

**Government Relations & Public Policy:
Legislation and Advocacy that Affect Our Professions**
Council of State Association Presidents
Oklahoma City, OK
May 15, 2015

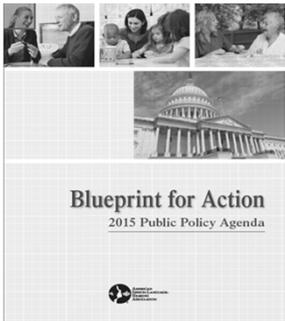
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ASHA's Government Relations and Public Policy

- GRPPB develops a public policy agenda with member input
- Thousands of comments reviewed
- Three broad issue areas of advocacy:
 - ◆ federal
 - ◆ federal and state level
 - ◆ state level
- Legislative and regulatory advocacy



2015 PPA – ISSUES AND PRINCIPLES



2015 PPA Survey Results – Top 10

TABLE 1. 2015 PPA ALL RESPONDENTS			
In order of mean rating, highest to lowest	n =	Very important	Somewhat important
Issue Objective			
Funding and practice issues for early intervention and school-based services	2316	70.8%	21.3%
Medicaid reimbursement and coverage policies	2303	61.7%	32.2%
Patient protection and Affordable Care Act/ private health plans reimbursement and coverage policies	2305	60.3%	31.6%
Medicare reimbursement and coverage policies	2323	60.7%	29.4%
Professional infringement	2289	52.6%	27.8%
Hearing health care	2315	34.1%	44.8%
State consultants	2290	37.7%	40.0%
Comprehensive (universal) licensure	2300	34.2%	35.1%
Loan forgiveness as a recruitment and retention tool	2307	32.2%	37.2%
Service continuum	2296	25.1%	35.1%
Telepractice	2303	18.8%	40.8%

- 2015 PPA Survey Results – Top 6 for Audiologists**
1. Hearing health care
 2. Medicare reimbursement and coverage policies
 3. Medicaid reimbursement and coverage policies
 4. Patient Protection and Affordable Care Act/ private health plans reimbursement and coverage policies
 5. Scope of practice
 6. Funding and practice issues for early intervention and school-based services

- 2015 PPA Survey Results – Top 6 for SLPs**
1. Funding and practice issues for early intervention and school-based services
 2. Medicaid reimbursement and coverage policies
 3. Patient Protection and Affordable Care Act/ private health plans reimbursement and coverage policies
 4. Medicare reimbursement and coverage policies
 5. Scope of Practice
 6. State Consultants

**Board Approved 2015 PPA –
Blueprint for Action**

Federal and State Level

- Funding and Practice Issues for School-Based and Early Intervention Services
- Hearing Health Care
- Medicaid Reimbursement and Coverage Policies
- Patient Protection and Affordable Care Act (ACA)
- Private Health Plans Reimbursement and Coverage Policies
- Telepractice
- Loan Forgiveness as a Recruitment and Retention Tool
- Demonstrating Value and Quality of Services
- Scope of Practice

**Board Approved 2015 PPA –
Blueprint for Action**

Federal Level

- Medicare Reimbursement and Coverage Policies
- Reauthorization of Federal Education Legislation

2015 Federal Legislation

- Medicare Audiology Coverage of Audiology Services Act of 2015, H.R. 1116
- Hearing Aid Assistance Tax Credit, S. 315
- Veterans Access to Healthy Hearing Act, H.R. 353
- Medicare Access to Rehabilitative Services Act of 2015, H.R. 775
- Steve Gleason Act of 2015, H.R. 628
- Every Child Can Achieve Act of 2015 (Senate HELP Committee and Student Success Act, H.R. 5

Steve Gleason Act Passed by Senate

- Eye-tracking accessories for speech-generating devices (SGDs) are a Medicare covered benefit.
- Eliminates capped-rental rules allowing patients to purchase their own devices.
 - ◆ patients can keep their devices if admitted a skilled nursing facility (SNF), hospital, or other inpatient setting.
- House Bill 1919 needs to be passed
- **ASHA Reference:**
 - ◆ Headlines, April 23, 2015

