



February 1, 2021

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
H-222, U.S. Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
House Minority Leader  
United States House of Representatives  
H-204, U.S. Capitol  
Washington, DC 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express appreciation for Congress' efforts enacting legislation related to the prevention and treatment of Coronavirus Disease 2019 (COVID-19), as well as the economic and social impacts associated with the pandemic. As you and your colleagues develop additional legislation, ASHA urges the House to include provisions that: ensure students with disabilities receive the services they deserve; provide access to clinically appropriate audiology and speech-language pathology services via telehealth; increase the supply of personal protective equipment; and preserve and expand health coverage.

ASHA is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

### **Ensure Students with Disabilities Receive the Services They Deserve**

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ASHA is extremely pleased that President Biden's "National Strategy for the COVID-19 Response and Pandemic Preparedness" calls on Congress to provide \$130 billion in dedicated funding to support schools. ASHA supports using the funding to provide personal protective equipment (PPE) for school-based personnel such as audiologists and speech-language pathologists (SLPs) as well as hiring more SLPs to advance the President's goal of providing additional learning supports for students. This funding is essential to support states and local education agencies (LEAs) as they continue to provide a free appropriate public education (FAPE) to all students, including those with disabilities.

As schools across the nation have moved to a variety of educational models, providing special education services has become more complex. Congress must act to ensure students with disabilities receive services closest to the plans outlined in their individualized education programs (IEPs) and individualized family service plans (IFSP). Dedicated funding for programs under the Individuals with Disabilities Education Act (IDEA) is vital to ensure students with disabilities receive a continuum of care to prevent any regression.

**ASHA encourages the House to include at least \$12.5 billion of the dedicated funding to support schools specifically for IDEA programs as follows: \$11.3 billion for IDEA Part B Section 611 programs; \$500 million for IDEA Part C programs; \$400 million for IDEA Part B Section 619 programs; and \$300 million for IDEA Part D personnel preparation.** This funding will support LEAs and early intervention service programs in carrying out their obligations to provide special education and related services to 6.5 million children in our nation's schools.

## **Enhance Older Adult Access to Telehealth Services During the COVID-19 PHE and Beyond**

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ASHA is pleased that section 3703 of the CARES Act (P.L. 116-136) authorized the Secretary of the U.S. Department of Health and Human Services (HHS) to waive any requirement for telehealth services under section 1834(m) of the Social Security Act by allowing additional health care professionals to furnish telehealth services, and that the Centers for Medicare & Medicaid Services (CMS) exercised its authority for audiologists and SLPs to provide certain telehealth services.

ASHA appreciates that these actions taken by Congress and CMS have removed certain barriers to providing care in the safest and most efficient manner possible. Unfortunately, the current list of approved telehealth services does not adequately ensure that Medicare beneficiaries have access to the range of clinically appropriate hearing, speech, language, cognition, and swallowing services they require. Although ASHA has been in regular communication with CMS since the Interim Final Rule was released in April, CMS has not expanded telehealth coverage to any additional procedure codes.

There are a number of audiology and speech-language pathology services that may be provided remotely in a safe and effective manner. ASHA recommends adding audiology procedure codes representing core diagnostic tests for identifying the type, severity, and etiology of hearing loss or the need for further vestibular testing. The speech-language pathology codes ASHA recommends adding to the telehealth list include those representing evaluation and treatment of a range of communication and swallowing disorders that SLPs already provide via telehealth to non-Medicare patients. For example, without the addition of certain procedure codes, patients with Amyotrophic Lateral Sclerosis (ALS) cannot be assessed by their SLP for the need for a speech-generating device (SGD) to communicate nor can they receive therapeutic services with their SGD, including programming/modification of the device, via telehealth.

At a time when individuals with hearing, communication, and swallowing disorders face even higher risk for isolation and depression, Medicare beneficiaries must have access to appropriate diagnostic and therapeutic services via telehealth to slow transmission of COVID-19 and ensure they receive medically necessary treatment to meet their functional goals.

**ASHA supports including language in the bill to clarify congressional intent that Medicare beneficiaries should have access to all audiology and speech-language pathology telehealth services that are currently allowed under Medicare for in-person services, as clinically appropriate and medically necessary.**

ASHA also appreciates that HHS has indicated that it anticipates the PHE will continue through 2021. However, Congress can provide greater certainty to Medicare beneficiaries that access to audiology and speech-language pathology services provided via telehealth will continue to be available to them when the PHE ends by permanently fixing the Medicare statute to allow audiologists and SLPs to be reimbursed for telehealth services. ASHA supports bipartisan efforts such as the “Expanded Access to Telehealth Act” which is being led by Representatives Mikie Sherrill (D-NJ) and David McKinley (R-WV).

