

Testimony of the Hawaii Board of Speech Pathology and Audiology

Before the
House Committee on Consumer Protection and Commerce
Tuesday, February 20, 2025
2:00 p.m.
Conference Room 329 and Via Videoconference

On the following measure:
H.B. 629, H.D. 1 RELATING TO THERAPY SERVICES

Chair Matayoshi and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Speech Pathology and Audiology (Board). The Board supports the intent of this measure and offers comments on Section 4, pertaining to Speech Pathologists.

The purpose of this bill is to expand the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Board has serious concerns about the unqualified use of the term “medical conditions,” as the term seems broader than the scope of speech pathology. On page 13, Line 18 through Page 14, Line 2, the measure currently states:

(b) A licensed speech pathologist employed by or contracted with the department of education may diagnose medical conditions that can be treated by speech pathology services when providing speech pathology services to students of the department of education in an educational setting.

The scope of practice set forth by the American Speech-Language-Hearing Association (ASHA) clearly indicates that Speech Pathologists can diagnose **communication and swallowing disorders**, but cannot differentially diagnose medical conditions. This is congruent with Hawaii Revised Statutes chapter 468E’s definition of “the practice of speech pathology” where it defines the practice as:

“...the application of principles, methods, and procedures of measurement, prediction, evaluation, testing, counseling, consultation, and instruction related to the development and disorders of speech and related language and hearing for the purpose of modifying speech and related language and hearing disorders.”

Testimony of the Board
Speech Pathology and Audiology
H.B. 629, H.D. 1
Page 2 of 2

The Board supports the intent for Speech Pathologists to diagnose communication and swallowing disorders, however the Board feels that as written, the bill may require or authorize speech pathologists to go beyond their scope and diagnose “medical conditions.”

Thank you for the opportunity to testify.

Testimony of the Board of Physical Therapy

**Before the
House Committee on Consumer Protection and Commerce
Thursday, February 20, 2025
2:00 p.m.
Conference Room 329 and Videoconference**

**On the following measure:
H.B. 629, H.D. 1, RELATING TO THERAPY SERVICES**

Chair Matayoshi and Members of the Committee:

My name is Rochelle Araki, and I am the Executive Officer for the Department of Commerce and Consumer Affairs Board of Physical Therapy (Board). The Board appreciates the intent of and offers comments on this bill.

The purpose of this bill is to expand the scopes of practice for occupational therapists, physical therapists and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Board limits its comments to Section 3 of this bill. The Board understands the importance of direct access to physical therapy services, and notes that a physical therapist may already treat a patient with or without a referral from a physician or authorized health care provider. Hawaii Administrative Rules (HAR) section 16-110-3 states: “[a] licensed physical therapist may perform an evaluation of any person without a referral. A physical therapist may treat a patient with or without a referral unless the physical therapist has reasonable cause to believe that the patient has a symptom or condition that is either beyond the physical therapist's scope of practice, or for which physical therapy is contraindicated, in which case the physical therapist shall refer that patient to an appropriate healthcare provider.”

The Board has serious concerns with the term “diagnose medical conditions” as stated on page 11, lines 15 to 16 and page 12, line 15, because the language is too broad. In accordance with the Federation of State Board of Physical Therapy’s (FSBPT) Model Practice Act, the practice of physical therapy includes examination, evaluation and testing for purposes of determining a diagnosis, a prognosis, a plan of treatment intervention, and an assessment of the ongoing effects of treatment.

Since a physical therapist may already treat a patient with or without a referral from a physician or authorized health care provider, and may already diagnose conditions that are within their scope of practice, the Board believes that the proposed amendments in Section 3 are unnecessary to achieve the intent of this measure, and requests they be removed from the measure.

Thank you for the opportunity to testify on this bill.

Testimony of the Occupational Therapy Program

**Before the
House Committee on Consumer Protection and Commerce**

Thursday, February 20, 2025

2:00 p.m.

Conference Room 329 and Videoconference

On the following measure:

H.B. 629, HD1 RELATING TO THERAPY SERVICES

Chair Matayoshi and Members of the Committees:

My name is Candace Ito, and I am the Executive Officer of the Department of Commerce and Consumer Affairs' (Department), Professional and Vocational Licensing Division's Occupational Therapy Program. The Department offers comments with concerns on Section 2 of this bill.

The purpose of this bill is to expand the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Department has concerns that this bill uses an ambiguous phrase, "diagnose medical conditions" on page 9, line 4 and 5; there is no standard for the phrase, "diagnose medical conditions." The education and training for licensure of occupational therapists does not appear to include diagnosing medical conditions. Further, the National Board for Certification in Occupational Therapy practice standards are not intended to prescribe services, including treatment plans or procedures. The Department emphasizes that the purpose of regulating professions is to protect the public health, safety and welfare.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/20/2025

Time: 02:00 PM

Location: 329 VIA VIDEOCONFERENCE

Committee: House Consumer Protection &
Commerce

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Bill Title: HB 0629, HD1 RELATING TO THERAPY SERVICES.

Purpose of Bill: Expands the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students. Effective 7/1/3000. (HD1)

Department's Position:

The Hawai'i State Department of Education (Department) supports HB629, HD1, which expands the scope of practice for occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) who work for or are contracted by the Department to diagnose medical conditions treatable within their respective fields for Department students.

Currently, the Department provides occupational therapy to 761 students, physical therapy to 167 students, and speech-language therapy to 2,500 students, all of whom have a Medicaid ID number and are likely eligible for Medicaid reimbursement. However, most of these services are delivered without a physician's diagnosis or referral, creating a barrier to reimbursement. As a result, the Department cannot claim Medicaid funds for eligible services provided to eligible students.

This bill addresses that barrier by allowing licensed Department staff and contracted providers to diagnose and refer students for therapy services within their respective fields. The OTs, PTs, and SLPs would be authorized to evaluate and identify developmental delays that qualify as disabilities under the Individuals with Disabilities Education Act and as medical needs requiring intervention under Medicaid policies.

Eliminating the physician referral requirement streamlines Medicaid reimbursement for services provided to students with an Individualized Education Program. Expanding the scope of practice for

OTs, PTs, and SLPs creates a pathway for reimbursement of services the Department already provides.

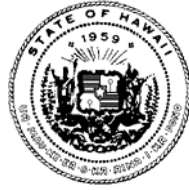
Federal law permits OTs, PTs, and SLPs to diagnose and treat patients without requiring a physician's diagnosis or referral. Additionally, the Centers for Medicare and Medicaid Services (CMS), in its 2023 *Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming*, clarified that states may establish separate provider qualifications for school-based services as long as they are not unique to Medicaid-covered services (pp. 180–181).

