March 10, 2026

The Honorable John Vander Woude
Chair
House Health and Welfare
Idaho House of Representatives Committee
PO Box 83720
Boise, ID 83720-0081

The Honorable Julie VanOrden
Chair
Senate Health and Welfare Committee
Idaho State Senate
PO Box 83720
Boise, ID 83720-0038

RE: Elimination of Coverage of Adult Audiology and Speech Therapy Services in the Outpatient Setting

Dear Chair Vander Woude and Chair VanOrden:

The American Speech-Language-Hearing Association (ASHA) and the Idaho Speech, Language, Hearing Association (ISHA) write to express deep concern regarding Governor Little's proposed 2027 budget that would eliminate Medicaid coverage of adult audiology services and all Medicaid coverage for outpatient speech therapy services in Idaho. **If Idaho removes Medicaid coverage for these services, it will become the first state in the country to do so—leaving the 355,000 children and adults who rely on Medicaid in Idaho with reduced access to critical health care services.**

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. ISHA is the nonprofit professional advocacy organization comprised of audiologists and SLPs in the state of Idaho.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. ASHA and ISHA members practice in hospitals, skilled nursing facilities, inpatient rehabilitation facilities, outpatient clinics, schools, home health, and private practices.

Federal Law Requires Medically Necessary Services for People With Disabilities

Audiology and speech-language pathology services for children are required to be covered as part of the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, which requires Medicaid-enrolled children under age 21 to receive all medically necessary services when the service is needed to "correct or ameliorate" a condition.[1, 2] 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 the research shows that children who get them are more likely to be academically successful and maintain employment in adulthood.[3]

Children with impairments that fall under audiology and speech-language pathology scopes of practice (e.g., speech, language, hearing, swallowing, cognition, balance) must receive services including:

- Identification, screening, and diagnostics;
- Treatment/management;
- Counseling and guidance for parents, children, and teachers; and
- Durable medical equipment and/or device(s) (e.g., hearing aids, augmentative and alternative communication equipment), when medically necessary.

When communication and hearing conditions go untreated because Medicaid has limited coverage of treatment to institutional settings only, vulnerable children and adults are left without the communication skills they need for a functional and successful life. Speech-language pathology services are also critical for children and adult patients discharged from hospitals who are recovering from strokes, neurological issues, or conditions like head and neck cancer.[4, 5, 6] Without access to speech-language pathology services to manage issues like dysphagia (swallowing disorders), these patients face a high risk of aspiration pneumonia, malnutrition, and ongoing impeded speech.

The 1999 U.S. Supreme Court ruled in *Olmstead v. L.C.* that unnecessary institutionalization of people with disabilities is discrimination under the Americans with Disabilities Act (ADA). It established that states must provide community-based services to individuals with disabilities when appropriate, desired, and reasonably accommodated, affirming a true civil right to live and receive services in the community rather than in institutions.

President Ronald Reagan saw the cost savings of ensuring people with disabilities accessed health care services in their communities when he signed into law the Katie Beckett waiver program as part of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).[7] Katie Beckett was an infant who contracted viral encephalitis that required lifelong care, which she received in her home and community after the law was passed. Since then, every state (including Idaho) has adopted a Katie Beckett program in some form, ensuring that children have access to services in their communities instead of being unnecessarily institutionalized. By statute, the costs incurred under that program must be less than what they would cost in an institution, saving the state money by its administration.

It is thus clear that federal law requires Medicaid coverage of medically necessary audiology and speech-language pathology services for children at a minimum. Offering services in the community is both required under *Olmstead* and a more cost-efficient way of delivering those services.

Community-Based Care Saves Idaho Money

Increased overall spending on outpatient therapies and home- and community-based services (HCBS) reflects the increase in the number of Medicaid enrollees receiving services outside of institutions. This shift in where services are delivered is the result of (a) decades of work by families, people with disabilities, and older adults who want to live, work, and age with dignity in their own homes and communities and (b) federal and state efforts to shift funding from institutional facility care to HCBS. By using Medicaid funding to keep people with disabilities and older adults in their communities instead of expensive institutions, this shift, (called rebalancing) both serves more people and can save states considerable money.[8, 9]

Specifically, Medicaid coverage of audiology and speech-language pathology services saves money.[10, 11] Communication disorders like stuttering have measurable financial consequences, including reduced lifetime earnings.[12] This disparity is influenced by avoidance of speaking-intensive roles, reduced communication confidence, and occupational self-selection. Evidence further indicates that services provided by SLPs reduce avoidance behaviors, improve

communication effectiveness, enhance self-advocacy, and strengthen 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.

