

**SB-1389**

Submitted on: 2/5/2025 9:01:02 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

Submitted By	Organization	Testifier Position	Testify
Cydni Higa	Individual	Oppose	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.**

**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**

**SB-1389**

Submitted on: 2/4/2025 11:06:19 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Margarita Bradford	Individual	Oppose	Written Testimony Only

Comments:

I am writing to express my opposition to the proposed bill expanding the scope of practice for school-based Speech-Language Pathologists (SLPs). While I recognize the need to support students in their communication and learning needs, this bill does not adequately address the significant challenges that school-based SLPs are already facing.

SLPs in schools are already under considerable pressure, managing heavy caseloads, often with limited resources and insufficient administrative support. Expanding their scope of practice will only exacerbate this workload, without addressing the root issue of underfunding and inadequate compensation for the work SLPs are currently doing.

The demands on SLPs are already high, and this bill does not provide the necessary support to ensure they can continue to meet the needs of students effectively. Rather than expanding responsibilities, we should focus on improving working conditions, providing fair compensation, and ensuring SLPs have the resources and time they need to do their jobs well.

I urge you to reconsider this bill and explore alternative solutions that will better support school-based SLPs while ensuring that students' needs are met.

Thank you for your time and consideration.

Sincerely,  
Margarita Bradford M.A. CCC-SLP

**SB-1389**

Submitted on: 2/4/2025 9:14:54 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

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

Comments:

Subject: Testimony in Opposition to SB1389 – Protecting Student Services and Fair Compensation for DOE Therapists: Putting Students First

Dear Chair, Vice Chair, and Members of the Education 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 SB1389, 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, SB1389 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 fewer individualized sessions and, ultimately, slower progress toward 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, already high workload, and equity across professional roles. 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 or in collaboration with all stakeholders. 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 support student services directly.
4. **Stakeholder Input:** Before considering this bill further, 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. 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 SB1389 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

Speech-Language Pathologist

**SB-1389**

Submitted on: 2/5/2025 9:43:04 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

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

Comments:

**Testimony in Opposition to SB1389 -**

**To our Hawaii State Legislators,**

**My name is Anne Johnson, and I am writing to express my strong opposition to SB1389 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**

**Testimony of the Board of Physical Therapy**

**Before the  
Senate Committee on Education**

**Friday, February 7, 2025**

**3:08 p.m.**

**Conference Room 229 and Videoconference**

**On the following measure:**

**S.B. 1389, RELATING TO THERAPY SERVICES**

Chair Kidani 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 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.

The Board limits its comments to Section 3 of this bill.

The Board understands the importance for direct access to physical therapy services. Hawaii Administrative Rules (HAR) section 16-110-3, currently provides that “[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 8 to 9 and page 12, line 8 because it 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.

Thus, a physical therapist may treat a patient with or without a referral from a physician or authorized health care provider and may diagnose conditions that are within their scope of practice.

For these reasons, the Board believes that the proposed amendments in Section 3 are unnecessary and should be deleted.

Thank you for the opportunity to testify on this bill.

## Testimony of the Hawaii Board of Speech Pathology and Audiology

Before the  
Senate Committee on Education  
Friday, February 7, 2025  
3:08 p.m.  
Room 229 and Via Videoconference

### On the following measure: S.B. 1389, RELATING TO THERAPY SERVICES

Chair Kidani 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 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.

For the committee's information, the Board supports the intent of H.B. 629, which was heard earlier this week and whose language is the same as S.B. 1389. Additionally, the Board would like to draw the committee's attention to the amending language starting on page 13, Lines 9 through 13, where it 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.

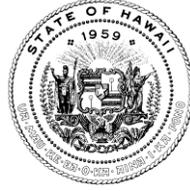
The Board is concerned about the use of the term "medical conditions". The Board wishes to inform this committee that the scope of practice set forth by the American Speech-Language-Hearing Association (ASHA) clearly indicates that Speech Pathologists can diagnose communication and swallowing disorders but cannot differentially diagnose medical conditions. This is congruent with HRS chapter 468E definition of "the practice of speech pathology" when it states:

"The practice of speech pathology" means 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.