Steve Gleason Act

- **Medicare released draft of the revised *National Coverage Determination 50.1 Speech Generating Devices***
 - ◆ Comment period ending May 29, 2015
 - ◆ Expands type of communication and features of SGD in the form of audible and written communications.
 - ◆ Internet or phone services are not covered
 - ◆ Computer functions not directly related to communication is not covered
- Additional info for Medicare coverage policies
 - ◆ Lisa Satterfield, ASHA's director of health care regulatory advocacy, at lsatterfield@asha.org.

Medicare Access and CHIP Reauthorization Act of 2015

- Repeals the flawed sustainable growth rate (SGR) formula
- Eliminates the 21% payment reduction to outpatient services paid under the Medicare Physician Fee Schedule that was implemented on April 1, 2015.
 - SGR replaced by the Merit-Based Incentive Payment System (MIPS), a payment system based on outcomes and quality.
 - Reference:
 - ◆ **ASHA Headlines** April 17, 2015

Medicare Access and CHIP Reauthorization Act of 2015

- Continues a modified therapy cap exceptions process.
- ASHA Resources:
 - ◆ **Medicare Part B Therapy Cap Exception Process**
- Reference:
 - ◆ **ASHA Headlines** April 17, 2015

Hearing Aid Tax Credit, H.R. 1882

- Would provide for a \$500 tax credit towards the purchase of a hearing aid.
 - ◆ Would apply to all individuals
 - ◆ Could be used every three years.
- The legislation is identical to S. 315 introduced in January 2015
- The bill was introduced with the bi-partisan support of 35 original cosponsors, 5 of which also sit on the Ways and Means committee

Veteran’s Access to Healthy Hearing Act, H.R. 353

- **ASHA does not support**
- Allows for the appointment of hearing aid specialists to the Veterans Administration.
- Bipartisan (Rep. Sean Duffy, R-WI and Tim Walz, D-MN)
- Redundant legislation as current VA policies allow for employment of hearing aid specialists
- Will not address problems associated with long wait times for hearing aids and hearing health care services

Medicare Coverage of Audiology Services Act (H.R. 1116)

- Allows audiologists to bill for both diagnostic and rehabilitation services
- ASHA supports this legislation:
 - ◆ Supported by medical community and Congressional Hearing Health Caucus
 - ◆ Consistent with trends for coordinated care in alternate payment models and systems
 - ◆ Will allow audiologists to bill Medicare directly for services billable by other professions
 - ◆ Ensures that the best plan of care is available to improve patient outcomes

Medicare Coverage of Audiology Services Act (H.R. 1116)

References:
 ASHA’s Issue Brief, Medicare Coverage of Audiology services (www.asha.org/uploadedFiles/IB-Medicare-Coverage-of-Audiology-Services.pdf)

See “Wayne Foster: Advocating for Comprehensive Audiology Legislation” (https://youtu.be/hN1A5GM37jM?list=PL8XYIFygdg6U8uXhkmy_tVo45xVwH6Dgc)

Every Child Achieves Act

- The U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) approved the **Every Child Achieves Act (ECAA)** of 2015
 - ◆ reauthorizes the Elementary and Secondary Education Act (ESEA), aka No Child Left Behind (NCLB).
 - ◆ Now moves to the Senate floor for consideration.
 - ◆ H.R. 5, the **Student Success Act** (the House’s ESEA reauthorization bill) introduced, no vote yet

Every Child Achieves Act: Key Points

- No "Title 1 portability"
- Federal testing schedule maintained.
- States report disaggregated testing data for minorities, low-income students, English-learners, and those with disabilities.
- States required to establish generic "challenging academic standards for all students"

Reference:

