Standard Operating Procedures
Health Care Economics Committee (HCEC)

Policy Section Approved by BOD - DATE

I. Policy

Below are the required policies associated with the Health Care Economics Committee (HCEC). The Policy section of the Standard Operating Procedures may be revised by majority vote of the HCEC. Any such revision(s) to the Policy section of the HCEC Standard Operating Procedures will be forwarded by the Chair of the HCEC to the Board of Directors (BOD) for consideration/approval.

A. Enabling Resolution or Authority and Charge

**EB 15-2000**
The mission of the HCEC is to assist the GRPP Board and the GRPP cluster staff in determining the current economic issues and developing goals for ensuring equitable coverage and reimbursement for audiology and speech-language pathology services that can be incorporated into the Association’s annual public policy agenda; focus on developing recommendations for coding and relative values of speech-language pathology and audiology procedures, for coverage of services by all payers, and to anticipate further socioeconomic needs of the professions and consumers.

The HCEC mission is strongly aligned with ASHA’s priorities of increasing reimbursement, enhancing advocacy and strengthening strategic relationships. The HCEC’s mission and responsibilities are critical to the effectiveness of the Association to meet the needs of members in the areas of coding, reimbursement and health care policy in general.

The HCEC provides comments, guidance and recommendations to the GRPPB to assist them in developing the Public Policy Agenda and to ASHA Government Relations and Public Policy staff in carrying out their responsibilities in the area of coding, reimbursement and health care policy. Designated members of the HCEC represent ASHA and the professions of audiology and speech-language pathology on the American Medical Association’s code development and valuation committees: the Current Procedural Terminology (CPT) Editorial Panel Health Care Professionals Advisory Committee (HCPAC) and the Relative Value Scale Update Committee (RUC) Health Care Professionals Advisory Committee (HCPAC), respectively. The Advisors and HCEC are responsible for the work necessary for the creation and valuation of codes for the professions represented by ASHA. The RUC HCPAC responsibilities for audiology are shared with the American Academy of Audiology with primary and alternate status rotating on an annual basis.

B. Related Resolutions

- **BOD 27-2013** – Restricts the number of terms on the HCEC to four for individuals serving as the primary or alternate advisor on the AMA RUC HCPAC or CPT Editorial Panel HCPAC. Rescinds BOD 15-2013 and EB 6-2004 which established unlimited terms for alternate and primary advisors on the AMA RUC and CPT HCPACs.
- **BOD 26-2013** - Expanded the membership of the HCEC from 10 to 12 members (1 additional audiologist and 1 additional speech-language pathologist).
• BOD 15-2013 - Established unlimited terms for the ASHA alternate advisors on the AMA RUC and CPT HCPACs. (The primary advisors’ terms were unlimited as stated in EB 6-2004.)
• BOD 37-2011 – Requires that a member of the Health Care Economics Committee serve on the Medicaid Subcommittee as follows. RESOLVED, That the American Speech-Language-Hearing Association (ASHA) establish a 5-person Health Care Economics Medicaid Subcommittee of the Health Care Economics Committee to address speech-language pathology and audiology coverage and payment issues; and further RESOLVED, That the constitution of the Medicaid Subcommittee include audiologists and speech-language pathologists with specific knowledge of the problems with Medicaid services in health care and educational settings. The committee should include a member of the Health Care Economics Committee and a member of the School Finance Committee; and further RESOLVED, That the Subcommittee’s work be conducted using one annual face-to-face meeting at the ASHA National Office, a meeting at the ASHA National Convention, conference calls, a collaboration site, and e-mail; and further RESOLVED, That the Subcommittee be under the guidance of the vice president for government relations and public policy.

C. Composition

The HCEC is comprised of 12 Members: 6 audiologists and 6 speech-language pathologists. At least one speech-language pathologist and audiologist must be in private practice.

D. Fiduciary Responsibilities

Members of the HCEC will be oriented to their fiduciary responsibilities annually.