The Board supports the intent for all Speech Pathologists to diagnose disorders within their scope of practice, and not limited only to Speech Pathologists employed by or contracted with the department of education.

Thank you for the opportunity to testify.



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

**NADINE Y. ANDO**  
DIRECTOR | KA LUNA HO'OKELE

**JOSH GREEN, M.D.**  
GOVERNOR | KE KIA'ĀINA  
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**Testimony of the Occupational Therapy Program**

**Before the**  
**Senate Committee on Education**

**Friday, February 7, 2025**  
**3:08 p.m.**

**Conference Room 229 and Videoconference**

**On the following measure:**  
**S.B. 1389 RELATING TO THERAPY SERVICES**

Chair Kidani 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 for 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 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.

The Department has concerns that this bill uses an ambiguous phrase, "diagnose medical conditions," on page 8, line 21 and 22; 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

Testimony of DCCA  
S.B. 1389  
Page 2 of 2

National Board for Certification in Occupational Therapy practice standards are not intended to prescribe services, including treatment plans or procedures. It is important to note that the regulation of 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:** 02/07/2025

**Time:** 03:08 PM

**Location:** CR 229 & Videoconference

**Committee:** Senate Education

**Department:** Education

**Person Testifying:** Keith T. Hayashi, Superintendent of Education

**Bill Title:** SB 1389 RELATING TO THERAPY SERVICES.

**Purpose of Bill:** 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.

**Department's Position:**

The Hawai'i State Department of Education (Department) supports SB 1389, which expands the scope of practice for occupational therapists, physical therapists, and speech-language pathologists to allow those professionals working for or contracted by the Hawaii State Department of Education (Department) to diagnose medical conditions that can be treated with their respective services.

The Department recognizes that federal law permits physical therapists, occupational therapists, and speech-language pathologists to diagnose and treat patients without requiring a physician's diagnosis or referral. Additionally, the Centers for Medicare and Medicaid Services (CMS) clarified in its 2023 *Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming* that states can establish separate provider qualifications for school-based services, as long as these qualifications are not unique to Medicaid-covered services (p. 180-181).

Currently, the Department provides occupational therapy to 761 students, physical therapy to 167 students, and speech-language therapy to 2,500 students, who have a Medicaid ID number, meaning they are likely eligible for Medicaid reimbursement. The majority of these services are delivered without a physician's diagnosis or referral, creating a barrier to Medicaid reimbursement. As a result, the Department is unable to claim Medicaid reimbursement for eligible services that it is providing to eligible students.

This bill addresses this barrier by allowing qualified Department staff or contractors to diagnose and

refer students for therapy services in their respective area. By removing the requirement for a physician's diagnosis and referral, the bill streamlines reimbursement for services for students with an Individualized Education Program.

Several states have already implemented similar changes to the scope of practice for occupational therapists, physical therapists, and speech-language pathologists to allow school-based providers to diagnose and refer for therapy services without requiring a physician's order. For example, New Mexico and Colorado have established Medicaid reimbursement models that align with CMS guidance, by changing the scope of practice for these providers thereby allowing school-based providers to deliver and seek reimbursement for therapy services without additional physician diagnosis and referral. These models demonstrate a successful pathway for maximizing Medicaid reimbursement while reducing administrative burdens and ensuring timely student access to necessary supports.

By aligning with federal guidance and established practices in other states, this bill removes unnecessary barriers to Medicaid reimbursement. The Department remains committed to providing access to essential therapy services and maximizing funding opportunities to better support student success.

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 5, 2025

TO: The Honorable Senator Michelle N. Kidani, Chair  
Senate Committee on Education

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 1389 – RELATING TO THERAPY SERVICES.**

Hearing: February 7, 2025, 3:08 p.m.  
Conference Room 229 & via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports this bill, provides comments, and defers to the Departments of Education (DOE) and Commerce and Consumer Affairs regarding implementation.

**PURPOSE:** The purpose of this bill is to expand the scopes of practice for occupational therapists (OT), physical therapists (PT), and speech pathologists (SP) employed by or contracted with the Department of Education to diagnose students with a medical condition and treat them, thereby streamlining service delivery.

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 receiving 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 healthcare 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 scopes 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 in support of this measure.

