PRESIDENT OBAMA SIGNS THE STEVE GLEASON ACT OF 2015

U.S. Department of Education Issues Guidance Stating the ABA isn’t the Only Therapy for Autism Spectrum Disorder.

PRESIDENT OBAMA SIGNS THE EVERY STUDENT SUCCEEDS ACT

Dear ASHA Member:

Thanks for your continued engagement in advocacy! Since April 2015, we had over 10,000 members send more than 38,000 messages to Capitol Hill and their state legislatures. Although ASHA’s Government Relations and Public Policy Board (GRPPB) is excited that nearly 12,000 more “take actions” occurred in this year than in the year before, we recognize that only a fraction of our members are engaged—and we challenge you to become an advocate. If you are engaged, we thank you for your continuing support as your advocacy can and does make a difference!

This year, we not only experienced an overall increase in ASHA member engagement, as noted by the number of action alerts that members responded to, but we also saw an increase in donors and donations to the ASHA-Political Action Committee (PAC), the number of members flocking to Washington, DC, to participate in Capitol Hill visits, and the ever-growing number of followers on ASHA Advocacy’s social media sites. Contributing to the ASHA-PAC will enable ASHA to support those congressional candidates and members of Congress who are supportive of the policy issues in our Public Policy Agenda (PPA) for this election year.

Last year, we saw the Elementary and Secondary Education Act get reauthorized and the Steve Gleason Act of 2015, which pertains to speech-generating devices, enacted into law. We were so close on repealing the Medicare therapy cap, and we obtained more cosponsors on our comprehensive Medicare reimbursement legislation, which would provide reimbursement for treatment services. Based on past surveys of our membership regarding the issues most important to them—and along with the help of members’ grassroots efforts—ASHA has been able to target and achieve advancements in federal, state, and regulatory issues that are most important to members. One of ASHA’s strategic objectives is to show the demonstrated value of the professions to public and private stakeholders through advocacy. We urge you to continue your engagement in advocacy and motivate your peers as well.

On the following pages, you will find a summary of the outcomes related to the issues that you considered important for 2015–2016. We realize that many of these issues represent continuing challenges; however, we have achieved real change at the federal level in education and health care policy. We hope you enjoy this Advocacy Report, and remember to always advocate and be an advocate for the professions!

Sincerely,

D’Jaris Coles-White
2016 Chair, Government Relations and Public Policy Board

2016 Government Relations and Public Policy Board Members:
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For more information, please contact:
American Speech-Language-Hearing Association
Government Relations and Public Policy
2200 Research Boulevard
Rockville, MD 20850
301-296-5700
www.asha.org/advocacy
Over the past year, there was a brief wave of bipartisanship on federal education, appropriations, and some health care–related legislation, which is being followed by 2016 election year politics—where little legislation is expected to advance. This bipartisanship occurred as Republicans gained control of both houses of Congress and put forth bipartisan legislation, which Democrats did not filibuster in the Senate.

Since April 2015, we saw two federal bills signed by President Obama: the Steve Gleason Act of 2015, which allows greater access to speech-generating devices, and the Every Student Succeeds Act (ESSA), which reauthorized the 50-year-old Elementary and Secondary Education Act (ESEA).

At the state level, there was success addressing numerous issues, some of which included licensure, telepractice, hearing aids, scope of practice, insurance coverage, and truth and transparency bills. In 2015, 1,100 bills and 530 regulations were tracked related to audiologists and speech-language pathologists (SLPs). Of those, 98 pieces of legislation passed, and 183 regulations were adopted. As of March 2016, we have reviewed 1,068 bills and 301. Of those, five pieces of legislation have passed, and 50 regulations were adopted.

ASHA continues to argue before the states and exchanges that participating health care plans in those exchanges should include habilitative and rehabilitative coverage for services and devices provided by audiologists and SLPs. ASHA developed a toolkit that can be used by the state associations to advocate for coverage of habilitative and rehabilitative services and devices for health care plans participating in the federal and state health insurance exchanges.

Moving forward, many states will begin to implement ESSA. Under ESSA, much authority for the development of the state plans will now fall to individual states. ASHA will provide state associations with materials and resources to assist them in working with state leaders. To that end, a new resource—identifying the relevant areas of interest—is being developed and will be broadly disseminated to state leaders and members.

During the 2016 election year, we expect more attention to be focused on federal regulatory initiatives. We expect further consideration by the Centers for Medicare & Medicaid Services (CMS) on regulations to address manual medical review under the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA). In addition, CMS will continue to develop standards for implementing the Merit-Based Incentive Payment System (MIPS), which is based on patient health outcomes and quality.
The 2016 Public Policy Agenda (PPA) was prepared by the 2015 Government Relations and Public Policy Board (GRPPB) and was approved by ASHA’s Board of Directors. The development of the PPA is based primarily on ASHA member input. The PPA includes issues facing the professions at the federal and/or state levels and is rooted in the foundational principles—such as ethics, diversity, and quality outcomes—that form a common thread throughout the document.

Following is the list of issues that ASHA has been addressing from April 2015 through April 2016. The issues follow the layout of the 2016 PPA and are divided based on the level at which ASHA advocated issue-related goals. There are two federal-level issues, nine federal- and state-level issues, and three state-level issues.

- **Federal-level issues** require advocacy and lobbying with members of Congress and federal agencies.
- **Federal- and state-level issues** exist at both the federal and state levels. These issues require advocacy and lobbying with members of Congress as well as federal and state government agencies.
- **State-level issues** require advocacy and lobbying with state legislatures as well as state and local government agencies.

