



ASHA

American
Speech-Language-Hearing
Association

March 17, 2023

The Honorable Bernard Sanders
Chair, Health, Education, Labor, and
Pensions Committee
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member, Health, Education, Labor,
and Pensions Committee
United States Senate
648 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the American Speech-Language-Hearing Association, I write in response to your request for information regarding the drivers of health care workforce shortages and potential solutions.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders. Audiologists and SLPs work in a range of settings including health care facilities, such as hospitals and residential and nonresidential facilities; education settings, including schools, early childhood providers, and universities; and other private practice settings.

The U.S. Department of Health and Human Service's Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis estimates a growing need for audiologists (9%) and SLPs (8%) over the next ten years.¹ ASHA has identified several distinct and interconnected issues that both drive workforce shortages of SLPs and audiologists, as well as solutions to effectively recruit, graduate, and retain practitioners in the workforce.

ASHA's responses to the request for information are focused on the following areas:

- ensuring a diverse population of undergraduate and graduate students in communication sciences and disorders programs;
- providing technical assistance to support SLPs and audiologists in serving students;
- addressing and preventing workplace violence for health care and social service workers;
- preventing provider discrimination;
- expanding access to school-based health services;
- including access to audiology services through Medicare; and
- continuing access to services through telehealth.

Ensuring a Diverse Population of Undergraduate and Graduate Students in Communication Sciences and Disorders Programs

ASHA appreciates the Committee's inclusion of Section 2224 of the PREVENT Pandemics Act, which passed as part of the Consolidated Appropriations Act of 2023 (Public Law 117-328), to expand the allied health professional education program within HRSA to increase educational opportunities for audiology and speech-language pathology students from disadvantaged backgrounds and for individuals who are underrepresented in such professions. This program is intended to be modeled after the successful nursing workforce diversity program and would provide grants to increase the participation and retention of diverse students in programs that train and educate audiologists and SLPs through scholarships and stipends, preparatory resources, and support to retain and successfully graduate students.

According to a U.S. Government Accountability Office study, a more diverse health care workforce—including a more diverse group of providers in training—is important to addressing health disparities. Racial and ethnic minority groups disproportionately live in areas with provider shortages; patients who receive care from members of their own racial and ethnic background tend to have better outcomes; and members of racial and ethnic minority groups are more likely to practice in shortage areas.²

We urge you to work with your colleagues to provide \$8 million in the Labor, Health & Human Services, Education, and related agencies appropriations bill for fiscal year 2024 to implement this program.

Further, 'Grow Your Own' (GYO) programs recruit and train educators from within communities and can bring racial, ethnic, and cultural diversity and skills (such as bilingualism) to the educator workforce. These programs are often partnerships between school districts, community organizations, and teacher preparation programs. Effective GYO programs can help address educator shortages, particularly in high need school districts, and improve student outcomes.

School-based SLPs and educational audiologists are among more than one million Specialized Instructional Support Personnel (SISP) who work in schools across the country, providing school-based prevention, early intervention, and related services to support students in receiving a free appropriate public education (FAPE). Personnel shortages negatively impact the ability of all students to receive a FAPE and make it harder for schools to address learning recovery needs and the mental health impacts of the COVID-19 pandemic. Existing educator shortages were exacerbated by the pandemic; before the pandemic, ASHA member responses showed 54% of SLPs reported shortages in their schools, and 15% of educational audiologists reported such shortages.^{3,4}

We urge Congress to pass the Growing, Recruiting, and Obtaining Workers in Specialized Instructional Support Personnel Services (GROW SISPS) Act, which would provide federal support for such programs, when it is introduced.

Additionally, ASHA supports policies to improve access to higher education and ensure that students are able to afford undergraduate and graduate education through provisions to improve access and affordability.

We urge Congress to pass legislation permitting graduate students to access Pell Grants and affordable federal loan programs, expand access to student loan grants for school professions to include Specialized Instructional Support Personnel, and retain and streamline Public Service Loan Forgiveness and other loan forgiveness and repayment programs.