Neil Snyder, ASHA's director of federal advocacy, at nsnyder@asha.org

Every Child Achieves Act

Key points of interest to ASHA's school-based members:

- "Pupil services" under current law will become "specialized instructional support personnel" (SISP) in both the ECAA and H.R. 5.
- SISPs - new references included in Title I and Title II professional development.
- Could allow general education funds for SLPs to work with struggling learners
- Reference:
 - ◆ ASHA Headlines April 17, 2015

EHDI Reauthorization: H.R. 1344, Early Hearing and Detection Intervention Act of 2015

- Reauthorizes the federal portion for the next five-years.
- ASHA worked with a coalition to draft EH.R. 1344
- Currently in the process of identifying Congressional members as sponsors.
- Continued federal funding is necessary to ensure that state EHDI programs become fully operational and successful and that they properly link screening programs with diagnosis and early intervention.

For in depth information...



Advocacy: Medicare Reimbursement and Coverage



- Equitable reimbursement for audiologists and SLPs
- Coverage of services and devices for beneficiaries of Medicare health plans
 - Osseointegrated implant benefit
 - Value-Based Modifier
 - Home Health Agencies (HHA) Final Rule
 - Physician Payment Sunshine Act
- Alternative payment policy to Medicare therapy caps
- Represent the professions before CMS for maintenance or expansion of appropriate values and coverage and representation on AMA coding committees

Advocacy: Reauthorization of Federal Education Legislation



- Inclusion and funding of speech, language, literacy, and hearing services and devices in all federal education legislation
- Consistent language and common terminology, including the use of the term *highest qualified provider* in ESEA and IDEA
- Include SLPs in federal literacy policies
- Include audiologists and SLPs in HEA provisions

Advocacy: Funding and Practice Issues for School-Based and Early Intervention Services

- Adoption of appropriate accountability/ evaluation measures for **specialized instructional support personnel** in educational settings
- Oppose cuts in education funding
- Reduce the paperwork and administrative burden on school-based audiologists and SLPs
- Educate administrators/decision-makers about workload requirements in determining caseload and funding needs
- Advocate with states to implement federal standards related to IDEA Part B and ESEA



Advocacy: Funding and Practice Issues for School-Based and Early Intervention Services

- States to implement IDEA Part C Infants & Families Program requirements
- Ensure role of audiologists and SLPs in the identification and treatment of children in early intervention programs
- Increased funding for Part C services
- Timely reimbursement for early intervention services
- Reallocation of IDEA Part D funds so that they align with the needs of ASHA's school-based members and graduate academic programs
- Audiologists and SLPs roles in the diagnostic, intervention, and management teams related to concussion and/or in student athletes

Advocacy: Hearing Health Care



- Hearing aid tax credit legislation
- Stronger FDA regulations
 - regarding sale of hearing aids and PSAPs
 - FTC oversight of deceptive advertising relative to the sale of PSAPs
 - legislative efforts related to classroom acoustics
- Reasonable, cost-effective OSHA and ANSI regulations and standards to prevent noise-induced hearing loss
- Comprehensive system of children's hearing health care services
 - implementation of EHDI
 - adoption of state hearing screening standards for school-age children,
 - provision of insurance coverage of hearing aids
 - cochlear implants, other related devices
 - equipment and diagnostic and treatment services for children
- Classroom acoustics

Advocacy: Medicaid Reimbursement and Coverage Policies

- Advocate for coverage and reimbursement of services provided by audiologists and SLPs, including funding for mandated EPSDT program services
- Advocate for appropriate coding and reimbursement for coverage of audiology and SLP services
- Advocate for appropriate policies and regulations of Medicaid covered services in schools and other settings
- Promote reimbursement for devices, including hearing aids, cochlear implants, AAC and other devices

