EXHIBIT 8
DATE 3/11/13
SB 230

Mr. Chair, Members of the Committee:

My name is Jessica Reynolds, and I am a graduate student at The University of Montana and member of SCHWA, the Students in Communication and Hearing Working in Action. Our name, "Schwa," is the name for one of the most common vowels in the English language, but there is nothing common about our organization. We volunteer, we educate, and we advocate for those who are in need of speech and hearing services.

We are grateful to the citizens and the legislature of Montana for reinstating the program at the University of Montana. For twenty years, we were one of two states without a training program for speech, language, and hearing therapy. Now we are able to stay in Montana and receive an excellent education in speech, language, and hearing therapy. Now children and adults with autism, traumatic brain injury, strokes, Down syndrome, degenerative illnesses, and many other issues are able to receive services and rehabilitation for speech, language, and hearing.

We come before you today as concerned students and future professionals to advocate for the passage of SB 230. This legislation is crucial for Montana citizens who live in remote areas and do not have access to services. This legislation is important for individuals with limited mobility or limited access to transportation and cannot travel to and from sessions. In my short time working with patients at the RiteCare Clinic, I have come across individuals who need more intense therapy but cannot make the trip for sessions more than once a week, individuals who have to end therapy early because they have travelled from out of town and need to return to their jobs and their homes, and individuals who have not been able to receive help at all because they live in an area without services and cannot travel to an area with a speech-language pathologist or audiologist.

This problem becomes especially troubling when it concerns access to services for children in our schools. All too often several schools share a single speech-language pathologist. Children in these districts must wait for the help they need to succeed in school, and SLPs must sometimes log hundreds of miles in a week to help them. The time spent driving to each place could be spent providing additional help to our students.

This legislation will allow patients to receive high-quality speech, language, and hearing therapy remotely via the internet. This approach has already been successful in telemedicine, and studies conducted in states with telepractice for speech, language, and hearing services show high rates of satisfaction for both patients and clinicians (Brennan, Georgeadis, Baron, & Barker, in press; Mashima et al., 2003).

In addition to the benefits provided for patients throughout Montana, this bill would allow students studying to be speech-language pathologists at The University of Montana to be trained in the latest treatment delivery methods. Currently, our excellent education is limited by the fact that we cannot be trained to deliver telepractice therapy. This opportunity is afforded to students in other states, and we are lacking an important educational experience in our training.

This bill would allow many individuals in Montana to receive treatment for speech, language, and hearing, and enforcement will not create any financial burden for Montana taxpayers. Our

Montana Board of Licensure in Speech-Language Pathology has endorsed this bill. The Montana Speech-Language and Hearing Association also fully supports this Bill and is the Sponsor through Senator Wanzenried and Senator Taylor.

Please add the endorsement of students from The University of Montana. This Bill is for all of the citizens of our State and for those that could be given the gift of communication through telepractice therapy.

Jessica Reynolds
SCHWA Member – The University of Montana

References

Brennan, D. M., Georgeadis, A. C., Baron, C. R., & Barker, L. M. (in press). The effect of videoconference-based telerehab on story retelling performance by brain injured subjects and its implication for remote speech-language therapy. *Telemedicine and e-Health.*

Mashima, P., Birkmire-Peters, D., Syms, M., Holtel, M., Burgess, L., & Peters, L. (2003). Telehealth: Voice therapy using telecommunications technology. *American Journal of Speech-Language Pathology, 12*, 432–439.