

STATE LEADERS: POLICY AND LEGISLATION UPDATE

CSAP SPRING MEETING, MAY 16, 2014
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DIRECTOR, STATE ADVOCACY

DISCLOSURE

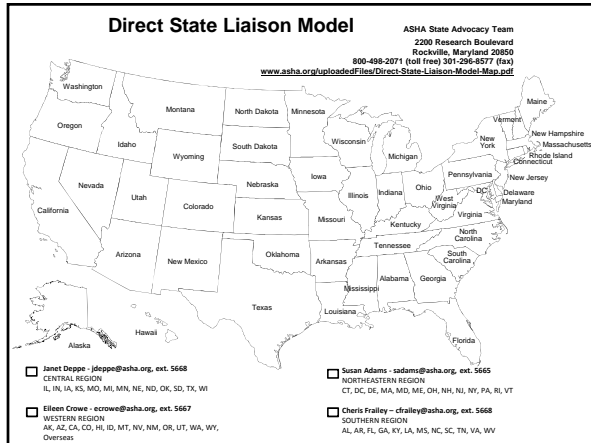
- Janet Deppe, Director State Advocacy
- Financial: I am a paid employee of ASHA
- Non-Financial: I am an ASHA member, I support ASHA's Public Policy Agenda which includes the advocacy initiatives that the association supports; I am the ex-officio of ASHA's School Finance Committee which advocates for increased financial support and other non-financial initiatives for school-based members.

OUTLINE





- State Outreach Initiative: State Liaisons
 - State Health Issues:
 - Medicaid Reimbursement and Expansion
 - Insurance Coverage for Autism Services
 - Patient Protection and Affordable Care Act
 - Essential Health Benefits
 - State Education Issues
 - Loan Forgiveness
 - PACE: Update
 - Hearing Health Care Issues
 - Scope of Practice Issues
 - Truth and Transparency legislation
 - Music Therapy licensure
 - Military Exemption
 - State regulatory Issues
 - Licensure
 - State and Student Advocacy Grants
 - Service Continuum
 - Telepractice
 - Resources

STATE OUTREACH INITIATIVE

- ASHA continues its support of the State Outreach Initiative
- Team members from State Advocacy are assigned to one of four regions
- Team members make periodic contact with state association leaders to learn about the important issues impacting members in the state and provide resources and support to leaders and members in states
- Team members also serve as the primary point of contact for the leadership on state issues and will triage questions to appropriate team members or staff in other units, as needed



ASHA STATE OUTREACH MODEL

- Northeast Region – MA, NH, VT, NY, RI, CT, NJ, PA, DE, MD, OH, ME, DC
Susan Adams sadams@asha.org, 800-4 800-498-2071, ext. 5665 
- South Region – VA, WV, KY, NC, TN, SC, GA, FL, AL, MS, LA, AR
Cheri Frailey cfralley@asha.org, 800-498-2071, ext. 5666 
- 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, Overseas
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STATE HEALTH ISSUES

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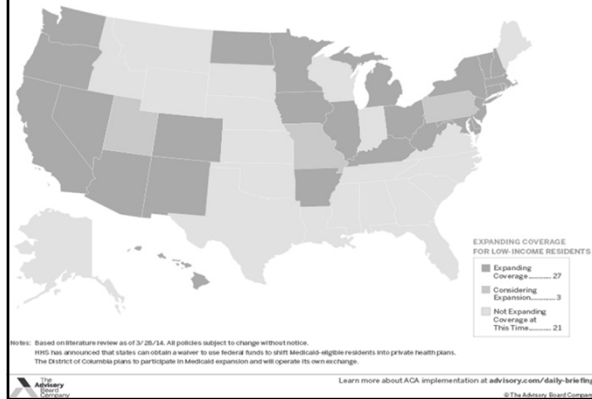
A number of states passed laws and regulations related to Medicaid

- AR: requires insurers to pay comparable rates to PT, OT, SLP and physician providers
- FL: updated Medicaid coverage limits, provider reimbursement schedules and revised the Medicaid therapy handbook for providers
- IN: reduced Medicaid reimbursement formulas by 5% for therapeutic providers including SLPs
- MN: revised Medicaid therapy eligibility guidelines
- MT: revised provider fee schedules and waiver requirements
- NH: approved limitation on covered services and co-pay requirements
- NY: amended the state plan to clarify coverage for preschool and school age services, including SLP services
- UT: Extended eligibility for Medicaid coverage waiver for children ages 2-6

ASHA continues to advocate that all state programs

- Provide coverage for services for children in schools and health care settings
- Appropriately define essential health benefits in state plans
- Monitor and oppose increased co-pay for services in states

Where the States Stand on Medicaid Expansion
26 states, DC, Expanding Medicaid—March 28, 2014



