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[phone

802-479-1030 802-479-1835 Agency of Education

May 3, 2016

Tim Ashe, State Senator Vermont Senate 115 State Street Montpelier, Vermont 05633-5301

Re: H.562

Dear Senator Ashe,

We respectfully request that Senate Finance consider the attached amendments to H.562, as passed by the Senate Committee on Government Operations.

The proposed study in Sections 20 and 21 (of draft markup of 2.1, dated 4/26/16) is duplicative and burdensome. We respectfully suggest you streamline the reporting requirements in Section 1 by striking out the redundant study at Sections 20 and 21 that would apply to agencies and departments, like the AOE, that administer professional licenses – as opposed to OPR. See attached.

The policy choices related to clinicians who also work as educators in schools are well documented, and no choice makes every stakeholder happy. Last year, the General Assembly created the current policy to align licensing of SLPs with licensing of other clinicians who sometimes work as educators in schools, including school nurses, school psychologists, school social workers, and other professionals. Practicing clinically and serving our children in the public schools by providing educational services are distinct functions. But for a small number of SLPs who have voiced dissatisfaction, this system works well and virtually none of the affected license holders has voiced any displeasure.

From an educational quality standpoint, maintaining integrated licensure for educators through the AOE makes perfect sense. It aligns the AOE with federal reporting requirements we have to meet with the US Department of Education and guarantees integration between other core functions of our licensing office, which is developing standards for educator preparation programs in Vermont postsecondary institutions.

Any policy choice has winners and losers, as well as costs. Last year, the General Assembly made a decision on this matter. We will work to implement this decision in the most streamlined and cost effective way possible.

Thank you for your consideration of our comments.

Sincerely,

Rebecca Holcombe Secretary of Education

## **H.562 -- PROPOSED AMENDMENT (05/03/2016)**

## H.562

Senator	moves to amend the Report of the Committee on Government	nent
Operations as follows:		
	(a)	
First: By striking out	Secs. 20 and 21 (professional regulation findings and repo	rt) and
the related reader assistance h	eading in their entirety and inserting in lieu thereof new S	ecs. 20

Sec. 20. [Deleted.]

and 21 to read:

Sec. 21. [Deleted.]

Second: By striking out Secs. 22 and 23 (licensure and the Agency of Education) and the related reader assistance heading in their entirety and inserting in lieu thereof new Secs. 22 and 23 to read:

Sec. 22. [Deleted.]

Sec. 23. [Deleted.]

<u>Third</u>: In Sec. 24 (effective dates), by amending subdivision (1) to read:

(1) this section and Sees. 20 (findings and purpose) and 21 (professional regulation report) shall take effect on passage;



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**TESTIMONY PROVIDED TO: Senate Operations** 

FROM: Rebecca Holcombe, Secretary Agency of Education

**TOPIC: H.562** 

DATE: April 21, 2016

Data below is conservative, in that it assumes all SLPs are only licensed as SLPs, and don't carry additional licenses as, for example, special educators or special education directors. In fact, we know some SLPs carry other endorsements on their educator license.

Testimony is based on this version of H.562:

http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/Senate%20Government%20Operations/Bills/H.562/H.562~BetsyAnn%20Wrask~Draft%20No.%201.1,%204-14-2016~4-14-2016.pdf

