



**TESTIMONY IN SUPPORT OF A.4179 AND A.4200
ASSEMBLY HEALTH COMMITTEE
TUESDAY, JUNE 23, 2020**

Good afternoon, Dr. Conaway and members of the committee. My name is Robynne Kratchman and I am the president of the NJ Speech-Language-Hearing Association (NJSHA). We represent over 1,500 speech-language pathologists and audiologists in the state and work to advocate for their interests and those of the many patients and students we serve. I am also the Director of Speech-Language-Pathology Programs at Speech and Hearing Associates, one of the largest private practices in the state serving individuals with speech and hearing issues.

NJSHA strongly supports A.4179 / A.4200 before the committee today, and we thank you, Dr. Conaway and Assemblywoman Downey for your sponsorship. This legislation provides **reimbursement parity** for health-care services provided by telemedicine and telehealth, correcting a flaw in the 2017 law which initially authorized healthcare providers to engage in telemedicine and telehealth. The law mandated insurance carriers to provide **coverage parity** for services provided via telehealth, the same as in-person visits. However, regarding **reimbursement rate** it says, “**at a provider reimbursement rate that DOES NOT EXCEED the provider reimbursement rate that is applicable when the services are delivered through in-person contact and consultation in New Jersey.**” Essentially, carriers do not have to reimburse at the same rate – all they have to do is **not EXCEED** it. At my practice, certain carriers have informed us that they will be reimbursing at a rate of 40% of an in-person visit, WELL BELOW WHAT IT COSTS TO PROVIDE THE SERVICE! As a participating provider, I am obligated to provide this covered service, but it is unsustainable at this rate.

Reimbursement for speech therapy is tied to CPT codes. The codes for speech therapy are not time-based. This means that the reimbursement is the same for a session that lasts 15 minutes as it is for a session that lasts an hour. Unlike other therapy services, speech therapy has one CPT code, thus there is no option to combine codes in order to achieve a higher reimbursement. Further, many insurance plans place annual limits on the number of speech therapy sessions that will be covered for an individual. Thus, from the perspective of the insurance plans, it should not make a difference as to the place of service, i.e. in office, in home, in daycare, or by teletherapy. The insurance company’s liability has a maximum amount. Paying the provider less for a teletherapy session seems disingenuous, as it is the same service just provided in a different, and equally effective, manner.

It seems appropriate to point out that even though the 2017 law is clear that insurance carriers must cover speech-language pathology and audiology services provided via telehealth, we have found that carrier representatives have been telling our billing personnel that they will no longer be providing coverage for telehealth on several different arbitrary dates. Our personnel have informed them of the

2017 law and the fact that coverage is mandated. In some cases, this has been resolved, but only after many phone calls and extensive effort. In others, it is still ongoing.

Another barrier that has come up has to do with many insurance representatives advising SLP providers that in order for teletherapy to be covered, the patient must access it via a specific tele-medicine platform such as American Well, TeleDoc, or MDLive. These platforms have no speech language pathologists on their panel. In fact, I reached out to each one and was told that as a licensed, certified SLP I could not participate. These platforms are in fact, solely for medical services of a physician, nurse practitioner, licensed clinical social worker or psychologist. Thus, the requirement that teletherapy is only accessed through these platforms is an insurmountable barrier to provide speech therapy via telehealth.

To be clear, teletherapy, as practiced by speech language pathologists, involves synchronous audio and visual interaction. These are not simply telephone consults but robust, interactive, real time treatment interventions that continue to meet the patients' established plans of care. Teletherapy has proven to be of great benefit during this pandemic, with stay at home orders and social distancing requirements in place. Patients that would have been without therapy for over three months have successfully avoided regression. In addition, we have seen with COVID that those receiving therapy by teletherapy have had more consistent attendance, thus they are progressing more rapidly and are more likely to reach their goals more quickly. In some cases, teletherapy could shorten the duration of treatment and cut costs to the insurance company.

As the state reopens, there will be populations that will choose to continue to limit their exposure. This includes families who have medically fragile children or adults. For example, children with compromised autoimmune systems such as those with CP are at higher risk for respiratory diseases and the need to stay virtual is critical. Adults who have had strokes and require critical therapy to regain speech, are in the high-risk population. For all these individuals, being able to continue to access therapy through teletherapy is truly important to their well-being.

During the practice of in-person speech therapy, it is often difficult or counterproductive to maintain the recommended social distance and/or wear facial coverings that hide the lips, tongue and teeth. There are many special needs children that simply cannot tolerate wearing a mask at all. For them and for their speech language pathologists, remote therapy is safest.

The provision of healthcare via telehealth was expected to unfold incrementally over time with many opportunities to work out the kinks. COVID-19 expedited and changed everything for the foreseeable and probably distant future. NJSHA greatly appreciates your attention to this issue which will help to make telemedicine/telehealth work best for everyone involved, most importantly, our patients.

We appreciate the hard work you have done to address the best interests of our patients most of all.