

ASHA/ 2017 CSAP Convention

**AMERICAN
SPEECH-LANGUAGE-HEARING
ASSOCIATION**

**State/Federal Legislative
Trends – What do we know so
far?**

Joan Mele-McCarthy, DA, CCC-SLP
Vice President, Government Relations and Public Policy

Janet Deppe, MS, CCC-SLP, FNAP
Director, State Advocacy

Susan Adams, Esq.
Director, State Legislative & Regulatory Advocacy

ASHA / Disclosure

Joan Mele-McCarthy, DA, CCC-SLP
Vice President, Government Relations and Public Policy

- Financial: I have no financial interests in this presentation of the information it contains
- Non-Financial: I am the ASHA VP for Government Relations and Public Policy and support ASHA's governmental policy initiatives

ASHA / Disclosure

Janet Deppe, MS, CCC-SLP, FNAP
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

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Director, State Legislative & Regulatory Advocacy

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ASHA/ **Agenda Overview**

- Federal Overview
- Public Policy Agenda
- State Policy Issues/Trends
 - Education
 - Healthcare
 - Hearing Health Care
 - Other Trends

ASHA/ **The new administration and ASHA PPA**

- Will our advocacy issues change?
- ASHA is a respected organization in Congress and Federal Agencies – we will work aggressively to remain at the table as key policy initiative are being developed

ASHA/ Key Principles to Remember

There are many unknowns with the new Administration about the future implications of existing laws, regulations, and policies—as well as ones that may be introduced—that could impact ASHA members and those we serve.

ASHA staff will work with the Administration and Congress, as we have in the past, and will determine what changes we may need to make in our advocacy strategies as we pursue our 2017 Public Policy Agenda

What remains the same is ASHA's:

- Steadfast commitment to ensuring access and opportunity for all ASHA constituents, as well as all of our clients, patients, and students
- Commitment to diversity and inclusion is unwavering
- Vigilance in serving the underserved
- Advancing cultural competence for our members
- Advocating for all of our members
- Access to services for all who need them

ASHA/ Civics Refresher

Executive Orders

- Issued by the President and directed towards officers and agencies of the Federal Government
- Have the full force of law when based on authority derived from statute or the constitution
- Executive orders can influence how a law is enforced
- Supreme Court has held that all executive orders from the President must be supported by the Constitution or by laws enacted by Congress
- Executive Orders can not attempt to make laws – rather clarify or act further on a law
- Congress can over-turn an executive order – but the President can overturn/veto Congress vote
- 2/3 majority remains to override a veto

ASHA/ A Civics Refresher

Legislative

- Nothing happens over night (federal or state advocacy)
 - Many bills are introduced – few get signed into law.
 - GovTrack.us statistics (2015-2016)
 - 12,063 bills introduced – 329 passed (3%)
- Laws still need to pass both the House and the Senate
- Smaller margins in both the House and Senate
 - Senate: 52 Republicans and 48 Democrats
 - House: 241 Republicans and 194 Democrats
- In the Senate – 50 votes needed for nominations and budget reconciliation
- 60 votes needed for all other legislation

ASHA/ Civics refresher

Regulatory

Once a bill is signed into law the bill goes to the appropriate regulatory agency for the development of regulations intend to implement the law. There is a comment period that allows stakeholders to comment.

Congressional Review Act (CRA) – an oversight tool that Congress may use to overturn a rule issued by a federal agency.

- Requires a joint resolution
- Can not be filibustered in the Senate
- Simple majority
- If enacted invalidates the rule – and bars agency from issuing a similar rule unless there is a new law. (ESSA regulations)

ASHA/

Alternative Facts?

- Come from both sides
- When in doubt – check with the GRPP Teams
 - Not all posts on FB are accurate
- Facebook and other social media sights are great sources of information but.....

ASHA/

How do I know if I should take action on a bill?

If you feel passionate about a bill – you should contact your member of Congress

Does a bill have “traction”

- Most bills that may move are:
 - Introduced by someone on the committee of jurisdiction
 - Will have hearings and mark-ups
 - Will be part of a larger health care/education reform package

Government Relations Team are in the know with regard to which bills have “traction”

ASHA/

When to act – when to react – What is ASHA doing?!?!?!

ASHA's GRPP Teams are monitoring both federal and state activities and are in contact with state association leaders and Congressional staff

- Not all bills need a take action
 - Take Action Fatigue
- Measured and target take action is the best approach
- Opposition needs to be done in a way that does not lock ASHA out of current and potential negotiations.