Several states, including New Mexico and Colorado, have expanded the scope of practice for school-based OTs, PTs, and SLPs to allow diagnoses and referrals without a physician's order. These changes align with CMS guidance and enable Medicaid reimbursement for therapy services while reducing administrative burdens and ensuring timely student access to essential supports.

This bill removes unnecessary barriers to Medicaid reimbursement by aligning with federal guidance and established state models. The Department remains committed to ensuring access to critical therapy services and maximizing funding opportunities to better support student success. It is open to collaboration with stakeholders, including healthcare providers, policymakers, and respective boards, to implement effective solutions that enhance student well-being.

Thank you for the opportunity to provide testimony on this measure.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 19, 2025

TO: The Honorable Representative Scot Z. Matayoshi, Chair
House Committee on Consumer Protection & Commerce

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 629 HD1 – RELATING TO THERAPY SERVICES.**

Hearing: February 20, 2025, 2:00 p.m.
Conference Room 329 & Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of the bill, provides comments, and defers to the Departments of Education (DOE), Commerce and Consumer Affairs (CCA), and the respective Boards of Occupational Therapy, Physical Therapy, and Speech Pathology & Audiology.

PURPOSE: This bill expands the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students. Effective 7/1/3000. (HD1)

The Committee of Education amended this measure by:

- (1) Changing the effective date to July 1, 3000; and
- (2) Making a technical, nonsubstantive amendment for the purposes of clarity, consistency, and style.

DHS is supportive of DOE seeking to expand the scope for occupational therapists, physical therapists, and speech pathologists employed or contracted with DOE to include diagnosing medical conditions to treat the students. Currently, DHS Med-QUEST Division

(MQD) partners with DOE to leverage federal Medicaid matching funds for some health care services for students pursuant to an Individualized Educational Program. Examples of health care services include skilled nursing, occupational and physical therapy, and speech/language therapies. DOE can claim for all of these services today.

However, DOE has difficulties meeting various Medicaid billing and claiming requirements for some of these health care services, specifically the requirement that a physician must diagnose a medical condition and refer a patient for treatment. In addition to physicians, the federal Medicaid requirement also includes “other practitioner of the healing arts” who have diagnosis of a medical condition and referral for treatment as part of their scope of practice. In Hawaii, currently, OT, PT, and SP therapists do not have diagnosis of a medical condition and referral for treatment in their scope of practice.

This bill expands the scope of practice to include diagnosing medical conditions for the occupational, physical, and speech/language pathology therapists working for DOE. Thus, with the bill’s proposed changes, the OT, PT, and SP therapists could be an allowable “other practitioner of the healing arts” to diagnose a medical condition and then treat the medical condition.

The DOE health care practitioners would need to meet other Medicaid requirements, such as enrolling as a Medicaid provider with MQD. DHS would also need to make various technical and administrative changes, such as amending administrative rules, potentially amending the Medicaid State Plan, and updating provider and claims Information and technology systems to implement these changes.

Thank you for the opportunity to testify on this measure.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Third Legislature, State of Hawaii
House of Representatives
Committee on Consumer Protection and Commerce

Testimony by
Hawaii Government Employees Association

February 20, 2025

H.B. 629— RELATING TO THERAPY SERVICES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the purpose and intent of H.B. 629 which expands the scopes of practice for occupational therapists, physical therapists, and speech pathologists to allow those professionals working for or contracted by the Department of Education to diagnose medical conditions that can be treated with their respective services.

This bill expands the scope, liability, and practice of these specialized service providers for the DOE without providing additional compensation or support to these employees. The professional licenses and National Provider Identifier numbers obtained are received and paid for by the individual employee not the Department of Education. The Department of Education does not reimburse these employees for these licensure costs and renewals. This bill doesn't add any additional compensation for these employees despite the increase in duties and liability.

Thank you for the opportunity to testify in opposition of H.B. 629.

Respectfully submitted,

Randy Perreira
Executive Director

**Testimony of the Hawaii Speech-Language-Hearing Association
Before the
House Committee on Consumer Protection & Commerce**

**Thursday, February 20, 2025
2:00pm**

**On the following Measure:
HB829 RELATING TO THERAPY SERVICES**

Chair Matayoshi and Members of the Committee:

The Hawai'i Speech-Language Hearing Association (HSHA) is a professional, non-profit organization of speech-language pathologists (SLP) and audiologists (AUD) that is nationally recognized by the American Speech-Language-Hearing Association. Our mission is to promote excellence in speech-language pathology and audiology through professional development, advocacy, and leadership to provide education and quality services that embrace the diversity of those we serve. The association OPPOSES House Bill 629 (HB629), which seeks to expand the scope of practice for Department of Education (DOE) speech-language pathologists (SLPs) by allowing them to diagnose *medical conditions*. This provision directly conflicts with national standards and creates an inappropriate delineation between DOE-employed SLPs and those practicing in medical settings and private practices.

The American Speech-Language-Hearing Association (ASHA), the recognized national body governing our profession, clearly defines the role of SLPs and does not include diagnosing medical conditions within our scope of practice. Allowing DOE-employed SLPs to assume this role contradicts the established competencies and ethical guidelines set forth by ASHA. Such an expansion risks undermining professional consistency and could mislead the public regarding the qualifications and expertise of SLPs working in educational settings versus those in healthcare.

Furthermore, this bill creates an artificial distinction between DOE SLPs and those working in medical settings, where SLPs are not authorized to diagnose medical conditions. If enacted, this legislation would place DOE SLPs in a position of performing duties beyond their training and licensure, potentially leading to misdiagnoses and unintended harm to students who require appropriate medical assessments by qualified healthcare providers.

In addition, while we recognize the intent to facilitate Medicaid reimbursement for school-based services, altering the scope of practice for DOE SLPs is not the appropriate mechanism to achieve this goal. Instead, we encourage alternative policy solutions that align with national standards and ensure that Medicaid billing procedures do not compromise the professional integrity of SLPs or the quality of care provided to students.

For these reasons, we respectfully urge the committee to reject HB 629 and consider alternative approaches that uphold the established scope of practice for all SLPs in Hawaii. We welcome the opportunity to collaborate on solutions that enhance service access while maintaining the highest professional and ethical standards for our field.

Thank you for your time and consideration.

Kristina Fuentes, MS, CCC-SLP
HSHA President

HB-629-HD-1

Submitted on: 2/18/2025 4:38:44 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Bath	Individual	Support	Written Testimony Only

Comments:

Aloha Kakou,

With the shortage of health care providers in the State, it makes sense to have these therapists legally be able to diagnosis.(In fact,I communicated with one today who said they are already pretty much doing it.

Keiki need care, The sooner a diagnosis can be made the sooner therapy can address issues!

