

States of the States: What's new in State Advocacy

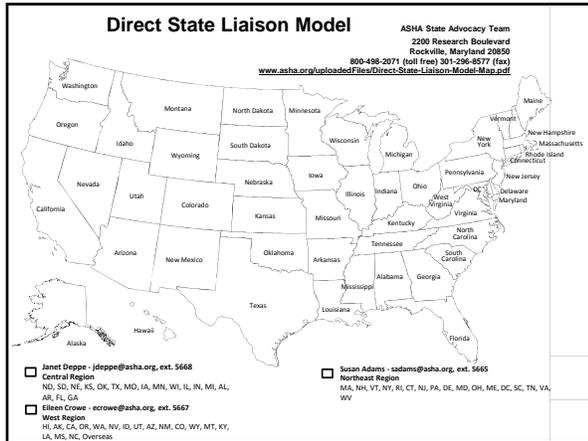
CSAP Spring Meeting
May 17, 2013
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Director, State Advocacy

Outline

- State Outreach Initiative: State Liaisons
- State Health Issues:
 - Medicaid reimbursement
 - Insurance coverage for Autism services
 - Patient Protection and Affordable Care Act
 - Essential Health Benefits
- State Education Issues
 - Loan Forgiveness
 - PACE: alternative to teacher evaluation systems
- Scope of Practice Issues
 - Truth and Transparency legislation
 - Music therapy licensure
- State regulatory Issues
 - Licensure
 - Service Continuum
- State and Student Advocacy Grants
- Telepractice
- Resources

State Outreach Initiative

- Each state was assigned a direct staff liaison from the State Advocacy Team
- Team members make periodic contact with state association leaders to learn about the important issues in the state in order to provide resources and support
- Team members serve as the primary point of contact for the leadership on state issues and will triage SSLHA to appropriate team members or staff in other units, as needed



State Team Liaisons

Northeast Region - MA, NH, VT, NY, RI, CT, NJ, PA, DE, MD, OH, ME, DC
Susan Adams sadams@asha.org 800-498-2071, ext. 5665

South Region - VA, WV, KY, NC, TN, SC, GA, FL, AL, MS, LA, AR
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Central Region - ND, SD, NE, KS, OK, TX, MO, IA, MN, WI, IL, IN, MI
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West Region - HI, AK, CA, OR, WA, NV, ID, UT, AZ, NM, CO, WY, MT
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State Health Issues

- States continued to grapple with the cost of providing services under Medicaid, In 2012:
 - States reduced rates for PT, OT and Speech Services
 - States placed limitations on number of visits and increased co-pays for services
 - States eliminated optional services for adults

In 2013, additional states have adopted reduction in Medicaid reimbursement or coverage limitations including: FL, IN, MT, WA and SD

Medicaid Rules and Laws passed in 2012

Colorado	New rule sets limits on both case management and services to be provided to each client on an annual basis under Medicaid.
Idaho	New rule allows for an amendment to co-pay for services, including speech-language pathology services, and to place limitations on speech-language pathology, physical therapy (PT), and occupational therapy (OT) services in alignment with the Medicare caps for the same services.
Illinois	S.B. 2840 placed an annual limit of 20 visits per service on OT, PT, and speech-language pathology services.
Indiana	Rule 405 IAC 1-11.5-2 and 5-16-6 reduces by 5% rates to various providers, including audiologists, SLPs, optometrists, and other medical personnel.
Texas	Rule 22TAC§§ 141.2 concerning the sale of hearing aids and service limitations was amended.
Washington	Rules (WAC 388) were adopted that eliminate optional medical services for clients age 21 and over including vision, dental, and hearing services.

Insurance coverage for Autism

- Legislative bills related to service provision and insurance coverage of autism continues to be of great interest to states legislators .
- Several bills eliminating limits on coverage passed this session.
- ASHA carefully monitors proposed legislation to ensure that SLP is included as a covered service
- In 2013 coverage proposals were introduced in 18 states (CA, CT, GA, HI, KS, MAE, MA, MI, MN, MS, NE, NV, NJ, NM, NY, ND, OR, PA, TN, TX and UT. To date, none of these bills have been enacted

Insurance coverage for Autism rules and bills passed in 2012

Alabama	New bill includes coverage for services for children with autism 9 years of age and under.
Arkansas	Bill was passed to require insurance coverage for autism with no limitations on benefits.
Louisiana	H.B. 771 Increases the age of insurance coverage to 21 and eliminates the lifetime cap on benefits for autism services.
Massachusetts	Rules were adopted to establish rates for specialty services for children diagnosed with autism.
Oregon	A rule limiting the maximum benefit for autism services at \$36,000 per beneficiary per year was passed.
Utah	H.B. 144 prohibits insurers from denying coverage based on an autism diagnosis.