Impact	Option 1: Both Professional/Clinical License and Educator License conferred by OPR	Option 2: Professional/Clinical License conferred by OPR; Educator license conferred by AOE	Option 3: Both Clinical License and Educator License conferred by AOE
Statute	As proposed in current version of H. 562 (p.71-74)	No amendment to statute required	Rescind Act 38 of 2015 and return clinical licensure of SLPs to AOE
Impact on Licensees	<ol> <li>Includes ≈1,000 potential educators about 8% of teaching force; 500 are SLPs</li> <li>Convenience of a single location for license- medium licensing fees         <ul> <li>OPR fee=\$100 per year</li> <li>Total=\$100 per year</li> </ul> </li> <li>Maintain teacher benefits related to contracts and retirement</li> </ol>	<ol> <li>Includes ≈1,000 potential educators about 8% of teaching force; 500 are SLPs</li> <li>Inconvenience of two locations for licenseshighest licensing fees         <ul> <li>OPR fee=\$100 per year;</li> <li>AOE fee=\$67 per year</li> <li>Total = \$167 per year</li> </ul> </li> <li>Maintain teacher benefits related to contracts and retirement</li> </ol>	1. 500 are SLP educators, unknown number of clinically licensed SLPs 2. Convenience of a single location for license- lowest licensing fees a. OPR fee=\$0 per year; b. AOE fee=\$67 per year c. Total=\$67 per year 3. Maintain teacher benefits related to contracts and retirement 4. Non-educator SLPs may not want this change
Impact on OPR	<ol> <li>Increase in revenue and work relative to licensees</li> <li>New costs related to collaboration with VSBPE</li> <li>New costs related to creating data sharing agreements and data transfer</li> <li>New costs related to collaboration with AOE</li> </ol>	<ol> <li>No change in revenue or work</li> <li>No change in consultation with VSBPE</li> <li>No requirement to share data</li> <li>No increased costs to collaborate with AOE</li> </ol>	<ol> <li>Loss of revenue from clinical licenses of SLPs<sup>2</sup></li> <li>No change in consultation with VSBPE</li> <li>No requirement to share data</li> <li>No increased costs to collaborate with AOE</li> <li>Lost investment on the startup of clinical licensure</li> </ol>

<sup>&</sup>lt;sup>1</sup> A 3-year license-\$200 total-\$50 application fee and \$50 for each year (\$150) - As a result the yearly cost is \$67.

<sup>&</sup>lt;sup>2</sup> OPR would need to confirm the loss here, based on their fee of \$100 per year and roughly 400 SLPS (clinical and educator) renewing each year, we estimate this at \$80,000 per year.

Impact	Option 1: Both Professional/Clinical License and Educator License conferred by OPR	Option 2: Professional/Clinical License conferred by OPR; Educator license conferred by AOE	Option 3: Both Clinical License and Educator License conferred by AOE
Impact on AOE	<ol> <li>Continued expenses for supporting the work of VSBPE and investigations</li> <li>Loss of corresponding revenue (estimated loss of \$70-\$80,000)<sup>34</sup></li> <li>New costs related to creating data sharing agreements and data transfer</li> <li>New costs related to collaboration with OPR</li> <li>Lost investment in licensing infrastructure (our new online licensing system)</li> </ol>	<ol> <li>No change in revenue or work</li> <li>No change in consultation with VSBPE</li> <li>No requirement to share data</li> <li>No increased costs to collaborate with AOE</li> </ol>	<ol> <li>Increase in revenue and work relative to licensees</li> <li>No change in consultation with VSBPE</li> <li>No requirement nor associated costs to share data</li> <li>Increase in revenue of \$10-15,000<sup>5</sup> to offset new work</li> </ol>
Impact on Other Educators	Increase in fees (likely 10%) to     offset reduction in revenue	1. No impact	1. No impact
Impact on Superintendents	Have to work with two state     entities on issues related to     licensure for different types of     educators	No change from current-     AOE for educator licenses     OPR for professional     licenses	No change from current- AOE for educator licenses OPR for professional licenses
Other entities	1. Unclear of the impact to Treasury and the retirement fund of having two agencies to interface with related to teacher retirement processes and an influx of new members 2. Unclear of impact on school systems and their negotiations with bargaining units as the definition of teacher changes; could potentially increase costs for school systems- (please see Nicole Mace testimony)	1. No impact	3. No impact



<sup>&</sup>lt;sup>3</sup> For the next two years, approximately 1/4 (250) of licensees renew, and then there are new applicants. Applicants pay for their full term of their license at the time of application; some are for 3 year licenses at \$200 each and some are for 7-year licenses at \$400 each. Assuming (150 licensees \*\$200)+ (100 licensees \*\$400)=\$70,000. If all applicants need 3-year licenses the figure would be \$50,000; if all need 7-year licenses applicants the figure would be \$100,000.

<sup>&</sup>lt;sup>4</sup> This pattern will hold only for the next two years as the licensing terms recently changed so that we will no longer expect 1/4 of licensees to renew every year as some have 7 year licensees.

<sup>&</sup>lt;sup>5</sup> Based on our change in revenue this year when clinical licensure was given up.