Maholo,

Stephanie Bath

Kurtistown,Hawaii

To: Chair, Vice Chair, and Members of the Committee

From: Ansan Guieb, Liberal Arts - Elementary Education Undergraduate Student and Site Coordinator for the After-School Program

Tuesday February 18, 2025

11:00 PM

Conference Room 225 & Videoconference

State Capitol

415 South Beretania Street

Subject: Testimony in Support of HB629– Relating to Therapy Services

Aloha Chair Senator Joy A. San Buenaventura, Vice Chair Senator Henry J.C. Aquino, and Members of the Committee,

My name is Ansan Guieb, and I am submitting this testimony in strong support of HB629 HD1, which seeks to expand the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education. This bill is a critical step in ensuring that students receive timely and effective therapeutic services within the educational setting.

Currently, DOE-employed or contracted therapists must obtain a physician’s prescription before providing services to students, creating unnecessary barriers to care and reimbursement. This requirement delays interventions that are essential for students’ development in motor, cognitive, sensory, and communication skills. By allowing these licensed professionals to diagnose medical conditions related to their field and provide treatment directly, HB629 HD1 removes these obstacles, enabling a more efficient and cost-effective service model.

This can benefit the students and schools with timely access to therapy as many students experience delays in receiving occupational, physical, or speech therapy due to the current requirement for a physician’s diagnosis. Allowing licensed therapists to diagnose and treat within

their scope of practice ensures immediate support. It also enhances their educational participation as therapy services help students engage more fully in classroom activities, social interactions, and daily functions, directly improving their educational experience. Especially when it comes to Financial sustainability, it can expand scopes of practices, which allows DOE to claim reimbursement more efficiently, securing additional funding to enhance therapy services for students.

HB629 HD1 represents a forward-thinking approach to special education and student support services in Hawaii. By empowering occupational therapists, physical therapists, and speech pathologists to diagnose and treat students, we remove unnecessary delays and ensure that every child has access to the services they need to succeed.

I respectfully urge the committee to pass HB629 HD1 and support this important effort to improve therapeutic services within our educational system.

Thank You for your time and consideration.

Sincerely,

Ansan Guieb

Liberal Arts - Elementary Education Undergraduate Student and Site Coordinator for the After-School Program



February 18th, 2025
House Committee on Consumer Protection and Commerce

Dear Chair Matayoshi, Vice Chair Chun, and all distinguished member of the House Committee on Consumer Protection and Commerce:

I appreciate the opportunity to provide comments on the expanded scope of practice for occupational therapists, physical therapists, and speech pathologists to diagnose students in an education setting (HB 629). My name is Alicia Plemmons, PhD, and I am an assistant professor and co-director of the Knee Regulatory Research Center at West Virginia University. This comment is not submitted on behalf of any party or interest group and instead is an overview of the literature in scope expansions.

My research, and the research of my colleagues in the Knee Regulatory Research Center, studies patient outcomes in terms of safety, quality, cost, and access to healthcare services under different practice authority structures for a wide range on non-physician occupations, including occupational therapists, physical therapists, and speech pathologists. In this, we have developed several studies that identify areas on concern where there are shortages in primary care tasks such as patient diagnostics.

Hawai'i has several primary care shortage areas throughout Kauai, Maui, and Hawai'i County, where there are either fewer than one primary care physician per 2500 residents or the ability to travel to primary care exceeds 60 minutes of driving time. The ability to diagnose patients, especially those in student communities, is a critical aspect in the goal of providing timely, cost effective, and accessible healthcare. The current research suggests that the proposed bill, if enacted, will expand diagnostic services to isolated or rural communities.

Best regards,

Alicia Plemmons, PhD
Co-Director, Knee Regulatory Research Center
Assistant Professor, West Virginia University

HB-629-HD-1

Submitted on: 2/19/2025 12:23:04 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Suzuki	Individual	Oppose	Written Testimony Only

Comments:

DO NOT support this at all. I am sadly not surprised the DOE is yet again trying to expand the workload of Speech Language Pathologists across the State of Hawaii without discussing with us or providing us with compensation. More work, less pay. More and more of DOE speech pathologists are leaving for the private sector because of how we are being treated. Just STOP it already!

HB-629-HD-1

Submitted on: 2/19/2025 12:37:28 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christie Salvador	Individual	Oppose	Written Testimony Only

Comments:

Subject: Testimony in Opposition to HB629 – Protecting Student Services and Fair Compensation for DOE Therapists: Putting Students First

Dear Chair, Vice Chair, and Members of the Committee,

I am Christie Salvador, a DOE speech-language pathologist with 20 years of experience serving Hawaii's students. I am writing in strong opposition to HB629, which proposes expanding the scope of practice for occupational therapists, physical therapists, and speech-language pathologists within the Department of Education. While I understand the intent to enhance student services, this bill as written raises serious concerns about the exploitation of professional licenses for Medicaid reimbursement without ensuring fair compensation and transparency for service providers. This ultimately jeopardizes our ability to attract and retain qualified professionals, directly harming the very students we aim to serve. In short, HB629 risks prioritizing bureaucratic funding mechanisms over the direct needs of our students and the professionals who serve them. It puts our students' access to critical services at risk.

My primary concern lies with the bill's potential to allow the DOE to bill Medicaid using our professional licenses and National Provider Identifiers (NPIs) without a clear guarantee that we will receive appropriate compensation for the services rendered. This effectively allows the DOE to profit from our credentials without directly benefiting the professionals who earned them. The bill lacks any mechanism to ensure that these reimbursements are distributed fairly and transparently to the therapists who are providing the services. This is not only unethical, but it also sets a dangerous precedent for undervaluing the expertise of our therapists. It creates a system where our professional credentials are used to generate revenue for the DOE, but we see no direct benefit in terms of our compensation. This feels like a fundamental breach of trust and professional respect. More importantly, it means that the funds generated by our work may not be reinvested in the direct services our students need.

Furthermore, expanding our scope of practice without a corresponding adjustment in compensation exacerbates existing workforce challenges. Hawaii already faces a critical shortage of therapists, making it difficult to meet the needs of all our students. This shortage means increased caseloads for existing therapists, leading to burnout and reduced quality of care. For our students, this translates to longer wait times for essential services, fewer individualized sessions, and ultimately, slower progress towards their developmental goals. Expecting us to take on additional responsibilities without fair compensation will only lead to increased burnout and

further drive qualified professionals away from the DOE, worsening this shortage. In my 20 years, I've seen firsthand the increasing demands placed on therapists. This bill risks pushing us to a breaking point, forcing dedicated professionals to leave the DOE in search of more sustainable working conditions and fair compensation. This ultimately hurts our students who rely on these critical services. Students with disabilities already face significant challenges; they deserve consistent, high-quality care from qualified professionals. SB1389 puts that consistency and quality at risk.