Providing Technical Assistance to Support SLPs and Audiologists in Serving Students

The majority of ASHA members work in educational settings, including most SLPs who are school-based.⁵ The services provided by ASHA members help ensure that all children, particularly children with disabilities, develop effective cognitive-communication skills and achieve successful learning outcomes while receiving a FAPE in the least restrictive environment.

Speech-language pathology services are highly utilized by students served under IDEA. According to the U.S. Department of Education's 43rd Annual Report to Congress on the Implementation of IDEA, 2021, speech or language impairments represent the most prevalent disability category of services provided under IDEA Part B with 39.9% of children ages 3 through 5, and 16.3% of students ages 6 through 21 identified for services under IDEA.⁶

Despite the prevalence of speech or language impairments as a primary disability category, and the use of speech-language services by other students with disabilities—including students with dyslexia, and other general education students—there is no dedicated resource within the U.S. Department of Education to provide technical assistance on addressing these impairments. The Consolidated Appropriations Act of 2023 included language encouraging the Department to provide technical assistance to help SLPs and audiologists better support students with speech-language disorders in school settings.

We encourage the Committee to pass legislation to establish a Technical Assistance Center on speech/communication disorders within the Department to provide this support.

Establishing a Technical Assistance Center will improve the ability of school-based SLPs and educational audiologists to meet the needs of students with communication disorders. The Center would support students with speech-language disorders through resources, guidance and best practices pertaining to the assessment and treatment of communication disorders; identify and develop free or low-cost evidence-based tools and model programs; gather evidence-based information and/or data related to speech-language pathology clinical and professional issues including delivery models, identification and utilization of appropriate workspaces, and caseload and workload management; and provide support and guidance regarding the utilization of federal funding sources to support capacity to circumvent staffing shortages for speech-language providers within the school, community, or home setting to ensure the delivery of effective services for all children, youth, and adults with disabilities and speech-language disorders within the school setting.

Addressing and Preventing Workplace Violence for Health Care and Social Service Workers

More than 40% of ASHA members (41.9% total), including three quarters of audiologists (74.6%) work in health care settings that include hospitals, residential facilities such as skilled nursing facilities, and nonresidential settings including home health care services.⁷ Audiologists and SLPs provide medically necessary services to maximize health and functional outcomes for quality of life.

ASHA strongly supports ensuring appropriate and safe working environments for our members, including workspaces that ensure access and high-quality service delivery while upholding privacy standards.

We encourage Congress to pass the Workplace Violence Prevention for Health Care and Social Service Workers Act (S. 4182; 117th Congress) to help ensure that the health care settings where audiologists and SLPs work have effective policies, training, and recordkeeping access in place to prevent violence and protect their health and safety.

Preventing Provider Discrimination

An adequate network of qualified health care professionals is necessary to ensure meaningful access to covered benefits and to meet individual needs and preferences, especially in rural and medically underserved areas. In addition to adequate reimbursement, one important way to ensure an adequate network of providers is to include protections to prohibit discrimination against qualified licensed health care professionals based solely on their license.

Section 2706(a) of the Public Health Service Act specifies that “A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.”

Although this provision that is critical to patient access, choice, and competition within the health care marketplace was originally included in the Patient Protection and Affordable Care Act in 2010, there has never been promulgation of a rule. Recognizing the need for an enforceable rule implementing this provision, Congress passed the Consolidated Appropriations Act of 2021, which set a statutory deadline for a final rule due no later than August 2022. Despite the clear intent of this language, the agencies have not yet acted.

The lack of current regulation to ensure that discrimination does not take place has resulted in providers (e.g., audiologists and SLPs who are acting within the scope of their license and certification) being excluded from insurance networks or experiencing payment discrimination.

ASHA recommends that Congress require the U.S. Departments of Health and Human Services, Labor, and Treasury to promulgate regulations on section 2706(a) of the Public Health Service Act no later than the Administration’s May 2023 deadline that

was published in the Fall 2022 Unified Agenda of Regulatory and Deregulatory Actions.

Expanding Access to School-Based Health Services

The COVID-19 pandemic highlighted the importance of access to technology in homes, clinical settings, and schools. School-based health care is a powerful tool for achieving health equity among children and adolescents who unjustly experience disparities in outcomes simply because of their race, ethnicity, or family income.

