



May 25, 2021

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

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

Dear Speaker Pelosi and Leader McCarthy:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to highlight ASHA's priorities for ensuring continued access to audiology and speech-language pathology services as the Senate develops additional legislation to help Americans recover from the Coronavirus Disease 2019 (COVID-19) pandemic.

ASHA is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA appreciates previous congressional responses to the pandemic and the Administration's recent release of the American Jobs Plan and the American Families Plan. ASHA supports expanding access to home and community-based services in Medicaid; permanent premium assistance to make health insurance more accessible and affordable; and increased support for and access to education, paid family and medical leave, and childcare assistance. These steps are critical to strengthening and supporting the families of America's health care workforce.

As President Biden noted in his address to Congress, these proposals are only a starting point and much more remains to be addressed to improve patient access to affordable health care. Therefore, ASHA urges the House to consider the following recommendations to preserve access to audiology and speech-language pathology services for Medicare beneficiaries; support the health care workforce; and ensure students with disabilities receive the services that they are legally entitled to.

Ensure Access to Audiology and Speech-Language Pathology Services

Medicare Coverage of Audiology Services

The COVID-19 pandemic has highlighted the importance of ensuring that Medicare beneficiaries have access to audiology services. For older Americans suffering from hearing impairments, timely and robust access to hearing and balance related services is critical. The World Health Organization recently noted that social isolation resulting from COVID-19 lockdowns has heightened the importance of ear and hearing care, highlighting that rehabilitation can help ensure that those affected, and society at large, avoid the adverse consequences.¹ Unfortunately, outdated and unnecessary Medicare restrictions limit seniors' access to this necessary care.

Medicare only covers diagnostic tests performed by audiologists to assess hearing and balance when ordered by a physician, while treatment services are not covered. Yet, audiologists' scope

of practice includes auditory and vestibular treatment as well as neurological monitoring. These services are Medicare-covered benefits when provided by other practitioners. Most private health plans allow for direct access to audiology services as do other public payers, such as Medicaid. These unfair restrictions prevent Medicare beneficiaries from accessing care in a timely manner, thereby, imposing unnecessary costs on the health care system and increasing consumer costs.

However, Representatives Tom Rice and Matt Cartwright have introduced the Medicare Audiologist Access and Services Act (H.R. 1587), which would fix these problems by ensuring beneficiaries have direct access to all Medicare-covered diagnostic and treatment services and eliminating the physician order requirement. The bill also would reclassify audiologists from 'suppliers' to 'practitioners' under the Medicare statute. This change would more accurately reflect the role audiologists play in providing hearing health care services and enable them to provide services via telehealth. The bill would increase beneficiary access to this care cost effectively, while saving consumers \$36 million in out-of-pocket costs over the next decade.²

ASHA encourages the House to include the Medicare Audiologist Access and Services Act (H.R. 1587) in any future reconciliation or health care legislative package.

Permanent Telehealth Authority for Audiologists and SLPs

The permanent option to deliver services through telehealth holds the promise to help ensure needed access to audiology and speech-language pathology services. However, statutory changes are necessary to maintain access beyond the COVID-19 public health emergency (PHE).

Prior to the COVID-19 PHE, statutory limitations in Section 1834(m) of the Social Security Act severely restricted telehealth services in Medicare and precluded audiologists and SLPs from providing telehealth services at all. These outdated restrictions are unnecessary, as both audiologists and SLPs are qualified providers of telehealth services and deliver services in this manner under many state laws and other payer policies.³

ASHA appreciates Congress addressing these deficiencies by enacting Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136), which authorized the Secretary of the Department of Health and Human Services (HHS) to waive telehealth restrictions in Section 1834(m) during the COVID-19 PHE. Subsequently, HHS used that authority to add 34 key audiology and speech-language pathology services to the telehealth services list and authorized audiologists and SLPs to be reimbursed for their services.⁴ Unfortunately, HHS's authority to enable audiologists and SLPs to furnish telehealth services expires when the COVID-19 PHE ends.

Audiologists and SLPs have played an important role in providing critical hearing, balance, speech, language, swallowing, and cognition related care to Medicare beneficiaries through telehealth during the COVID-19 PHE, which has helped deter the spread of the virus and increased access for individuals in rural and medically underserved areas, and for those with mobility problems and/or transportation limitations. This ability must continue to meet the long-term needs of Medicare beneficiaries, particularly since emerging research indicates a link between individuals with Post-Acute Sequelae of SARS-CoV-2 infection, or PASC, and long-term hearing, swallowing and cognitive impairments resulting from infection, a condition commonly referred to as COVID long-haulers.⁵ ASHA supports bipartisan legislation introduced in the House by Representatives by Representatives Mikie Sherrill and David McKinley, the

Expanded Telehealth Access Act (H.R. 2168), which would provide both audiologists and SLPs permanent telehealth authority under Medicare.

ASHA encourages the House to include the Expanded Telehealth Access Act (H.R. 2168) in any legislation to expand telehealth following the COVID-19 PHE.

Reimbursement of Audiology and Speech-Language Pathology Services

For Medicare beneficiaries to continue accessing audiology and speech-language pathology services there must also be adequate reimbursement. Unfortunately, previous payment reductions related to 2% sequestration cuts in Medicare, combined with further reductions in 2021 related to changes in payments for certain outpatient evaluation and management services under the Medicare Physician Fee Schedule (MPFS)—on top of the pandemic related impact on providers—is threatening the access beneficiaries have to critical audiology and speech-language pathology services, as well as to services furnished by other physician and nonphysician providers.