Speech-language pathology treatment of dysphagia, a swallowing disorder in children and adults, saves money. A patient with dysphagia can cost a facility $5,000 to $10,000 more than a patient without dysphagia. Getting a patient to take food by mouth instead of tube may save more than $50,000 each year.[13] 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. These reductions translate into substantial cost savings at both institutional and system-wide levels.

Audiology services also save money. For example, the estimated lifetime costs for a person born with severe-to-profound hearing loss is $489,274. If they do not receive a cochlear implant and treatment associated with it, the cost rises to $608,167, dramatically more than the $390,931 in costs if they receive an implant early.[14] Audiologists play a critical role in the entire cochlear implant process, from evaluating candidacy to fitting, programming, and long-term maintenance of the device for children and adults. They activate the sound processor, customize settings (mapping) to optimize sound quality, and provide habilitation and rehabilitation to help patients adapt to new sounds.

Institutional Care Cannot Absorb Outpatient Caseload

If the budget passes as it is currently, there will be no coverage of outpatient speech therapy for anyone and no coverage of audiology services for Medicaid-enrolled adults in 2027. Hospitals, schools, and other institutions will be the only places where children and adults can access these services. These settings in Idaho simply cannot absorb the patients that are currently being seen in the outpatient setting.

Because of changes caused by the One Big Beautiful Bill Act (OBBBA) and other financial challenges, Idaho hospitals cannot expand services to accommodate these patients.[15] The Idaho Hospital Association has reported that hospitals are under tremendous financial pressure, with eight rural hospitals at risk of closure and operating on extremely thin margins.[16] When hospitals make less than 1% as their profit margin and are only paid at $0.57 on the dollar for the costs they incur, they cannot increase services. And when Medicaid pays less than cost, hospitals make up for it by increasing costs for other health insurance plans—so all Idahoans are affected.

Idaho lacks institutional infrastructure to support an increase in institutional services for people with disabilities. Staff at Idaho's Department of Health and Welfare have already said they "anticipate need for additional institutional providers as current capacity would not be sufficient to transition all Idahoans with disabilities who are served in the community today."[17] Idaho has already been investigated by the U.S. Department of Justice for insufficient long-term services and supports for people with disabilities.[18] That letter of findings states that in 2017, the state's Medicaid program spent an average of $21,944 per person on community-based services for those enrolled on the Aged & Disabled (A&D) Medicaid waiver and spent $70,368 per person to serve people in nursing facilities. By 2022, the amount spent on the average A&D waiver enrollee living at home had dropped to $13,463, while the amount spent on the average nursing facility resident had increased to $85,800. The data is clear: institutional care is more expensive, and there still isn't enough of it.

Idaho schools are already experiencing an increase in lawsuits regarding students not receiving special education services that are federally mandated under the Individuals with Disabilities Education Act (IDEA) law and spending more on special education than what the state allotted for those services.[19, 20] Schools will not be able to handle even more students receiving services for communication and hearing disorders. Children will go without the services they need to learn and become contributing members to society.

Without Medicaid Coverage of These Services, Small Private Practices Will Be Under Extreme Financial Pressure

There are 1,141 ASHA members in Idaho.[21] About 380 of those audiologists and SLPs work in private practice, most of whom serve Medicaid-enrolled Idahoans.[22] If the current form of the budget is passed, those 380 tax-paying private practice owners and employees will no longer be able to offer their services to Medicaid-enrolled Idahoans. Many of these practices carry a significant Medicaid patient caseload—some with up to 80% Medicaid clients, according to a November 2024 ISHA provider survey. Eliminating coverage of these services could force these practices to shutter their doors, stifling small business ownership, entrepreneurship, and employment in Idaho.

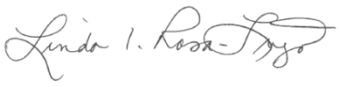
Request for Removing the Cuts

Low-income Medicaid enrollees cannot self-pay for needed therapies, leaving them with no choice but to forgo care. Eliminating these therapy services does not eliminate the need for them; it simply shifts care to higher-cost settings such as emergency rooms, hospitals, and long-term care. The monetary cost of these alternatives is far higher, and the human costs—impact to independence and health outcomes—are even greater.

ASHA and ISHA strongly urge you to reconsider the Governor's proposed cuts. Balancing the state budget should not come at the expense of people with disabilities or the dedicated, tax-paying providers who serve them. If these cuts are approved, **the most vulnerable Idahoans will have the least access to audiology and speech-language pathology services.**

Thank you for the opportunity to comment. If you have additional questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at cbergner@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

Amy Hardy, MS, CCC-SLP
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Representative Steven Tanner
Representative Ilana Rubel
Representative Megan Egbert

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