



April 3, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-4190-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Medicare and Medicaid Programs; Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to offer comments on the Medicare Advantage (MA) proposed rule for contract years 2021 and 2022.

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.

ASHA's comments reflect the ongoing national response to the pandemic of Coronavirus Disease 2019 (COVID-19), and the President's emergency declaration. ASHA appreciates that during the national emergency, the Centers for Medicare & Medicaid Services (CMS) has authorized Medicare Advantage (MA) plans to expand the categories of clinicians allowed to provide telehealth services to their beneficiaries, including audiologists and speech-language pathologists (SLPs).

Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) grants the Secretary the authority to waive all requirements within Section 1834(m) of the Social Security Act in order to expand coverage and access to all clinically appropriate telehealth services for Medicare beneficiaries. This broad authority is intended to ensure that beneficiary needs are effectively met during the national emergency. These changes in federal law clearly demonstrate that Congress recognizes the value and effectiveness of enabling qualified health care professionals, such as audiologists and SLPs, to provide telehealth services to Medicare beneficiaries.

In recognition of the value of telehealth, ASHA recommends that CMS reexamine its existing authority to allow MA plans to expand coverage on a permanent basis. While federal law would not allow these specialties to provide services via telehealth to fee-for-service Medicare beneficiaries outside the national emergency period, ASHA maintains that CMS has the regulatory authority to allow MA plans to reimburse for services provided by audiologists and SLPs via the Bipartisan Budget Act (BBA) of 2018 (P.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, the authorizing language means that coverage could be extended to additional categories of health care professionals at the Secretary's discretion. 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, ASHA recommends that CMS exercise its authority to allow MA plans to include audiologists and SLPs as qualified telehealth providers on a permanent basis.

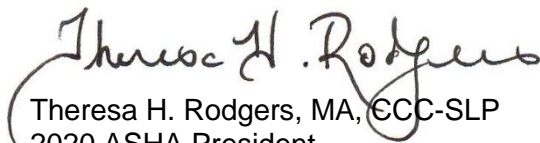
Several factors provide foundational support for allowing MA plans to make these determinations. For example, numerous state laws recognize audiologists and SLPs as qualified providers of telehealth services, as do many state Medicaid programs and other payer policies. Twenty states have included provisions in licensure laws that 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 audiologists and SLPs to perform services via telehealth.³ TRICARE has recently expanded telehealth coverage to therapy services across both regions as a result of the COVID-19 pandemic.

In addition, a growing body of research on the use of telehealth for communication disorders includes studies demonstrating the effectiveness and clinical equivalence of telehealth 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.⁴ Other published studies also indicate that speech-language pathology services provided via telehealth are as effective as services provided in-person.^{5,6}

ASHA appreciates actions taken by the Administration to broaden access to Medicare telehealth services so that beneficiaries have greater choices about how, where, and from whom they receive care. ASHA encourages CMS to revise the rule as recommended to build on this progress and further enhance beneficiary access to the hearing, balance, speech, language, swallowing, and cognitive care that audiologists and SLPs provide.

Thank you for the opportunity to provide comment on this proposed rule. If you or your staff 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. (n.d.). *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>.