

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

February 8, 2021

Madam Chair and Members of the Committee,

The Kansas Speech-Language-Hearing Association, KSHA, is neutral on HB 2206, 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 2206, aimed at updating the Telemedicine Act.

We are seeking an amendment to HB 2206 to recognize speech-language pathologists and audiologists within the definition of Healthcare Provider. Until that amendment is made, we are neutral on this bill.

The current Telemedicine Act does include speech-language pathologists and audiologists for Medicaid reimbursement. It would make sense to add our professions to the healthcare provider definition since we are already providing these services to patients and students who are Medicaid beneficiaries. With the tremendous success and evidence of attainment of speech and language goals for Kansas students receiving teletherapy in schools, it is time to extend these services to other Kansans who need speech and language therapy from a distance.

During the pandemic, many children and adults who receive speech therapy have not been able to receive services because insurance would not reimburse for these sessions delivered via telepractice. Unfortunately, for many children, this has resulted in a regression of speech and language abilities during this time as parents cannot afford speech therapy sessions out-of-pocket.

The technology for telepractice has been developed and optimized, there are SLPs who can provide services remotely, and the benefits of this method of service delivery are well-documented. **Kansas should join our four neighboring states in recognizing SLPs and Audiologists for services delivered through telepractice.**

Telepractice venues include schools, medical centers, rehabilitation hospitals, community health centers, outpatient clinics, universities, clients' homes, residential health care facilities, child care centers, and corporate settings. Services delivered via teletherapy are subject to the same rules and regulations as in-person services.

During the pandemic, many long-term care facilities closed their doors to visitors and even to some professionals, including speech-language pathologists. Medicare Part A, Part B, and many Managed Care payers have temporarily approved services delivered via teletherapy, providing further evidence that speech-language services are vital to patients' quality of life and that these services can be delivered with high quality remotely.

Research shows that outcomes from Medicaid-reimbursed telepractice are favorable. (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 are a viable option when in-person services are not feasible.

In summary, it is in the best interest of Kansans with communication disorders to include Speech-Language Pathologists and Audiologists to the "healthcare provider" definition in HB 2206. Providing reimbursement for telepractice would allow SLPs and Audiologists to serve clients in rural areas with shortages of qualified professionals, clients who are at-risk and/or homebound during the pandemic, patients in long-term care facilities who are not allowed to receive speech therapy due to COVID restrictions, and those with very specific communication needs who require specialized speech therapy from a highly qualified SLP. Thank you for the opportunity to present testimony.

Sincerely,



Susie Ternes, Au.D., CCC-A
Executive Director



Meredith Harold, PhD, CCC-SLP
Board President

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.