Federal-Level Issues

Medicare Reimbursement and Coverage Policies

Ensure Appropriate Alternative Payment Policies to Replace SGR and Therapy Caps

Action: Directly engage in advocacy activity to replace the sustainable growth rate (SGR) and remove the therapy cap.

Outcome: On April 16, 2015, President Obama signed into law the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which repealed SGR and replaced it with a new payment formula based on quality, outcomes, and a merit-based payment system. It also eliminated the 21% payment reduction to outpatient services paid under the Medicare Physician Fee Schedule that was implemented on April 1, 2015. The Medicare therapy cap exceptions process was extended for 2 years, and we came within two votes in the Senate of having the caps considered for a vote to repeal.

Additional Information: ASHA is working with its Health Care Economics Committee and the ASHA Board of Directors to develop standards for the professions to fully participate in the MIPS and alternative payment model systems. The specifics of those criteria are being developed.

ASHA is also engaging with its coalition partners and CMS for a fair and transparent approach to the manual medical review (MMR) process. On February 9, 2016, CMS released an outline of how they plan to implement the MMR associated with the therapy cap exceptions process for claims exceeding $3,700 per calendar year. The criteria for review are as follows:

- Providers with a high percentage of patients receiving therapy beyond the threshold as compared with their peers during the first year of MACRA
- Therapy provided in skilled nursing facilities (SNF), therapists in private practice, and outpatient physical therapy or speech-language pathology providers or other rehabilitation providers

Allow Audiologists to Provide Diagnosis and Treatment for Medicare Beneficiaries and Be Reimbursed for Those Services

Action: Increase the number of cosponsors and support for the Medicare Audiology Services Enhancement Act of 2015 (H.R. 1116), and obtain a Congressional Budget Office (CBO) score.

Outcome: The bill now has 30+ cosponsors in the House.

Additional Information: ASHA believes that the Medicare bill is the best approach for audiology because the bill:

- has the support of the medical community and members of the House Committee on Energy and Commerce;
- is consistent with the trends for coordinated care embodied in alternate payment models and systems, including the home health model, episodic payments, value-base reimbursement, and accountable care organizations; and
- has the highest chance of passage of any current Medicare audiology legislation in Congress.

Advocate for Fair and Relevant Reimbursement Codes

Action: Ensure that ASHA is represented on the American Medical Association (AMA) Relative Value Update Committee (RUC) and Current Procedural Terminology (CPT) Editorial Panel Health Care Professionals Advisory Committees (HCPAC)
### Federal-Level Issues

**Outcome:** ASHA presented action plans for codes that were identified in the Centers for Medicare & Medicaid Services (CMS) and RUC’s Relativity Assessment Workgroup (RAW) screens because of increased utilization, high expenditures, or potential misvaluation. Audiology and speech-language pathology codes identified by the screens included 92557 (comprehensive audiometric testing), 92567 (tympanometry), and 92507 (speech-language treatment). ASHA worked with stakeholders to successfully provide rationale for removing these codes from the screen, preventing a potential decrease in value for each of these codes and their code families (i.e., other related codes).

**Allow Medicare Beneficiaries the Right to Speech-Generating Devices (SGDs)**

**Action:** Advocate for passage of the Steve Gleason Act of 2015.

**Outcome:** President Obama signed the Steve Gleason Act of 2015 into law. It clarifies CMS policy that eye-tracking accessories for SGDs are a Medicare-covered benefit. The law also removed SGDs from CMS’s capped-rental rules for several years, which allows patients to purchase their own devices. This will ensure that patients are permitted to keep their devices should the Medicare beneficiary be admitted to a SNF, hospital, or other inpatient setting. The law was championed in the Senate by Senators David Vitter (R-LA), Amy Klobuchar (D-MN), and Angus King (I-ME) and in the House by Representatives Cathy McMorris Rodgers (R-WA), Steve Scalise (R-LA), and Erik Paulsen (R-MN).

**Ensure Reimbursement for Cochlear Implant Follow-Up Services Through Hospital Outpatient Prospective Payment System (HOPPS)**

**Action:** Communicate with CMS on the importance of separating cochlear implant (CI) follow-up services for reimbursement purposes.

**Outcome:** Outpatient hospital audiology services are paid under HOPPS. ASHA submitted comments regarding CI follow-up services (CPT Codes 92601–92604), which were previously designated in the HOPPS as not separately payable services. CMS accepted ASHA and other stakeholder comments to recognize CI follow-up services as separately payable. This is a significant change in hospital reimbursement policy, which now ensures that hospital audiology clinics will receive reimbursement for CI services, even when those services are provided on the same day as other services.

**Advocate on the U.S. Department of Health and Human Services (HHS) Final Rule Definition for Habilitation**

**Action:** Actively engage in the development and promotion for the standard definition of habilitation to include the word “devices.”

**Outcome:** ASHA supported HHS’s adoption of the National Association of Insurance Commissioners’ (NAIC’s) definition for habilitative services in its rule on defining habilitation for the purpose of plans participating in the state health exchanges. In addition, HHS agreed with ASHA and specified in the regulation that the definitions of habilitation and rehabilitation services include the word “devices.”

**Federal Education Legislation**

**Promote Reauthorization of Federal Education Legislation**

**Action:** Actively engage in advocacy efforts to reauthorize federal education legislation, which provides guidance related to the roles, responsibilities, and funding of school-based services.

