April 12, 2026

Elizabeth Pitman
Director, Division of Medical Services
Deputy Secretary of Healthcare Financing and Medicaid Director
Arkansas Department of Human Services
P.O. Box 1437, Slot S295
Little Rock, AR 72203-1437

RE: Notice of Proposed Rule Making (NPRM) adding Arkansas Medicaid Reimbursement for Physical and Occupational Therapy in Clinic-Based Settings

Dear Director Pitman:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Arkansas Speech-Language-Hearing Association (ArkSHA), we write to express support for adding coverage of occupational and physical therapy services for Arkansas Medicaid-enrolled adults. However, we are extremely concerned that the proposed rule does not include coverage for speech therapy and cochlear-implant related audiology services.[1]

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 3,200 ASHA members reside in Arkansas.[2] ArkSHA is a nonprofit professional association representing audiologists, speech-language pathologists, and related professionals across the state.

Audiologists diagnose and treat hearing, balance, tinnitus, and other auditory disorders across the lifespan and provide habilitative and rehabilitative services, such as cochlear implant programming and management.[3] SLPs prevent, assess, diagnose, and treat speech, language, cognitive-communication, and swallowing disorders across the lifespan.[4]

ASHA and ArkSHA support expanded access to occupational and physical therapies for Medicaid beneficiaries. We understand that this rule implements Act 103 of 2025, which requires Arkansas Medicaid coverage of clinic-based physical therapy.[5] The Department has also elected to include occupational therapy for adults as an additional benefit, without legislative mandate. Given that speech therapy is categorized alongside occupational and physical therapy in existing Medicaid policy, its exclusion creates an inconsistency in access to clinically related services.

We respectfully request that the Department include coverage of speech therapy and cochlear implant-related audiology services for adults. The Department has previously expressed interest in expanding access to cochlear implant related services as part of its 2023 Medicaid Sustainability Review, indicating alignment with this approach.[6,7]

Federal Law Requires Coverage of Medically Necessary Services for People With Disabilities

Federal law requires coverage of audiology and speech-language pathology services for children under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, which ensures Medicaid-enrolled children (under age 21) receive all medically necessary services to "correct or ameliorate" a condition.[8,9] The EPSDT law ensures that children and adolescents receive appropriate preventative, developmental, dental, mental health, and specialty services—including speech, language, and hearing services. Our country has prioritized mandatory services for Medicaid-enrolled children because research shows that children who receive these services are more likely to be academically successful and maintain employment in adulthood.

However, coverage for adults is optional under federal Medicaid law. As a result, many Medicaid-enrolled adults lose access to medically necessary communication, swallowing, and hearing services upon turning 21. When communication and hearing conditions go untreated, vulnerable adults are left without the communication skills they need for a functional and successful life.

Speech-language pathology services are critical for adults recovering from stroke, neurological conditions, and head and neck cancer. These services address communication impairments and dysphagia (swallowing disorders), which, if untreated can lead to aspiration pneumonia, malnutrition, ongoing impeded speech, and prolonged recovery, including hospital readmissions and extended lengths of stay—outcomes that increase Medicaid expenditures.

Audiology services, including cochlear implant evaluation, programming, and follow-up care, are distinct but complementary to speech-language pathology services and are critical for individuals with significant hearing loss. Speech-language pathology services play a central role in developing auditory comprehension and functional communication following implantation. Adults with cochlear implants—and those who are candidates for implantation—require access to both the technology and the full continuum of audiology and speech-language pathology services necessary to support optimal outcomes.

Without Medicaid coverage and associated services, beneficiaries are denied access to a well-established, high-value intervention that improves communication, employment, and overall quality of life. Moreover, failing to cover both implantation and follow-up care undermines the significant clinical and financial investment in cochlear implantation, limiting device effectiveness and diminishing long-term outcomes.

