

September 9, 2020

Mr. Craig Devashrayee
Department of Health
Health Care Financing, Coverage and Reimbursement Policy Building
PO Box 143102
Salt Lake City, UT 84114-3102

RE: ASHA Support and Amendments for Rule R414-42

Dear Mr. Devashrayee:

On behalf of the American Speech-Language-Hearing Association, I write in support of the proposed amendments to rule R414-42 that further define telehealth and offer recommended amendments in the language to include audiologists and speech-language pathologists under the definition of covered services.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for more than 211,000 members and affiliates who are audiologists; SLPs; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 1,600 ASHA members reside in Utah.¹

ASHA recommends adding audiologists and speech-language pathologists (SLPs) to the list of covered services below as indicated in bold:

R414-42-3. Covered Services. A licensed provider may deliver services via synchronous telehealth, as clinically appropriate. Services include consultation services, evaluation and management services, teledentistry services, mental health services, substance use disorder services, **audiology services, speech-language pathology services,** and telepsychiatric consultations.

As the leading national organization for the certification and advancement of audiologists and SLPs, ASHA supports the development and use of telehealth. ASHA maintains a collection of professional practice documents, including a position statement that defines telehealth as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation.” These documents include a technical report and service delivery guidelines that may be accessed on ASHA’s website.²

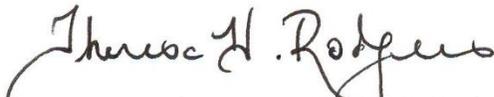
ASHA strongly supports the use of and reimbursement for telehealth. Research demonstrates the equivalence of telehealth to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.³ Studies have shown high levels of patient, clinician, and parent satisfaction supporting telemedicine as an effective alternative to the in-person model for delivery of care.⁴ Telehealth expands practitioners’ availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Despite proven benefits, telehealth remains underutilized within both audiology and speech-pathology due to a lack of clear state laws governing its use or mandating appropriate

reimbursement for services delivered. Further amending this regulation helps to ensure that those requiring services throughout Utah will continue to receive them during these challenging times.

Thank you for your consideration of ASHA's position to support the proposed regulations with amendments for telehealth. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ American Speech-Language-Hearing Association. (2020). *Utah* [Quick Facts]. <https://www.asha.org/uploadedFiles/Utah-State-Flyer.pdf>.

² American Speech-Language-Hearing Association. (n.d.) *Practice Portal: Telepractice*. <http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

³ Grogan-Johnson, S., Alvares, R., Rowan, L., & Craghead, 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.

⁴ Ibid.