**Outcome:** President Obama signed into law the Every
**Federal-Level Issues**

Student Succeeds Act (ESSA), which reauthorized and replaced the Elementary and Secondary Education Act (ESEA) (a.k.a., “No Child Left Behind”). ESSA limits the federal role in elementary and secondary education. Now, states will be largely in charge of holding schools accountable, reversing a trend toward greater federal control.

ASHA’s four key policy concepts were incorporated into the new law:

1. Add additional flexibility to ESEA by expanding “early intervening services” in the law.
2. Preserve a federal role in literacy that includes school-based audiologists and SLPs.
3. Increase professional development opportunities for ASHA’s school-based members.
4. Adopt the new term specialized instructional support personnel in lieu of the antiquated pupil services personnel.

**Additional Information:** Some of the highlights from ESSA include the following:

- Students still have to take statewide assessments every year from third to eighth grade.
- Schools have to report the results of those tests, including breaking out the scores for “subgroups” of students: racial minorities, students learning English, students in special education, and students from low-income families.
- States have to come up with a system to hold schools accountable for their progress toward goals. But the goals themselves would be up to states, and other factors besides standardized test scores will have to weigh in.
- States are required to (a) do something about the bottom 5% of schools and (b) identify schools where individual “subgroups” of students are struggling. This means that states are free to design their own system.

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**Additional Federal Issues**

In addition to the above issues identified in the 2016 PPA, three other opportunities arose over the past year that ASHA was involved in; these opportunities are listed in the subsections that follow.

**Inform Others That Applied Behavior Analysis (ABA) Therapy Isn’t the Only Recognized Therapy for Autism Spectrum Disorder**

**Action:** In response to ASHA members’ concerns regarding reimbursement for speech-language therapy provided to children with autism spectrum disorder (ASD), ASHA reached out to the U.S. Department of Education (ED), relaying to them the growing number of children with ASD who may not be receiving needed speech and language services. Additionally, ASHA expressed that SLPs and other appropriate professionals may not be included in evaluation and eligibility determinations under Individuals with Disabilities Education Act (IDEA) Parts B and C; ASHA also expressed that some IDEA programs may be including ABA therapists exclusively.

**Outcome:** The ED issued guidance in the form of a “Dear Colleague” letter regarding services delivered to children with ASD. In its letter, the Office of Special Education Programs (OSEP) recognized the importance of speech-language pathology services for students with ASD; the OSEP also recognized that school systems must ensure that SLPs and other appropriate professionals are part of the evaluation process and the Individualized Education Program (IEP)/ Individual Family Service Plan (IFSP) teams for students with ASD. ED also reminded states and local programs that any decisions regarding services should be made based on the unique needs of each individual child with a disability (and, in the case of Part C of IDEA, the child’s family).

**Additional Information:** ED relied on a similar letter, issued in July 2015 by CMS, which stated that ABA therapy is just one methodology used to address the needs of children with ASD.
Federal-Level Issues

Ensure Inclusion in Early Childhood Programs

**Action:** Actively engage in outreach to the ED and HHS to make certain that young children with disabilities have access to inclusive high-quality early childhood programs.

**Outcome:** ED and HHS released a policy statement, which stipulates that all young children with disabilities should have access to inclusive high-quality early childhood programs that provide these children with individualized and appropriate support in meeting high expectations. This policy statement affects ASHA members who work in early childhood programs or administer such programs. It sets a vision for states, local education agencies, schools, and public and private early childhood programs to strengthen and increase the number of inclusive high-quality early childhood programs nationwide.

**Additional Information:** The policy developed by the ED and HHS achieves the following goals:

- Sets an expectation for high-quality inclusion in early childhood programs
- Highlights the legal and research base for inclusion
- Identifies challenges to adopting inclusive practices
- Provides recommendations to states and to local programs and providers for increasing inclusive early learning opportunities for all children
- Links states, local programs and providers, and families to free resources that have been developed to support inclusion of children with disabilities in high-quality early education programs.

Assist in Setting New Building Standards to Improve Classroom Acoustics

**Action:** Actively engage in the decision-making process with the American National Standards Institute (ANSI) for establishing standards on new school buildings related to classroom acoustics.

**Outcome:** The committee responsible for updating the International Code Council’s A117.1 Accessible and Usable Buildings and Facilities standards has formally adopted an amendment establishing a classroom acoustics standard. ASHA led this effort, beginning several years ago, and has worked closely with committee members to secure its adoption. The new classroom acoustics building code identifies the reverberation rates for various sizes of occupied and unoccupied classrooms. Once state and local building code agencies adopt the A117.1 code, all new school construction projects in those jurisdictions will have to comply with this standard.
Federal- and State-Level Issues

Critical issues related to the professions of audiology and speech-language pathology exist at both the federal and state levels. Many issues begin with a bill passed at the federal level to be implemented by states’ enacting laws and regulations. State legislatures also address issues that Congress has not acted on or provided any guidance for. In other areas, both the federal and state governments have acted.

Promote Funding and Manage Practice
Issues for School-Based Members and
Early Intervention Services

**Action:** Conduct ongoing advocacy outreach with educational consortia and alliances, such as the Committee for Educational Funding (CEF) and the Consortium for Citizens With Disabilities (CCD), to promote reauthorization of ESEA and IDEA and to preserve funding for the related educational programs. ASHA advocated for achieving adequate federal financial support for our nation’s educational system and continued to reach out to Congress regarding funding for special education as part of IDEA.