SB1389 RELATING TO THERAPY SERVICES  
Senate Committee on Education  
Chair Senator Michelle N. Kidani Vice-Chair Senator Donna  
Mercado Kim and members of the committee  
DATE: February 7, 2025, TIME:3:08 p.m.



### Position: **OPPOSED**

I am, Dr. Douglas White legislative chair of APTA-Hawai'i, the American Physical Therapy Association-Hawai'i. We represent the profession of physical therapy in Hawai'i. We are healthcare professionals who are members of the spectrum of healthcare for Hawai'i. We manage the health of infants, keiki, adults, and kupuna.

APTA-Hawaii is **OPPOSED** to SB1389. Physical therapists in Hawaii are already legally required to diagnose their patients. SB 1389 would narrow the existing authority, not expand it. Physical therapists are ethically required to diagnose their patients as per the Standards of Practice.

#### **Chapter 461J:**

[§461J-10.11] Content standards of continuing competence. ... (c) "Patient/client management" includes but is not limited to examination, evaluation, **diagnosis**, and prognosis; plan of care; implementation; education; and discharge.

#### **HAR Title 16 Chapter 110:**

§16-110-2 Definitions. As used in this chapter:

"Evaluation" means the dynamic process in which the physical therapist makes clinical judgments based on data gathered during the physical therapy examination. Findings from the physical therapy examination are integrated to establish a **diagnostic** classification, prognosis, and plan of care.

"Patient" means an individual who is the recipient of physical therapy examination, evaluation, **diagnosis**, prognosis, and intervention and who has a disease, disorder, condition, impairment, functional limitation, or disability and also includes a person who may engage the services of a physical therapist, who can benefit from the physical therapist's consultation, interventions, professional advice, prevention services, or services promoting health, wellness, and fitness.

#### **The APTA Standards of Practice<sup>1</sup>:**

III. Patient and Client Management

C. Initial Examination/Evaluation/**Diagnosis**/Prognosis

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<sup>1</sup> <https://www.apta.org/siteassets/pdfs/policies/standards-of-practice-pt.pdf>

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Performs or orders appropriate **diagnostic** and or physiologic procedures, tests, and measures;
- Produces data that are sufficient to allow evaluation, **diagnosis**, prognosis, and the establishment of a plan of care;
- Refers for additional services to meet the needs of the patient or client; and
- Includes, when appropriate and available, results from **diagnostic** and physiologic testing

Notwithstanding physical therapists' requirements to diagnose their patients Medicaid and most insurance payers still require a referral from a MD/DO/NP/PA for payment of physical therapist services.

In summary this bill is narrower than current law and regulations governing physical therapists. This bill, if adopted would not solve the problem of DOE billing for physical therapist services as payers would still require a referral.

Please feel free to contact me if there are any questions. Thank you for the opportunity to present my testimony.

Douglas M. White, DPT  
APTA Hawaii Legislative Chair  
808.796.3221  
[dr.white@mmiltonortho.com](mailto:dr.white@mmiltonortho.com)

**Testimony of the Hawaii Speech-Language-Hearing Association  
Before the  
Senate Committee on Education**

**Friday, February 7, 2025  
3:08pm**

**On the following Measure:  
SB1389 RELATING TO THERAPY SERVICES**

Chair Kidani 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 supports the intent of this measure, recognizing its potential to improve access to critical services for students. However, we urge the inclusion of key amendments to ensure alignment with national standards and transparency in the allocation of Medicaid reimbursements.

Maintaining consistency with nationally recognized standards is essential to uphold the integrity of our services, ensuring that clinicians operate within their professional expertise and training. Therefore we recommend revising Section 4, pertaining to Speech Pathologists. As currently stated the bill expands the scope of practice to “diagnose medical conditions that can be treated by speech pathology services...” The association is concerned about the use of the term “medical conditions” as our scope of practice set forth by the American Speech-Language-Hearing Association (ASHA) specifically distinguishes that Speech Language Pathologists can *diagnose communication and swallowing disorders* but cannot differentially diagnose medical conditions.

