

Legislation Committee Report - Winter, 2015
Kathy de Domingo, MS, CCC-SLP, FACMPE
Legislative Chair

As this is being composed, the Governor of Oregon has announced his resignation and the 2015 Legislative Session is two weeks into activity. What was already expected to be an interesting session is off to a hot start!

The OSHA Board has engaged Court Street Consulting, with Genoa Ingram leading us through the intricacies of the session. Genoa serves as our Lobbyist and worked with many organizations and groups over the years to further their interests, including Audiology. Of the bills we are tracking, with Genoa's help, the following are of the most interest:

Behavioral Analysis Regulatory Board: Paul Terdal, working with Anna Dvortcsak and other Autism Specialists, has proposed amendments to the BARB Administrative Rules regulating eligible professionals who may be licensed to practice Applied Behavioral Analysis, House Bill 2563. A letter of support was sent to the BARB in early January. The proposed amendments support the position that applicants should provide evidence of training in ABA, but the current rules will impose a significant administrative burden and potentially limit otherwise qualified providers from being able to serve children with an autism spectrum disorder. The letter further emphasizes the existing Code of Ethics that requires ASHA Clinical Certificate of Competency holders, as well as those holding a license awarded by the state of Oregon, practice within their area of competence.

Universal Licensure: Senate Bill 287 will be heard in the upcoming Oregon Legislative Session. A position paper was drafted by John Tracy in July, 2014, for the TSPC, and will be submitted in support of our position to have all SLPs fall under the Oregon Board of Speech Pathology and Audiology, regardless of where they work or the population they serve. That bill will potentially be heard in the second week of March.

Music Therapist Licensure: Establishes board of music therapy within health licensing office, House Bill 2796. As introduced, the bill defines "Music therapy" and directs board to license music therapists. It permits the office to take necessary action prior to operative date of January 1, 2016. A letter was written in opposition of the bill, first presented to the House Health Care Committee on 2/4/15. It identifies that music therapy does not include diagnosis of communication disorders, but we are concerned that the therapists will still do this as it is provided in the scope of their national organization. Following the initial introduction of the bill, amendments have been made to eliminate creation of a board for this license, with the Legislative Council addressing how these licenses will be issued and under what agency. Furthermore, the original bill has been amended to clarify education and training qualifications and specify allowance to assess a client's response to music therapy techniques and the music therapy treatment plan. If you'd like more information on the Scope of Practice of Music Therapy, please see the [American Music Therapy Association website](#).

Other areas we're monitoring include the Health Evidence Review Commission and potential revisions to the existing guidelines on Cochlear implants and Bone-anchored hearing aides. They are also reviewing coverage of unilateral hearing loss and craniofacial anomaly codes at a public meeting to be held on

March 12, 2015 in Wilsonville. If you'd like more information on the HERC and their activities, as well as the opportunity to submit comments, please see the [Oregon Health Authority website for the HERC](#).

As I also serve at the State Advocate for Reimbursement (STAR) and State Medicare Administrative Contractor (SMAC) representative, below is an update of what happened in 2014 and some of the ongoing initiatives. The STAR and SMAC programs are managed by ASHA, with representatives appointed by the State Association. If anyone is interested in participating, or has concerns you would like brought to the attention of ASHA and this national representative body, please let me know.

STAR activities:

Variety of advocacy activities around state Medicaid Managed Care Organizations and the impact of policies on service access and disruptions to treatment. Some states with challenges expressed by schools billing for services as well as the private practices. Further disrupts service access when both parties are trying to access a limited pool of funds or benefits.

Monitoring impact of the Affordable Care Act on rehabilitation benefits in general. They are defined as an Essential Health Benefit, but insurers are often making the services an item that is subject to deductible first. Many of you participated in a survey that was sent out in the spring. Your feedback was shared with ASHA, as well as representatives of Regence Blue Cross and Care Core, the utilization management company with which Regence contracted to manage prior authorization. I know from experience in my clinic, as well as from others with whom I have consulted, that Care Core has been responsive to receiving feedback and making improvements.

ASHA Grant to Oregon for advocacy efforts for Cognitive Rehabilitation benefits: first year was completed, with an external appeal hearing on behalf of a Health Share member denied access to services resulting in validation of the treatment approach, but more work to be done to educate the MCOs. Of the grant funds used, most went to covering the attorney expense for the external appeal, handled by Julia Greenfield with Disability Rights Oregon.

SMAC activities:

Advocacy for coverage of Speech Generating Devices that are being denied under existing rules, last published 1/1/01. Public comment was received through 12/6/14, with Senator Ron Wyden holding state meetings in November in Southern Oregon. A final ruling is pending.

Review by Intermediary regions (Oregon is covered by Noridian; region includes Oregon, Washington, Montana and Idaho) for Local Coverage Determinations and "best practices". Noridian used Medicare rules, so no immediate impact.