**Outcome:** Due to the collective efforts of these educational advocacy groups, in Fiscal Year 2016, Congress approved the Omnibus Appropriations Act, which provides $14.9 billion for Title I grants to local educational agencies and is $500 million more than the 2015 enacted level. Congress also approved $11.9 billion for special education state grants (IDEA), which is $415 million more than the 2015 enacted level. The Omnibus law included tax extenders that affected certain expenses of elementary and secondary school teachers and an above-the-line deduction for qualified tuition and related expenses. The Omnibus law permanently extended the above-the-line deduction (capped at $250) for the eligible expenses of elementary and secondary school teachers.

**Additional Information:** The Omnibus law also made improvements to Section 529 education accounts. The law expanded the definition of qualified higher education expenses for which tax-preferred distributions from 529 accounts are eligible to include computer equipment and technology.

Educate Others on the Unnecessary Paperwork and Administrative Burden on School-Based Members

**Action:** Raise awareness on Capitol Hill of the issues related to extensive paperwork and administrative burden in special education. ASHA worked with House Education and the Workforce Committee Chairman John Kline (R-MN) and Subcommittee Chairman Todd Rokita (R-IN) to request a study by the U.S. Government Accountability Office (GAO) in December 2013.

**Outcome:** The GAO released its report on February 8, 2015—after a 2-year investigation. The report is titled *Special Education, State and Local-Imposed Requirements Complicate Federal Efforts to Reduce Administrative Burden.* To complete the study, the GAO reviewed relevant federal laws and regulations; held nine focus groups with educators from 37 states; visited schools in Arkansas and New York; and interviewed officials from the ED and other stakeholder groups, including ASHA.

Although the GAO reconfirmed many of the elements that ASHA had already identified as contributing to the problem of excessive paperwork and administrative burdens, it failed to make any recommendations to Congress to fix or decrease the problem. ASHA will continue to work with members of Congress to find solutions to the paperwork burden.
Communicate the Importance of Appropriate Hearing Health Care

**Action:** At the federal level, hearing health care advocacy efforts focused on legislation for a hearing aid tax credit and regulations and consumer access to over-the-counter (OTC) hearing aids and personal sound amplification products (PSAPs). ASHA is actively working with other stakeholder groups in the hearing health community to garner support for the hearing aid tax credit legislation.

**Outcome:** Representatives Devin Nunes (R-CA) and Mike Thompson (D-CA) introduced hearing aid tax credit legislation, H.R. 1882, which would provide for a $500 tax credit toward the purchase of a hearing aid. The tax credit would apply to all individuals and could be used every 3 years. The legislation is identical to S. 315, which was introduced by Senator Dean Heller (R-NV) and Amy Klobuchar (D-MN) at the start of the congressional cycle.

**Additional Information:** In comments provided to the President's Council on Science and Technology (PCAST) and the Institute of Medicine (IOM), ASHA expressed grave concern and opposition to the Council's and IOM's recent recommendations related to accessibility to and affordability of hearing health care services. The PCAST recommendations included a new Food and Drug Administration (FDA) classification of OTC hearing aids, rescinding the FDA draft guidance on PSAPs and allowing patients access to their audiograms. ASHA stressed the importance of audiologic intervention.

As part of its written comments, ASHA requested that PCAST and IOM take a more comprehensive view of hearing health care that addresses a hearing loss, rather than focus simply on an amplification device. On the basis of this more comprehensive review, these entities should make recommendations that consider evidence-based hearing health care practices that will improve access to these services. ASHA will testify and submit comments in May 2016 to the FDA as it considers the recommendations made by PCAST and IOM to create a new class of OTC hearing aids and to rescind its guidance for PSAPs.

**Action:** At the state level, ASHA continues to actively engage with states that remain concerned about the expansion of the scope of practice of hearing aid dispensers, the proliferation of OTC hearing aids, and Internet hearing aid sales.

**Outcome:** In Mississippi, hearing aids were exempted from state sales tax, Utah amended the criteria for the coverage of children’s hearing aids, and Missouri added a prior authorization requirement for hearing aid coverage. Texas passed legislation related to benefit plans of hearing aids for designated individuals and also incorporated rules reflecting changes in definitions and roles of providers, the tracking of documentation and intervention requirements, and changes to reporting rules by health care providers in early hearing detection and intervention (EHDI). Kentucky established standards, eligibility criteria, reporting requirements, appeals rights, and approved methods for hearing screening. Maryland now requires the EHDI program to reflect new guidance from the Joint Committee on Infant Hearing Screening and requires audiologists to report results of hearing screening and diagnostic evaluations to the Program for Hearing Impaired Infants.
Federal- and State- Level Issues

Utilize Loan Forgiveness as a Recruitment and Retention Tool

**Action:** At the federal level, ASHA lobbied on Capitol Hill to gain support for the Access to Frontline Health Care Act (H.R. 1707), which amends the Public Health Service Act to establish a student loan repayment program for health professionals who provide agree to 2 years of service in scarcity areas.

**Outcome:** The bill includes audiologists and speech-language pathologists as part of the identified health professions. There are nine co-sponsors for this bill.

**Action:** At the state level, ASHA continues to monitor changes among states.

**Outcome:** Although no new state loan forgiveness bills were passed in 2015, Mississippi established rules to implement the SLP Forgivable Loan program.

Ensure Necessary Medicaid Reimbursement and Coverage Policies

**Action:** At the federal level, CMS sought to modernize the Medicaid and CHIP managed care regulations as well as to update the programs’ rules and strengthen the delivery of quality care for beneficiaries. In July 2015, ASHA submitted comments to CMS regarding the Medicaid Managed Care proposed rule.