Specifically, I urge the committee to address the following:

1. **Direct Reimbursement:** Medicaid reimbursements generated using our licenses and NPIs must be directed back to the therapists providing the services. This is the only way to ensure fair compensation and prevent these funds from being diverted elsewhere within the DOE. We need specific language in the bill that mandates this direct correlation between billing and compensation. This will ensure that the money generated by our services directly benefits our students through the continuation and expansion of those services.
2. **Compensation Review and Adjustment:** The bill should mandate a comprehensive review of current therapist pay scales, with adjustments made to reflect the expanded scope of practice and increased workload. This is essential for retaining current staff and attracting future professionals. This review should not be conducted internally by the DOE, but rather by an independent third party to ensure objectivity and fairness. Fair compensation is not just about us; it's about ensuring that we can afford to stay in these demanding but essential roles, providing consistent care for our students.
3. **Transparency and Accountability:** The bill must include clear guidelines on how Medicaid reimbursements will be calculated, distributed, and tracked. Therapists and their unions must have full access to this information to ensure accountability and prevent misuse of funds. Currently, the lack of transparency surrounding these funds raises serious ethical and financial concerns. We need a clear and publicly accessible accounting of how these funds are being used. This transparency is crucial for ensuring that these funds are being used to directly support student services.
4. **Stakeholder Input:** Before any further consideration of this bill, the legislature must engage in meaningful dialogue with all stakeholders, including therapists, unions, and advocacy groups. Our voices must be heard in shaping any legislation that impacts our profession and the students we serve. This should include public hearings and opportunities for written testimony. The perspectives of those on the front lines, serving students every day, are essential for crafting effective and student-centered legislation.

I respectfully urge the committee to oppose HB629 unless these critical protections are incorporated. Protecting our students means protecting the professionals who serve them. It means ensuring that funding generated by our work is directly reinvested in the services those students need. Thank you for your time and consideration.

Sincerely,

Christie Salvador DOE Speech-Language Pathologist

HB-629-HD-1

Submitted on: 2/19/2025 12:52:08 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anne Johnson	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to HB 629 -

To our Hawaii State Legislators,

My name is Anne Johnson, and I am writing to express my strong opposition to HB 629 to increase the scope of practice for DOE therapists without adequate compensation for our increased responsibilities. While I understand the intent behind the bill, it would significantly increase the already burdensome workload for SLPs without offering adequate compensation or support.

As a speech-language pathologist, I have seen firsthand how understaffed and overworked our field is. Speech pathologists are already responsible for a wide range of critical duties, from conducting evaluations, providing direct therapy services, attending eligibility and annual IEP meetings, and managing paperwork, all of which require specialized expertise. Increasing our scope of practice to include diagnosing students with a medical condition for the purpose of reimbursement to our state, is extremely unfair as it adds to our already extensive role and will exacerbate an already unsustainable workload, with no clear benefit for our children or ourselves.

Moreover, many SLPs are employed by schools, clinics, or healthcare organizations where we are already underpaid for the level of expertise and hours we dedicate to our work. The additional responsibilities this bill would create—diagnosing students with a medical disorder—would not come with commensurate increases in pay or resources. The expectation that SLPs will take on these extra duties without additional compensation is unfair and would only further exacerbate the burnout many of us are already experiencing.

This bill, in effect, would place an unrealistic burden on SLPs and continue the trend of undervaluing the contributions we make to our patients and communities. Rather than expanding the scope of our responsibilities without fair compensation, we should be focusing on increasing support for SLPs, both in terms of adequate staffing and reasonable compensation for the work we do. The priority for the state should be to hire and retain skilled, knowledgeable professionals/clinicians as we are the ones who make a difference in providing optimal services, not the additional resources provided to the state, schools or the students. Added resources would be of no benefit without the knowledge and expertise of skilled clinicians/services providers.

I urge this committee to reconsider the implications of this bill, particularly for those of us on the ground, doing the hard work every day. Our profession deserves recognition, fair compensation, and appropriate support—not additional tasks without the means to accomplish them effectively.

Thank you for your time and for considering the impact this bill will have on the livelihood of speech-language pathologists across the state.

**Sincerely,
Anne Johnson, M.S.-CCC-SLP
Speech Language Pathologist**

HB-629-HD-1

Submitted on: 2/19/2025 1:00:15 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cydni Higa	Individual	Support	Written Testimony Only

Comments:

Testimony Against SB 1389

Dear Legislators,

I am writing to express my strong opposition to SB 1389. As a Speech-Language Pathologist (SLP) working in the Central District, I am deeply concerned about the negative impact this bill will have on my profession and my ability to continue providing high-quality care to those who rely on my services.

Throughout my career, I have been committed to helping individuals with speech, language, and communication challenges—work that is essential to their development and overall well-being. However, this bill proposes to increase my workload without providing adequate compensation for the additional time, effort, and responsibility that would be required.

To make matters worse, despite working beyond my required hours, managing ever-changing caseloads, and staying current with best practices and professional development, my salary remains below the national average for Speech-Language Pathologists—even with differential pay. This pay disparity does not reflect the demands of my position or the expertise needed to fulfill it.

It is deeply frustrating that, while the state stands to benefit financially from the proposed changes, the bill fails to address the basic fairness of ensuring that professionals like myself are fairly compensated for our contributions. In fact, this bill could exacerbate the growing wage disparity in our field, pushing already underpaid SLPs toward burnout without offering meaningful financial support for the increased workload.

Speech-Language Pathologists play a critical role in improving the lives of individuals with communication disorders. In Special Education, we are often involved in the majority of cases, as language is a skill that occurs all day and greatly impacts a students' ability to access their education and activities of daily living. It is unreasonable to increase our workload without a corresponding, justified increase in compensation. If the state is genuinely committed to improving outcomes for those in need of speech and language services, it must also invest in adequately compensating those of us who provide these services.

While the bill correctly emphasizes the importance of timely access to therapy services for students' development, it fails to recognize that as SLPs, we are qualified to provide services based on our own evaluations, even in the absence of a medical diagnosis from an outside provider. The current process is streamlined, and the only change under the bill would be potential reimbursement to the state for billable services—profits that we, as SLPs, do not see, while we are burdened with additional work that goes uncompensated.

Furthermore, the bill's potential shift toward requiring Speech-Language Pathologists, Occupational Therapists and Physical Therapists to take on greater responsibility in providing diagnoses introduces a significant increase in liability for our professions.

I strongly urge you to reconsider this bill, particularly due to its failure to address fair compensation for the work we do and its misleading stance on medical diagnoses. Without a wage increase that reflects our contributions and clarification on the role of SLPs, this legislation will only further strain a workforce already stretched thin.