Demonstrating Value and Quality of Services



- Coordinate advocacy strategies with health care and school-based payers
- Utilize data to support advocacy efforts related to adequate reimbursement across payers
- Empower members and state association leaders to effectively demonstrate the value of audiology and SLP services in achieving desired client outcomes that reflect payer demands
- Take leading role in establishing policies that define quality and desired outcomes of audiology and SLP services reflecting the needs of the clients and professions

Questions

State Advocacy: Hot Topics in the States

CSAP Spring Meeting, May 15, 2015
Janet Deppe, MS CCC-SLP
Director, State Advocacy

Disclosure

- Janet Deppe, Director State Advocacy
- Financial: I am a paid employee of ASHA
- Non-Financial: I am an ASHA member, I support ASHA's Public Policy Agenda which includes the advocacy initiatives that the association supports; I am the ex-officio of ASHA's School Finance Committee which advocates for increased financial support and other non-financial initiatives for school-based members.

Outline

- State Outreach Initiative:
- State Liaisons
 - State Health Issues:
 - Medicaid Reimbursement and Expansion
 - Insurance Coverage for Autism Services
 - Co-pay equity
 - State Education Issues
 - Loan Forgiveness
 - PACE: Update
 - Workload
 - SLP shortages in Education settings
 - Dyslexia services
 - Hearing Health Care Issues
 - Insurance coverage of hearing aids
 - Hearing aid tax credits
- Scope of Practice Issues
 - Dyslexia therapy
 - Applied Behavioral Analysis (ABA) therapists
 - Music Therapy
 - Hearing aid dispensers
 - Dental Hygienists
- State regulatory Issues
 - Universal Licensure
 - Truth and Transparency legislation
 - State Privilege Tax
- Telepractice
- State and Student Advocacy Grants
- Service Continuum
- Resources

Direct State Liaison Model

ASHA State Advocacy Team
2200 Research Boulevard
Rockville, Maryland 20850
800-498-2071 (toll free) 301-296-8577 (fax)
www.asha.org/uploads/related/Direct_State_Liaison_Model_Map.pdf

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ASHA State Outreach Model

● Northeast Region – MA, NH, VT, NY, RI, CT, NJ, PA, DE, MD, OH, ME, DC
Susan Adams sadams@asha.org, 800-4 800-498-2071, ext. 5665 

● South Region – VA, WV, KY, NC, TN, SC, GA, FL, AL, MS, LA, AR
Cheris Frailey cfrailey@asha.org, 800-498-2071, ext. 5666 

● Central Region – ND, SD, NE, KS, OK, TX, MO, IA, MN, WI, IL, IN, MI
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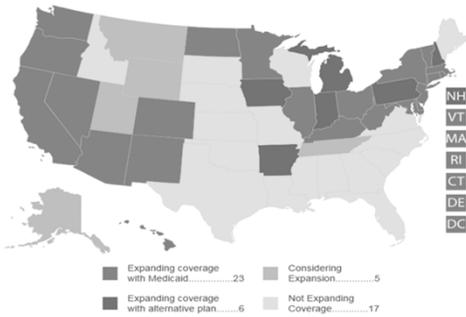
● West Region – HI, AK, CA, OR, WA, NV, ID, AZ, NM, CO, WY, MT, Overseas
Eileen Crowe ecrowe@asha.org, 800-498-2071, ext. 5667 

State Health Issues

MEDICAID:
Several states and the District of Columbia passed regulations related to Medicaid

- District of Columbia passed a series of regulations related to home services under the community based services waiver for individuals with developmental disabilities; Rules were also passed related to participation and requirements for providers; methodology for out patient service reimbursement
- IN approved changes to coverage requirements for OT, PTs SLP services
- LA approved coverage of ABA services under Medicaid; Medicaid reimbursement for certain home health services; home and community based services in the residential waiver program and reimbursement of school based health centers
- MO adopted a number of provisions related to prior authorization for certain procedures and devices including hearing aids;
 - ◆ ASHA continues to advocate that all state programs
 - ◆ Provide coverage for services for children in schools and health care settings
 - ◆ Appropriately define essential health benefits in state plans
 - ◆ Monitor and oppose increased co-pay for services in states