**Outcome:** The revised rule is the first major update to Medicaid and CHIP managed care regulations in more than a decade. ASHA supported the rule, which sought to (a) improve beneficiary communications and access, (b) provide new program integrity tools, (c) support state efforts to deliver higher quality care in a cost-effective way, and (d) better align Medicaid and CHIP managed care rules and practices with other sources of health insurance coverage. We expect CMS to finalize the proposed rule in Spring 2016.

**Action:** At the state level, ASHA continued to advocate that all state Medicaid programs (e.g., early and periodic diagnostic, screening, and treatment programs), including expansion programs:

- provide coverage for services to children in schools and in health care settings, as well as preserve coverage of audiology and speech-language pathology services;
- appropriately define essential health benefits;
- include coverage for autism and for adult services;
- eliminate limits on visits and reduction in reimbursement rates; and
- monitor increased copays for services.

**Outcome:** Nonetheless, several states enacted laws and regulations that restrict services provided to audiology and speech-language pathology clients in order to reduce overall cost. Some states (e.g., Alaska) still have not figured out how to reimburse for those clients who are in Medicaid managed care organizations. ASHA has worked with Georgia and other states to make appropriate determinations. Prior authorization is a growing problem, as many states are contracting for utilization review/prior authorization. Many states passed laws and approved regulations related to Medicaid rates, benefits, and provider issues. Below is a chart summarizing some of the recent laws and regulations that affect audiologists and SLPs.

2015 State Laws and Regulations Related to Medicaid

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<th>State</th>
<th>Outcome</th>
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<td>Adopted rules to address coverage and reimbursement</td>
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<tr>
<td>Colorado, Delaware, Florida</td>
<td>Revised provider qualifications</td>
</tr>
<tr>
<td>Colorado, Montana, Louisiana, Ohio</td>
<td>Instituted increases in coverage rates for Medicaid services</td>
</tr>
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</table>
Federal- and State- Level Issues

Promote Coverage of Services for Individuals With Autism Spectrum Disorder

**Action:** At the state level, ASHA continues to work with states to ensure coverage of services for individuals with autism spectrum disorder (ASD).

**Outcome:** Eleven states addressed coverage of services for people with ASD: Georgia, Hawaii, Kansas, Louisiana, Maine, New Jersey, North Carolina, South Dakota, Texas, Virginia, and Washington. Hawaii requires insurers and health maintenance organizations to provide coverage for ASD services; Virginia requires the Board of Medicine to post information on its website about appropriate treatment and the role of health care providers in identifying and treating individuals with ASD. New Jersey allows for physical, occupational, and speech therapy to people with ASD without limitation beyond the 30-day visit limit and allows treatment to continue beyond the age of 21 years, if necessary. Colorado increased the age limit for children receiving services under the state's Autism Waiver Program and now includes ASD in the state's mental health parity law.

Monitor Implementation of the Patient Protection and Affordable Care Act (ACA)

**Action:** ASHA continues to closely monitor the law's implementation and programs as well as advocate on issues that affect the professions of audiology and speech-language pathology.

**Action:** At the state level, ASHA continues to advocate and offer support to state associations for adoption of the ACA requirements, including insurance coverage of essential health benefits as implemented through regulations.

**Outcome:** In July 2015, the U.S. Supreme Court upheld the tax credits available to individuals in states that have a federal exchange in the King v. Burwell case. The Supreme Court determined that the phrase “an Exchange established by the State” could also refer to all exchanges—both state and federal—for purposes of the tax credits. The Supreme Court concluded that the ACA indicated that state and federal exchanges should be interpreted to be the same. This means that, in the 34 states that chose not to establish an exchange, it was permissible and lawful for those individuals to receive tax credits.

Essential Health Benefits

**Action:** ASHA commented on CMS's proposal to adopt a uniform definition of habilitative services that would ensure adequate coverage and clarify the distinction between habilitative services and rehabilitative services that may be used by the states.

**Outcome:** Habilitation is now a required benefit under the essential health benefits of health plans participating in state health insurance exchanges. As a finalized rule, qualified health plans are no longer permitted to determine the scope of or define habilitative services. The definition for habilitation is “health care services that help a person keep, learn, or improve skills and functioning for daily living.” These services may include physical therapy, occupational therapy, speech-language pathology, and other services for people with disabilities.
in a variety of inpatient and/or outpatient settings. Although not specifically mentioned, ASHA believes that audiology services and devices are covered in “other services.”

**Action:** Urge the HHS to adopt the NAIC’s definition of *habilitation* as the uniform definition to be used by states and by health plans.

**Outcome:** ASHA was successful in urging the agency to adopt the NAIC’s definition of *habilitation* as the uniform definition. HHS also finalized its proposal to require separate limits on habilitative and rehabilitative services beginning with the 2017 plan year.

**Action:** ASHA also commented on the following topic areas pertaining to health care reform/ACA:

- 2017 HHS notice of benefit and payment parameters proposed rule
- 2017 CMS letter to issuers wishing to participate in the marketplace
- 2017 proposed state benchmark plan selection to CMS relating to the rehabilitation and habilitation services and devices benefit

**Action:** ASHA also submitted comments on each state’s proposed benchmark plan as it pertained to the rehabilitation and habilitation services and devices benefit.

**Outcome:** HHS delayed until 2017 its implementation of the revised Summary and Benefits of Coverage template that will be used by health plans. This delay will allow feedback from the NAIC.

**Action:** ASHA advocated to the NAIC to maintain the federal definition of *habilitation* and *rehabilitation* in the glossary and to list any visit limits for physical therapy, occupational therapy, and speech-language pathology (for the purpose of informing consumers).

**Outcome:** ASHA is waiting for the release the final document in order to know whether the NAIC’s recommendations are included.

