



March 19, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
S-221, The Capitol
Washington, DC 20510

Dear Senate Majority Leader McConnell and Minority Leader Charles Schumer:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express appreciation for Congress' efforts related to the prevention and treatment of COVID-19, as well as the related economic and social impacts associated with the pandemic. As Congress develops additional legislation to aid Americans during this crisis, ASHA urges Congress to include provisions to: 1) further increase critical access to audiology and speech-language pathology services for Medicare beneficiaries, and; 2) provide financial relief to small business owners, such as audiologists and speech-language pathologists (SLPs), who own their own clinics.

ASHA is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Enhance Older Adult Access to Telehealth Services

ASHA is pleased that the Telehealth Services During Certain Emergency Periods Act of 2020 was included in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Public Law No: 116-123). In response to enactment of this legislation on March 17, 2020, the Centers for Medicare & Medicaid Services (CMS) released additional guidance related to the use of telehealth under Medicare during the COVID-19 emergency.¹ ASHA welcomed the guidance stating that SLPs can bill for e-visits under Medicare during the COVID-19 emergency.² This will allow SLPs to report and receive payment for non-face-to-face digital communications that require a clinical decision. However, as ASHA has emphasized to its members, it is important to note that the **e-visits are not considered telepractice services**. As a result, ASHA members still cannot engage in telehealth services for our most vulnerable patients, older adults, and those with disabilities that rely on Medicare. Even with broadening access to telehealth services in some areas, SLPs are still required to have Medicare beneficiaries come in person for evaluation and treatment of speech, language, and swallowing conditions. Similarly, beneficiaries must come in person to receive hearing related diagnostic services from audiologists.

While Medicare does not reimburse audiologists or SLPs for telehealth services, both audiologists and SLPs are qualified providers of telehealth services in all states and provide such services under many other payer policies, including Medicaid. Twenty states have included provisions in licensure laws that specifically authorize audiologists and SLPs to perform services via telehealth.³ Private insurers in 30 states have established policies that allow audiologists and SLPs to provide services via telehealth.⁴ In addition, 27 state Medicaid programs authorize these clinicians to perform services via telehealth.⁵

A growing body of research on the use of telepractice for communication disorders includes many studies demonstrating the comparability of telepractice and in-person services. For example, research conducted by the U.S. Department of Veterans Affairs (VA) indicates that audiology services provided via telehealth are comparable to in-person delivery of care, while published studies also indicate that speech-language pathology services provided via telehealth are as effective as services provided in-person.^{6,7,8}

ASHA supports enabling audiologists and SLPs to provide telehealth services to Medicare beneficiaries when clinically appropriate and the clinician can ensure that the quality of any services provided via telehealth matches the quality of services provided in-person. Evidence supports these services being allowed on a permanent basis. However, particularly during this time when guidance indicates the need to limit the spread of COVID-19 through social distancing—especially for older adults and those with underlying health conditions needing audiology and speech-language pathology services—extending immediate access to telehealth services is necessary. Not only will telehealth service provide greater beneficiary access to medically necessary care, but it will also put thousands of health care providers back to work when the economy needs that the most.

ASHA supports bipartisan, bicameral legislation, the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019 (S. 2741/H.R. 4932). Currently, the Senate bill has 34 sponsors equally divided by party. ASHA thanks original sponsors Senators Brian Schatz, Roger Wicker, Ben Cardin, John Thune, Mark Warner, and Cindy Hyde-Smith, and co-chairs of the Senate Telehealth Caucus, for their strong leadership in the Senate. The House bill currently has 33 sponsors almost exactly divided by party. ASHA thanks Representatives Mike Thompson, Bill Johnson, Peter Welch, David Schweikert, and Doris Matsui for their leadership as original sponsors for the House legislation.

Of specific interest to ASHA, Section 3 of the bill would authorize the Department of Health and Human Services Secretary to waive certain restrictions on telehealth services, including those related to the types of providers who can provide telehealth services such as audiologists and SLPs. In addition, Section 9 of the bill would authorize payment for telehealth services under section 1834(m) of the Social Security Act during a national emergency such as the one we are facing now.

ASHA encourages Congress to include these low to minimal cost provisions in any COVID-19 legislation enacted. There is no reason for older adults and those with disabilities to not be able to seek evaluation and treatment for communication and life-threatening swallowing disorders via telehealth when clinically appropriate.

Provide Relief to Small Business Owners and Independent Contractors

Many outpatient clinics owned by ASHA members as well as members who are independent contractors face significant financial challenges as a result of COVID-19. Many of ASHA's over 15,000 members who are self-employed and/or sole proprietors have shared concerns about the unsustainability of their practices if there are long-term closures or if patients/clients abstain from services at this time. We have also heard similar concerns from independent contractors across all practice settings (e.g., home health, skilled nursing facilities). ASHA supports provisions that provide small and medium-sized business with access to low-interest loans through existing banking channels that include terms that provide the greatest flexibility and access for borrowers. In addition, ASHA supports bridge grants from the Small Business Administration to qualified small businesses that apply but do not receive Economic Injury

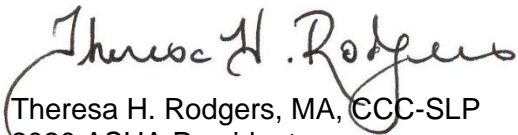
Disaster Loans. Finally, ASHA supports Americans immediately receiving a one-time check to help ensure families and workers can meet their short-term obligations and provide much needed stability to the economy as a whole.

Conclusion

ASHA encourages Congress to consider with care the impact of the COVID-19 pandemic on patients who need access to medically necessary health care services—especially the hearing and balance care provided by audiologists and the speech, language, swallowing, and cognitive care provided by SLPs.

ASHA appreciates Congress' swift and comprehensive approach to enacting legislation to address the COVID-19 pandemic. As you move forward, we strongly recommend inclusion of provisions that will further enhance access to telehealth services for Medicare beneficiaries and provide relief to small business owners and independent contractors. For more information, contact Brian Altman, ASHA's director of federal and political affairs, at baltman@asha.org.

Sincerely,



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

¹ Medicare telemedicine health care provider fact sheet, Centers for Medicare & Medicaid Services, March 17, 2020, Retrieved from <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

² ASHA is currently seeking clarification from CMS as to whether audiologists can also bill for e-visits as they were not specifically referenced in the guidance.

³ American Speech-Language-Hearing Association. (n.d.). Licensure Board Telepractice Requirements: Audiology and Speech-Language Pathology. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

⁴ American Speech-Language-Hearing Association. (n.d.). Private Insurance Laws and Regulations: Telepractice Reimbursement, Audiology and Speech-Language Pathology. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

⁵ American Speech-Language-Hearing Association. (n.d.). Medicaid Laws and Regulations: Telepractice Reimbursement, Audiology and Speech-Language Pathology. Retrieved from <https://www.asha.org/uploadedFiles/Telepractice-Requirements-and-Reimbursement.pdf>.

⁶ Gladden, Chad. (2013). *The Current Status of VA Audiology*. Retrieved from https://www.ncrar.research.va.gov/Education/Conf_2013/Documents/Gladden.pdf.

⁷ Hayman M., Skinner L. and Wales D. (2017). *The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546562/>.

⁸ Alvares, Robin, Grogan-Johnson, Sue, and Rowan, Lynne. (2010). *A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy*. Retrieved from <https://journals.sagepub.com/doi/abs/10.1258/jtt.2009.090608>.