


ASHA's 2014 Public Policy Agenda and Key Federal Issues

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DEVELOPMENT OF SURVEY AND INPUT FROM MEMBERS

2014 PUBLIC POLICY AGENDA

ASHA's Public Policy Agenda

Annual Development Process

Based on ASHA member input to the Government Relations & Public Policy Board	
March-May	Development of Survey and Request to ASHA Committees, Boards, CSAP, State Associations, Advisory Councils, and SIGs. Streamlined Survey.
June-July	Review of Comments ★★★ input at 1,662 comments (While over 4,000 comments received in 2012, the respondent % increase is greater than the previous year.)
August	GRPP Board Deliberations on Survey and Policies
October- November	ASHA Board of Directors Review & Vote

2014 PPA Responses

Invitation Venue	Number of Responses*	Percent of Total Responses
SIG Communities	502	29.8%
Headlines	483	28.6%
General Audiology and SLP ASHA Communities	246	14.6%
Capwiz audiologists	191	11.3%
Advocacy News web page	73	4.3%
State Associations	49	2.9%
State Networks	44	2.6%
Audiology and SLP Advisory Councils	31	1.8%
Facebook	31	1.8%
Committee and Board Chairs	17	1.0%
Access Schools e-zine	11	0.7%
Twitter	6	0.4%
Access Audiology e-zine	2	0.1%

2014 PPA Survey Results – Top 10

2014 PPA ALL RESPONDENTS In order of mean rating, highest to lowest Issue Objective	n =	Very Important	Somewhat important
Federal and state funding for services of school-based members	1617	68.6%	23.1%
Medicaid reimbursement and coverage policies	1612	65.0%	28.4%
Medicare reimbursement and coverage policies	1621	62.9%	27.5%
Private health plans reimbursement and coverage policies	1602	61.5%	30.1%
Patient Protection and Affordable Care Act (ACA)	1607	49.0%	33.9%
Hearing health care	1607	41.6%	42.0%
Comprehensive (universal) licensure	1605	42.1%	39.9%
Service continuum	1600	35.2%	43.3%
State consultants	1599	33.7%	42.7%
Loan forgiveness as a recruitment and retention tool	1612	30.8%	37.7%
Telepractice	1602	22.0%	40.9%

2014 PPA – Issues and Principles



ASHA'S 2014 PPA – Introduction

- SLPs and Audiologists showed agreement in ranking issues.
- Board considers member comments and input from staff and consultants in devising PPA.
- Issues included are those deemed feasible in current political climate and are a good use of resources.
- Some issues, as direct access or a Medicare benefit for hearing aids, are not deemed politically feasible in the current political climate.
- ASHA should continue to support the Comprehensive Audiology Benefit legislation.
- Some issues, such as paperwork burden, *are* multi-pronged and require advocacy at the federal, state and local levels.

ASHA'S PPA – Foundational Principles

- Ethics
- Commitment to Client Care and Outcomes
- Evidence-Based Practice
- Diversity
- Non-Discrimination
- Commitment to ASHA's Members
- Collaboration With Other Organizations

ASHA'S 2014 PPA – 12 Issue Objectives

Federal Level

1. Medicare Reimbursement and Coverage Policies
2. Reauthorization of Federal Education Legislation

Federal and State Level

1. Funding and Practice Issues for School Based Services
2. Hearing Health Care
3. Medicaid Reimbursement and Coverage Policies
4. Patient Protection and Affordable Care Act
5. Private Health Plans Reimbursement and Coverage Policies
6. Telepractice

State Level

1. Loan Forgiveness as a Recruitment and Retention Tool
2. Comprehensive Licensure
3. Service Continuum
4. State Consultants

FEDERAL ISSUES



Advocate for Medicare Reimbursement and Coverage

- Advocate for equitable reimbursement for SLPs and audiologists and coverage for beneficiaries of Medicare health plans;
- Support alternative payment policy to Medicare therapy caps;
- Support reform of Sustainable Growth Rate formula in determining reimbursement under Medicare Part B fee schedule;
- Support Medicare coverage of audiologic diagnostic and treatment services, and the right of audiologists to opt out of Medicare;
- Support right of SLPs to opt out of Medicare;
- Represent professions before CMS for maintenance or expansion of appropriate values and coverage and representation on AMA coding committees.



