

Cooper, Kathy

From: Schalles, Scott R.
Sent: Monday, May 09, 2011 3:23 PM
To: Wilmarth, Fiona E.; Johnson, Leslie A. Lewis
Cc: IRRC
Subject: FW: Behavioral Specialist Regulation Letter
Attachments: Behavioral Specialist Regulation Letter BCNEPA 5.9.11.pdf

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IRRC

2011 MAY -9 P 3 37

2820 public comment

-----Original Message-----

From: Slangan, Rebecca [<mailto:Rebecca.Slangan@bcnepa.com>]
Sent: Monday, May 09, 2011 2:46 PM
To: Schalles, Scott R.
Cc: Curry, Thomas
Subject: Behavioral Specialist Regulation Letter

Mr. Schalles,

Dr. Curry asked me to forward an electronic copy of the above-referenced letter to you. The document is attached.

Thank you.

Rebecca

<<Behavioral Specialist Regulation Letter BCNEPA 5.9.11.pdf>>

Rebecca S. Slangan
Executive Assistant to
Leo M. Hartz, M.D., MHM - Vice President, Interim Chief Medical Officer Thomas A. Curry, M.D.
- Medical Director, Network Management Blue Cross of Northeastern Pennsylvania Phone - (570)
200-4367 Fax - (570) 200-6877 Rebecca.Slangan@bcnepa.com

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May 9, 2011

Regulatory Unit Council
Pennsylvania Department of State
P.O. Box 2649
Harrisburg, PA 17015-2649

Re: State Board of Medicine Final Form Regulation #16a-4929 "Behavior Specialist" (IRRC #2820)

Dear Regulatory Council:

Blue Cross of Northeastern Pennsylvania (BCNEPA) respectfully submits for your consideration the following comments on the State Board of Medicine (Board) Final Form Regulation #16a regarding licensure of behavior specialists as submitted to the Independent Regulatory Review Commission (IRRC) and designated standing committees of the legislature on April 11, 2011. BCNEPA has continuing interest in the development of this regulation with the objective of ensuring the highest quality provider standards possible for those who deliver services to our members. In regard to this particular regulation, the objective is emphasized by the population served by behavior specialists, specifically those with autism spectrum disorders.

On March 15, 2010, BCNEPA submitted correspondence on the then proposed rulemaking for behavior specialist licensure. We were gratified to note that some of the concerns we raised at that time were addressed in the Board's final form regulation. Specifically:

- **Licensure vs. Certification** - We raised concern about the initial position of the Board that behavior specialists be certified as opposed to licensed. A lesser standard than licensure, certification would have created a regulatory conflict for health plans in the Commonwealth that must maintain certain quality and credentialing standards for network practitioners, including licensure. The final form regulation does now require licensure instead of certification. The final form regulation also adds some additional experience and training requirements for those applying to become behavior specialists which we also support.
- **Retroactive Reactivation of Certification** - We were also concerned the proposed rulemaking permitted retroactive reactivation of an expired certification by simply remitting fees for the lapsed certification. The final form regulation addressed this issue by removing the ability to retroactively reactivate a license which may now only be done on a go-forward basis. Further, the Board commented that failing to have an active license does not preclude an individual from providing services, but will preclude that individual from receiving reimbursement under Act 62's autism insurance coverage provisions.

One concern not addressed in the final form regulation is the absence of continuing education requirements for behavior specialists. We continue to have strong concerns that the proposed regulation lacks such requirements.



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In reaction to this issue, the Board responded that it did not have the legal authority to impose continuing education requirements not specifically required under Act 62. We would respectfully submit that the legislative intent of the Act 62 autism mandate was that those served by behavior specialists be guaranteed access to qualified providers. Ensuring such access is not limited to initial licensure and should go beyond this standard to include continuing education standards like those required of other licensed professionals in the Commonwealth. Treatment of autism spectrum disorders continues to evolve and change. As such, we believe it is imperative to include a continuing education requirement for behavior specialists seeking insurance reimbursement for Act 62-related services. To that end, we believe there is nothing in Act 62 that precludes the Board from including a continuing education requirement in the regulation.

Thank you for the positive changes reflected in this final form rulemaking and for your continuing attention to our concerns.

Respectfully,



Thomas A. Curry, M.D., FAAP
Medical Director, Network Management

Cc: Scott R. Schalles, Independent Regulatory Review Commission
The Honorable Julie Harhart, Chair, House Professional Licensure Committee
The Honorable Harry Readshaw, Minority Chair, House Professional Licensure Committee
The Honorable Robert M. Tomlinson, Chair, Senate Consumer Protection & Professional Licensure Committee
The Honorable Lisa M. Boscola, Minority Chair, Senate Consumer Protection & Professional Licensure Committee