**ASHA supports providing permanent coverage of telehealth services for audiologists and speech-language pathologists in the next COVID relief bill.**

## **Increase the Supply of PPE**

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During the COVID-19 pandemic, ASHA members serve on the front lines as essential personnel providing care to patients in hospitals, skilled nursing facilities, home health, and other settings that place them at risk of contracting COVID-19 without access to a sufficient supply of PPE.

SLPs engage in several procedures that can result in generation of aerosols, specifically by the trigger of the cough reflex. During the COVID-19 pandemic, SLPs work with individuals requiring intubation and support for respiratory impairment with ventilators. Ventilator weaning from invasive intubation and support for non-invasive ventilation treatments are responsibilities within the scope of practice of speech-language pathology that place SLPs at increased risk of exposure and infection. The need for establishing alternative and augmentative communication for intubated patients receiving intensive care also places SLPs at an elevated risk.

In addition, speech, language, cognition, and swallowing disorders due to strokes, traumatic brain injury, and other conditions traditionally treated by SLPs in acute care settings continue during the public health emergency and place SLPs at risk while they carry out their responsibilities within acute care hospitals and post-acute settings.

ASHA's 90,000 school-based members also continue providing services to students and are at risk of contracting COVID-19 in schools that have reopened with in-person services. School-based clinicians provide a wide range of services to both special education and general education students throughout the school community. Students' and clinicians' ability to see mouth and facial expressions in close proximity is important when providing audiology and speech-language pathology services. Audiologists and SLPs work with different students throughout the school week and may travel to multiple schools to provide necessary in-person services. This exposes them to a greater number of students and other school personnel than most school personnel encounter and increases their risk for exposure to COVID-19.

### **ASHA supports President Biden's call to provide additional funding to ensure a sufficient supply of PPE for our nation's essential personnel.**

In addition to increasing the supply of PPE, health care providers in private practice must be able to afford to purchase PPE. Unfortunately, under the Trump Administration, CMS finalized a decision not to provide specific reimbursement for the additional protective equipment and infection control procedures that providers must implement during the PHE to protect their patients, themselves, and their families. The overwhelming majority of Current Procedural Terminology (CPT) codes for in-person services do not include PPE related reimbursement as part of the existing practice expense and ASHA affirms that none of the codes used by audiologists or SLPs include such elements.

**ASHA supports including language in the next COVID bill that would encourage the Biden Administration to immediately implement and pay CPT code 99072** to recognize the increased expenses due to infection control practices necessary to safely care for patients and ensure the safety of providers during this PHE.

## **Preserving and Expanding Health Coverage**

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ASHA supports President Biden's call to ensure access to health coverage by subsidizing the continuation of health coverage (COBRA) through the end of September and expanding and increasing the value of the Premium Tax Credit. **ASHA supports these proposals because more Americans will have access to affordable health coverage, like audiology and speech-language pathology services that are included in the rehabilitative and habilitative services and devices essential health benefit category.** For example, a study of

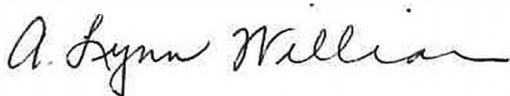
“silver” marketplace plans found that these services represent only 1% of an average premium cost (or \$84 annually) but provide return to function, productivity, and health. Financing that care separately would cost \$2,530 per user on average.

## **Conclusion**

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ASHA appreciates the House’s comprehensive approach to enacting legislation to address the COVID-19 pandemic. ASHA strongly recommends inclusion of provisions that will ensure students with disabilities receive the services they deserve, allow Medicare beneficiaries who need key services to obtain them via telehealth when clinically appropriate, increase the supply and affordability of PPE, and increase access to care. If you or your staff have any questions, please contact Brian Altman, ASHA’s director of federal and political affairs, at [baltman@asha.org](mailto:baltman@asha.org).

Sincerely,

A handwritten signature in cursive script that reads "A. Lynn Williams".

A. Lynn Williams, PhD, CCC-SLP  
2021 ASHA President