ASHA
American
Speech-Language-Hearing
Association

March 31, 2026

The Honorable Brett Guthrie
Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable John Joyce, MD
Chair
Oversight and Investigations Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Yvette Clarke
Ranking Member
Oversight and Investigations Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

RE: Protecting Patients and Safeguarding Taxpayer Dollars: The Role of CMS in Combatting Medicare and Medicaid Fraud

Dear Chairmen Guthrie and Joyce and Ranking Members Pallone and Clarke:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to share ASHA's opposition to additional Medicaid funding cuts or program changes that will further limit access to care for vulnerable populations.

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. 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. The services provided by ASHA members are medically necessary, evidence-based, and essential to the health and independence of Medicaid beneficiaries across the lifespan.

ASHA understands the Committee's efforts to prevent fraud in Medicare and Medicaid. However, past precedent and recent experience indicate that such initiatives will restrict access to critical care that audiologists and SLPs provide. We implore the Committee to ensure that such efforts do not further restrict access to medically necessary services.

Medicaid is a lifeline for the 76 million Americans who rely on it for health care, including seniors, children, and people with disabilities.[1] For many of these individuals, audiology and speech-language pathology services are fundamental to support communication, cognitive function, and participation in activities of daily life. Prior to passage of the One Big Beautiful Bill Act, or OBBBA (P.L. 119-21), ASHA members faced significant and well-documented barriers to serving Medicaid beneficiaries. According to ASHA's most recent advocacy priorities survey, audiologists and SLPs cite low reimbursement rates, prior authorization difficulties, and slow response times from Medicaid managed care plans as serious obstacles to delivering timely, necessary care.[2]

During drafting of OBBBA, many lawmakers focused on improper payments in Medicare and Medicaid.[3] Based on a fact sheet from the Centers for Medicare & Medicaid Services (CMS) released in January 2026, those improper payments often include services provided with insufficient documentation.[4] According to CMS data from fiscal year 2025, 77% of improper Medicaid payments were the result of insufficient documentation, which according to CMS is "generally not indicative of fraud or abuse." CMS' Payment Error Rate Measurement (PERM) program specifies that improper payments are not measures of fraud or intentional wrongdoing, but measures of compliance error.[5,6]

State Medicaid agencies are under extreme financial pressure due to several factors, including funding reductions from OBBBA, rising long-term care costs, and more individuals entering Medicaid.[7] State Medicaid agencies are charged with prosecuting fraud, waste, and abuse as a condition of federal funding to administer their programs. Due to increasing administrative costs and chronic understaffing, investigating fraud is more challenging for states.

For example, during a recent Joint Legislative Oversight Committee on Medicaid hearing in the North Carolina General Assembly, North Carolina Department of Health and Human Services staff reported that North Carolina Medicaid receives around 375 reports of fraud per month but has the capacity to investigate only 50.[8] Increased Medicaid funding would allow states like North Carolina to investigate all reports of fraud through existing, proven mechanisms.

OBBBA will continue to exacerbate existing Medicaid funding challenges as it is implemented in the coming years. The law requires federal work requirements as a condition of Medicaid coverage beginning January 1, 2027; mandates more frequent eligibility checks; imposes higher out-of-pocket costs for adults in Medicaid expansion populations; and eliminates enhanced federal funding for states that choose to expand Medicaid. These changes will reduce federal Medicaid spending by more than a trillion dollars over the next decade.

These provisions, however well-intentioned, are already forcing states to make difficult decisions that are harming patients and providers. For example:

- Colorado has announced Medicaid provider payment reductions, including the rollback of a needed 1.6% rate increase from 2024. Combined with other cuts, this totals a nearly $90 million reduction to Medicaid reimbursement for clinicians in the state.[9]
- North Carolina has implemented Medicaid payment cuts ranging from 3% to 10% for all providers. State officials cited projected funding shortfalls caused by OBBBA and warned that the cuts will affect access to health services across hospitals, outpatient clinics, and specialty care settings.[10,11]
- Idaho reduced Medicaid reimbursement rates by 4% for numerous providers, including audiologists and SLPs, shortly after the passage of OBBBA, directly reflecting anticipated reductions in federal funding.[12] The state has since announced a new prior authorization policy for speech-language pathology services while Governor Brad Little's 2027 state budget had proposed to eliminate Medicaid coverage of such services entirely.[13]

These are the direct result of Medicaid funding cuts and unfunded mandates OBBBA imposed on states, which has forced legislatures around the country to determine whether or how to meet their obligations to program participants while balancing state budgets. The result has already reduced resources available to clinicians who serve some of the most vulnerable patients in their communities. The magnitude of these funding cuts and program changes make

it financially difficult for audiologists and SLPs to accept Medicaid patients—directly reducing access to care for the people that Medicaid is designed to protect.

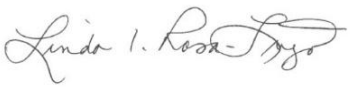
OBBBA's community engagement requirements are a prime example of the disconnect between policy and real-world practice. Most Medicaid enrollees already work or have documented reasons they cannot, including caregiving responsibilities, disability, or school enrollment. Evidence from states that have previously implemented work requirements demonstrates that such policies do not achieve their stated goal of increasing employment. Rather, they create bureaucratic barriers that cause eligible individuals to lose coverage and forgo needed care. When Arkansas implemented work requirements in 2018, the policy failed to boost employment while significantly limiting health care coverage and access. Those who lost coverage experienced harmful health consequences and economic hardship.

ASHA supports ensuring that taxpayer resources designated to provide services to Medicaid recipients are spent appropriately and as intended. CMS should address credible instances of Medicaid fraud so that misused funds are redirected to provide necessary health care to the people who need it most. Protecting taxpayer dollars and preserving patient access to care are not mutually exclusive. They are (or should be) inextricably linked. A Medicaid program that functions efficiently and reimburses providers appropriately attracts qualified clinicians who deliver high-value care. Those clinicians, including ASHA members, reduce long-term taxpayer costs associated with hearing, balance, speech, language, swallowing, and cognitive communication disorders.

ASHA urges the Committee to reject any additional Medicaid funding cuts or eligibility restrictions—especially considered through budget reconciliation—that would further erode access to medically necessary care for low-income individuals and those with disabilities who depend on this critical safety net program. In addition, the Committee should provide resources that enhance states' existing capacity to address fraud, waste, and abuse, rather than create new and burdensome administrative processes.

If you have questions or would like additional information, please contact Josh Krantz, ASHA's director of federal affairs for health care, at jkrantz@asha.org.

Sincerely,



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

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