

May 20, 2020

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Fred Upton
2183 Rayburn House Office Building
Washington, DC 20515

Dear Representatives DeGette and Upton:

On behalf of the American Speech-Language-Hearing Association, I would like to thank you for the opportunity to provide feedback on the Cures 2.0 Concept Paper with regard to modernizing the Centers for Medicare & Medicaid Services (CMS) to remove barriers for individuals transitioning from private insurance to Medicare, and integrating caregivers. These comments build upon the information we provided in response to the Request for Information on Cures 2.0 last year.¹

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, including swallowing disorders.

Overview

ASHA commends you for your bipartisan leadership that resulted in the enactment of the 21st Century Cures Act (Cures; P.L. 114-255). This law has begun the process of modernizing the cycle of discovery, development, and delivery of innovative medical products and treatments. ASHA looks forward to partnering with you to build upon these efforts to further modernize the health care delivery system by harnessing the promise of digital health. The following comments address the ability of audiologists and SLPs to provide telehealth services to Medicare beneficiaries, Medicare coverage of audiology services, and caregiver integration.

CMS Modernization

Coverage of Telehealth Services Provided by Audiologists and SLPs

Cures recognized the promise of providing telehealth services in Medicare to improve the quality and efficiency of care for beneficiaries who rely on this important program. Section 4012(a) of the law tasked CMS with providing information to Congress on:

- Medicare beneficiaries who would benefit from expanding telehealth services;
- Center for Medicare and Medicaid Innovation (CMMI) activities, which examine the use of telehealth services in models, projects, or initiatives;
- types of high-volume services that might be delivered using telehealth; and
- existing statutory barriers that inhibit expansion of such services.

CMS found that “the greatest barriers to expansion of Medicare telehealth under Section 1834(m) are that the statute . . . limits the types of practitioners that can furnish services.”² The report concluded that “there is overwhelming agreement that telehealth can bring medical care

into communities with limited access to health care providers, reduce wait times for patients, and be more convenient than traveling to a health care provider's office. Based on the experiences of multiple payers and health care providers, it appears that telehealth could play an important role in achieving the goals associated with value-based models by providing clinically indicated, high quality, 'anytime, anywhere' care to patients."³

ASHA agrees with CMS's findings about the adverse impact of statutory prohibitions that prevent licensed health care professionals from providing telehealth services. For example, Medicare does not allow audiologists or SLPs to deliver services via telehealth, although both audiologists and SLPs are qualified providers of telehealth services and provide such services under many state laws and other payer policies, including Medicaid. This prohibition is problematic especially for patients transitioning from coverage through private insurers, many of whom provide coverage for services delivered via telehealth during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE).

The ability to provide services remotely is critical to deter the spread of COVID-19 among Medicare beneficiaries who are older and often have underlying health conditions that put them at high risk for adverse outcomes from the disease. Current federal guidance urging social distancing and state-mandated stay at home orders for older and health compromised individuals is resulting in beneficiaries foregoing needed rehabilitative and habilitative care, and audiologic assessments. This care can be provided effectively through telehealth without jeopardizing the safety of patients and providers and risking further transmission of this deadly virus. Since the PHE related to COVID-19 was declared, many private payers and most state Medicaid programs have expanded coverage of telehealth services furnished by audiologists and SLPs in some manner.

Congress has also recognized the value of allowing services provided by audiologists and SLPs to be delivered to Medicare beneficiaries through telehealth by providing the Secretary of the Department of Health and Human Services (HHS) broad waiver authority under Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) to waive the requirements within Section 1834(m) of the Social Security Act, which restrict coverage of telehealth services to only those services provided by physicians and practitioners. This authority gave the Secretary the ability to designate additional categories of clinicians, including audiologists and SLPs, as authorized to provide and be reimbursed for services to Medicare beneficiaries through telehealth. On April 30, CMS used this authority to enable audiologists and SLPs to bill for certain services provided via telehealth during the PHE. **ASHA supports making this authority permanent to ensure continuity of care and access to medically necessary audiology and speech-language pathology services for Medicare beneficiaries, including those transitioning to the program from private insurance.**

For that reason, ASHA supports H.R. 4932, the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019, introduced by Representative Mike Thompson (D-CA), co-chair of the House Hearing Health Caucus, with original co-sponsorship of Representatives Bill Johnson (R-OH), Peter Welch (D-VT), and Dave Schweikert (R-AZ). The bipartisan bill, which has been referred to the Energy and Commerce Committee, eliminates several barriers in Medicare that prevent licensed health care professionals to provide telehealth services.

Specifically, H.R. 4932 would authorize the HHS Secretary to waive certain restrictions on telehealth services, including those related to the types of providers who can provide such

services. It also would permit CMMI demonstration programs allowing audiologists and SLPs—and other licensed health care professionals—to provide telehealth services to Medicare beneficiaries. Both provisions are consistent with CMS’s findings that barriers to telehealth in Medicare preclude its expansion to the detriment of patients.