Medicare Reimbursement and Coverage –Therapy Cap Exceptions

Advocacy in Action

- Successfully lobbied Congress twice in the last year to extend the therapy cap exceptions process.
- Worked with APTA, AOTA, and others to develop alternatives to the therapy caps to present to House and Senate Committees.
- Actively advocated with CMS and MedPAC on regulatory issues related to the implementation of the therapy cap exceptions process.



Therapy Caps (Where are We?)

Good News

- Both House and Senate agree that it needs to be addressed
- Senate bill S. 2110 includes a repeal and replace strategy
- Senate language delineates all three therapy services as separate and distinct.

Bad News

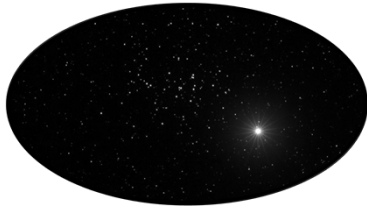
- Recently passed House bill on SGR (H.R. 4015) does NOT include therapy provision
- Therapy repeal and replace costs \$8.8 billion
- Senate bill has no “pay-fors” – will have problems passing the Senate



SOOO – where does that leave us?

- Short-term patch (exceptions process) passed till March 31, 2015

Therapy Caps – what would happen if the moon and stars aligned?



New requirements...

- MMR would be in place of one year after enactment
- After that a new prepayment review for outliers
 - Aberrant compared to peers
 - High claims denial
 - New enrollees
 - Questionable billing practices – medically unlikely units
 - To treat a specific type of medical condition (up to the Secretary)
 - Services identified by standardized data elements
 - Services furnished by a provider or group that are identified above
 - Any other services determined by the Secretary
- Secretary can take a provider off prepayment if they have a low denial rates.
- Prior authorization can be provided for multiple services at a single time.

New requirements...

- Information to contractors will be allowed by electronic means.
- If the contractor does not make a determination in 10 days - - prior authorization will not apply.
- However – denials can still occur if the services are deemed not medically necessary.
- Providers are not in prepayment review forever
- New reporting requirements
- Look at the bright side – we would no longer be connected at the hip with physical therapy...



Again with the reporting...

- Collection of standardized data elements on the following domains:
 - Demographic
 - Diagnosis
 - Severity
 - Affected body structures and functions
 - Limitations of activities of daily living and participation
 - Functional status
 - Other domains.
- Secretary to have draft list 6 months after enactment
- Stakeholder input is required
- CMS to develop electronic system (such as web portal) to report elements
- CMS to determine frequency of reporting



SGR Reform

Stress Reduction Kit



Directions:
 1. Place kit on FIRM surface.
 2. Follow directions in circle of kit.
 3. Repeat step 2 as necessary, or until unconscious.
 4. If unconscious, cease stress reduction activity.

- Good News
 - House and Senate agree that reform needs to happen
- Bad News
 - Both sides have made this “political” (overseas contingency fund, ACA individual mandate)
 - No real pay-fors (>\$180 billion/10 years)

Medicare Reimbursement and Coverage – MFS & SGR

Advocacy in Action

- ASHA collaborated with other organizations (AMA) to prevent cuts of 23.7% in the Medicare Fee Schedule (MFS) from 2012.
- ASHA submitted comments to the House Ways and Means and Energy and Commerce committees on an alternate payment system based on a new system of quality measures to replace the current Sustainable Growth Rate formula used to determine MFS at an estimated cost of \$180+ billion over 10 years.