Thank you for your time and consideration.

**Sincerely,
Cydni Higa, M.S. CCC-SLP**

HB-629-HD-1

Submitted on: 2/19/2025 1:08:25 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Janeen Kuhn	Individual	Oppose	Written Testimony Only

Comments:

Subject: Opposition to HB629- Relating to Therapy Services

Dear Chair, Vice Chair, and Members of the EDU Committee

I am writing in strong opposition to HB629, which proposes to expand the scope of practice for occupational therapists, physical therapists, and speech-language pathologists working within the Department of Education. While the bill aims to enhance student services, it raises significant concerns regarding the misuse of professional credentials for Medicaid reimbursement without ensuring fair compensation for providers. I respectfully urge you to oppose HB629 unless clear protections are put in place to prevent the exploitation of professional licenses and ensure equitable pay for services rendered.

Thank you for your time and consideration.

Sincerely,

Janeen Kuhn

HB-629-HD-1

Submitted on: 2/19/2025 1:37:17 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joanne Allagonez	Individual	Oppose	Written Testimony Only

Comments:

Dear Members of the Senate Committee on Education,

My name is Joanne Allagonez, and I have been a Speech-Language Pathologist (SLP) with the Hawai‘i Department of Education (DOE) since 2012. I am writing to express my strong opposition to HB 629, which seeks to expand the scope of practice for SLPs, along with occupational therapists and physical therapists, within the DOE to include diagnosing medical conditions.

While the intent of this bill may be to enhance services, I am deeply concerned about its potential negative impact. In school settings, diagnoses are not necessary to provide services. Our ability to assess and treat students effectively is not hindered by the absence of a formal medical diagnosis. The priority should be ensuring timely access to necessary services, which we are already able to provide without this additional responsibility.

SLPs in the DOE already face heavy workloads, which detract from the direct services we provide to students. Aside from providing therapy, we are responsible for a range of critical tasks, including conducting evaluations, attending eligibility and annual IEP meetings, completing paperwork and service logs, and managing cases for "speech-only" students—each of which requires our specialized expertise. Adding diagnostic responsibilities would only increase our workload, heighten stress, and contribute to burnout, all without corresponding increases in support, compensation, or training for diagnosing medical conditions.

Hawai‘i is already facing a critical shortage of therapists, making it difficult to meet the needs of all students. Existing therapists are dealing with increased caseloads, leading to burnout. Expanding the scope of practice without adjusting pay structures will only exacerbate these issues. If additional responsibilities are assigned, compensation must reflect the true value of our work. Failing to address this inequity will make it even harder to attract and retain qualified professionals, ultimately compromising the quality of services available to students who rely on them.

There are also concerns that this bill may be motivated by a desire to increase Medicaid billing opportunities without offering fair compensation for the added responsibilities. Exploiting professional licenses and National Provider Identifiers (NPIs) to secure funding—without ensuring reimbursement for the therapists providing the services—is both unjust and unsustainable. Therapists should not be burdened with extra administrative tasks without fair

pay. Additionally, the lack of transparency regarding how Medicaid reimbursements will be distributed raises serious concerns. Before implementing HB 629, it is critical that all stakeholders—including therapists, unions, and educators—are involved in discussions to create a fair funding model.

For these reasons, I respectfully urge you to oppose HB 629 unless clear protections are put in place to prevent the exploitation of professional licenses, prioritize the direct needs of our students, and ensure fair compensation for the work we do as the providers who serve them. We are dedicated professionals, but we cannot continue to take on more responsibilities without adequate resources, time, and compensation.

Thank you for your time and consideration.

Sincerely,

Joanne Allagonez, M.S., CCC-SLP

Hawai'i DOE Speech-Language Pathologist

HB-629-HD-1

Submitted on: 2/19/2025 1:51:43 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
kimberly monden	Individual	Oppose	Written Testimony Only

Comments:

I am currently a DOE Speech and Language Pathologist approaching my 20-year mark of serving Hawaii’s students. I am writing in strong opposition to HB629, which proposes to expand the scope of practice for Occupational Therapists, Physical Therapists, and Speech and Language Pathologists within the Department of Education. While the intent to enhance our student services is good, the way this bill is written brings a huge concern in regards to exploitation of professional licenses for Medicaid reimbursement. It does not look at ensuring fair compensation and transparency for service providers. The Department of Education currently faces a shortage of therapists, and this bill will only add to this problem. If this bill passes, it will send the message that our state prioritizes bureaucratic funding mechanisms over the direct needs of our students and professionals who serve them.

The verbiage in this bill that “this requirement creates barriers that hinder the department of education’s ability to be reimbursed for the services provided. The legislature further finds that timely access to occupational, physical, and speech therapy services is critical for supporting students’ development, particularly in physical, sensory, cognitive, and communication skills.”

This statement is very misleading and contains wrong information. If a student is determined to need our services, our ability to provide those services in a timely manner are NOT impacted by the department of education’s ability to be reimbursed for the services provided.

Specific areas that need to be addressed include:

1.Direct reimbursement (where is the verbiage that mandates this direct correlation between billing and compensation). We need to ensure that any money generated by our services directly benefits our students though the continuation and expansion of these services.

2.Compensation Review and Adjustment: A comprehensive review of current therapist pay scales, with adjustments made to reflect the expanded scope of practice and increased workload should be mandated. This review should be conducted by an independent third party to ensure objectivity and fairness.

3.Transparency and Accountability: We need clear guidelines on how Medicaid reimbursements will be calculated, distributed, and tracked. We need assurance that these funds are being used to directly support student services.

4.Stakeholder input: Engage in meaningful dialogue with all stakeholders (this includes therapists, advocacy groups, and unions!)

I respectfully urge the committee to oppose HB629 unless the above critical protections are incorporated. Thank you for your consideration and time.

Sincerely,

Kimberly Monden

DOE Speech and Language Pathologist

LATE

Subject: Opposition to HB629

Dear Chair, Vice Chair, and members of the committee,

My name is Claire Fricke; I am a Speech-Language Pathologist who has worked for the Hawaii Department of Education (DOE) since 2015. I am submitting this testimony in strong opposition to HB629, which is proposing to expand the scope for speech-language pathologists like myself who work for the DOE, as well as other related service providers including occupational therapists and physical therapists.