**Where the states stand on Medicaid expansion
28 states, D.C. expanding Medicaid, February 2015**



Insurance coverage for Autism

- Legislative bills related to service provision and insurance coverage of autism continues to be of great interest to state legislators .
- ASHA carefully monitors proposed legislation to ensure that SLP is included as a covered service
- Currently 49 states have passed legislation mandating coverage of services for autism:
 - 35 states have specific autism mandates
 - 5 states have limited coverage
 - 9 states have passed mental health parity laws that include autism spectrum disorder as a covered mental illness

Insurance coverage for Autism rules and bills passed in 2015

State Laws and Regulations Related to Autism Services

- LA approved emergency rules covering ABA services under Medicaid
- WA approved rules regarding payment and prior authorization of ABA services
- FL approved rules to update requirements to determine eligibility for autism services
- TX Approved coverage of services and requires health benefit plans to provide minimum coverage and removes the age restriction and provides that additional coverage beyond the mandate is not precluded
- WA added rules addressing prior authorization and payment issues
- MS HB885 requires insurance coverage for autism treatment and regulation of ABA practice
- SD 190 clarified coverage for ABA services
- VA HB 1940 provides coverage and treatment for individuals with autism

Co-Pay Equity

With the Affordable Care Act, some insurers raised the co-pay for consumers of health related services in an effort to reduce costs. Bills have been introduced in several states to limit the copay to a fee no greater than those allowed for other covered services provided by licensed physicians

- IL 1425 requires insurers to impose co-pay for OT, PT and SLP services that are no greater than physician services
- IA's 1094 similar legislation restricting co-pay for related service providers
- WV HB 2860 imposed similar restrictions on co-pay amounts

Education Issues

LOAN FORGIVENESS:

- Texas passed legislation authorizing loan forgiveness for school based audiologists and speech-language pathologists and PhD students in communication sciences and disorders who commit working in higher education in 2013.
 - No funds were appropriated by the legislature
 - TSHA committed \$300,000 to jump start the loan repayment law and plans to join with other donors to increase the amount of available funds beyond the \$300,000 contribution
 - The Texas Council of Administrators in Special Education (TCASE) is joining with TSHA in supporting this funding effort.
 - TSHA proposed legislation to fund the repayment loan program; SB 1438 and HB 1209 were pending in committee
- Mississippi established a master's degree loan forgiveness scholarship program for SLPs working in MS schools
 - In 2014, funds were appropriated by the MS legislature to support the school loan forgiveness program
 - Maryland introduced HB 47 which requires the office of financial assistance to adopt regulations that establish priority for SLPs and other professional school personnel to participate in an established loan forgiveness program

Education Issues

PACE

- ASHA's (PACE) is comprised of a **Self-Reflection Tool**, the **PACE Observation Form**, and the **PACE Matrix**
- Based on ASHA's Roles and Responsibilities of Speech-Language Pathologists in Schools policy document and used to evaluate the portfolio and findings on the **PACE Observation Form**.
 - In 2015**
 - PACE was revised and streamlined
 - PACE is being adapted and piloted in several states and school districts
 - The PACE is being modified for SLPs engaged in assessment only
 - A new MOU is being developed with the University of Missouri NEE Center which will allow them to expand the use of the NEE teacher evaluation tool which includes the PACE matrix into other states. For more information on the MO model go to: <http://nee.missouri.edu/resources.aspx>
- Oklahoma's HB 1142, introduced in 2015, instructs the State Board of Education to adopt the PACE for school based SLPs
- See ASHA's Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (www.asha.org/Advocacy/state/Performance-Assessment-of-Contributions-and-Effectiveness/).