SGR – What are we moving to?

- Senate and House bill – identical in language
 - House – Repeal of ACA individual mandate as pay-for
 - Senate – No pay for but Oversees Contingency Operations (OCO) funds are on the table (approx. \$97 billion)
- Basically – outcomes and clinical practice improvement reporting for a positive or negative impact on the bottom line.

The Basics of new payment system

- SGR is repealed to avoid 23.7% reduction in Part B payments
- MPFS rates increased on April 1 by 0.5% and each year through 2018
- 2% reduction due to sequestration remains in effect through 2022
- PMFS rates remain constant at the 2018 rates through 2023
- During this period providers have opportunity to earn bonuses by participating in Merit Based Incentive program (MIPS)
- After December 31, 2017 providers not subject to PQRS penalties
- Beginning 2024 MPFS rates updated annually by 0.5%. Providers participating in alternative payment models will receive an additional. 0.5%

MIPS?

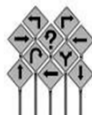
- VBP for the period 2018-2023 will be based on a providers score in 4 areas:
 - Quality measures
 - Efficiency measures
 - Where applicable meaningful use of electronic health records
 - Clinical practice improvement measures (care coordination, plan of care...)
- Providers will receive a composite performance score of 1-100 based on their performance on these measures. CMS will set a yearly threshold score on the mean composite performance scores of all providers during the previous performance period.
- Providers scoring below threshold will be subject to reductions. Negative payments caps at 4% in 2018, 5% in 2019, 7% in 2020 and 9% in 2023.
- Providers above the threshold will receive bonus payments. Providers with higher scores get higher bonus. Bonus funded by penalties assessed to lower performing providers.
- Providers who receive significant percentage of income from alternative payment mechanisms (APMs) can opt out and receive a annual 5% bonus.

Who needs to participate

- Beginning in 2018 - MIPS applies to MDs, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, chiropractors, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetist.
- Other providers paid under fee schedule may be included in MIPS beginning in 2020, provided there are viable performance measures available.
- PT is working to be included in the first round of providers.

Medicare Coverage of Audiology

- ▶ H.R.2330 –
 - ▶ Works with SGR reform and outcomes/clinical improvement reporting.
 - ▶ Plan of Care reporting, care coordination
- ▶ Direct Access
 - ▶ House and Senate bills introduced
- ▶ 18x18
 - ▶ Nothing yet
 - ▶ Audiology organizations to meet this summer



Medicare Reimbursement and Coverage – Comprehensive Audiology Benefit

Advocacy in Action

- Rep. Bilirakis (R-FL) of the House Energy and Commerce Committee has agreed to introduce ASHA's Comprehensive Audiology Bill.
- The bill would allow audiologists to bill for hearing and balance assessment services, auditory treatment services (including auditory processing and auditory rehabilitation treatment), vestibular treatment, and intraoperative neurophysiologic monitoring.
- The bill does not include hearing aids.



2014 PPA Funding and Practice Issues for School-Based Services

ASHA shall:

- Promote adoption of appropriate accountability and evaluation measures for specialized instructional support personnel (SISPs) in education settings;
- Oppose cuts in education funding;
- Seek alternatives to help reduce the paperwork and administrative burden on our school-based professionals;
- Advocate with states to implement federal standards related to ESEA and IDEA Part B;
- Advocate for states to adopt IDEA Part C Infants & Families Program requirements;
- Advocate for waivers in IDEA Part C maintenance of effort to help keep states in the program while granting them temporary funding flexibility; and,
- Promote the reallocation of IDEA Part D funds so that they align with the needs of ASHA's school-based members and graduate academic programs.

