

Written Testimony presented by Kansas Speech-Language-Hearing Association to the House Committee on Health and Human Services

February 12, 2018

Dear Chairman Hawkins and Members of the Committee,

The Kansas Speech-Language-Hearing Association, KSHA, is neutral on HB 2674, regarding the practice of telemedicine.

KSHA is a professional membership organization made up of about 1000 speech-language pathologists and audiologists. We appreciate this opportunity to offer testimony regarding HB 2674, aimed at reimbursing providers for telehealth services.

While HB 2674 is a step in the right direction for the future of the provision of health care, **we urge the Committee to add Speech-Language Pathologists and Audiologists to the definition of “Healthcare Provider.”**

Speech-language pathology services provided by our members in the schools are affected by shortages of qualified, licensed professionals. As a result, and with the advancement of technology for telepractice, schools have implemented alternative methods of service delivery. These innovative services are effective, but unfortunately have been impeded by the lack of reimbursement for Medicaid-eligible students. The benefits of telepractice are well-documented, including providing services in remote underserved areas and access to services for clients who are unable to leave their homes.

Rationale for Including Speech-Language Pathologists & Audiologists in HB 2674

Passage of such bill would support best practices in service delivery to children in the state of Kansas as follows:

- 1) **Quality Student Services.** There is no question that the service delivery methods of telepractice within school settings are equal to in-person services. This model has been employed for a variety of professions and diagnostic groups. Service delivery for students receiving special education services Kansas, i.e., those who receive services via IDEA or about 13% of all enrolled students, is jeopardized when shortages and reimbursement limitations create a barrier. Services are best supported when qualified professionals can use a variety of methods at their disposal. When school districts do not have the financial resources to provide services in the absence of available in-person speech-language pathologists, those children may go without services.
- 2) **Positive Student Learning Outcomes for Telepractice Service Delivery.** Recently published outcomes from the use of Medicaid-reimbursed telepractice showed considerable support and favorable results (Short, Houston, Scott, & Forducey, 2016). From a sample of 578 children enrolled in PreK through grade 12 in Oklahoma, the progress demonstrated by those students

receiving services via telepractice was equal to or greater than findings from the National Outcomes Measurement System's data for traditional service delivery methods. These services, when reimbursed via Medicaid, are a viable option when in-person services are not feasible.

Briefly, I would like to point out that passing this bill does **NOT**...

- a. Increase the cost of services for Medicaid reimbursement– in fact, cost will be comparable to in-person service delivery.
- b. Reduce the qualification of service providers. As stated in the bill, licensure and certification requirements will continue to be in place as they are for in-person service delivery.

In summary, it is in the best interest of children receiving special education services to add Speech-Language Pathologists and Audiologists to the “healthcare provider” definition in HB 2674. Providing reimbursement for telepractice would allow SLPs and Audiologists to serve students in rural areas with shortages of qualified professionals, as well as clients who cannot leave their homes. Thank you for the opportunity to present testimony.

Sincerely,

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References cited:

Short, L., Rea, T., Houston, B., Scott, S., & Forducey, P. (2016). Positive outcomes for speech telepractice as evidence for reimbursement policy change. *Perspectives of the ASHA Special Interest Groups, Vol. 1 (SIG 18)*, 3-11.