*Testimony (written only) presented by Debra L. Burnett, Ph.D., CCC-SLP, President of the Kansas Speech-Language-Hearing Association to the House Health and Human Services Committee re: HB 2206*

February 14, 2017

Dear Chairman Hawkins and Members of the Committee,

**The Kansas Speech-Language-Hearing Association, KSHA, supports the passage of HB 2206.**

I represent KSHA as its President and a practicing speech-language pathologist employed at Kansas State University in Manhattan, KS. KSHA is a professional membership organization made up of about 1000 speech-language pathologists and audiologists. We appreciate this opportunity to offer our support to HB 2206. 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.

**Rationale for Support of HB 2206**

HB 2206 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. Compromise service delivery to students or threaten compliance with IDEA, ESSA, or the framework of MTSS.
b. Increase the cost of services for Medicaid reimbursement– in fact, cost will be comparable to in-person service delivery.
c. 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 utilize evidence-based approaches, which includes telepractice, and for schools to receive Medicaid funding for those services**. I am happy to address any questions Committee members may have. Thank you for the opportunity to present testimony.

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.

Sincerely,

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