



1925-2025
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February 14, 2025

The Honorable Esther Helton-Haynes
House Insurance Subcommittee
425 Rep. John Lewis Way N.
Suite 502 Cordell Hull Building
Nashville, TN 37243

RE: HB 296

Dear Representative Helton-Haynes:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express support for HB 296, which would require insurance plans to include coverage for habilitative and rehabilitative speech therapy as a treatment for stuttering regardless of whether the stuttering is classified as developmental or due to a definable illness or injury.

ASHA is the national professional, scientific, and credentialing association for 234,000 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 4,300 ASHA members reside in Tennessee.¹

We strongly agree with the provisions this bill puts in place to ensure that stuttering therapy services are not subject to 1) maximum annual benefit or visit limits; 2) limitations based on the underlying cause of stuttering; or 3) unnecessary utilization management or prior authorization requirements that could severely limit access to stuttering therapy. We also support coverage of speech therapy services provided via telehealth. Studies have shown high levels of patient, clinician, and caregiver satisfaction supporting telehealth as an effective model for delivery of care.^{2,3}

Stuttering is an interruption in the flow of speaking characterized by specific disfluencies. Stuttering also includes negative reactions to speaking, avoidance behaviors, secondary mannerisms, and physical tension. People who stutter may also experience psychological, emotional, social, and functional reactions to stuttering (anxiety, embarrassment, avoidance, tension and struggle, low self-esteem). As a result, they may speak less and avoid social situations.⁴

SLPs play a central role in assessing and treating fluency disorders, including stuttering. It is important to note that stuttering is not limited to disfluencies and intervention does not focus solely on increasing fluency. SLPs are trained to address disfluencies as well as the negative reactions to speaking, avoidance of speaking, and secondary mannerisms with a goal of reducing disfluencies and increasing comfort and confidence in speaking. Clients often report successful stuttering therapy as a transformational experience progressing from avoidance to acceptance and openness, increasing self-confidence, and self-efficacy.⁵

ASHA urges you to support this legislation to ensure your constituents have access to medically necessary speech therapy services provided by SLPs. If you or your staff have any questions, please contact Doanne Ward-Williams, ASHA's senior director of state affairs, at dwardwilliams@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *Tennessee* [Quick Facts].

<https://www.asha.org/siteassets/advocacy/state-fliers/tennessee-state-flyer.pdf>

² Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134-139. <https://journals.sagepub.com/doi/10.1258/jtt.2009.090608>

³ American Speech-Language-Hearing Association. (2023). *The Value of Telepractice in Speech-Language Pathology*. <https://www.asha.org/research/ebp/demonstrating-your-value/value-of-slp-telepractice-services/>

⁴ American Speech-Language-Hearing Association. (n.d.). *Fluency Disorders* [Practice portal].

<https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/>

⁵ Ibid