ASHA encourages you to include provisions in Cures 2.0 to ensure that audiologists and SLPs can permanently provide medically necessary services to Medicare beneficiaries through telehealth so individuals transitioning from private insurance can maintain continuity of care safely and effectively, especially during the COVID-19 pandemic.

Medicare Coverage of Audiology Services

Medicare precludes seniors from accessing the full range of services provided by audiologists in a timely manner by requiring a physician order and limiting reimbursement to diagnostic services only, even though audiologists’ scope of practice includes auditory and vestibular treatment and neurological monitoring.

The inability of individuals transitioning to Medicare to access the full range of hearing and balance services provided by audiologists presents an additional barrier that negatively impacts the health and well-being of older Americans and increases costs. For example, most privately insured individuals have direct access to audiologic care for the treatment and maintenance of cochlear implants. However, once an individual transitions to Medicare, these services are precluded from audiologist-provided adjustments and programming without an unnecessary physician visit to obtain an order first. This administrative barrier imposes unnecessary costs on the health care system, delays care, and impinges beneficiary access to the full range of audiology treatment services available to most other Americans. Medicare covers these treatment services when furnished by clinicians, such as physicians or other nonphysician practitioners, as do other state and federal programs.

To address these deficiencies, ASHA has endorsed H.R. 4056, the Medicare Audiologist Access and Services Act, introduced by Representatives Tom Rice (R-SC) and Matt Cartwright (D-PA), which has 63 bipartisan cosponsors and that has been referred to the Energy and Commerce Committee. H.R. 4056 fixes these problems by enabling audiologists to provide both diagnostic and treatment services, allowing beneficiaries direct access to audiologists without a physician order, and reclassifying audiologists as practitioners under Medicare, which would allow these licensed health care professionals to provide telehealth services.

ASHA encourages you to include provisions in Cures 2.0 to allow audiologists to provide the full range of Medicare-covered diagnostic and treatment services without requiring the beneficiary to first obtain a physician order.

Patient Engagement in Health Care Decision Making

Caregiver Integration

The Concept Paper appropriately acknowledges that millions of Americans receive care from a friend or close family member who provides essential care, usually without formal training or compensation. It is critical that these caregivers have access to educational materials, training, and other resources to help them provide this care as safely and effectively as possible, while supporting their own health and well-being in a culturally competent manner.

The ability of family caregivers to support and enhance the communication abilities of those for whom they are caring is particularly important. Individuals with communication disorders face challenges that impair patient/provider communication and impact quality of life. Access to appropriate communication strategies and technologies for these patients is critical in promoting their health and well-being, improving their quality of life, and reducing care costs. For example, SLPs can work with families to determine whether an augmentative and alternative communication device, such as a speech generating device, is appropriate to improve communication and, if so, train caregivers on their use.

SLPs also play an important role in providing family caregivers tools and resources to better care for individuals with speech and language disorders. These professionals help clarify how specific health issues result in communication disorders, assess caregiver stress to make appropriate referrals to other professionals who treat stress-related disorders, provide timely and trusted resource information about communication disorders, and help caregivers identify appropriate intervention programs to assist patients.

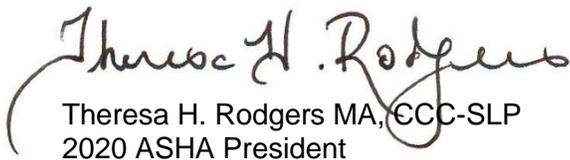
ASHA supports inclusion of speech-language pathology service support in any caregiver integration program in Cures 2.0's provisions to authorize grants for educational programs and training for caregivers.

Conclusion

ASHA commends both your previous and current efforts to modernize health care delivery to improve patient care and outcomes. We agree that digital health technologies can transform how Americans access medical services, improving access and decreasing costs while maintaining quality. We look forward to working with you to achieve those goals for individuals transitioning from private insurance to Medicare and in an effort to deter the spread of COVID-19.

Thank you for the opportunity to provide comments to the request for information on ways to build upon the progress made by Cures and further modernize the health care delivery system to ensure patient access to necessary medical services. If you or your staff have any questions, please contact Jerry White, ASHA's director of federal affairs, health care, at jwhite@asha.org.

Sincerely,



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

¹ Robertson, S. (2019 December 11). *ASHA Letter to Reps Upton and DeGette about Cures 2.0*. American Speech-Language-Hearing Association. Retrieved from <https://www.asha.org/uploadedFiles/ASHA-Letter-to-Reps-Upton-and-DeGette-Cures-2.0-121119.pdf>.

² Centers for Medicare & Medicaid Services. *Report to Congress on Telehealth Utilization and Future Opportunities*. Retrieved from <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Information-on-Medicare-Telehealth-Report.pdf>.

³ Ibid.