While this bill appears to be claiming it aims to “support and enhance therapeutic resources for students,” it raises alarming concerns regarding the misuse of professional credentials for Medicaid reimbursement without ensuring fair (or let’s be real; at least increased) compensation for providers. This bill would allow the DOE to bill Medicaid using therapists’ professional licenses and National Provider Identifiers (NPIs) without guaranteeing that these SLPs, OTs, and PTs receive appropriate reimbursement for their services. A transparent, ethical, and just system does NOT leverage their employees’ professional credentials for funding without guaranteeing those employees receive a fair share of the reimbursement. That is exactly what this bill is proposing; expanding the scope of practice for service providers with no guarantee of fair compensation for the professionals providing the services to bring in the reimbursement. Service providers should not be expected to expand their work responsibilities to include additional administrative and billing burdens without compensation that reflects the true value of their work, and the true value of their professional licenses and credentials. We can all see how valuable the professional licenses and credentials of the DOE’s SLPs, OTs, and PTs are, just by the introduction of this bill alone.

Refusal (or even accidentally overlooking the need) to adjust pay structures when attempting to expand the scope of practice of SLPs, OTs, and PTs only adds to Hawaii DOE’s severe issues with workforce burnout and retention issues. Since I began working as an SLP for the state of Hawaii DOE 10 years ago, there has ALWAYS been a shortage of SLPs. Expecting therapists to take on new responsibilities, including those tied to Medicaid billing, needs to equate to increased compensation accordingly. Refusing or failing to address this inequity between compensation and workload will just continue to exacerbate the epidemic of qualified therapists and professionals leaving the DOE and leaving the state in order to receive adequate compensation and fair working conditions elsewhere. This ultimately harms the students who depend on these essential services; it does not “enhance” or “streamline” their services.

Quietly slipping this bill in without notifying the employees that this bill directly affects, feels purposeful, as if to make sure employees would not have time to submit testimony, call their union, or attend and participate in the hearing. I personally was not aware of this hearing until Wednesday afternoon (2/19/25); why are we not being notified about these hearings that DIRECTLY affect our jobs? After listening to the senate hearing on SB1389, it is very clear that the individuals making the decisions about these bills do not even know what IDEA (our federal law) or Chapter 60 (our state law) say, and did not understand why so many of us therapists submitted testimony in opposition of this bill. This bill will blur the line between medical services and educational services with no guarantee of paying their employees like medical

professionals.

In addition to the hush-hush circumstances of the bill, we should all have questions and concerns about the lack of transparency of what will happen with these reimbursement funds. Where is the transparency in how Medicaid reimbursements will be distributed? I have personally asked where and when the breakdown of disbursement of the reimbursement funds will be available for related services providers to view, and the response I was given was “well we don’t even get to see that.” That answer is unacceptable. The lack of transparency, coupled with the lack of a plan to compensate the professionals for their work and use of their personal professional licenses, raises serious ethical and financial concerns. Using our professional licenses to bring in reimbursement funds but keeping a secret how much money is coming in, where that money is going, and who is directly receiving that money is unacceptable. Giving a blanket statement that the funds will “benefit special education” is unacceptable, non-transparent, and allows for the significant mismanagement of the funds that our professional services will be bringing into the department of education. The legislature must ensure that all parties involved—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately prior to any attempt at implementing HB629.

Other states have already gone through this all over the county. In 2016, the New York City Department of Education had to increase their SLPs’ base pay, specifically set aside allotted time per week for speech therapists to complete their expanded workload related to Medicaid reimbursement services, and more, as a result of an agreement between the UFT and the New York City DOE related to new Medicaid reimbursement billing practices.

This proposal to expand our scope without mutual consent and prior consultation with our union is a breach of our union contract. According to our union contract, our union must be consulted with prior to the Hawaii DOE effecting changes in any major policy affecting employee relations, and no changes to conditions of work may be made except by mutual consent.

In addition, the wording the legislature chose to use in the middle of this bill is concerning and misleading. The bill states that “the legislature further finds that timely access to occupational, physical, and speech therapy services is critical for supporting students’ development, particularly in physical, sensory, cognitive, and communication skills” – this has nothing to do with expanding the scope of related service providers; students already receive timely access to their related services. This has nothing to do with the bill being proposed and feels as if the legislature is attempting to insert unnecessary language into the bill that makes it sound like this proposal is necessary to help students get timely services. This bill is about getting access to Medicaid reimbursement, not timely services. This wording is deceitful and misleading. Students’ services are not being delayed due to lack of a medical diagnosis; the change that will arise resulting from expanding the scope of practice of related service providers is reimbursement from Medicaid and increased workload for those professionals, NOT a way to help students access services in a more efficient or timely manner.

For these reasons, I sincerely urge you to oppose HB629 until HGEA is consulted with, and clear protections are put in place to prevent the exploitation of professional licenses and ensure

equitable pay for services rendered.

Thank you for your time and consideration.

Claire Fricke, M.S., CCC-SLP

LATE

HB-629-HD-1

Submitted on: 2/19/2025 3:22:00 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
gina asari	Individual	Oppose	Written Testimony Only

Comments:

To Whom It May Concern,

I Oppose HB 629. I am a Communication Aide in the DOE working directly with Speech Language Pathologists. The Bill is written vaguely as to the parameters of what a medical diagnosis would include and therefore I don't agree that the responsibility should be placed on Speech Language Pathologists. One worry is the liability that will be placed upon the pathologists and therapists in schools. Another concern is the added responsibility piled on other responsibilities already in place will further affect students' therapy time and the preparation needed to provide best practice services. Not to mention, duties keep being added and compensation falls well below the national average. Finally, the personal impact on my position will be more work with no compensation for added duties as well.

Sincerely,

Gina Asari

LATE

HB-629-HD-1

Submitted on: 2/19/2025 3:45:14 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeanne Iwashita	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair, Vice Chair, and Members of the EDU Committee,
 I am writing in strong opposition to HB629, which proposes to expand the scope of practice for occupational therapists, physical therapists, and speech-language pathologists working within the Department of Education. While the bill aims to enhance student services, it raises significant concerns regarding the use of professional credentials for Medicaid reimbursement without ensuring fair compensation for providers or addressing the increased workload of the providers.

I respectfully urge you to oppose HB629 unless clear protections are put in place to prevent the exploitation of professional licenses and ensure equitable pay for services rendered.

Sincerely

Jeanne Iwashita, CCC-SLP

Speech Language Pathologist

LATE

HB-629-HD-1

Submitted on: 2/19/2025 4:39:45 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Malia Woo	Individual	Oppose	Written Testimony Only

Comments:

To Whom It May Concern:

I am a speech-language pathologist (SLP) working for the DOE in Hawaii for 20 years and I strongly oppose this bill. We are already over worked and trying to be reclassified for more pay for the amount of work we already do, to no avail. To add these type of duties would be unfair to DOE SLPs who are already over worked and underpaid. This bill is definitely not a step in the right direction towards fair compensation for roles and responsibilities of SLP, OT and PT positions already in place. Some of the type of added responsibilities proposed in this bill could go against the scope or practice set forth by state and national professional associations (HSHA, ASHA). Please do more research. Please end this bill now.

