



March 27, 2026

Henry Lipman  
Director  
Administrative Rules Unit  
Department of Health & Human Services  
Brown Building  
129 Pleasant Street  
Concord, NH 03301

RE: Proposed Changes to HE-W 568

Dear Director Lipman:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the New Hampshire Speech-Language-Hearing Association (NHSLHA), we write to offer comments on the proposed changes to Rule HE-W 568 regarding Medicaid services for individuals with speech, hearing, and language disorders.

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 1,100 ASHA members reside in New Hampshire.<sup>1</sup> NHSLHA is a nonprofit professional association for SLPs, speech language assistants, and audiologists who practice in New Hampshire. It is the state-level affiliate of ASHA.

SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. They practice in hospitals, skilled nursing facilities, inpatient rehabilitation facilities, outpatient clinics, schools, home health, and private practices. Our members experience firsthand how insurance policies directly affect patient access, outcomes, and affordability.

We offer comments in two key areas: (1) removal of prior authorization requirements for speech-language pathology services and (2) elimination of the physician referral requirement for speech therapy.

### **Prior Authorization Is a Burden on Patients and Providers**

**ASHA and NHSLHA strongly support removing prior authorization for medically necessary speech-language pathology services.** Although prior authorization is intended to reduce fraud, waste, and abuse, it frequently delays care and restricts access across Medicaid and other public and private insurance programs.

Evidence demonstrates the real-world impact of these delays. During ASHA's November 2024 Survey of SLPs in neighboring Vermont, 43% of SLPs reported payment reductions and 59% reported access-to-care issues resulting from Medicaid prior authorization requirements.

These delays can have serious clinical consequences across the lifespan. For example:

- A young child with hearing loss may miss critical language development windows if services are delayed.

- An adult recovering from a stroke may be unable to safely swallow, increasing the risk of aspiration and hospital readmission.

Prior authorization also fails to achieve its intended purpose. A Kaiser Family Foundation study found that 82% of Medicare Advantage appeals—which follow similar procedures to those of Medicaid managed care and private health insurance—overturn initial denials, and 92.6% of prior authorization requests were approved in 2022.<sup>2</sup> This data indicates that the vast majority of services are medically necessary and would be covered without prior authorization, rendering the process administratively burdensome without commensurate program integrity benefit.

In addition, the structure of the 80-unit threshold shared across multiple therapy disciplines creates significant administrative challenges—particularly for small private practices. Providers must track utilization across multiple disciplines and settings without access to real-time data, often relying on patients to self-report. This increases compliance risk, administrative burden, and potential disruptions in care.

If the Department maintains prior authorization after 80 units have been used, it should explicitly reference HE-W 546.06. Clear cross-referencing and provider education will ensure they are aware of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) pathways for medically necessary services and can access them without unnecessary administrative barriers.

Vermont Medicaid recently removed prior authorization requirements for speech, occupational, and physical therapy for children. We encourage New Hampshire Medicaid to adopt a similar approach to ensure timely access to medically necessary care.

### **Physician Referral for Speech Therapy Services Is an Unnecessary Barrier to Care**

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SLPs are highly trained clinicians who are qualified to determine the need for medically necessary speech therapy services. Requiring a physician referral delays access to care and creates unnecessary costs for both beneficiaries and the Department.

The Department has already removed the physician referral requirement for occupational therapy following recent legislation recognizing that master's-level clinicians can independently determine the need for therapy services. SLPs meet the same educational and licensure standards and should be afforded the same policy treatment. Physical therapists are also not subject to a physician referral requirement. Maintaining a referral requirement for speech therapy—within the same benefit structure—creates inconsistency and unnecessary administrative burden.

Eliminating the physician referral requirement would align New Hampshire with states such as Vermont and Missouri, as well as with Medicare policy, which does not require a physician referral before a beneficiary can access speech therapy services. **Removing this requirement would improve access to care and reduce unnecessary administrative costs.**

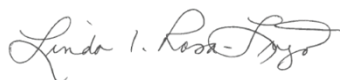
### **Technical Correction**

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We also note a technical correction: the rule incorrectly cites the “American **Medicaid** Association” as the source of the CPT® code set. The American **Medical** Association owns the CPT code set.

We appreciate the Department's attention to these important issues and urge adoption of policies that reduce administrative burden and ensure timely access to medically necessary care. If you have additional questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at [cbergner@asha.org](mailto:cbergner@asha.org).

Sincerely,



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



Wendy Lybrand, MS, CCC-SLP  
2026 NHSLHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2025). *New Hampshire* [Quick Facts].

<https://www.asha.org/siteassets/advocacy/state-flyers/new-hampshire-state-flyer.pdf>

<sup>2</sup> Freed, M., Fuglesten Biniek, J., Damico, A., & Neuman, T. (2024, August 8). *Medicare Advantage in 2024: Premiums, Out-of-Pocket Limits, Supplemental Benefits, and Prior Authorization*. KFF.

<https://www.kff.org/medicare/medicare-advantage-in-2024-premiums-out-of-pocket-limits-supplemental-benefits-and-prior-authorization/>