Federal-State: Funding Services of School-Based Members – IDEA Funding

- Since its inception, IDEA has protected students with disabilities by ensuring access to a free and appropriate public education.
- ASHA supports to preserve IDEA funding for Special Education.
- When enacted, Congress was to fund the federal share, a commitment to fund 40% of the additional cost of educating students with special needs.
- The highest % Congress has funded was in 2005 at 18%. Current funding is a little over 15%.
- Congressman Chris Van Hollen reintroduced IDEA full-funding legislation. If passed, the bill would gradually increase funding from the current annual appropriation of \$11.6 billion to \$37.2 billion by FY2024. Because IDEA is forward funded—meaning that current fiscal year funds are made available for the following school year, full funding would still be available on October 1, 2024, for FY2025.



Reauthorization of Federal Education Legislation

- Due to congressional gridlock, very little has happened on any education-related issues. Although bills are not necessarily moving on Capitol Hill, activity is taking place.
- ASHA volunteers and staff met with members of Congress to educate them about the important roles played by audiologists and SLPs in education settings. ASHA staff worked for the inclusion of SLPs in any literacy legislation introduced.
- In addition, ASHA met with congressional staff to advocate consistency in terminology—specifically, “highest qualified provider status”—and inclusion of audiologists and SLPs in the Higher Education Act (HEA) provisions.
- As part of the deal reached on funding the government, a provision was included that would allow a 2-year extension exemption for teachers who receive their training through “alternative routes” to meet the “highly qualified” standards under the Elementary and Secondary Education Act (ESEA). This is essentially the Teach for American exemption under ESEA.

Federal-State: Funding Services of School-Based Members – Federal Literacy & Reading Programs

- ASHA supports federal legislation giving local school districts the flexibility to use qualified and certified education professionals, such as audiologists and SLPs, as recognized providers of service under federal literacy and reading legislation and programs.
- SLPs provide early identification, assessment, and appropriate intervention for students with or at risk of developing a communication disorder; SLPs develop literacy programs in school settings.
- Audiologists play an important role in the identification and management of hearing loss and auditory processing disorders, a frequent cause of language delay and reading difficulties.



Funding Services of School-Based Members – Paperwork Burden

Advocacy in Action

- In response to member concerns, ASHA established a team to develop paperwork reduction strategies for school-based providers.
- Last December, House Education and Workforce Chairman John Kline (R-MN) and Early Childhood, Elementary and Secondary Education Subcommittee Chair Todd Rokita (R-IN) sent a letter to Gene Dodaro, comptroller general of the United State at the General Accountability Office (GAO), requesting a report that will delve into various special education paperwork issues.
- This letter is a direct result of ASHA's advocacy efforts and a critical first step in addressing administrative burdens reported by our school-based members. Based on the findings, Congressman Rokita may hold hearings and introduce legislation on this issue.



Protecting Student Athletes Act

Advocacy in Action

- Senator Dick Durbin (D-IL) reached out to ASHA to support legislation, the *Protecting Student Athletes from Concussions Act*, S. 1546, he introduced.
- ASHA made a public announcement supporting the bill that would strengthen K–12 schools’ procedures for preventing, detecting, and treating student athletes who suffer concussions while participating in school sports.
- S. 1546 will direct local education agencies (LEAs) to develop and implement a standard plan for concussion safety and management. The plan must include educating school personnel—including school-based audiologists and SLPs—about concussions.



2014 PPA - Promote Hearing Health Care



- Support hearing aid tax credit legislation;
- Support stronger FDA regulations regarding sale of hearing aids and PSAPs;
- Support FTC oversight of deceptive advertising practices relative to the sale of PSAPs;
- Support reasonable, cost-effective OSHA and ANSI standards to reduce noise-induced hearing loss; and
- Promote comprehensive system of children's hearing health care services, including state screening standards, coverage of hearing aids and cochlear implants and implementation of EHDI.