WorkLoad Issues and Shortages

- Maryland introduced legislation (HB 159) requiring the Board of Education to establish guidelines for workload for special education teachers and related service providers. The bill was tabled in committee and the legislature has adjourned.
- A few states including IN and ND have established state task forces to look at ways to mitigating shortages
 - IN plans to issue guidance and meet with the decision makers in the state (DOE, I CASE and others)
 - ND has a statewide task force that includes the state association

Dyslexia services

- Several bills have been proposed to expand the coverage of dyslexia services and require education agencies to screen and assess for dyslexia in certain grades, require additional training or certification and require providers to be trained in and use certain methodologies. In 2015 CA, FL, NE, MO and OK have active proposals. A few examples below include:
 - In NE LB 370 would requirement reimbursement for specific dyslexia services under Medicaid
 - In MO HB 921 requires the Department of Education to employ a dyslexia specialist and develop specific dyslexia professional development programs for any professional working with students with dyslexia
 - MO HB 1255 requires school districts to screen all students for dyslexia

Hearing Health Care Issues

- Several states have actions pending related to hearing health issues.
 - RI had legislation proposed to prohibit sale of hearing aids over the internet
 - Expanded coverage for hearing aids was proposed in CT, IL HI, and UT
 - MS and OK have legislation that would exempt the sale of hearing aids from sales tax and NY has legislation that would provide a tax credit for the purchase of an approved device

Hearing Health Care Issues

- NY has legislation that would allow otolaryngologists and some audiologists to dispense hearing aids for profit. Only two states NY and MA currently have this exemption
- ASHA supports legislation pending in IL and other states that would require candidates for a hearing aid dispensing license to take the International Hearing Society exam. (Audiologists are exempt)

Scope of Practice Issues

- Dyslexia Therapists
- ABA Therapists
- Music Therapists
- Hearing Aid Dispensers
- Dental Hygienists

Dyslexia therapists

- Some states have introduced legislation that require teachers and other professionals that work with students with reading disorders to obtain training and/or be certified in specific methodologies
- Other state bills require school districts to adopt specific definitions, and develop training programs for teachers working with students with dyslexia
- MS SB 2371 would have required that a student identified with dyslexia would received services only from a certified dyslexia therapist. This bill died in committee

ABA Therapists

- Organizations representing ABA therapists are supporting Licensure for ABA therapists and assistants
 - ◆ Currently 14 states license ABA therapists
- ASHA has developed a whitepaper which we shared with the US DOE indicating that some students with ASD are being denied FAPE because ABA therapists are acting as gatekeepers in the IEP and IFSP process, restricting access to SLPs and other service providers

Music Therapy

- Music therapy (MT) licensure bills were proposed in IA, IL, MO, CA, CO and FL
- ASHA opposed these proposals due to the broad scope of MT practice, including assessment and treatment of communication disorders
- Currently five states GA (limited provisions), ND, NV, RI and UT regulate MTs through licensure
- WI registers MTs
- NY recognizes MT as a sub-specialty under creative arts

Hearing Aid Dispenser Scope of Practice

- North Carolina expanded the Scope of Practice for HADs
 - ◆ Changes include allowing:
 - hearing aid specialists to interpret certain tests
 - refer for cochlear implants, rehab and medical intervention
 - determine candidacy for tinnitus management
 - provide tinnitus management
 - administer cerumen management
 - provide community services to individuals with hearing loss
- ASHA is concerned about proposals to expand HAD scope of practice and has opposed bills in other states. HADs have an aggressive campaign to expand their scope arguing that the shortage of audiologists necessitates the expansion. We believe that other bills will surface in state legislatures in the coming years

Dental Hygienists

- ASHA has recently learned that dental hygienists in some states are providing oral motor therapy under a dentist license.
- We suspect that this occurs primarily in cleft palate teams and have been asked by members to investigate the practice and ramifications for our members

State Regulatory Issues

Licensure:

