

September 11, 2017

Seema Verma, MPH  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1676-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2018, *Federal Register*. July 21, 2017. CMS-1676-P

Dear Administrator Verma:

On behalf of Aphasia Access, I am writing to share comments on the proposed regulations for policies under the Physician Fee Schedule for 2018 (calendar year).

Aphasia Access is a national organization made up of members of the health care community that provide care to people with aphasia, primarily centered around the Life Participation Approach to Aphasia (LPAA). Our community includes speech-language pathologists; speech, language and hearing scientists; nurses; case managers and community leaders. Using the LPAA as a foundation, Aphasia Access is driven to improve communication access throughout our health care delivery system.

This letter includes Aphasia Access' comments regarding a response to the Request for Information on CMS Flexibilities and Efficiencies published in the July 21, 2017, *Federal Register*, (Vol. 82, No. 139 FR, pg. 33950-34202)

### **Request for Information on CMS Flexibilities and Efficiencies (pg. 34172)**

Aphasia Access is appreciative of CMS's efforts to collect feedback on opportunities for programmatic improvements, and has several suggestions for meaningful ways that CMS can improve efficiency, enhance flexibility of program requirements, and reduce unnecessary burdens on providers, administrative contractors, and CMS itself.

### ***Student Supervision Requirements***

Medicare requirements for the supervision of students providing services to Medicare beneficiaries are unnecessarily restrictive and burdensome. CMS requires 100% supervision for students who provide services to Medicare beneficiaries. This requirement is antiquated because it does not consider the supervision options available within universities and creates a clinical training bottleneck for new practitioners. **Aphasia Access urges CMS to require direct supervision for students rather than the current standard of 100% personal supervision.** Direct supervision would continue to provide needed oversight and patient protections by

requiring the supervisor to be onsite and immediately available to respond as needed. The Bureau of Labor Statistics notes that speech-language pathology is a profession expected to grow much faster than average to meet the growing demands created by changing demographics. Providing more flexible supervision options for universities in order to allow them to train more students would help address the need for additional speech-language pathologists. **Aphasia Access encourages CMS to implement direct supervision requirements for university training programs and to consider the inclusion of onsite tele/video-supervision as additional possible solutions to reducing the burden of important, but overly restrictive, supervision requirements.**

Thank you for the opportunity to share these thoughts. Aphasia Access looks forward to following this important topic.

Kathryn Shelley  
President