Respectfully,

Malia Woo

LATE

Date: February 19, 2025

Subject: Opposition to School-Based Speech Pathologists Providing Medical Diagnoses

Dear Representative Matayoshi and Committee Members,

As a speech-language pathologist working in the Hawaii Department of Education, I am writing to express my strong opposition to HB629. The bill proposes the expansion of school-based speech-language pathologists (SLPs) scope of practice to include medical diagnosis. While SLPs play an invaluable role in supporting children with communication disorders in educational settings, our scope of practice must remain within the boundaries of educational assessments and interventions, rather than medical diagnosis.

First and foremost, speech-language pathologists working in schools are trained to assess and address speech and language disorders in an educational context, not to provide formal medical diagnoses. A significant part of our training occurs in the third year of our education, when we complete a Clinical Fellowship (CF) year. During the CF, we learn the skills particular to our setting. Students who choose to work in hospitals and clinics hone their skills in diagnosis, while school SLPs like myself gain a different skill set. Allowing school-based SLPs to give medical diagnoses risks misdiagnosis and potential legal repercussions for both the professional and the school district.

In addition, school-based SLPs operate under the Individuals with Disabilities Education Act (IDEA) and our evaluations are designed to determine educational needs rather than medical conditions. The primary purpose of these evaluations is to identify whether a student qualifies for speech and language services under an Individualized Education Program (IEP). Expanding our role to include medical diagnoses would not only blur the line between education and healthcare but would also place undue pressure on SLPs to make determinations beyond their training.

Lastly, if school-based SLPs were permitted to make medical diagnoses, it could create ethical dilemmas and conflicts with families who may disagree with or seek alternative medical opinions. It is crucial that families receive medical diagnoses from appropriately trained healthcare providers rather than educators.

For these reasons, I urge you to maintain clear distinctions between the roles of educational speech-language pathologists and medical professionals. Instead of expanding our scope to include diagnoses, school-based SLPs should continue to focus on our critical role in supporting students' communication needs within the educational system while referring families to medical professionals when necessary.

Thank you for your time and consideration on this important matter. I appreciate your dedication to ensuring that students receive the appropriate care and services they need.

Sincerely,
Kristin Chormann, M.S., CCC-SLP

LATE

HB-629-HD-1

Submitted on: 2/19/2025 5:05:25 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eva Ueyama	Individual	Oppose	Written Testimony Only

Comments:

Hi, I am a physical therapist working for the Department of Education. I oppose HB629, as the proposal is outside of the bounds of the scope of a physical therapist's practice as per the bounds of the established PT license. Some examples of conditions of students we work with in the schools: cerebral palsy, trisomy21, autism spectrum disorder, epilepsy, and others...are best diagnosed by a physician with the appropriate training and authorization for diagnosis.

Eva Ueyama, PT, DPT

LATE

HB-629-HD-1

Submitted on: 2/19/2025 6:51:28 PM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
A concerned DOE employee	Individual	Comments	Written Testimony Only

Comments:

Aloha Members of the Committee,

I offer comments regarding bill HB629 that would allow therapists to diagnose limited medical conditions relevant to physical, speech, occupation therapies. I believe that there are issues not previously discussed in the prior committee hearings that are important to address.

The primary purpose of this bill is to allow therapists to bill insurance and presumably Medicaid directly for their services without obtaining a prescription from a physician or other authorized health care provider. However, there are three potential issues that this bill does not address.

The first concern is that the bill has no appropriation request for additional software, licenses or training necessary for DOE therapists to bill Medicaid for medical diagnosis. Currently, the speech language pathologists (“SLP”) document on the electronic Comprehensive Student Support System (“eCSSS”); this system has no current method of logging medical diagnosis or entering treatment codes. A new system or revamp of eCSSS will be necessary to fulfill the purpose of this bill prior to any billing. I am not a software expert, so I am unsure of how much general funds are required or the time necessary to create such a system. Other therapists such as occupational and physical therapists document on other systems, which may also require replacement or revamping.

The second problem is the bill has no positions or appropriation requests for billing specialists. Typically, in other states and private practice, there is a designated billing specialist who reviews the medical codes that the therapists input post therapy for services provided. At the very least, there is someone who audits to ensure accuracy, correct coding, and fraud prevention. Without this specialist, several who likely would be needed given the large number of therapists statewide in DOE employment, significant problems may arise, intentional or otherwise.

The third problem is the amount of time taken away from direct and indirect therapy services for students due to the increased workload on therapists. Therapists not only spend their time with direct treatment, but also spend their time in teacher consultations, treatment and lesson planning, and most importantly with collaborating and developing individualized education programs (“IEP”) for students that are mandatory by Federal

law. An SLP may have up to 20 meetings per month with teachers, parents, and other therapists in order to ensure the best quality of care for the students. Time taken away for billing and coding will lower the quantity and quality of care.

Moreover, with the potential additional funds from billing, caseloads may rise as due to pressure to receive more funding, increasing the number of students receiving care from increased diagnoses. Most school therapists that have spent their lives in Hawaii would need to have additional training in order to ensure ethical billing practices. The state would have to ensure that the training given to therapists is ethical and accurate. In addition, Medicaid billing requires that a service is “medically necessary”; there is currently no nationally accepted definition as to what is “medically necessary” as opposed to the very clear definition outlined by the Individuals with Disabilities Education Act (“IDEA”) on what is “educationally necessary”. There is a high chance of Medicaid fraud and lawsuits due to the lack of training and experience in Medicaid billing, the potential of fraudulent schemes to increase revenue, and vague undefined criteria.

Other concerns that may arise are with an increased pressure to bill, some speech pathologists report caseloads as high one hundred students on their caseload, which is obviously unmanageable. The recommended median caseload by the 2024 school survey by the American Speech Language Hearing Association (“ASHA”) is forty students. Increasing caseload causes significant burnout and a loss of talented therapists who leave the DOE. The DOE already struggles with hiring sufficient numbers of therapists and has to rely on private contractors to fill in the substantial gaps.

Should this bill move forward, the Committee could attempt to alleviate some of these concerns by legislating a hard cap of 50 students per speech pathologists, and caps for physical and occupational therapists. The additional funds cited by the testimony may provide sufficient funds to hire additional therapists and raise wages to compete with private providers. The Committee may also appropriate general funds for software, training, and billing specialists.

We recommend the suggested language for limiting caseloads:

§457G-5, Occupational therapists employed by the Department of Education shall not exceed _____ students on their caseload during any school calendar year.

§461J-14, Physical therapists employed by the Department of Education shall not exceed _____ students on their caseload during any school calendar year.