E. Term of Office

The term of office for HCEC members will be 3 years, with terms staggered so as to ensure the required membership composition. Because of the critical nature of the work involved with the AMA coding and valuation processes, the complexity of these functions and the need for continuity, all HCEC members are eligible for 3 consecutive terms. Additionally, a succession plan was developed in 2013 which encompasses appropriate training and mentoring by and for the representatives and alternates on the CPT and RUC HCPACs. These individuals are eligible to serve a maximum of four terms on the HCEC.

As stipulated by the American Medical Association, ASHA has a representative or “advisor” on AMA’s CPT Editorial Panel HCPAC and the HCEC also utilizes an alternate advisor on this body. The CPT HCPAC advisor and alternate should rotate between an audiologist and a speech-language pathologist on the HCEC every three years. On the RUC HCPAC, ASHA has an SLP representative and an alternate (SLP). Rotating on an annual basis, ASHA has an audiology representative and an “internal” alternate audiology representative. In the years in which ASHA holds the audiology seat, the official alternate is appointed by AAA. In the years in which AAA holds the audiology seat on the RUC HCPAC, an HCEC member continues to function as the alternate audiology representative so as to ensure continuity with code valuation processes and collaboration with audiology organizations. This individual attends all RUC meetings in the year in which AAA holds the audiology seat as does the “internal” alternate audiology representative.

F. Service Eligibility Requirements
Experience and expertise in coding and reimbursement issues are critical for this committee. General policy experience is also an asset. Employment in a medical, rehabilitation, or other type of health care setting is also desirable. One speech-language pathologist and one audiologist must work in a private practice.

G. Nomination and Appointment Procedures for Service on the HCEC
Following a search of the volunteer pool, members are nominated based on collaboration between the BOD liaison, ex-officio and current chair/co-chairs of the committee. Nominees are appointed by motion of the Committee on Committees (CoC) submitted by the BOD liaison.

H. Co-Chairs

The Chair’s/co-chairs’ roles and responsibilities include establishing meeting and call agendas, developing a plan to meet the obligations of the committee in regard to its mission, and facilitating the meetings and calls.
- Nomination of Chair/co-chairs are determined through discussion with the ex-officio, the current Chair/co-chairs and the BOD Liaison.
- The Chair/co-chairs are nominated by the BOD Liaison through a motion submitted to the BOD.
- The Chair/co-chairs have full voting privileges.
- The chair’s temporary replacement process is through appointment by the BOD Liaison in consultation with the ex-officio.
- The Chair/co-chairs serve as both members of the committee as well as chair/co-chairs and are subject to the terms of their committee appointments.
- The Chair/co-chairs are expected to serve as committee members for at least 3 years before assuming the Chair/co-chair role. Once appointed the Chair/co-chairs are eligible to serve as long as they remain on the committee.

I. Board of Directors Liaison

The Vice President for Government Relations and Public Policy of the ASHA BOD will serve as liaison to the HCEC. The BOD Liaison will participate in the deliberations of the HCEC.

J. Vacancies

A vacancy occurring on the HCEC will be filled by the committee chair/co-chairs, BOD Liaison and ex officio recommending a replacement to the Committee on Committees for their consideration and final approval.

K. Nonparticipation in Committee Activities

Each member of the HCEC will be notified of the Operational Procedures of the HCEC and the schedule of events necessary to carry out their charge. In the event a member of the HCEC fails to meet the designated expectations and responsibilities, the Chair/co-Chairs of the HCEC will resolve the matter with the member. Situations will be handled on a case by case basis. If the situation is not resolved satisfactorily, the individual may be asked to resign. In the event that the nonparticipation is by the Chair/co-chairs of the HCEC, the case should be handled by the HCEC members in consultation with the BOD Liaison and ASHA President.
L. Annual Report Requirements

The Chair /co-chairs of the HCEC will provide an annual report to the BOD Liaison by December 31.

M. Conformance to Governance Documents

The HCEC will conform to their Operational Procedures, ASHA Bylaws, and all other governing documents of the Association.

- Per the ASHA Bylaws:
  - The Chief Executive Officer (or designee) will serve as an ex officio nonvoting member, unless otherwise stipulated, of all committees, boards, and councils established by the Board of Directors.

N. Review of Operational Procedures

The Operational Procedures of the HCEC will be reviewed annually by the committee and, if necessary, revised and submitted to the BOD for their consideration.

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