**Action:** ASHA developed a tool for state associations and members to use when advocating with their state legislatures for inclusion of habilitative and rehabilitative services and devices provided by audiologists and SLPs in health plans participating in the health exchanges. In addition, ASHA provided an in-depth, step-by-step advocacy webinar on the topic.

**See Essential Coverage:** Rehabilitative and Habilitative Services and Devices (www.asha.org/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf)

**Outcome:** Three states—California, Maryland, and Washington—included definitions of habilitation in their essential health plans. A number of states (District of Columbia, Louisiana, Maine, Maryland, and Mississippi) adopted emergency rules to cover community-based waiver programs.

In addition, Rhode Island now prohibits a health plan or insurer from discriminating with respect to participation under the plan or coverage against any health care provider acting within the scope of practice of that provider’s license or certification. Montana amended legislation to include audiologists and SLPs under the Freedom of Choice for Practitioners Act.

**Advocate With Private Health Plans on Reimbursement and Coverage Policies**

**Action:** ASHA documents cases from members and consumers regarding denials by private health insurance companies and responds with appeal letters to insurance companies in order to seek coverage for consumers and reimbursement for ASHA members. Over the past year, appeal letters were submitted to insurance companies for coverage of the following issues: vocal hoarseness, swallowing and cognitive treatments for individuals with multiple sclerosis, and cognitive rehabilitation for stroke patients. Additionally, ASHA proactively seeks to change existing policies that restrict coverage of audiology and speech-language pathology services.
Federal- and State-Level Issues

**Outcome:** ASHA has communicated with several health plans requesting that clinical policy bulletins list appropriate diagnostic codes consistent with coverage, which have resulted in changes/updates being made.

**Promote the Use of Telepractice**

**Action:** ASHA is supporting new legislation (the CONNECT for Health Act) that allows audiologists and SLPs participating in Medicare Advantage plans and alternative payment models to be reimbursed for providing services through telehealth technology.

**Outcome:** The CONNECT for Health Act (S. 2484/H.R. 4442) was introduced in the Senate by Senators Brian Schatz (D-HI), Rodger Wicker (R-MS), Thad Cochran (R-MS), Ben Cardin (D-MD), John Thune (R-SD), and Mark Warner (D-VA). It was introduced in the House by Representatives Diane Black (R-TN), Peter Welch (D-VT), Gregg Harper (R-MS), and Mike Thompson (D-CA).

**Action:** ASHA is also supporting legislation that would allow audiologists and SLPs to be reimbursed by Medicare for providing services through telehealth technology. ASHA recently had a cost analysis conducted, which concluded that expanding Medicare beneficiary access to the full scope of appropriate audiology and speech-language pathology services would cost only $2.5 million over 5 years and $10 million over 10 years.

**Outcome:** ASHA is sharing the cost analysis data with members of Congress and is advocating for an official cost analysis by the CBO, which prepares the analysis of how much proposed legislation would cost. The Medicare Telehealth Parity Act of 2015 (H.R. 2948) was introduced by Representatives Mike Thompson (D-CA), Gregg Harper (R-MS), Diane Black (R-TN), and Peter Welch (D-VT).

**Action:** At the state level, ASHA has been actively involved in promoting the use and appropriate regulation of telepractice.

**Outcome:** More than one-third of the states introduced legislation or drafted rules related to the regulation and provision of telehealth services. Arkansas and Tennessee updated and added telepractice-related rules, and other states (Arkansas, Colorado, Idaho, Nebraska, Nevada, New Hampshire, New York, North Dakota, Texas, Virginia, and Washington) enacted legislation to pave the way for the delivery and reimbursement of telehealth services. Idaho and Nevada established a telehealth access act, Nebraska now requires insurers to provide descriptions related to telehealth service delivery, and Washington recognizes telehealth as a service that does not require in-person contact. Finally, Texas established provisions for reimbursement of telehealth services in school settings.


**Demonstrate the Value and Quality of Service for the Professions**

**Action:** The use of outcomes data and quality indicators demonstrates the value of audiology and speech-language pathology services in all settings. Therefore, ASHA has been collecting data on pediatric populations that can be used to show the value of the professions to third-party and public payers.

**Outcome:** Consumers and decision makers across settings are increasing their demands for evidence-based data. As we continue to collect data, we will develop an alternative payment model, quality measures, resource use, and clinical improvement activities for Medicare’s new MIPS.
**Federal- and State-Level Issues**

**Preserve the Scope of Practice**

The clinical practice of other providers without audiology or speech-language pathology credentials infringes on the scope of practice and clinical expertise of audiologists and SLPs.

**Action:** At the federal level, ASHA, the American Academy of Audiology (AAA), and the Academy of Doctors of Audiology (ADA) are continuing to mount opposition to the Veterans’ Access to Hearing Health Act of 2015 (H.R. 353). This bill would enable the U.S. Department of Veterans Affairs (VA) to hire hearing aid specialists to help address the increasing demand for hearing aid services. ASHA has reached out to the House Committee on Veterans’ Affairs Subcommittee on Health Chair Dan Benishek (R-MI) to correct certain facts about the bill. The audiology organizations are also seeking to amend language in the bill to ensure that if dispensers are used, they perform under the direction of an audiologist.

**Outcome:** The audiology organizations continue to band together to stop this bill from moving forward.

**Action:** In February 2016, ASHA—along with the other audiology organizations—met with the U.S. Department of Labor (DOL) officials to discuss an apprenticeship program for hearing aid specialists proposed by the International Hearing Society (IHS).