Additionally, we strongly advocate for the inclusion of a section outlining transparency in Medicaid reimbursement distribution within the DOE. It is imperative that these funds are allocated in a manner that directly benefits the professionals delivering specialized services. To that end, we recommend the following provisions:

1. **Clear and Public Reporting** – The DOE should be required to provide transparent documentation on how Medicaid reimbursements are distributed across departments and programs.
2. **Dedicated Funding for Related Services Compensation** – A defined percentage of Medicaid reimbursements should be allocated to compensate the related service providers, speech-language pathologists, occupational therapists, and physical therapists, whom without these funds would not be received.
3. **Salary Improvements for Specialized Skills** – To address workforce shortages and retention issues, Medicaid reimbursements should be utilized to improve salaries for professionals with highly specialized skills, ensuring equitable compensation for their expertise.

For years, we have been advocating for fair salaries and compensation for specialized service providers. Despite the critical role these professionals play in supporting student success, wages have often failed to reflect the value and demands of their work. If this bill is implemented without proper adjustments, there is a concern that it may inadvertently increase workload without providing the necessary financial support and structural changes to accommodate the added responsibilities. It is crucial that any changes in policy account for the real impact on service providers and ensure that increased workloads are met with equitable compensation and resources.

By incorporating these amendments, SB1389 will better support students by ensuring that funds are used effectively to sustain and enhance critical school-based services. We appreciate your leadership and urge you to consider these recommendations to strengthen its impact.

Thank you for your time and dedication to improving educational and healthcare outcomes for students. We welcome the opportunity to discuss these recommendations further and look forward to seeing progress on this crucial initiative.



Kristina Fuentes, MS, CCC-SLP  
HSHA President  
808-651-5766  
info@hsha.org

**SB-1389**

Submitted on: 2/6/2025 7:44:55 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daniel Suzuki	Individual	Oppose	Written Testimony Only

Comments:

To whom it may concern,

My name is Daniel Suzuki. I vote NO! NO!

I have been a speech language pathologist for the DOE for the last 22 years. I truly enjoy working with my students. That's where the enjoyment ends. The Department of Education keeps adding more and more work onto my plate without thinking of the consequences (less time to work with students). More liability, more paperwork, etc. It all comes down to the DOE and State trying to get reimbursement from Speech Pathologists. It's disgusting and inappropriate. This centers on only one goal. Getting more money from the work that speech pathologists do. Do not spin this issue. Do not try and justify and twist words. This is not for the benefit of my students. I am currently doing my best to share the horrible ethics of the DOE with all my friends, family, and church members. The DOE keeps taking advantage of the speech language pathologists because we just keep our heads down and do our work. But not anymore. The speech pathologists are getting together and making our voices heard. Shame on the DOE heads for only thinking of ways to add more work onto the speech language pathologist ( By the way there is a Huge shortage of speech pathologists in the Hawaii DOE, the reasons are obvious!)

**SB-1389**

Submitted on: 2/6/2025 7:55:26 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

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

Comments:

Subject: Opposition to SB1389 – Unfair Use of Professional Licenses & Inadequate Compensation

Dear Chair, Vice Chair, and Members of the [Committee Name],

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.

**Unfair Use of Professional Licenses & NPIs for Medicaid Billing**

SB1389 would allow the Department of Education to bill Medicaid using therapists’ professional licenses and National Provider Identifiers (NPIs) without guaranteeing that those same therapists receive appropriate reimbursement for their services. This creates an unjust system where professionals’ credentials are leveraged for funding, yet they do not receive their fair share of the reimbursement. Therapists should not be expected to shoulder additional administrative and billing burdens without compensation that reflects the true value of their work.

**Lack of Fair Compensation for Expanded Responsibilities**

Expanding the scope of practice without adjusting pay structures further exacerbates workforce burnout and retention issues. If therapists are expected to take on new responsibilities—including those tied to Medicaid billing—their compensation should be increased accordingly. Failing to address this inequity will make it even harder to attract and retain qualified professionals in Hawaii’s schools, ultimately harming the students who depend on these essential services.

**Need for Transparency & Stakeholder Input**

The lack of transparency in how Medicaid reimbursements will be distributed raises serious ethical and financial concerns. Before implementing SB1389, the legislature must ensure that all stakeholders—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately.

For these reasons, I respectfully urge you to oppose SB1389 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,  
Jeanne Iwashita, CCC-SLP

94-1122 Kepakepa St.

