines and dyslexia therapy. This would risk having dyslexia practitioners provide services that they were not qualified to provide under the shelter of their license by broadly interpreting the definition of MSLE and what disorders could be considered related to dyslexia.

NOTES:

The fiscal note indicates a positive impact of \$101,980 over fiscal 2008-09. DSHS estimates that more licensing fees would be collected from licensed dyslexia practitioners than the related costs for FTEs and technology to regulate these practitioners.

A similar House bill, HB 2505 by Eissler, was reported favorably from the Public Health Committee on April 30.