We urge Congress to ensure expanded access to school-based health services, including through telehealth, with additional funding and increased flexibility for the E-Rate program to support the provision of expanded services for students beyond the physical school setting.

There are additional ways to better utilize the existing health care workforce that, while not within the Committee's jurisdiction, should be included in any legislative package addressing to health care workforce shortages, including access to audiology services through Medicare and permanent access to services delivered via telehealth for Medicare beneficiaries.

Including Access to Audiology Services Through Medicare

About one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those 75 and older have difficulty hearing.⁸ It is imperative that America's seniors have increased access to appropriate hearing health care, especially with over-the-counter (OTC) hearing aids newly available for individuals with perceived mild to moderate hearing loss.

Unfortunately, Medicare beneficiaries do not have the same access to audiologists compared to individuals who are insured by other public and private payers. Specifically, Medicare 1) limits coverage provided by audiologists to diagnostic services only; 2) requires a physician order before a beneficiary can see an audiologist; and 3) classifies audiologists as "suppliers," rather than "practitioners," which collectively limits their ability to provide the full range of services within their scope of practice and clinical licensure that they are expertly qualified to provide. Senators Elizabeth Warren, Charles Grassley, and Rand Paul introduced the Medicare Audiologist Access and Services Act (S. 1731; 117th Congress) that had bipartisan support and would have made these changes to ensure audiologists are better utilized within the Medicare program.

We urge Congress to pass the Medicare Audiologist Access and Services Act, when it is reintroduced, to remedy these deficiencies by recognizing audiologists as independent practitioners who can perform both diagnostic and treatment services within their established scope of practice and by giving beneficiaries direct access to care provided by audiologists for services already covered by Medicare.

Continuing Access to Services Through Telehealth

Medicare beneficiaries should have access to services provided via telehealth (including services provided by audiologists and SLPs) when those services are clinically appropriate and covered by Medicare. Maximizing telehealth access ensures that the existing health

care workforce is being utilized most efficiently, and that services are reaching patients in rural and underserved areas who are often the hardest to reach by traditional means. Research demonstrates the efficacy of audiology and speech-language pathology services delivered via telehealth and its equivalent quality as compared to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children. Senators Steve Daines and Tina Smith introduced the Expanded Telehealth Access Act (S. 3193; 117th Congress) that would add audiologists and SLPs as permanent Medicare telehealth providers. As a temporary solution, the Consolidated Appropriations Act of 2023 added both audiologists and SLPs as Medicare telehealth providers through the end of 2024.

ASHA urges Congress to pass the Expanded Telehealth Access Act, when it is reintroduced, to better utilize audiologists and SLPs to reach beneficiaries in rural and underserved areas.

ASHA appreciates the opportunity to respond to the Committee's request for information on drivers of health care workforce shortages and propose solutions. We look forward to working with you and other committees of jurisdiction in addressing these issues. If you or your staff have any questions, please contact Eric Masten, ASHA's director of federal affairs, education, at emasten@asha.org.

Sincerely,



Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

¹ Health Resources & Services Administration. (2023). Workforce Projections. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

² U.S. Government Accountability Office. (2009). Graduate Medical Education: Trends in Training and Student Debt,09-438R. <https://www.gao.gov/assets/gao-09-438r.pdf>.

³ American Speech-Language-Hearing Association. (2018). *2018 Schools Survey report: SLP workforce/work conditions*. <https://www.asha.org/siteassets/surveys/2018-schools-survey-workforce-report.pdf>.

⁴ American Speech-Language-Hearing Association. (2018). *2018 Schools Survey summary report: Numbers and types of responses, educational audiologists*. <https://www.asha.org/siteassets/surveys/2018-schools-survey-educational-audiologists.pdf>.

⁵ American Speech-Language-Hearing Association. (2023). *2022 Member and affiliate profile*. www.asha.org

⁶ U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2021). *43rd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2021*. <https://sites.ed.gov/idea/files/43rd-arc-for-idea.pdf>.

⁷ American Speech-Language-Hearing Association. (2023). *2022 Member and affiliate profile*. www.asha.org.

⁸ National Institute on Deafness and Other Communication Disorders. (2021). *Quick Statistics About Hearing*. <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>.