Waipahu, HI 96797

8082844167

**SB-1389**

Submitted on: 2/6/2025 8:25:28 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Linda Elento	Individual	Oppose	Written Testimony Only

Comments:

Thank you.

Subject: Opposition to SB1389

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 SB1389, 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's aim 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 at 3:08 pm on a Friday, 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 Tuesday evening (2/4/25), which is the same day every other SLP I have spoken to found out about the hearing.

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 SB1389.

Other states have already gone through this all over the country. 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 SB1389 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  
clairefricke@gmail.com



**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  
The Senate  
Committee on Education

Testimony by  
Hawaii Government Employees Association

February 7, 2025

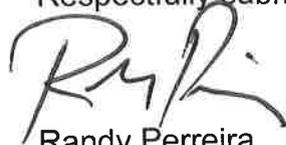
**S.B. 1389— RELATING TO THERAPY SERVICES**

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the purpose and intent of S.B. 1389 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 S.B. 1389.

Respectfully submitted,



Randy Perreira  
Executive Director

**SB-1389**

Submitted on: 2/6/2025 11:34:44 AM

Testimony for EDU on 2/7/2025 3:08:00 PM

Submitted By	Organization	Testifier Position	Testify
Lara Cody	Individual	Oppose	Written Testimony Only

Comments:

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

**My name is Lara Cody; I am a Speech-Language Pathologist who has worked for the Hawai'i Department of Education (DOE) since 2021. I am submitting this testimony in strong opposition to SB1389, 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 its aim 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 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 we receive a fair share of the reimbursement, which is exactly what this bill is proposing. 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 Hawai'i DOE's severe issues with workforce burnout and retention issues. Since I began working as an SLP for the state of Hawai'i DOE 4 years ago, there has ALWAYS been a shortage of SLPs. Many of my fellow graduate students from the University of Hawai'i are already inclined to leave the state after graduating due to the cost of living. 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 at 3:08 pm on a Friday, 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 Tuesday evening (2/4/25), which is the same day every other SLP I have spoken to found out about the hearing.

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 SB1389.

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 prior to the Hawai‘i 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 are 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 SB1389 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.**

**Lara Cody, M.S., CCC-SLP**

**laracody@gmail.com**

**SB-1389**

Submitted on: 2/6/2025 12:54:14 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kirsten Nakamura	Individual	Oppose	Written Testimony Only

Comments:

Subject: Testimony in Opposition to SB1389 – Allowing Therapists in the Department of Education to Diagnose Disorders

Dear Chair, Vice Chair, Members of the EDU Committee, and Hawai'i State Legislators,

My name is Kirsten Nakamura and I am writing in strong opposition to SB1389, that is proposing to expand the scope of practice for occupational therapists, physical therapists, and speech-language pathologists working within the Department of Education. My viewpoint comes from the stance of a Speech Language Pathologist (SLP). My main concerns are that the bill inaccurately and falsely aims to enhance student services while also raising significant concerns regarding inappropriate and inadequate compensation for providers.

Unfair Use of Professional Licenses & NPIs for Medicaid Billing -  
SB1389 would allow the Department of Education to bill Medicaid using therapists' professional licenses and National Provider Identifiers (NPIs) without guaranteeing that those same therapists receive appropriate reimbursement for their services. The bill states that "the department of education can more effectively bill for these services, generating additional funding to support and enhance therapeutic resources for students." However, this does not clearly outline where, to whom, and how the funds obtained will be used or dispersed. How can SB1389 entertain this when Department of Education therapists are not compensated adequately given our current job duties? This creates an unjust system where professionals' credentials are leveraged for funding, yet they do not receive their fair share of the reimbursement. As it is, SLPs currently conduct evaluations, provide direct therapy, manage paperwork and meetings for unfair compensation. We should not be required to complete additional administrative and billing burdens without compensation that reflects the true value of their work.

Lack of Fair Compensation for Expanded Responsibilities -  
Expanding the scope of practice without adjusting pay structures further exacerbates workforce burnout and retention issues when there is already a high turnover rate of therapists in the DOE due to inadequate salary that does not correlate to the amount of work required. Failing to address this inequity will make it even harder to attract and retain qualified professionals in Hawai'i's schools, ultimately harming the students who depend on these essential services. This will not allow to "enhance therapeutic resources for students" as stated in SB1389.