Adult Coverage of Speech Therapy Saves Money

Medicaid coverage of speech-language pathology services reduces costs by preventing complications and improving functional outcomes.[10,11] Communication disorders like stuttering have measurable financial consequences, including reduced lifetime earnings due to avoidance of speaking-intensive roles, decreased communication confidence, and occupational self-selection.[12] Evidence shows that speech-language pathology services improve communication effectiveness, self-advocacy, and participation in educational and professional settings. By addressing both speech fluency and the psychosocial components

of stuttering, speech-language pathology intervention supports greater workforce engagement, expanded career opportunities, and improved long-term earning potential.

For example, speech-language pathology treatment of dysphagia—a swallowing disorder in children and adults—generates significant cost savings. A patient with dysphagia can cost a facility $5,000 to $10,000 more than a patient without this condition. Getting a patient to take food by mouth instead of tube may save more than $50,000 each year. Systematic swallowing screenings and treatment by SLPs in geriatric and medically complex populations reduce length of hospital stays, readmission rates, and incidence of aspiration pneumonia—high-cost conditions in Medicaid populations. These improvements translate into substantial cost savings at both institutional and health care system-wide levels.

Speech-language pathology services also play a critical role in maximizing outcomes for adults with hearing loss, including those who receive cochlear implants (CIs). Following implantation, patients often require therapy to develop auditory comprehension and functional communication skills. Without these services, individuals may not fully benefit from the device, limiting improvements in employment, independence, and overall quality of life—outcomes that are directly tied to the economic value of cochlear implantation.

In a time of fiscal constraint for Medicaid programs—particularly in light of changes affecting program financing under the One Big Beautiful Bill Act—coverage of services that reduce avoidable complications and improve functional independence is critical to program sustainability.

Adult Coverage of Cochlear Implants and Related Audiology Services Saves Money

Medicaid coverage of audiology services, including cochlear implant-related care, saves money by improving functional outcomes and generating long-term economic gains. CIs are a high-value, technology-driven intervention for individuals with significant hearing loss. Specifically, CIs:

- Are a definitive treatment, meaning this intervention is the best available to treat a particular disease or condition. They are also typically durable for life in 98% of patients (no further surgery is needed in those cases).
- Improve a patient's median income by $10,000-$20,000 annually.[13]
- Produce a net economic gain for Arkansas (rather than a loss): Lifetime net gain to states with implant coverage for this population of patients is estimated at approximately $400,000 per patient, with the greatest gains realized among younger and mid-life adults.[14]
- Improve lifetime productivity, earnings, employability.[15]
- Are the most successful neural prostheses to date.[16]

However, these outcomes are only realized when patients have consistent access to audiology services—including device programming (mapping), maintenance, and auditory rehabilitation—as well as speech-language pathology services that are essential for translating auditory access into meaningful communication outcomes. Without coverage of these essential follow-up services, the effectiveness of cochlear implants is significantly diminished, and the clinical and economic benefits outlined above are not fully achieved.

Ensuring coverage of both cochlear implants and the associated continuum of care is therefore critical to maximizing patient outcomes and realizing long-term cost savings for the Medicaid program.

In Fall 2023, ASHA and ArkSHA were informed that the Department was considering expanding coverage of CI-related services for adults as part of its Medicaid Sustainability Review. ASHA, ArkSHA, and the American Academy of Audiology sent letters supporting the addition of CI coverage for adults.[17,18] Medicare, TRICARE, and the Veterans Health Administration all provide coverage for CIs, meaning the Department would join many other health insurance programs offering this critical benefit.

Although no additional coverage was added at that time, we remain hopeful that the Department will consider expanding coverage to ensure more Medicaid-enrolled adults retain access to services. ASHA strongly supports expanding CI coverage by Arkansas Medicaid to include adults or individuals over age 21 because of the many benefits CIs offer these patients.

Conclusion

ASHA and ArkSHA support the Department's efforts to expand access to therapy services. To ensure consistency in coverage and maximize clinical and economic outcomes, we respectfully recommend including speech therapy and cochlear implant-related audiology services for adults as part of this rulemaking.

Thank you for your consideration. If you or your staff have any questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at cbergner@asha.org.

Sincerely,

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2026 ASHA President

Lauren Rogers, Eds, MS, CCC-SLP
2026 ArkSHA President

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