ASHA/Key Health Care Players in Trump Administration

- Rep. Dr. Tom Price (R-GA), HHS Secretary
- Dr. Seema Varma as CMS Administrator




ASHA/Key Education Players in Trump Administration

- Elizabeth Betsy DeVos, Education Secretary
- Rep. Mick Mulvaney (R-SC), OMB Director




ASHA/

Health Care Reform – Trump Administration Overarching Ideology

- State & local government entities
- Private sector, not-for-profit, non-profit, and business organizations
- Academic & think tank institutions relying on hard data & verified information

ASHA/Key Congressional Players in Health Care Reform

- Speaker Paul Ryan
- Senate Republican Leader McConnell
- Senate Democrat Leader Schumer
- Sen. Orrin Hatch, Chair Finance
- Sen. Ron Wyden, Ranking, Finance
- Kevin Brady, Chair Ways & Means
- Richard Neal, Ranking Ways & Means
- Greg Walden, Chair Energy & Commerce
- Frank Pallone, Ranking Energy & Commerce

ASHA/Trump Administration – Health Care

How Could President Trump Repeal and Replace the Affordable Care Act?

- Executive Order
- Budget Reconciliation
- Development of a Repeal Strategy – this looks like the vehicle that will be used

Other Health Care Priorities

- Medicare and Medicaid Reforms
- CHIP

Which ASHA policies are impacted

- Essential Health Benefits
- EPSDT
- Reimbursement of Services

ASHA/ ASHA Health Care Policy Initiatives

<p>Opportunities</p> <ol style="list-style-type: none"> 1. Therapy Caps <ul style="list-style-type: none"> • CBO/Dynamic Scoring • Interest to get this done 2. Telepractice - discussed by HHS Secretary designate as a means to provide health care 3. Medicare coverage of audiology services 4. EHDI - worked out concerns 5. Hearing Aid Dispensers in the VA - regulations 	<p>Challenges</p> <ol style="list-style-type: none"> 1. Medicaid - Block grants, EPSDT, multiple ways to manage the program based on state policies 2. Hearing Aid Tax Credit - Tax policy moving in different direction 3. Over-the-Counter Hearing Aids
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ASHA/ Health Care policy positions adopted by the ASHA BOD in February 2017

- 1. Oppose block-granting proposals** that would limit federal matching funds to set amounts without regard for changes in enrollment, medical needs, economic downturn, or other variable criteria.
- 2. Protect school-based Medicaid reimbursement** for medically necessary services that are also educationally relevant.
- 3. Protect the federal Medicaid Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Mandates.**
- 4. Enact consumer protections** for access to affordable, quality care, including ensuring access to habilitation services, before repealing the Affordable Care Act (ACA).
- 5. Oppose Sale of Interstate Health Plans** that threaten consumer protections and ASHA supported state mandates for coverage of services provided by audiologists and speech-language pathologists.
- 6. Oppose Medicare Vouchers, Tax Credits and Premium Support to protect the affordability of care for older Americans and people with disabilities.**
- 7. Oppose Increased Medicaid Cost Sharing and Implementation of High Deductible Health Plans for Low Income Medicaid Beneficiaries.**

ASHA/ ASHA's broad strategy for Health Care Legislation

- Writing letters of concern to the House and Senate requesting to work with them moving forward.
- Focusing more on the Senate given greater opportunities to get things done
- Instead of opposing legislation as a whole, providing information about the health care policies we support such as federal guidelines for Medicaid instead of state block grants; specifying when OTCs may be appropriate, etc.
- Promoting the view that ASHA is open to discussing points
- Sharing principles with hill staff and congressional members
- Maintaining a balanced and professional image
- Staying in the conversation

ASHA/ Education Reform – Trump Administration’s Overarching Ideology

ASHA/ Key Players Education Reform

LEGISLATIVE BRANCH

- Rep. Virginia Foxx, Chair, Education & Workforce Committee
- Rep. Bobby Scott, Ranking, Education & Workforce Committee
- Rep. Todd Rokita, Chair, Elementary & Secondary Education Subcommittee
- Rep. Brett Guthrie, Chair, Higher Education & Workforce Training Subcommittee
- Sen. Lamar Alexander, Chair, HELP Comm.
- Sen. Patty Murray, Ranking, HELP Comm.

