

February 2, 2015

Representative Mitch Greenlick
Chair, House Committee on Health Care
900 Court St. NE, H-493
Salem, OR 97301

RE: H.B. 2796

Dear Representative Greenlick:

On behalf of the Oregon Speech-Language-Hearing Association's members, I am writing to address a concern with the recent proposed legislation, H.B. 2796, which we believe unnecessarily licenses music therapists.

The Oregon Speech-Language-Hearing Association (OSHA) is the state professional association for more than 2300 actively licensed Speech-Language Pathologists, Audiologists and Speech-Language Pathology Assistants, as well as students enrolled in the three graduate level programs in Oregon universities. The Board of OSHA met on 1/31/15 and as a governing body, agreed that passage of this bill and the potential for licensing of Music Therapists (MTs) will not be in the best interest of persons with communication disorders who need the services of highly qualified professionals to provide them with the services that will make meaningful and lasting change in their ability to communicate in a variety of life contexts.

Please refer to the letter you will have received from Eileen Crowe, of the American Speech-Language and Hearing Association (ASHA) for a description of the training of SLPs and the contrast to that of MTs. She also provides a contrast in the Scopes of Practice, therefore, those elements will not be repeated here. Additionally, find enclosed the OSHA position statement regarding Universal Licensure, as covered in Senate Bill 287 and referred to the Senate Education Committee.

As the Committee is well aware, the resources available to meet the needs of persons with developmental and disabling medical conditions are limited. The Oregon Health Plan currently allows for a combined benefit of 30 visits for medically necessary services (see Guideline Note 6 of the 2015 Prioritized List of Health Services)ⁱ. The defined medically necessary services include Physical, Occupational, Speech, Cardiac and Vascular Therapy. An additional 30 visits may be authorized if the individual is making objective and measureable progress with the authorized plan of treatment, which is overseen by a Physician and authorized by the Managed Care Organization administering the benefits. These guidelines were recommended by the Health Evidence Review Committee in their 8/14/14 meeting, and implemented with the October, 2014 Prioritized List of Health Services. As identified in the materials presented at that meeting concerning the existing Rehabilitation Guidelinesⁱⁱ,

ⁱIssues:

- 1) The current guideline with different visit numbers based on age without medical justification is not allowed under the ACA
- 2) At the May, 2014 meeting, the VBBS adopted a modified guideline without any visit limits
- 3) Medical Director feedback indicates that some type of numerical limits are strongly desired. The modified guideline shown in the recommendations section has been reviewed by the Medical Directors and they have no objections or comments.
- 4) HERC staff are concerned about lack of coverage for neurologic injuries, which may take longer to rehab and may vary on when rehab can begin.”

With many conditions, particularly those that involve complex neurologic systems, all three primary rehabilitation disciplines are involved and these limited resources are quickly exhausted before the plan of care can be completed and/or the individual receives maximum benefit from the prescribed therapy program. To introduce another professional entity into this grouping will further dilute these benefits, particularly when all three of the highly trained professionals incorporate elements of music therapy into their treatment modalities when, in their professional training and judgment, the individual would benefit from the approach. By contrast, Music Therapists are trained only in these specific modalities. As acknowledged in the Scope of Practice of Music Therapistsⁱⁱⁱ

“Overlap in Services. Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.

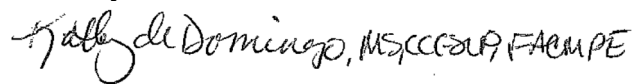
Professional Collaboration. A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician’s own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client’s condition.”

If the ultimate intent of licensing of Music Therapists is to allow for billing of services to medical health plans, including the Oregon Health Plan, we strongly discourage the Committee from passing this bill. As guided by the American Music Therapy^{iv}, “Insurance companies’ case managers have the control to approve or disapprove a certain service or CPT® code. It is essential for music therapists to effectively communicate with clients’ case managers when seeking reimbursement.” The document goes on to list potential Current Procedural Technology (CPT) codes that are potentially billable by Music Therapists, including codes for evaluation (e.g., 96105 – Assessment of Aphasia, 96110 – Developmental Testing, 92506 – Speech Evaluation). Per the language of HB2796, Section 1.H (b), “Music Therapy” does not include the diagnosis of physical, mental or communication disorders. When a Speech-Language Pathologist evaluates a patient for communication disorders resulting from a medical illness, accident, injury, or a condition that contributes to a developmental delay, they are using the above codes to describe the service performed to diagnose the communication disorder they will be treating on referral from a Physician.

OSHA does not take the position that Music Therapy serves no value to the individuals. However, we are very concerned about preserving the integrity of the licensing process for the highly trained professionals who are currently identified as qualified medical service providers under the Oregon Health Plan, the Affordable Care Act, the Centers for Medicare and Medicaid Services, and all health insurance plans.

We appreciate your consideration of this matter.

Sincerely,



Kathy de Domingo, MS, CCC-SLP, FACMPE

Legislative Chair

Oregon Speech-Language and Hearing Association

ⁱ Prioritized List of Health Services, 1/1/15, Practice Guidelines, page GN-2

ⁱⁱ Oregon Health Evidence Review Commission, HERC Meeting Materials, August 14, 2014, page 110

ⁱⁱⁱ "Scope of Music Therapy Practice, 2015", American Music Therapy Association, Certification Board for Music Therapists

^{iv} "CPT Codes", American Music Therapy Association, 2007, page 1