INSURANCE COVERAGE FOR AUTISM

- Legislative bills related to service provision and insurance coverage of autism continues to be of great interest to state legislators .
- ASHA carefully monitors proposed legislation to ensure that SLP is included as a covered service
- Currently 48 states have passed legislation mandating coverage of services for autism:
 - 34 states have specific autism mandates
 - 5 states have limited coverage
 - 9 states have passed mental health parity laws that include autism spectrum disorder as a covered mental illness

**INSURANCE COVERAGE FOR AUTISM
RULES AND BILLS PASSED IN 2013**

State Laws and Regulations Related to Autism Services

- California: Per S.B. 1029, approved health care coverage for pervasive developmental disorder or autism
- Connecticut: Passed legislation to retain coverage for services to individuals with autism
- Delaware: Created rules regarding the standards for service providers qualified to treat autism
- Texas: Passed two bills related to coverage by certain health plans for the treatment of autism
- Washington: Approved a number of measures related to autism, including prior authorization of services, prescribing provider requirements, ABA provider requirements, and payment of services

**PATIENT PROTECTION AND
AFFORDABLE CARE ACT**

Broad focus areas

- improving health care quality
 - shift towards measuring outcomes and paying for quality care, rather than paying for services and procedures, regardless of outcome
- Report to Congress: *National Strategy for Quality Improvement in Health Care* (U.S. Department of Health and Human Services, 2011)
 - Goals: eliminating preventable health care acquired conditions, creating a more coordinated, less fragmented care delivery system, and using patient-reported information, including personal goals and desired outcomes

STATE HEALTH EXCHANGES

- 17 states have developed their own exchange programs although some such OR and MD are rethinking whether or not to adopt the federal plan
- 7 states are partnering with the federal government
- The remaining states are adopting the federal exchange

ESSENTIAL HEALTH BENEFITS

- 10 categories that must be included in policies offered in Exchanges and also by Medicaid
 - Ambulatory patient services
 - Prescription Drugs
 - Emergency Services
 - Rehabilitative and Habilitative Services and Devices
 - Hospitalization
 - Laboratory Services
 - Maternity and Newborn Care
 - Preventive and Wellness Services and Chronic Disease Management
 - Mental Health and Substance Use Disorder Services
 - Pediatric Services, Including Oral and Vision Care

REHABILITATION VS. HABILITATION

- "Rehabilitation" was one term mandated in the law to be defined in the glossary
- Final definition
 - "Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings."
- ASHA recommended that "habilitation" also be defined
- Final definition
 - "Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient"

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

LOAN FORGIVENESS:

- Texas passed legislation authorizing loan forgiveness for school based audiologists and speech-language pathologists and PhD students in communication sciences and disorders who commit working in higher education
 - No funds were appropriated by the legislature
 - TSHA committed \$300,000 to jump start the loan repayment law and plans to join with other donors to increase the amount of available funds beyond the \$300,000 contribution
- The Texas Council of Administrators in Special Education (TCASE) is joining with TSHA in supporting this funding effort.
- Mississippi established a master's degree loan forgiveness scholarship program for SLPs working in MS schools
 - In 2014, funds were appropriated by the MS legislature to support the school loan forgiveness program

EDUCATION ISSUES

PACE

- ASHA's (PACE) is comprised of a **Self-Reflection Tool**, the **PACE Observation Form**, and the **PACE Matrix**
- Based on ASHA's Roles and Responsibilities of Speech-Language Pathologists in Schools policy document and used to evaluate the portfolio and findings on the **PACE Observation Form**.
- **New in 2014:**
 - PACE is has been revised and streamlined
 - An MOU has been executed with the University of MO NEE Center that allows them to adapt PACE as part of their evaluation Matrix for SLPs.
 - It will be used in over 140 district in MO and data will be collected and shared with ASHA
 - The NEE tool has a 1-5 scoring scale which will be piloted in the MO school districts for reliability and validity
 - For more information on the MO model go to: <http://nee.missouri.edu/resources.aspx>
- PACE will be presented at OSEP Leadership Conference through the US DOE in July, 2014
- PACE is being adapted and piloted in several states and school districts
- See ASHA's Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (www.asha.org/Advocacy/state/Performance-Assessment-of-Contributions-and-Effectiveness/)

HEARING HEALTH CARE ISSUES

- Several states made changes to hearing health provisions.
- Colorado amended its consumer protection act to include penalties related to deceptive trade practices.
- South Dakota established a 30-day trial period for hearing aids.
- Utah's H.B. 46 removed the prerequisite hours of practice for obtaining a license as a hearing instrument specialist.
- Illinois authorized Internet hearing aid sales

HEARING HEALTH CARE ISSUES

Hearing aid dispensing rules were changed in several states.