ASHA/ Trump Administration – Education Policies

ASHA / ASHA Education Policy Initiatives

Opportunities

- IDEA Reauthorization
 - Paperwork
 - Protection of related services personnel in modified funding models

Challenges

- Retaining federal ESSA guidance and regulations
- Managing multiple ways to implement education policies through states and localities
- Funding increases for IDEA
- Accepting lesser qualified providers

ASHA / ASHA BOD approved education position statements

- **Oppose Proposals that would Abolish and/or Significantly Diminish the Role of the US Department of Education's (ED) Oversight of Education Policies and Programs at the State and Local Level**
- **Oppose the Alice Cogswell and Anne Sullivan Macy Act** that would establish a new precedent of placing visual and hearing disabilities ahead of others identified in IDEA by adding specific disability-related mandates and requiring additional resources to only accommodate visual and hearing disabilities.
- **Support a parent's right to choose the best education for their children** - principles regarding access, funding, accountability, and privacy must be included in any education reform legislation. These principles are core concepts that must be included in any reform.

ASHA / Right to Choose Proposed Assurances

- Maintenance of adequate funding for traditional public schools.
- Schools that benefit from public funding must:
 - Maintain the same or higher standards for curriculum as traditional public schools
 - Ensure and report student achievement in alignment with traditional public schools
 - Provide the full continuum of both special education and general education service
 - Uphold equal access to education for families and children with disabilities, (e.g., Compliance with IDEA, 504, ADA and other civil rights laws that impact traditional public schools)
 - Ensure equity for all students, especially those students who require access to services and supports under IDEA, 504, and ADA
 - Employ instructional staff who meet state education agency credentialing requirements
 - Ensure funding follows the student including those returning to traditional public schools
 - Ensure privacy protections under HIPAA and FERPA are upheld

ASHA / IDEA Reauthorization

IDEA is due for reauthorization but is not expected to be reauthorized in 2017.

ASHA developed a Blueprint (Principles of Reauthorization) document that addresses the following issues:

- IEP teams
- Paperwork
- Service delivery
- Implications for students who are deaf or hard of hearing
- Funding
- Caseload/workload
- Part C
- IDEA Advisory Committee

ASHA / Recommendations of the American Speech-Language-Hearing Association for IDEA Reauthorization

- Students with disabilities are first and foremost general education students and deserve a free, appropriate education: IDEA, 504, Multi-tiered system of supports
- Congress must meet its obligation to fully fund IDEA
- IDEA reauthorization must address the overwhelming paperwork and administrative burden on providers, which reduce valuable services to students
- All appropriate and qualified providers, audiologists and SLPs, to ensure that FAPE is provided, must afford students under IDEA Part B a complete assessment and treatment
- IDEA reauthorization should ensure parity with ESSA

ASHA / Advancing ASHA's PPA in the Trump Administration

Need for Data

- Both health care and education policy development will depend significantly on the availability of hard data and verifiable information
- Policy development in both a Republican led Executive and Legislative will be driven by data analytics
- Policy makers will be heavily influenced by an evidence-based approach to problem solving

Need for Additional State Advocacy

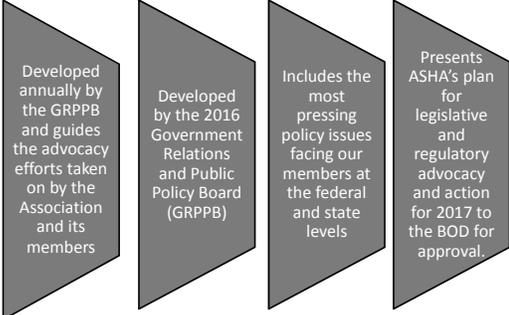
- States and localities will have more control of both health care and education policy
- Members will need additional resources/tools to advocate on health and education issues
- Showcase how members have successfully advocated for appropriate health and education policy

ASHA/ Blueprint for Action: 2017 Public Policy Agenda



The 2017 PPA represents the priority federal, federal-state and state issues that ASHA will use its resources to achieve.

ASHA/ ASHA Public Policy Agenda 2017



Developed annually by the GRPPB and guides the advocacy efforts taken on by the Association and its members

Developed by the 2016 Government Relations and Public Policy Board (GRPPB)

Includes the most pressing policy issues facing our members at the federal and state levels

Presents ASHA's plan for legislative and regulatory advocacy and action for 2017 to the BOD for approval.

