



Submitted via email: [Cures2@mail.house.gov](mailto:Cures2@mail.house.gov)

December 11, 2019

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 a response to the recent request for information on Cures 2.0.

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. 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.

ASHA commends you for your bipartisan leadership that resulted in enactment of the 21st Century Cures Act (Cures; Public Law 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.

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. Specifically, Section 4012(a) of the law tasked the Centers for Medicare & Medicaid Services (CMS) with providing Congress information on Medicare beneficiaries who would benefit from expanding telehealth services; activities by the Center for Medicare and Medicaid Innovation (CMMI), 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.”<sup>1</sup> 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 travelling 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.”<sup>2</sup>

Section 4012(b) of Cures also directed the Medicare Payment Advisory Commission (MedPAC) to provide information about (1) the extent to which the Medicare Fee-for-Service (FFS) program covers telehealth services, (2) the extent to which commercial insurance plans cover telehealth services, and (3) ways in which the telehealth coverage policies of commercial insurance plans might be incorporated into the Medicare FFS program. MedPAC reported that

cost, access, and quality of care are core principles that should be considered when expanding telehealth services in Medicare.

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.

Twenty states have included provisions in licensure laws that specifically authorize audiologists and SLPs to perform services via telehealth.<sup>3</sup> Private insurers in 30 states have established policies that allow audiologists and SLPs to provide services via telehealth.<sup>4</sup> Medicaid programs in 27 states cover telehealth services provided by audiologists and SLPs.<sup>5</sup>

A growing body of research on the use of telepractice for communication disorders includes many studies demonstrating the comparability of telepractice and in-person services. For example, research conducted by the U.S. Department of Veterans Affairs (VA) indicates that audiology services provided via telehealth are comparable to in-person delivery of care, while published studies also indicate that services provided via telehealth are as effective as services provided in-person.<sup>6,7,8</sup>

ASHA supports enabling audiologists and SLPs to provide telehealth services to Medicare beneficiaries when clinically appropriate and the clinician can ensure that the quality of any services provided via telehealth matches the quality of services provided in-person. Medicare coverage of audiology and speech-language pathology services would increase outlays by less than \$2.5 million over five years, and less than \$10 million over 10 years.<sup>9</sup>

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 cosponsorship of Representative Bill Johnson (R-OH). 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 authorizes the Secretary of the U.S. Department of Health and Human Services 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.

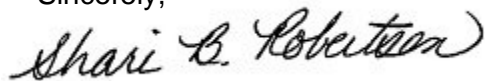
ASHA believes the CONNECT for Health Act is a significant step toward harnessing technology to provide consumers options for preventing, diagnosing, and treating serious diseases and conditions, as well as managing chronic conditions in non-traditional care settings. However, we urge you to build upon these efforts by amending Section 1834(m) of the Social Security Act to enable licensed health care professionals—such as audiologists and SLPs—to furnish services

via telehealth. ASHA supports language included in the Medicare Telehealth Parity Act (H.R. 2550/115th Congress) that would revise the Medicare statute in that manner.

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, and we look forward to working with you to achieve those goals.

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](mailto:jwhite@asha.org).

Sincerely,



Shari B. Robertson, PhD, CCC-SLP  
2019 ASHA President

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<sup>1</sup> 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>.

<sup>2</sup> Ibid.

<sup>3</sup> 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>.

<sup>4</sup> American Speech-Language-Hearing Association. *Private Insurance Laws and Regulations: Telepractice Reimbursement, Audiology and Speech-Language Pathology*. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

<sup>5</sup> 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>.

<sup>6</sup> Gladden, Chad. (2013). *The Current Status of VA Audiology*. Retrieved from [https://www.ncrar.research.va.gov/Education/Conf\\_2013/Documents/Gladden.pdf](https://www.ncrar.research.va.gov/Education/Conf_2013/Documents/Gladden.pdf).

<sup>7</sup> 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/>.

<sup>8</sup> 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>.

<sup>9</sup> Quantria Strategies. (2015). ASHA Telehealth Cost Study. *Analysis of a Proposal to Extend Telehealth to Audiology and Speech-Language Pathology Services*. P. 3-4.