- Universal licensure passed in VA bringing the total number of states that require a single license to practice in all settings to 17.
- All fifty states and the District of Columbia regulate SLPs and Audiologists
- Other states including WI and OR are considering universal licensure proposals

State regulatory Issues

Truth and Transparency:

- The states introduced “truth and transparency” legislation, in 2015: CO, GA and OK. ASHA has opposed all three and none have passed thus far
 - Supported by the American Medical Association, this type of legislation requires professionals—particularly those with doctoral degrees—to identify themselves to the public as doctors of their stated professions, such as a doctor of audiology; non-physician health care professionals believe that “truth and transparency” legislation is unnecessary, redundant, and designed to allow physician organizations to assess the professional competence of other health care providers.

State Professional Privilege Tax

- Tennessee has a long standing law that requires SLPs, Audiologists and other professionals to pay an annual professional privilege tax in addition to dues, licensure and certification if applicable
- MS introduced similar legislation in 2015 which died in committee
- TN HB 601 which would repeal the privilege tax is moving through the committee process

State and Student Advocacy Grants

- ASHA continues to promote state and member advocacy through state grants for initiatives related to personnel, reimbursement, and student advocacy.
- In 2014, \$48,000 in grant funds were disbursed for 9 personnel grants in CA, KS, MS, MT, NM, PA, VT, VA and WI
- 4 reimbursement grants totaling \$12,000 were awarded to FL, NY, OR and SD
- In 2014, student advocacy grants totaling \$8,000 were awarded to eight states (Missouri, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, Virginia, and Washington).
- Learn more about annual grants offered to state associations at: www.asha.org/Advocacy/stateleaders/StateAssocGrants/ and www.asha.org/Advocacy/stateleaders/Student-Advocacy-Grants/

Service Continuum and SLPAs

ASHA plans to continue its SLPA program and has received approval by the Board of Directors to explore a national credentialing program for assistants

- See ASHA’s Model Bill for State Licensure of Audiologists, Speech-Language Pathologists, and Audiology and Speech-Language Pathology Assistants—July 2012 (www.asha.org/uploadedFiles/State-Licensure-Model-Bill.pdf).
- See ASHA’s *Speech-Language Pathology Assistant Scope of Practice* (online at www.asha.org/policy/SP2013-00337/).

Telepractice

- ASHA has been actively involved in promoting the use and appropriate regulation of telepractice.
 - Currently, 19 states regulate telepractice services and six states reimburse speech-language pathology services delivered via telepractice in education settings.
- Key provisions are highlighted below:
 - CA adopted two measures regarding consent and promotion of the use of telehealth services for individuals with developmental disabilities
 - LA approved rules to require licensing boards to promulgate rules to promote and regulate telehealth services
 - MD required Medicaid to provide specific reimbursement for certain services delivered through telepractice and repealed limitations on health care services delivered through telehealth that are eligible for reimbursement
 - NY requires medical assistance to provide coverage for telehealth services
 - OH adopted rules establishing Medicaid reimbursement standards
 - TX requires insurers and employees benefit plans to cover and reimburse for store and forward telemedicine services
 - UT created several councils to study and make recommendations to the legislature on the use of telehealth services
 - TN amended rules related to SLP and audiology services delivered through telehealth
- The 2015 session has active telepractice bills in 6 states; ID, IA, MN, NE, NJ and WA AR, CO, NY and VA For information on requirements for practice in the states, go to www.asha.org/Advocacy/state

Resources

- ASHA Advocacy Report: 2014 – 2015
<http://www.asha.org/uploadedFiles/2014-2015-Agenda-in-Action.pdf>
- Policy Analysis: State Laws Bring Practice Changes:
http://leader.pubs.asha.org/article.aspx?articleid=1814881#_ga=1.261457997.1502653244.1427144582
- State Trends:
www.asha.org/advocacy/state/StateLicensureTrends/

Questions

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