§468E-19, Speech pathologist and audiologists employed by the Department of Education shall not exceed fifty students on their caseload during any school calendar year.

Thank you for allowing me to testify

LATE

HB-629-HD-1

Submitted on: 2/20/2025 2:05:41 AM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sue Kamai-Fernandez	Individual	Oppose	Written Testimony Only

Comments:

Honorable Members of the Committee:

I am a very concerned step mom of a student attending school in the DOE. I love her and all my keiki very much. I submitted this testimony to another hearing, but didn't hear these concerns addressed. I hope you will please consider my concerns.

My step daughter has been receiving speech therapy for many years. She likes them and it seems to help her with her pronouncing certain letters. She also was receiving physical therapy for awhile. Although I really appreciate the support services the DOE provides to my family, I'm very concerned about what is going on with this bill and what the DOE is saying. Since I just recently found out about this, I talked to only a few people, but we think this bill is not necessary and can actually hurt our kids.

Why are we allowing therapists to do a medical diagnosis? Although we love our therapists, we don't think they are qualified to do this. What education or training makes them able to do a medical diagnosis? Is the DOE going to send these therapists to medical school and pay them more money? Who else can do medical diagnosis? The bus driver? What equipment and tests does the DOE have? If they think our kids have a medical problem, why can't they just call our doctor to find out? Or our doctor can do the tests and check out the kids the right way. What if the therapist is wrong and there is a serious problem with the student like cancer? How will my doctor find out or even know if the therapist doesn't talk to her? The DOE says it makes it easier for them if they can diagnose, but is it a real diagnosis? Can it be used anywhere? What if I don't want them to do a "medical" diagnosis? Will this mean my step daughter won't get any more services? So I don't have a choice about this? That doesn't seem right. Will only the kids with a diagnosis get services, more services, or better services? Why? What is so hard about talking to our doctor because that seems very easy and we would want that instead. My step daughter never had a diagnosis to get services before so why does she need one now? I asked my doctor and she said no one from DOE has ever contacted her about my step daughter and what she needs or what her diagnosis is. She said she would have no problem helping us or the therapist if they needed it. I trust her.

I'm upset because it seems that they are doing this just for the money and are not keeping the students as their priority. They should focus on helping the students and giving the best services. Just do the right thing and call the doctor to make sure you are doing the right thing for the student and not hurting them.

Mahalo for letting me testify about my concerns.

S. Kamai-Fernandez

LATE

HB-629-HD-1

Submitted on: 2/20/2025 7:44:33 AM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayla Kawamura	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to HB 639:

The American Speech-Language-Hearing Association (ASHA) indicates that SLPs diagnose communication and swallowing disorders. DOE SLPs serve Hawai‘i’s keiki to improve their communication skills so that they can function and participate in a school environment. In our practice in the DOE, we are limited to providing services impacting academic performance or children’s abilities to participate in a school setting. For instance, we do not directly diagnose or treat swallowing disorders but collaborate with medical SLPs or review doctors’ notes to ensure our teachers, educational aides, and nurses can safely implement swallowing strategies for our keiki. Why would we be permitted to diagnose medical conditions when we are restricted from performing a task within our scope of practice? The answer is the environment in which we service our keiki. The DOE is strictly an educational system. Our scope of practice in ASHA does NOT call for SLPs to diagnose medical conditions.

SLPs who obtain a Master’s Degree, pass a PRAXIS exam, and complete a 9-month clinical fellowship can provide quality services without the authority to diagnose medical conditions. Children in the DOE often wait a minimum of 6 months and at times, over 1 year to undergo a medical evaluation for diagnoses such as ASD. During this period, we are not restricted from providing services. Instead, SLPs, OTs, and PTs serve on collaborative teams with families and teachers to provide the best care for their children.

Parents can be aversive to having their children “labeled.” For instance, parents do not want their children with autism to only be seen as “autistic.” Parents can also be hesitant to seek medical evaluations outside of the DOE. In Hawai‘i, we have 14 eligibility categories for special education services. If data demonstrates the child is not performing at grade level and requires extensive support, there are eligibility categories that DO NOT require a medical diagnosis. With our current educational model, ALL students in need can access special education services.

This bill seeks to expand our practice, which appears to be a lucrative decision. However, to ensure proper diagnoses, the DOE would need to fund additional schooling and/or sufficient and thorough training for well over 200 SLPs, which is a costly matter.

Let’s also consider the legal ramifications. I believe the DOE is asking for more unnecessary lawsuits from dissatisfied parents who may argue against a school-based SLP providing a medical diagnosis. Any additional funding from Medicaid reimbursement may be wasted in the

long run. Let's focus on what matters: maximizing students' success. This will not be achieved if their SLPs, OTs, and PTs are burdened with additional responsibilities they lack training and schooling for.

Thank you for your time and consideration.

LATE

HB-629-HD-1

Submitted on: 2/20/2025 8:20:22 AM
Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marie Jarman	Individual	Oppose	Written Testimony Only

Comments:

Position: Oppose

I am writing in strong opposition to SB1389, which proposes to expand the scope of practice for occupational therapists, physical therapists, and speech-language pathologists working within the Department of Education. While the bill aims to enhance student services, it raises significant concerns regarding the misuse of professional credentials for Medicaid reimbursement without ensuring fair compensation for providers.

This not only hurts a multitude of therapists but also hurts the students that we aim to service. As a speech language pathologist, we have an insurmountable amount of work due to many factors including but not limited to caseload size, multiple meetings for one student, therapy, assessments, and the depleting population of speech-language pathologists with not enough hiring in sight. To take on more work would be to diminish the quality of therapy that we are able to provide our children. We have a whole have come to expect and have a drive to provide a certain level of care. We strive to do what is best for our students to ensure that they are able to communicate in some way, shape, or form with those around them. This bill seeks to impede the learning of our students by way of saddling us with more work. Yes, think about the speech-language pathologists and other therapists that are completely overwhelmed and exhausted but also include in your rationale the students that require special education who we see.

Thank you for your time and consideration on this matter.

Marie Jarman,

Speech-Language Pathologist

M.S. CCC-SLP

LATE

HB-629-HD-1

Submitted on: 2/20/2025 8:40:08 AM

Testimony for CPC on 2/20/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kalei Uno	Individual	Oppose	Written Testimony Only

Comments:

Dear Members of the Committee for HB629,

I am writing in strong opposition to SB1389, which proposes to expand the scope of practice for occupational therapists, physical therapists, and speech-language pathologists working within the Department of Education. While the bill aims to enhance student services, it raises significant concerns regarding the misuse of professional credentials for Medicaid reimbursement without ensuring fair compensation for providers.

Thank you,

Kalei Uno

Occupational Therapist - Leeward District Office