Patient Protection and Affordable Care Act

- ASHA closely monitors the ACA and develops information and support for member involvement in state efforts to implement the Essential Health Benefits package
- ASHA works with members to ensure that appropriate habilitative and rehabilitative services will be covered by health insurers
- ASHA has developed a web site of information for state leaders and ASHA members at: www.asha.org/practice/Health-Care-Reform/Patient-Protection-and-Affordable-Care-Act/

Education Issues

- While ASHA continues to lobby Congress for loan forgiveness for SLPs and Audiologists. States are also working to pass loan forgiveness legislation beginning with:
 - Mississippi which established a master's degree loan forgiveness scholarship program for SLPs working in MS schools

Education Issues

- ASHA developed the Performance Assessment of Contributions and Effectiveness of SLPs (PACE) to provide an alternative to value added assessments being developed for classroom teachers. In 2013, PACE will
 - Be piloted in several states and districts,
 - Utilized by a research center at a University to determine reliability and validity of the Matrix assessment tool, and
 - Promoted at the OSEP Leadership Conference through the US DOE
 For more information about the PACE:
- See "ASHA Develops Alternative to Teacher Assessment Systems," by Carol Polovoy, in the June 5, 2012, issue of *The ASHA Leader* (online at www.asha.org/Publications/leader/2012/120605/ASHA-Develops-Alternative-to-Teacher-Assessment-Systems/).
- See ASHA's Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (www.asha.org/Advocacy/state/Performance-Assessment-of-Contributions-and-Effectiveness/).

Scope of Practice Issues

- ASHA continues to monitor issues related to infringement on the SLP and Audiology scope of practice.
- ASHA closely monitors and takes action on efforts by the AMA and others to examine and/or limit scope of practice
- Two issues have been in the forefront of those discussions in 2012-2013: Truth and Transparency and Music Therapy licensure legislation

Truth and Transparency Legislation

- The American Medical Association's (AMA) Scope of Practice Partnership has identified truth and transparency legislation as one of its major goals. These bills require professionals—particularly those with doctoral degrees—to identify themselves to the general public as doctors of their stated professions (e.g., doctor of audiology).
- Nonphysician health care professionals believe that the “truth and transparency” legislation supported by the AMA is unnecessary, redundant, and part of an effort by the AMA to examine professional competence of other health professionals.
- Several states (AR, FL, IA, ME, NE, NV, NJ, ND, OR, VT, WA) introduced “truth and transparency” bills this session, but due to extensive efforts by staff, state leaders, and members in states, only a few states (including Massachusetts and Maryland) passed such legislation.

Music Therapy Legislation

- Music therapy (MT) licensure proposals were introduced in several states AZ, IN, IA, MN, NC, SC RI, and UT).
- Due to the broad scope of practice, including assessment and treatment of communication disorders in those bills, ASHA opposed these proposals.
- ASHA worked closely with state associations:
 - ASHA and the Georgia Speech-Language-Hearing Association were able to limit the scope in the revised bill, of an MT bill which was signed into law.
 - ASHA is also working with IN to obtain the Governors veto of a MT certification bill.
 - ASHA assisted ArSHA with an MT bill that was vetoed by the Governor

State Regulatory Issues

Licensure:

- In 2012 South Dakota passed Senate Bill 72 licensing speech-language pathologists and speech-language pathology assistants, includes universal provisions that require a single license for practice across all settings.
- Colorado attained certification through the Division of Registration in the Department of Regulatory Agencies for SLPs practicing in all settings, except educational settings, throughout the state.
- All fifty states and the District of Columbia now regulate SLPs and Audiologists