32

ASHA/ Development of the PPA

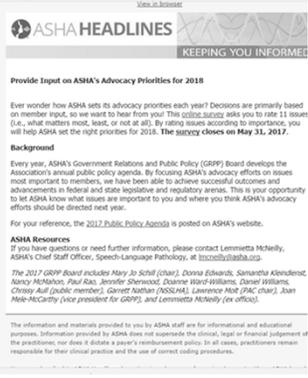
The PPA Contains Foundational Principles:

- Commitment to ASHA members
- Ethics
- Client care and outcome
- Evidence-base practice
- Diversity
- Nondiscrimination
- Collaboration with other organizations

ASHA/ <http://www.asha.org/uploadedFiles/2017-Public-Policy-Agenda.pdf>



ASHA/ https://www.surveymonkey.com/r/2018_ASHA_PPA_Headlines



2018 Public Policy Agenda Development is underway – Give us your input! Participate in the online survey

Do you subscribe to ASHA Headlines? You should!

ASHA/ State Issues / Education

- School Choice/Vouchers
- Reduced role/elimination of the Federal/State Departments of Education
- Education Savings Accounts

ASHA/ State Issues / Health Care

Medicaid in Schools

Block Grants

State Mandates

ASHA/ State Issues / Hearing Health Care

Over the Counter Hearing Aids (OTC)

Hearing Aid Dispenser Scope of Practice Expansion

ASHA/ Trending Topics / Telepractice

Telepractice requirements pages for all 50 states available on the ASHA website - <http://www.asha.org/advocacy/state/>

State-by state requirements - Map view

- Licensure and reimbursement
- Private insurance laws and regulations
- Medicaid laws and regulations
- Clinical Fellows telesupervision
- Student Interns telesupervision
- Support Personnel telesupervision

ASHA/ Trending Topics / Telepractice

Licensure Board
Telepractice Requirements
Audiology & Speech-Language Pathology

Legend:

- Licensure and regulations
 - Practice guidelines
 - Definition only
 - Low passed, pending regulations
 - No rules or regulations

Updated as of 12/2014

ASHA/ Trending Topics / Telepractice

Medicaid Laws & Regulations
Telepractice Reimbursement
Audiology & Speech-Language Pathology

Legend:

- Laws and regulations
 - Indicates reimbursement but may not be payer source
 - Transmittal letter
 - No laws or regulations

Updated as of 12/2014

ASHA/ Trending Topics / Telepractice

Support Personnel
Telesupervision
Audiology & Speech-Language Pathology

Legend:

- Permitted
 - No regulations, applies licensure board
 - Not permitted
 - Contact Score board; language indicates possibility depending on interpretation
 - permitted with indirect supervision

Updated as of 12/2014

 **ASHA/ Trending Topics / Early Intervention**

Early Intervention requirements pages for states available on the ASHA website - <http://www.asha.org/advocacy/state/>

 **ASHA/ Trending Topics / Early Intervention**

Kentucky Early Intervention Requirements for Practice

The information below is collected from state licensure boards or regulatory agencies responsible for developing requirements for the professions of audiology and/or speech-language pathology to work in the early intervention setting. The information is reviewed on an annual basis. Please be advised that laws, regulations, and policies may change at any time, so always check with your state for the most up-to-date information.

Audiology and Speech-Language Pathology

Education
Master's degree

Certification/Licensure
State licensure is issued by the Kentucky Board of Speech-Language Pathology and Audiology.

Training

- Must complete the 4 online First Steps Service Provider Modules.
- Must attend the First Steps Provider Face-to-Face Orientation after completion of the modules has been verified.

Upon completion of the enrollment training and signed provider agreement, First Steps providers must complete all training required by the Cabinet, including but not limited to the following:

- Training on at least one Cabinet-approved criterion referenced assessment within three months of the contract start date. (HELP, AEPS, Carolina)
- First Steps online data management system (TOTS) training within 30 days from the contract start date.
- Training on Record Keeping and Confidentiality within 30 days of the date of the contract start date.
- Provider Matrix training within 30 days of the contract start date.
- A minimum of 6 clock hours of training specific to early childhood development on or before end of contract period.

 **ASHA/ Trending Topics / ESSA**

State implementation of ESSA

Much of the guidance for ESSA implementation was rescinded

States are left to develop implementation plans

 **ASHA/ Trending Topics / ESSA**

ESSA State Plan Submission

The following States have submitted plans under the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the Every Student Succeeds Act (ESSA) for the spring peer review window. Please note that a link is provided to the State plan for those that are determined to be complete and have been sent forward for peer review. The Department is still determining whether the other State plans are complete.

- Connecticut
- Delaware
- Illinois
- Louisiana
- Maine
- Massachusetts
- Michigan
- Nevada
- New Jersey
- New Mexico
- Tennessee
- Vermont
- Washington, D.C.