ASHA appreciates Congress delaying the 2% Medicare sequestration cuts through 2021 as part of H.R. 1868 (Public Law 117-7), and mitigating the cuts related to changes under the MPFS this year as part of H.R. 133, the Consolidated Appropriations Act, 2021 (Public Law 116-260). However, without further congressional action this year, cuts related to both issues will fully resume starting in 2022, resulting in steep reductions to reimbursement that imperil the ability of America's seniors to access audiology, speech-language pathology, and other essential services.

ASHA encourages the House to prevent reimposition of the 2% Medicare sequestration cuts next year and provide an additional \$3 billion for the MPFS to again mitigate expected reductions in Medicare Part B payments so audiologists, SLPs, and other impacted providers can continue providing patient-focused and team-based integrated care to America's seniors.

Promoting Diversity in the Allied Health Care Workforce

As Congress works to prepare our nation for the post-pandemic recovery, we must anticipate what is required for a thriving and diverse health care workforce to address the long-term effects of the virus. A diverse health care workforce can help reduce preexisting health disparities among individuals from historically underserved communities as well as those disparities exacerbated by the COVID-19 pandemic. ASHA recommends creating a workforce development program to increase diversity in the audiology, speech-language pathology, and allied health professions to promote health equity and improve care for those experiencing and/or recovering from COVID-19, which has disproportionately impacted members of racial and ethnic minority communities.

ASHA supports creating a program at the Health Resources and Services Administration (HRSA) within HHS modeled after the Title VIII Nursing Workforce Diversity program, which has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing. This new program will help strengthen and expand the comprehensive use of evidence-based strategies proven to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds in the professions of audiology, speech-language pathology, physical therapy, occupational therapy, and respiratory therapy.

A more diverse allied health care workforce is critical as members of minority groups disproportionately live in areas with provider shortages, while members of such groups are more likely to practice in these areas.⁶ Patients who receive care from members of their own racial and ethnic background also tend to have better outcomes.⁷ During the 116th Congress, ASHA supported the Allied Health Workforce Diversity Act (H.R. 3637), which would have created this new program within HRSA. Though the House passed this legislation, the Senate did not act before the end of the congressional session. The bill (H.R. 3320) has been reintroduced this Congress by Representatives Bobby Rush and Markwayne Mullin.

ASHA urges the House to include the allied health care workforce diversity program proposed by H.R. 3320 in any legislation to modernize and diversify the health care workforce and address health disparities highlighted by the COVID-19 pandemic.

Supporting Students with Disabilities

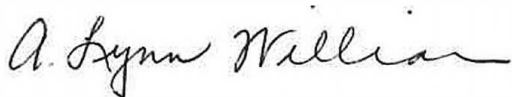
ASHA strongly supports the Administration's budget request for the Individuals with Disabilities Education Act (IDEA) to ensure students with disabilities have access to the services and supports that they are entitled to under the law. IDEA serves more than 6.5 million children in our nation's schools, including many students with communication disorders. Schools have grappled with costs associated with the COVID-19 PHE and require additional resources to support students with disabilities, many of whom have experienced difficulties accessing the special education services they need, particularly in the virtual environment. Funding IDEA at the Administration's request will help schools better meet the needs of students with disabilities who rely on the services of educational audiologists and school-based SLPs.

ASHA encourages the House to fully fund, through the appropriations process, the Administration's budget request of \$15.5 billion for IDEA Part B state grants, \$598 million for Part B Section 619 preschool grants, and \$732 million for Part C infants and toddlers with disabilities, to ensure that students with disabilities receive the services and supports to which they are legally entitled.

Conclusion

ASHA strongly recommends that the House address these issues this year to sustain and further increase access to audiology and speech-language pathology services for Medicare beneficiaries; support and diversify the health care workforce; and ensure students with disabilities receive the services and supports they need. For more information, contact Jerry White, ASHA's director of federal and political affairs, at jwhite@asha.org.

Sincerely,



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

¹ World Health Organization. (2021). *World Report on Hearing: Executive Summary*. <https://www.who.int/health-topics/hearing-loss>.

² Moran Company. (2020). *Medicare Audiologist Access and Services, Fiscal Implications*.

³ American Speech-Language-Hearing Association. (2020). *COVID-19: Tracking of State Laws and Regulations for Telepractice and Licensure Policy*. <https://www.asha.org/siteassets/uploadedfiles/state-telepractice-policy-covid-tracking.pdf>.

⁴ American Speech-Language-Hearing Association. (2021). *CMS Makes Critical Decision to Expand Medicare Telehealth Coverage for Audiology and Speech-Language Pathology Services*. <https://www.asha.org/news/2021/cms-makes-decision-to-expand-medicare-telehealth-services/>.

⁵ USA Today. (2021). *Long Haulers. Fauci announces Nationwide Initiative* <https://www.usatoday.com/story/news/health/2021/02/24/covid-19-long-haulers-fauci-announces-launch-nationwide-initiative/4572768001/>.

⁶ U.S. Government Accountability Office. (2019). *Graduate Medical Education: Trends in Training and Student Debt, 09-438R*. <https://www.gao.gov/assets/gao-09-438r.pdf>.

⁷ Ibid.