IHS submitted the Standards of Apprenticeship to the DOL; these standards contain a description for the occupation of a hearing aid specialist within a work process schedule and other information that could encourage hearing aid specialists’ apprentices and journey workers to perform services and procedures that are outside the scope of practice and licensure for services for hearing aid specialists in any state.

**Outcome:** The DOL is taking another look at whether the creation of the apprenticeship program meets DOL requirements.

**Action:** Within the states, ASHA has actively opposed practice acts and licensure efforts that would expand the scope of practice of other professionals and practitioners (e.g., music therapists, ABA therapists, developmental therapists, dyslexia therapists) into the scope of SLPs. ASHA also opposed efforts of hearing aid dispensers to expand their scope of practice into areas in which they are less qualified and undereducated, considering the success of such efforts could compromise quality of client care.

**Outcome:** Bills in numerous states to expand music therapy to speech evaluation have been successfully defeated, as have efforts by hearing aid specialists to expand their practices to audiology services.
State-Level Issues

Comprehensive (Universal) Licensure

**Action:** ASHA continues to coordinate with states to move toward a comprehensive (universal) license.

**Outcome:** In 2015, Virginia approved rules to eliminate the state Board of Education as a licensing entity for school-based SLPs; thus, all SLPs in the state will be regulated by the Board of Audiology and Speech-Language Pathology. Oregon also passed legislation that requires SLPs to hold a state license to practice in education settings. Twenty-one states now require universal licensure.

Service Continuum

**Action:** In 2015, ASHA developed model regulations approved by the ASHA Board of Directors for audiologists, SLPs, audiology assistants, and speech-language pathology assistants (SLPAs). ASHA supports the adoption of model licensing language and implementation of a service continuum that defines the credentials and competency requirements for audiologists, SLPs, SLPAs, and audiology assistants.

**Outcome:** Over the past year, several states adopted rules governing the practice of SLPAs, and still others are considering adding licensing requirements based on ASHA’s model language to their licensing rules. Specifically, Virginia and West Virginia passed legislation to regulate SLPAs. Maryland and New Hampshire adopted several rules related to the certification of SLPAs; Maryland’s rules now create penalties for failing to complete required continuing education and allow cease-and-desist orders for SLPs practicing on expired licenses. Finally, New Hampshire created initial and reinstatement provisions for SLPA certification.

State Consultants

**Action:** Encourage states to hire audiologists and SLPs as consultants to help members in the state meet ED requirements. With increased demands on state budgets, fewer audiology and speech-language pathology consultants are being hired and/or retained.

**Outcome:** State departments of education and/or state education agencies hire individuals to implement ED policies, assist with educator questions, and provide training and support.

Additional State-Level Issues

Military Exemptions

Last year, Nevada, New Mexico, and Ohio added provisions to amend and expedite licensure for active-duty military and military spouses.

Truth and Transparency Legislation

The AMA, through its Scope of Practice Partnership, identifies state practice acts related to other professions that the AMA believes may be operating outside of their scopes of practice. AMA-supported truth and transparency legislation requires nonphysicians to identify themselves as doctors of their stated professions (e.g., Doctor of Audiology). The AMA also suggests requirements for advertising. There have been several attempts in recent years to pass this type of legislation; this year, only Georgia passed legislation establishing certain parameters related to advertising and signage.
Federal-Level Issues

Music Therapy Regulation
Several states have proposed music therapy licensure; however, none have adopted such proposals. Licensing boards in Oregon, Rhode Island, and Utah created rules governing the licensure/certification of music therapists. Illinois created an advisory board to determine the necessity of credentialing music therapists.

State Requirements for Speech-Language Pathologists in Education and Early Intervention Services

Early intervention. California, Connecticut, Illinois, Louisiana, Nebraska, Ohio, Tennessee, Texas, Virginia, and Washington provided new provisions for early intervention services. Connecticut requires annual hearing screenings of all children enrolled in birth-to-3 programs; Illinois, Tennessee, and Washington incorporated definitions of qualified staff; and Nebraska added guidelines for early intervention services and provider qualifications. Virginia updated its entire early intervention system to align with Part C of the IDEA.

Dyslexia. Many states are dealing with guidance on the treatment of students with dyslexia. Several states required mandatory screening for dyslexia, including Alabama, Arizona, Arkansas, California, Mississippi, and Oregon. Oregon also passed legislation for schools to employ a dyslexia specialist and requires school districts to screen for dyslexia, develop guidance for parental notification, provide teacher training, and have at least one teacher on staff in every school district trained in dyslexia treatment methods.

Emergency teaching waiver. Kentucky allows the Educational Professional Standards Board to grant emergency certificates to out-of-field teachers if qualified professionals are not available and establishes the definition of out-of-field teaching.

Teacher certification. Alabama, Arkansas, Illinois, Nebraska, New Jersey, Ohio, and Tennessee changed teacher certification requirements. Arkansas issued emergency rules to update educator licensing guidelines, including definitions of what constitutes an accredited speech-language pathology program.

Professional Privilege Taxes. In 2015, Tennessee proposed legislation to repeal the professional privilege tax of $400 per year. ASHA supported this effort as well as an initiative to adopt a professional tax in Mississippi. The legislation in Tennessee remains active, whereas the bill to institute a tax in Mississippi died in committee. In a related measure, Washington approved a surcharge to credentialing fees for professionals, including SLPs. This bill provides funding for a resource library at the University of Washington and was supported by the state association.

Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists
The Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (PACE) is an assessment tool for SLPs working in school settings. ASHA continues its efforts to promote the PACE. A number of school districts and a few states have agreed to pilot the assessment tool for SLPs. ASHA staff will continue to work with those states and districts to collect data on the effectiveness of the PACE.

State Association Grants
ASHA continues to promote state and member advocacy through state grants for initiatives related to personnel, reimbursement, and student advocacy. In 2016, personnel and reimbursement grants totaling $74,000 were awarded to Maine, Wisconsin, Virginia, Montana, New Mexico, Colorado, Oregon, Nebraska, Nevada, Vermont, Arkansas, and California.

Student advocacy grants totaling $8,000 were awarded to eight states (Arkansas, Delaware, Hawaii, Iowa, Missouri, Montana, Nebraska, and New Mexico).

ASHA’s members are the key to advancing ASHA’s PPA because congressional leaders want to hear from
Member Advocacy

constituents before supporting or opposing legislative proposals. Therefore, ASHA members who advocate are the greatest influencers for congressional decision making. Not all advocacy efforts involve asking a member of Congress to oppose or support legislation.

Member Engagement

There was continued participation and engagement of our members in the advocacy process. From January 1, 2015 to December 31, 2015, 10,801 members sent a total of 38,134 messages to Capitol Hill and to their state legislatures. Here are details on some specific action alerts:

• Therapy cap: 6,419 members sent 19,401 messages.
• Nonrecognition of hearing aid specialists in the VA: 1,718 members sent 4,284 messages.
• ESEA reauthorization: 1,014 members sent 2,299 messages.

Fifteen different ASHA groups, boards, committees, Special Interest Groups, and students participated in Capitol Hill visits in 2015. An additional 265 members have participated in appointments with their congressional leaders and staff members, resulting in an estimated 590 appointments.

@ASHAadvocacy Social Media Campaign

The number of followers of social media sites dedicated to ASHA Advocacy continues to increase. The purpose of adding social media to ASHA Advocacy’s communications is to have a place for ASHA members to stay up to date on the latest legislative and regulatory issues; note that this social media initiative is separate from ASHA’s main social media sites/initiatives. This focused form of social media also allows members to see what ASHA staff are doing to support the professions and offers ASHA members an opportunity to become more involved in advocacy.

• ASHA Advocacy Facebook https://www.facebook.com/AshaAdvocacy
• ASHA Advocacy Google+ https://plus.google.com/116959806634817554710
• ASHA Advocacy Pinterest https://www.pinterest.com/ashaweb/asha-advocacy
• ASHA Advocacy Twitter site https://twitter.com/ASHAAdvocacy
• Advocacy You Tube site https://www.youtube.com/playlist?list=PL8XY1Fvgydg6U8uXhkmy_tVo45xVwH6Dgc
ASHA-PAC raised $190,118 from 6,103 ASHA members in the 2015 fundraising cycle. The ASHA-PAC Board of Directors established the fundraising cycle to be from September 1 through August 31 of each year, to coincide with the mailing of annual dues statements. Compared to 2014, both the number of ASHA members participating and the amount of contributions increased by more than 10% and 8%, respectively, making 2015 ASHA-PAC’s best fundraising year since 2007.

ASHA’s Political Action Committee
Top (L-R) Sam Hewitt, Larry Molt
Middle (L-R) Joan Mele-McCarthy, Kathleen Peterson, Arlene Pietranton
Bottom (L-R) Chasity Moore, Carol Fleming
George Lyons, Jr.
Director, Government Relations & Public Policy
Ext. 5670 or glyons@asha.org

Susan Adams
Director, State Legislative & Regulatory Advocacy
Ext. 5665 or sadams@asha.org

Catherine Clarke
Director, Education & Regulatory Advocacy
202-624-5953 or cclarke@asha.org

Eileen Crowe
Director, State Association Relations
Ext. 5667 or ecrowe@asha.org

Janet Deppe
Director, State Advocacy
Ext. 5668 or jdeppe@asha.org

Cheris Frailey
Director, State Education & Legislative Advocacy
Ext. 5666 or cfrailey@asha.org

Daneen Grooms
Director of Health Reform Analysis and Advocacy
Ext. 5651 or dgrooms@asha.org

Laurie Alban Havens
Director, Private Health Plans and Medicaid Advocacy
Ext. 5677 or laalbanhavens@asha.org

Sam Hewitt
Director, Political & Grassroots Advocacy
202-624-5961 or shewitt@asha.org

Erik Lazdins
Associate Director, Grassroots Member Engagement
202-624-8198 or elazdins@asha.org

Lemmietta G. McNeilly
Chief Staff Officer for Speech-Language Pathology
Ext. 5705 or lmmcneilly@asha.org

Ingrida Lusis
Director, Federal & Political Advocacy
202-624-5951 or ilusis@asha.org

Michelle Mannebach
Director, Advocacy Communications & Administration
Ext. 5672 or mmannebach@asha.org

Janet McCarty
Director, Private Health Plan Reimbursement
Ext. 5674 or jmccarty@asha.org

Tim Nanof
Director, Health Care Policy & Advocacy
Ext. 5676 or tnanof@asha.org

Kate Ogden
Health Policy Associate
Ext. 5669 or kogden@asha.org

Anushik Scott
Advocacy Program Coordinator
Ext. 5673 or amazmanyan@asha.org

Neil Snyder
Director, Federal Advocacy
202-624-7750 or nsnyder@asha.org

Neela Swanson
Director, Health Care Coding Policy
Ext. 5675 or nswanson@asha.org

Sarah Warren
Director, Health Care Regulatory Advocacy
Ext. 5696 or swarren@asha.org