



January 15, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Feedback on Scope of Practice

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the request for feedback on scope of practice as the Centers for Medicare & Medicaid Services (CMS) work to implement Executive Order (EO) 13890.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Several Medicare regulations are more restrictive than state licensing laws for audiologists and speech-language pathologists (SLPs), which precludes these clinical professionals from practicing at the top of their license.

Restrictive Medicare regulations include:

- requiring physician certification of a patient's plan of care developed by a qualified SLP and within their scope of practice;
- denying Medicare reimbursement for audiology and speech-language pathology services provided to Medicare beneficiaries via telehealth;
- requiring a physician order for Medicare coverage of diagnostic services provided by audiologists; and
- limiting the audiology scope of practice to diagnostic services rather than the full range of hearing and balance health care services recognized uniformly by state law.

Certification and Recertification of the Therapy Plan of Care (Medicare Benefit Policy Manual, Chapter 15, Section 220.1.3)

Medicare requires a physician involved in the patient's care to certify the plan of care developed by an SLP within 30 days and recertify the plan periodically as necessary. The same certification and recertification requirements apply to physical therapists and occupational therapists. While ASHA recognizes the importance of a plan of care for the purposes of care planning, documentation, and interprofessional practice certification/recertification from a physician is unnecessary. ASHA strongly encourages CMS to eliminate this burdensome requirement.

The certification/recertification requirement does not add value or improve the quality of care for Medicare beneficiaries. Rather, it represents a "check the box" requirement that adds an administrative burden on SLPs and physicians. If SLPs cannot get the plan of care signed, the

payment consequence applies to them instead of the physicians who must often be reminded to provide certification. In practice, the SLPs often develop the plan of care independently without modification or thorough review from the physician.

CMS does not require a physician order and state licensure laws do not require a physician order or certification of the plan of care for speech-language pathology services. The physician certification requirement undermines the clinical graduate education and expertise of SLPs. In order to practice, SLPs must complete an accredited master's program and obtain licensure in their state. Further, SLPs who achieve ASHA's Certificate of Clinical Competence for Speech-Language Pathologists (CCC-SLP) demonstrate that they have met rigorous academic and professional standards that often go beyond the minimum requirements for state licensure.

For these reasons, ASHA requests that CMS replace the physician certification requirement with providing the treating physician with a copy of the plan. This modification reduces the burden on both physicians and SLPs while spurring effective interdisciplinary practice and care coordination. In addition, ASHA recommends CMS implement a quality measure, applicable to SLPs, incentivizing coordination with the treating physician to reinforce this best practice. ASHA welcomes the opportunity to partner with CMS and other stakeholders to develop a quality metric related to interdisciplinary care planning and communication.

Provision of Services Via Telehealth

Federal law restricts Medicare coverage for telehealth services to select groups of clinicians, such as physicians, and does not authorize audiologists or SLPs for Medicare reimbursement. However, state laws recognize audiologists and SLPs as qualified providers of telehealth services, as do many Medicaid programs and other payer policies. Twenty states have included provisions in licensure laws that specifically authorize audiologists and SLPs to perform services via telehealth.¹ Private insurers in 30 states have established policies that allow audiologists and SLPs to provide services via telehealth.² In addition, 27 state Medicaid programs authorize these clinicians to perform services via telehealth.³ A growing body of research on the use of telepractice for communication disorders includes studies demonstrating the clinical comparability of telepractice and in-person services. For example, research conducted by the United States Department of Veterans Affairs (VA) indicated the comparability of audiology services provided via telehealth with in-person delivery of care. Other published studies also indicate that speech-language pathology services provided via telehealth are as effective as services provided in-person.^{4, 5, 6}

ASHA recommends that Congress and CMS broaden the types of licensed health care professionals who are authorized telehealth service providers—including audiologists and SLPs—to better align with those recognized by numerous private payors and the VA. This could be achieved by passing the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019 (H.R. 4932/S. 2741).

ASHA maintains that CMS has the regulatory authority to allow Medicare Advantage (MA) plans to reimburse for services provided by audiologists and SLPs via the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115-123). In Section 50323 (2)(A)(i)(I), the law states that “additional telehealth services” include “benefits [that] are available under Part B, including services for which payment is not made under section 1834(m) due to the conditions for payment under such section.” Services provided by audiologists and SLPs are covered Part B services; however, at this time section 1834(m) does not include these categories of clinicians. As a result, this could be interpreted to mean that coverage could be extended to additional

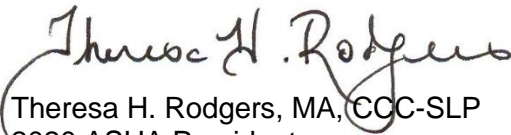
categories of health care professionals. Further, Section 50323 (3)(C) of the BBA grants the Secretary the authority to “specify requirements for the provision or furnishing of additional telehealth benefits.” Given these provisions, CMS should exercise its authority to allow MA plans to include audiologists and SLPs as qualified telehealth providers.

Recognize the Full Scope of Practice of Audiologists

By statute, Medicare covers only diagnostic services provided by an audiologist but does not cover their treatment services. As mentioned above, Medicare also imposes an administrative burden on beneficiaries seeking audiology services by mandating that they obtain a physician order for coverage. ASHA supports legislation in Congress (H.R. 4056/S. 2446) to expand Medicare coverage to include all covered diagnostic and treatment services that correspond to an audiologist’s scope of practice; reclassify audiologists as practitioners under Medicare statute (thereby allowing them to provide telehealth services); and providing Medicare beneficiaries access to audiologists’ services without a physician order. Allowing audiologists to treat patients within their full scope of practice and without a physician’s order would streamline access to care for Medicare beneficiaries. This change would particularly help those in rural areas who may have to travel long distances to see a physician for an order before seeing an audiologist for assessment of their condition and then returning to a physician or other health care provider for treatment services. Medicare beneficiaries in rural areas encounter burdens not faced by other Americans because private payers and the VA do not impose such policies. The U.S. House of Representatives recently passed legislation (H.R. 3; Section 602) that would enable audiologists to be reimbursed by Medicare for covered diagnostic and treatment services that they are licensed to provide and would allow CMS to issue regulations allowing Medicare beneficiaries access to audiologists’ services without a physician order. ASHA looks forward to working with CMS and Congress to make these changes and alleviate these unnecessary restrictions.

Thank you for the opportunity to provide feedback on scope of practice. If you have questions, please contact Sarah Warren, MA, ASHA’s director for health care policy, Medicare, at swarren@asha.org.

Sincerely,


Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ American Speech-Language-Hearing Association. *Licensure Board Telepractice Requirements: Audiology and Speech-Language Pathology*. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

² American Speech-Language-Hearing Association. (n.d.). *Private Insurance Laws and Regulations: Telepractice Reimbursement, Audiology and Speech-Language Pathology*. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

³ American Speech-Language-Hearing Association. *Medicaid Laws and Regulations: Telepractice Reimbursement, Audiology and Speech-Language Pathology*. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

⁴ Gladden, Chad. (2013). *The Current Status of VA Audiology*. Retrieved from https://www.ncrar.research.va.gov/Education/Conf_2013/Documents/Gladden.pdf.

⁵ Hayman M., Skinner L. and Wales D. (2017). *The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546562/>.

⁶ Alvares Robin, Grogan-Johnson Sue, and Rowan Lynne. (2010). *A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy*. Retrieved from <https://journals.sagepub.com/doi/abs/10.1258/jtt.2009.090608>.