- Iowa amended the examination requirements for hearing aid dispensers
- Maryland now requires hearing aid dispensing license applicants to complete a 2-year post-secondary program (audiologists are exempted).
- Missouri set a limit on the time hearing aid dispensers have to complete the application process for licensure
- Changes were made to Newborn Hearing Screening regulations in 3 states (OH, PA, WI)

SCOPE OF PRACTICE ISSUES

Truth and Transparency:

- Of the nine states that considered "truth and transparency" legislation, only Nevada passed legislation
 - Supported by the American Medical Association, this type of legislation requires professionals—particularly those with doctoral degrees—to identify themselves to the public as doctors of their stated professions, such as a doctor of audiology; nonphysician health care professionals believe that "truth and transparency" legislation is unnecessary, redundant, and designed to allow physician organizations to assess the professional competence of other health care providers.

MUSIC THERAPY LEGISLATION

- Music therapy (MT) licensure proposals passed in Utah and Rhode Island
- ASHA opposed these proposals due to the broad scope of MT practice, including assessment and treatment of communication disorders
- Currently five states GA (limited provisions), ND, NV, RI and UT regulate MTs through licensure
- WI registers MTs
- NY recognizes MT as a sub-specialty under creative arts
- MT bills proposed in IA, MN, MO, NY, IN, and NC failed

HEARING AID DISPENSER SCOPE OF PRACTICE

- North Carolina expanded the Scope of Practice for HADs
 - Changes include allowing:
 - hearing aid specialists to interpret certain tests
 - refer for cochlear implants, rehab and medical intervention
 - determine candidacy for tinnitus management
 - provide tinnitus management
 - administer cerumen management
 - provide community services to individuals with hearing loss
- ASHA is concerned about proposals to expand HAD scope of practice and has opposed bills in other states. HADs have an aggressive campaign to expand their scope arguing that the shortage of audiologists necessitates the expansion. We believe that other bills will surface in state legislatures in the coming years

STATE REGULATORY ISSUES

- Licensure:
- Universal licensure passed in VA bringing the total number of states that require a single license to practice in all settings to 17.
 - All fifty states and the District of Columbia regulate SLPs and Audiologists
 - Organizations representing ABA therapists are supporting Licensure for ABA therapists and assistants
 - Currently 14 states license ABA therapists

STATE REGULATORY ISSUES

- Military Exemptions:
- Five states enacted laws in 2013 related to military spouses and active duty service personnel
 - MO: higher education institutions must accept credits for courses taken in military training if the courses meet certain standards. Members of the military with active licenses when entering active duty remain in good standing throughout their service. The license will renew at no charge and continuing education will not be required under certain circumstances.
 - MS: issue licenses to military-trained applicants and spouses will also be allowed to practice under certain conditions
 - TN and LA: expedite the licensing process and grant temporary extensions of licensure for military personnel
 - WY: issue licenses to past and present military personnel and consider military education and training as meeting certain requirements.

SERVICE CONTINUUM AND SLPAS

ASHA 's State team has met with and presented on the regulation and use of SLPAs in 12 states. Several states regulate SLPAs through licensure

- 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 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).
- In 2013, student advocacy grants totaling \$8,000 were awarded to eight states (Missouri, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, Virginia, and Washington).
- In 2014, personnel and reimbursement grants totaling \$61,000 were awarded across the United States. CA, KS, MS, MT, NM, PA, VT, VA and WI received personnel grants; FL, NY, OR, and SD received reimbursement grants.
- Learn more about annual grants offered to state associations at: www.asha.org/Advocacy/stateleaders/StateAssocGrants/ and www.asha.org/Advocacy/stateleaders/Student-Advocacy-Grants/

Student Advocacy State Grants



TELEPRACTICE

- ASHA has been actively involved in promoting the use and appropriate regulation of telepractice.
 - Currently, 20 states regulate telepractice services and six states reimburse speech-language pathology services delivered via telepractice in education settings.
- In 2013, 10 states passed telepractice legislation—Arkansas, Arizona, Indiana, Maryland, Missouri, Montana, Nebraska, Oregon, Vermont, and West
- Virginia, Arizona, Indiana, and Ohio adopted telepractice rules.
- See ASHA's Issue Brief Medicare Telepractice Coverage for Audiology and Speech-Language Pathology Services www.asha.org/uploadedFiles/Issue-Brief-Telepractice.pdf
- For information on requirements for practice in the states, go to www.asha.org/Advocacy/state

RESOURCES

- Advocacy in Action: 2013 -2014: www.asha.org/uploadedFiles/2013-2014-Agenda-in-Action.pdf
- State of the States: 2013: leader.pubs.asha.org/article.aspx?articleid=1814881
- State Trends: www.asha.org/advocacy/state/StateLicensureTrends/

QUESTIONS

- Contact state team members:
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