Need for Transparency & Stakeholder Input -

The lack of transparency in how Medicaid reimbursements will be distributed raises serious ethical and financial concerns. Before implementing SB1389, the legislature must ensure that all stakeholders—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately. Discussions should include my aforementioned concerns as well as how the necessary medical equipment to make a medical diagnosis will be provided. Additionally, the differences between services provided through the medical sector versus the education sector and the purposes they serve.

For these reasons, I respectfully urge the committee to reconsider SB1389 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 on how this bill would drastically put a negative impact on Speech Language Pathologists across the state of Hawai'i.

Sincerely,  
Kirsten Nakamura, M.S. CCC-SLP  
Speech Language Pathologist

**SB-1389**

Submitted on: 2/6/2025 12:54:17 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lyndsey Uyeda	Individual	Oppose	Written Testimony Only

Comments:

Subject: Opposition to SB1389 – Unfair Use of Professional Licenses & Inadequate Compensation

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

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.

**Unfair Use of Professional Licenses & NPIs for Medicaid Billing**

SB1389 would allow the Department of Education to bill Medicaid using therapists’ professional licenses and National Provider Identifiers (NPIs) without guaranteeing that those same therapists receive appropriate reimbursement for their services. This creates an unjust system where professionals’ credentials are leveraged for funding, yet they do not receive their fair share of the reimbursement. Therapists should not be expected to shoulder additional administrative and billing burdens without compensation that reflects the true value of their work.

**Lack of Fair Compensation for Expanded Responsibilities**

Expanding the scope of practice without adjusting pay structures further exacerbates workforce burnout and retention issues. If therapists are expected to take on new responsibilities—including those tied to Medicaid billing—their compensation should be increased accordingly. Failing to address this inequity will make it even harder to attract and retain qualified professionals in Hawaii’s schools, ultimately harming the students who depend on these essential services.

**Need for Transparency & Stakeholder Input**

The lack of transparency in how Medicaid reimbursements will be distributed raises serious ethical and financial concerns. Before implementing SB1389, the legislature must ensure that all stakeholders—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately.

For these reasons, I respectfully urge you to oppose SB1389 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,  
Lyndsey Uyeda

**SB-1389**

Submitted on: 2/6/2025 1:03:25 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

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

Comments:

Subject: Testimony in Opposition to SB1389-Protecting Student Services and Fair Compensation for DOE Therapists: Putting Students First

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

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 SB1389, 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 through 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 SB1389 unless the above critical protections are incorporated. Thank you for your consideration and time.

Sincerely,

Kimberly Monden

DOE Speech and Language Pathologist

**SB-1389**

Submitted on: 2/6/2025 2:51:39 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Robyn Morikuni	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Robyn Morikuni and I am a Speech-Language Pathologist who has worked for the Hawaii Department of Education (DOE) since 2021. I am submitting this testimony in strong opposition to SB1389, 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 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.

**Unfair Use of Professional Licenses & NPIs for Medicaid Billing**

SB1389 would allow the Department of Education to bill Medicaid using therapists' professional licenses and National Provider Identifiers (NPIs) without guaranteeing that those same therapists receive appropriate reimbursement for their services. This creates an unjust system where professionals' credentials are leveraged for funding, yet they do not receive their fair share of the reimbursement. Therapists should not be expected to shoulder additional administrative and billing burdens without compensation that reflects the true value of their work.

**Lack of Fair Compensation for Expanded Responsibilities**

Expanding the scope of practice without adjusting pay structures further exacerbates workforce burnout and retention issues. If therapists are expected to take on new responsibilities—including those tied to Medicaid billing—their compensation should be increased accordingly. Failing to address this inequity will make it even harder to attract and retain qualified professionals in Hawaii's schools, ultimately harming the students who depend on these essential services.

**Need for Transparency & Stakeholder Input**

The lack of transparency in how Medicaid reimbursements will be distributed raises serious ethical and financial concerns. Before implementing SB1389, the legislature must ensure that all stakeholders—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately.