Hearing Health Care - Federal

Advocacy in Action

- Hearing health care advocacy focused on legislation for a hearing aid tax credit and the marketing and promotion of hearing aids as personal sound amplification products to consumers.
- ASHA is actively working with other stakeholders to garner support for the hearing aid tax credit legislation. S. 1694 was introduced by Senator Tom Harkin (D-IA), and H.R. 1317 was introduced in the House by Congressman Tom Latham (R-IA). *The Hearing Aid Assistance Tax Credit Act* amends the IRC to allow a tax credit of up to \$500 in a taxable year for the purchase of a hearing aid.
- Supported FDA strengthening Guidance on PSAPs; Opposed Citizen's Petition for FDA to withdraw Hearing Aid Regulations.
- Developed web resources for our members related to changes in purchase/selling of a hearing aid.



Hearing Health – Classroom Acoustics

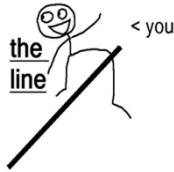
Advocacy in Action

- In an effort to address classroom acoustics, ASHA submitted a code amendment to the International Code Council's (ICC) A117.1 building code which would add a national classroom acoustics standard into the building code.
- The amended building code pertains to access for persons with disabilities.



IHS – hearing aid dispensers - scope creep

- H.R. 3508 – recognizing hearing aid dispensers under the VA
- State scope of practice expansion



Federal-State: 2014 PPA - Loan Forgiveness as Recruitment/Retention Tool

- Support strategies to increase recruitment and retention of audiologists and SLPs through financial aid and loan forgiveness.
- Monitor federal incentives pertaining to Pell and Stafford loans.
- At the federal level, ASHA lobbied Capitol Hill to gain support for the Access to Frontline Health Care Act, which amends the Public Health Service Act to establish a student loan repayment program in exchange for health professionals' providing 2-years of services in "scarcity areas."
- Support state efforts on loan forgiveness.



Loan Forgiveness Initiatives

Advocacy in Action

- Student loans garnered a lot of attention in 2013. Interest rates on federal student loans became a political playing card.
- 2014 could be just as tumultuous for college borrowers. The pending reauthorization of the Higher Education Act could usher in myriad changes to federal student loan programs and interest rates for 2014-2015 loans likely won't remain the same.
- Two potential student loan changes borrowers should keep an eye on in 2014: **PLUS loans subject to credit history and market-based interest rates that could go up to 8.25% and 9.5% for subsidized and unsubsidized Stafford loans, respectively, and 10.5% for all PLUS loans.**



Loan Forgiveness Initiatives

Advocacy in Action Continued

- Support *Access to Frontline Health Care Act* for loan repayment in scarcity areas.
- The *Access to Frontline Health Care Act* will help establish a loan repayment program through the Public Health Service Corps for health care professionals, including audiologists and speech-language pathologists, who agree to work for 2 years in a "scarcity area" as designated by the Secretary of Health and Human Services.

Federal-State: 2014 PPA - Patient Protection and Affordable Care Act (PPACA)

Support state adoption of PPACA requirements, including Essential Health Benefits and coverage of rehabilitative and habilitative services and devices used by audiologists and SLPs.



Federal-State: 2014 PPA - Medicaid Reimbursement and Coverage Policies

- Advocate for coverage of services provided by SLPs and Audiologists mandated by EPSDT program.
- Promote reimbursement of devices, including hearing aids, cochlear implants, AAC and other devices.



Federal-State: 2014 PPA - Private Health Plans and Coverage Policies

- Advocate for coverage of services and devices provided by audiologists and SLPs.
- Assist members insurance appeals for medically necessary services.



Federal-State: 2014 PPA - Telepractice

- Advocate for recognition and coverage of services delivered through telepractice.
- *The Telemedicine for Medicare Act of 2013 (H.R. 3077)* was introduced in the House of Representatives. The bill allows Medicare to reimburse physicians and other practitioners (including audiologists and SLPs) for providing services remotely.
- The bill goes one step further in allowing Medicare providers to treat patients in other states under one state license.
- NCSB supports the legislation with consumer safeguards.



For additional information

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Questions
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