



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Submitted online at <https://www.regulations.gov/>

August 21, 2018

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1720-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Medicare Program; Request for Information Regarding the Physician Self-Referral Law (CMS-1720-NC)

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments in response to the request for information regarding the impact of physician self-referral law rules on alternative payment model engagement.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA supports efforts by the Centers for Medicare & Medicaid Services (CMS) to remove obstacles to coordinated care and to deliver better value and quality of care for patients. ASHA understands that the physician self-referral law has been identified by CMS as a potential barrier to alternative payment models (APMs), integrated delivery models, and efforts to incent improved outcomes and reduced cost.* Although ASHA supports the concept of reducing unnecessary provider burden, we would not want the self-referral limitation to be eliminated completely because of the important underlying reasons why the laws and regulations were initially implemented.

Under the physician self-referral law, speech-language pathology services are exempt via an “*in office ancillary exception*” if the speech-language pathologist (SLP) is an employee or contractor of the physician. This exception allows a physician to refer a Medicare beneficiary for speech-language pathology services to an SLP who is directly employed by him or her. ASHA recognizes this type of “in house” referral could lead to overutilization and discourage referrals to an unaffiliated SLP who may be more accessible and/or experienced to treat the patient. Therefore, ASHA recommends that any relaxations or changes to the physician self-referral law must also be coupled with safeguards to prevent or discourage overutilization. For example, if CMS allows an exception of the physician self-referral law for APMs, it could require that there are certain quality metrics in place to ensure patient referrals are improving quality and outcomes.

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Thank you for the opportunity to provide comments on the impact of physician self-referral law rules on alternative payment model engagement. If you or your staff have any questions, please contact Daneen G. Sekoni, MHSA, ASHA's director of health care policy, health care reform, at dsekoni@asha.org.

Sincerely,

A handwritten signature in black ink that reads "Elise Davis-McFarland". The signature is written in a cursive, flowing style.

Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President

* Unless an exception applies, the physician self-referral law (1) prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership or compensation) and (2) prohibits the entity from filing claims with Medicare (or billing another individual, entity, or third party payer) for those referred services.