For these reasons, I respectfully urge you to oppose SB1389 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,  
Robyn Morikuni, CCC - SLP  
yamakawa.r@gmail.com

**SB-1389**

Submitted on: 2/6/2025 2:26:12 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rachel Oda	Individual	Oppose	Written Testimony Only

Comments:

Dear Members of the Senate Committee on Education,

My name is Rachel Oda, and I am a Speech-Language Pathologist (SLP) currently employed in Hawaii. I am writing to express my strong opposition to SB 1389, which proposes to authorize SLPs, along with occupational therapists and physical therapists, to diagnose medical conditions as part of our scope of practice.

While I understand the intent of this bill is to expand the role of SLPs, I am deeply concerned about the implications this would have on our already overwhelming responsibilities, without any corresponding increase in compensation.

Currently, as an SLP, we are burdened with an excessive amount of paperwork and administrative duties, which detracts from the direct care and services I provide to students. Adding the responsibility of diagnosing medical conditions would further exacerbate the workload that is already at high levels. This added burden would only serve to increase stress and burnout among professionals without providing adequate support or compensation for the additional work.

It seems that the primary motivation behind this bill is to eliminate perceived delays in services by allowing SLPs to diagnose conditions. However, in the school setting, we do not require a formal diagnosis to provide services. Our ability to assess and treat students effectively is not hindered by the absence of a medical diagnosis. In fact, the primary concern is ensuring students receive the necessary services as soon as possible, which we are already able to provide without this added responsibility.

Furthermore, the push for SLPs to take on diagnostic responsibilities appears to be driven by the desire to increase billing opportunities for services such as Medicare. This raises serious concerns about the motivations behind the bill. I believe this move is intended to generate more revenue without adequately compensating us for the extra responsibilities, time, and training required to diagnose medical conditions.

As SLPs, our primary focus should remain on providing the best possible therapy services for our students, and this bill would ultimately detract from that mission.

Therefore, I strongly urge you to reconsider SB 1389. We are dedicated professionals, but we cannot continue to shoulder more responsibilities without adequate resources, time, and compensation. I urge you to prioritize the well-being of students and providers by focusing on solutions that support SLPs rather than burdening us with more work that we are not trained or compensated to handle.

Thank you for your consideration.

**SB-1389**

Submitted on: 2/6/2025 2:31:47 PM

Testimony for EDU on 2/7/2025 3:08:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patricia Blair	Individual	Oppose	Written Testimony Only

Comments:

Subject: Opposition to SB1389 – Unfair Use of Professional Licenses & Inadequate Compensation

Dear Chair, Vice Chair, and Committee Members,

My name is Patricia Blair. I am a licensed Speech-Language Pathologist currently employed by the Hawaii Department of Education. 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.

**Unfair Use of Professional Licenses & NPIs for Medicaid Billing**

SB1389 would allow the Department of Education to bill Medicaid using therapists’ professional licenses and National Provider Identifiers (NPIs) without guaranteeing that those same therapists receive appropriate reimbursement for their services. This creates an unjust system where professionals’ credentials are leveraged for funding, yet they do not receive their fair share of the reimbursement. Therapists should not be expected to shoulder additional administrative and billing burdens without compensation that reflects the true value of their work.

**Lack of Fair Compensation for Expanded Responsibilities**

Expanding the scope of practice without adjusting pay structures further exacerbates workforce burnout and retention issues. If therapists are expected to take on new responsibilities—including those tied to Medicaid billing—their compensation should be increased accordingly. Failing to address this inequity will make it even harder to attract and retain qualified professionals in Hawaii’s schools, ultimately harming the students who depend on these essential services.

**Need for Transparency & Stakeholder Input**

The lack of transparency in how Medicaid reimbursements will be distributed raises serious ethical and financial concerns. Before implementing SB1389, the legislature must ensure that all stakeholders—including therapists, unions, and educators—are included in discussions to create a fair and sustainable funding model that compensates providers appropriately.

For these reasons, I respectfully urge you to oppose SB1389 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,  
Patricia Blair, MS, CCC-SLP  
(808) 681-2131

[pkblair@hawaii.edu](mailto:pkblair@hawaii.edu)