 U.S. Department of Education

 **ASHA/ Trending Topics / PACE**

States will be able to develop their own accountability measures under ESSA
PACE will be a valuable tool for SLPs to use to advocate for appropriate accountability measures

See the PACE Matrix at:
<http://www.asha.org/Advocacy/state/Performance-Assessment-of-Contributions-and-Effectiveness/>

University of Missouri NEE Center used the PACE for their accountability tool

Nevada is developing an accountability tool based on the PACE

 **ASHA/ Trending Topics / Universal Licensure**

Universal or comprehensive licensure requires providers to hold a single state professional (board of health/examiners) license to practice in any setting

ASHA/ Trending Topics / Universal Licensure

What are the benefits of a single state license?

- Ensure that rights of children and families to receive services by a highly qualified provider are protected
- Preserve minimum standards of quality and ethical principles
- Allow audiologists and SLPs to transition to different work environments by removing barriers
- Maintain one license through a single regulatory board and one set of continuing education requirements

ASHA/ Trending Topics / Universal Licensure

Comprehensive Licensure - SLP

ASHA/ Trending Topics / Universal Licensure

Comprehensive Licensure - Audiology

ASHA/ Trending Topics / Board Consolidation/Oversight

States have been investigating ways to reduce or eliminate costs associated with licensure boards.

- Creation of oversight boards would examine efforts by professional boards to amend or expand scope of practice for their practitioners
- AZ defeated legislation to create regulatory oversight in 2016
- Consolidation of boards could lead to reduction in boards or creation of an umbrella board in which members of professions serve in an advisory capacity
- Elimination of state licensure boards– TX and IA

ASHA opposes these efforts and with state associations have advocated strongly against these proposals.

ASHA/ Trending Topics / LEAD-K

- LEAD-K is a campaign sponsored by National Association for the Deaf to ensure that children who are deaf or hard of hearing have early access to American Sign Language (ASL)
- LEAD-K believes that deaf children are not kindergarten ready because they do not have foundational visual language
- Congress is considering drafting a LEAD-K bill

ASHA/ Trending Topics / LEAD-K

Ten states have introduced LEAD-K bills this year, including:

- Alabama
- West Virginia
- Michigan
- Missouri

ASHA/ Speech-Language-Hearing Licensure Compact

An Interstate Licensure Compact is an agreement between states that would offer a pathway for licensure to qualified audiologists and speech-language pathologists who wish to practice in multiple states.

An Interstate Licensure Compact would increase access to services for clients in underserved or rural areas and allow practitioners to more easily connect with experts and clients through the use of technology in other states.

ASHA/ Speech-Language-Hearing Licensure Compact

An Interstate Licensure Compact would ease the burden on:

- Members with multiple state licenses
- Members who move from state-to-state
- Military members/spouses
- Traveling therapists
- Telepractitioners

ASHA/ Speech-Language-Hearing Licensure Compact

An Interstate Licensure Compact would reduce:

- Practitioner shortages
- Costs of licensure in multiple states
- Administrative burdens on practitioners

An Interstate Licensure Compact would improve:

- Access to services
- Public protection
- What it is and how it will help Auds/SLPs

ASHA/ Speech-Language-Hearing Licensure Compact

Speech-Language-Hearing Interstate Compact
<http://www.asha.org/Advocacy/state/Audiology-and-Speech-Language-Pathology-Interstate-Compact.htm>

interstatecompact@asha.org

ASHA/ State Advocacy Resources

State-By-State Requirements and Contact Information <http://www.asha.org/advocacy/state/>

State Education Advocacy Leaders (SEALS) <http://www.asha.org/advocacy/state/seals/>

State Advocates for Reimbursement (StARs) http://www.asha.org/practice/reimbursement/private-plans/reimbursement_network/

State Advocates for Medicare Policy (StAMPs) <http://www.asha.org/Practice/reimbursement/medicare/StAMP/>

ASHA/ Thank you!

Joan Mele-McCarthy, D.A., CCC-SLP
 ASHA Vice President for Government Relations and Public Policy
Joan.mele-mccarthy@thesummitschool.org
www.thesummitschool.org

Janet Deppe, MS CCC-SLP FNAP
 Director, State Advocacy
 American Speech-Language-Hearing Association
 301-296-5668
jdeppe@asha.org
<http://www.asha.org>

Susan Adams, Esq.
 Director, State Legislative & Regulatory Advocacy
 American Speech-Language-Hearing Association
 301-296-5665
sadams@asha.org
<http://www.asha.org>

60