State Regulatory Issues

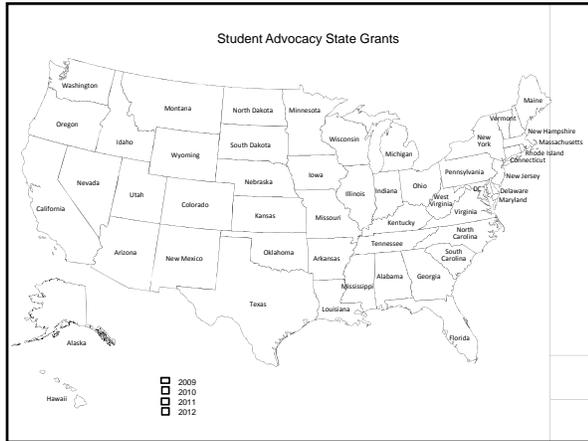
- See video *Licensure Win for South Dakota SLPs and Assistants*, by Jennifer Schultz (www.youtube.com/watch?v=QVxySAaehE).
- See video *Building Relationships Leads to SLP Licensure in Colorado*, by Katheryn Boada (www.youtube.com/watch?v=ZTL1gD3Nb0w).
- See "Colorado Passes Certification Law," by Katheryn Boada and Eileen Crowe, in the August 28, 2012, issue of *The ASHA Leader* (online at www.asha.org/Publications/leader/2012/120828/Colorado-Passes-Certification-Law.htm).

Service Continuum

- The Professional Service Continuum Summit held in 2011, collected information on supporting a service continuum. There were six recommendations from the Summit.
 - one required developing model licensing language to promote uniform credentials for audiology, speech-language pathology, and assistant practice in states which was approved by the ASHA Board of Directors in 2012.
 - Another recommendation was to develop a scope of practice for SLPAs. An ad hoc committee completed its work and following review was approved by the Board of Directors
 - ASHA's state advocacy team is promoting the adoption of the new language to establish uniform requirements across states, including universal licensing provisions for SLPs and SLPAs and to adopt SLPA scope of practice language in state laws and regulations
- See ASHA's Model Bill for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants—July 2012 (www.asha.org/uploadedFiles/State-Licensure-Model-Bill.pdf).
- See ASHA's *Speech-Language Pathology Assistant Scope of Practice* (online at www.asha.org/policy/SP2013-00337/).

State and Student Advocacy Grants

- ASHA continues to promote state and member advocacy through state grants for initiatives related to personnel, reimbursement, and student advocacy. In 2012, personnel and reimbursement grants totaling \$60,000 were awarded across the United States. California, Colorado, Connecticut, Florida, Illinois, Minnesota, New York, South Carolina, and South Dakota received personnel grants; Georgia, Idaho, Kansas, and Massachusetts received reimbursement grants. In addition, student advocacy grants totaling \$8,000 were awarded to eight states (Missouri, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, Virginia, and Washington).
- In 2013, \$69,000 in grant funds were disbursed for 16 personnel grants (California, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Nevada, New Jersey, New Mexico, Pennsylvania, South Dakota, Texas, Vermont, Virginia, and Wisconsin) and 2 reimbursement grants (Florida and Minnesota). Student advocacy grants will be awarded in the fall of 2013.



Telepractice

- ASHA has been actively involved in the promotion and use and appropriate regulation of telepractice. In 2012,
 - staff authored articles in the *International Journal for Telerehabilitation*
 - delivered presentations on licensure portability and service delivery at the annual American Telemedicine Conference and the National Alliance for Medicaid Education Conference.
- ASHA staff and ED worked with the Virginia Medicaid office to reimburse speech-language pathology services delivered via telepractice in school settings.
- Similar efforts are underway in a number of other states. Currently, six states reimburse speech-language pathology services delivered via telepractice in education settings.
- Staff advocated for insurance coverage of telepractice services, which resulted in the passage of telepractice bills in several states.

Telepractice

Maryland	H.B. 1149 requires insurers to provide the same coverage for health care services delivered in person or via telehealth and prohibits insurers from denying coverage for services solely because services are delivered through telehealth.
Michigan	Legislation passed that prohibited denial of coverage of services delivered via telehealth.
New York	Legislature passed A.B. 9834, which provides for credentialing of health care providers providing services through telehealth.

Resources

- Advocacy in Action: 2012-2013:
<http://www.asha.org/advocacy>
- State of the States: 2012:
<http://www.asha.org/Publications/leader/2013/130101/Policy-Analysis-State-Laws-Bring-Practice-Changes.htm>
- State Trends:
<http://www.asha.org/advocacy/state/StateLicensureTrends/>

Questions

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