



ASHA
American
Speech-Language-Hearing
Association

April 6, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-222, U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
House Minority Leader
United States House of Representatives
S-204, U.S. Capitol
Washington, DC 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express appreciation of Congress' efforts thus far related to the prevention and treatment of Coronavirus Disease 2019 (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 that ensure students with disabilities receive the services they deserve; sustain and increase access to audiology and speech-language pathology services for Medicare beneficiaries; and provide hazard pay to front line health care workers, including speech-language pathologists (SLPs) who are federally designated as essential personnel.

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

Ensure Students with Disabilities Obtain the Services They Deserve

ASHA is pleased that the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) included over \$15 billion in the Education Stabilization Fund earmarked for elementary and secondary education, through the Governor's Emergency Education Fund and the Elementary and Secondary Education Relief Fund. This funding will be essential to support states and local education agencies (LEAs) as they continue to provide a free appropriate public education (FAPE) to all students, including those with disabilities.

As schools across the nation move to a virtual education setting, providing special education services becomes more difficult. Congress must act to ensure students with disabilities receive services closest to the plans outlined in their individualized education programs (IEPs) and individualized family service plans (IFSP). A surge in funding is vital to ensure students with disabilities receive a continuum of care to prevent any regression. Additional funding would allow LEAs to ensure that existing services are provided as well as any compensatory services that may be necessary to respond to the specific circumstances students experience as a result of COVID-19 pandemic.

ASHA encourages Congress to provide an additional \$12.8 billion, dedicated to the Individuals with Disabilities Education Act (IDEA) Parts B and C, to support LEAs and early intervention service programs in carrying out their obligations to provide special education and related services to 6.5 million children in our nation's schools.

Stop Health Care Specialists' Medicare Fee Schedule Cuts in 2021

The Centers for Medicare & Medicaid Services (CMS) proposed, in the 2020 Medicare Physician Fee Schedule (MPFS) final rule issued on November 15, 2019, increasing reimbursement for office/outpatient Evaluation and Management (E/M) codes for 2021. CMS also proposed steep and seemingly arbitrary reductions to services furnished by other physician and nonphysician professionals to ensure the budget neutrality of the MPFS as required by statute.

ASHA supports coding and payment changes to office/outpatient E/M services and recognizes that CMS must meet statutory requirements to maintain budget neutrality by offsetting the E/M payment increases. ASHA anticipates that CMS will note in its Fiscal Year 2021 proposed MPFS rule that the Agency lacks sufficient regulatory authority to mitigate the fee schedule's budget neutrality requirement impact on providers without legislative intervention.

ASHA is extremely concerned about the significant negative financial impact the budget neutrality requirement will have for many specialties—including audiology and speech-language pathology—that cannot report E/M services as part of their Medicare benefit category to help offset the projected reductions in 2021. The impact of COVID-19 on our members' ability to see patients and get reimbursed for services further compounds ASHA's concerns. Audiologists and SLPs in private practice who rely on reimbursement from Medicare cannot withstand the losses in revenue from reduced payments related to the fee schedule on top of COVID-19 related closures. This is true for a majority of health care providers reimbursed under the MPFS. Now is not the time to reduce payment to America's health care workforce as they respond to the COVID-19 pandemic and as the post-acute and outpatient sectors manage the consequences into 2021 and beyond.

ASHA encourages Congress to suspend the budget neutrality requirement for the MPFS related to the increase in E/M codes scheduled for implementation in 2021 until December 31, 2026. Suspending the budget neutrality requirement will allow CMS to provide needed increases in payments to providers that bill E/M codes without having to implement devastating cuts to audiologists, SLPs, and other specialty service providers.

Enhance Older Adult Access to Telehealth Services

ASHA is pleased that section 3703 of the CARES Act authorizes the Secretary of the U.S. Department of Health and Human Services (HHS) to waive any requirement for telehealth services under section 1834(m) of the Social Security Act by allowing additional health care professionals to furnish telehealth services.

While Medicare does not reimburse audiologists or SLPs for telehealth services, both audiologists and SLPs are qualified providers of telehealth services and provide such services under many state laws and other payer policies, including Medicaid. According to coverage policies established prior to expansions responding to the COVID-19 pandemic, 20 states have included provisions in licensure laws that specifically authorize audiologists and SLPs to perform services via telehealth.¹ Private insurers in 30 states have established policies that allow audiologists and SLPs to provide services via telehealth.² In addition, 27

state Medicaid programs authorize these clinicians to perform services via telehealth.³ Due to the COVID-19 pandemic, permanent and temporary expansions of telehealth coverage policies are occurring in state Medicaid programs, TRICARE, and major private health plans to include audiologists and SLPs.

A growing body of research on the use of telehealth for communication disorders includes many studies demonstrating the comparability of telehealth 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.^{4,5,6}

ASHA supports permanently enabling audiologists and SLPs to provide telehealth services to Medicare beneficiaries when clinically appropriate and when the ability of the clinician to ensure that the quality of any services provided via telehealth matches the quality of services provided in person.

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). The Senate bill has 34 sponsors equally divided by party. We thank 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 has 32 sponsors almost exactly divided by party. We thank original sponsors Representatives Mike Thompson, Bill Johnson, Peter Welch, David Schweikert, and Doris Matsui for their leadership in the House.

Of specific interest to ASHA, Section 3 of the CONNECT for Health Act would authorize the HHS Secretary to permanently waive certain restrictions on telehealth services, including those related to the types of providers who can provide telehealth services.

ASHA encourages Congress to include this low-cost provision in any COVID-19 legislation. Older adults and those with disabilities should be able seek evaluation and treatment for communication related disorders via telehealth when clinically appropriate.

Provide Health Care Workers with Pandemic Hazard Pay

During the COVID-19 pandemic, ASHA members serve on the front lines as essential personnel providing care to patients in hospitals, skilled nursing facilities, home health, and in some cases outpatient settings placing themselves at risk of contracting the coronavirus each day. For example, SLPs provide swallowing treatment that can prevent aspiration pneumonia resulting from disorders that increase chances of liquid traveling to the lungs. Such services significantly increase the risk of transmission to the SLP providing that essential care.

SLPs engage in several procedures that can result in generation of aerosols, specifically by the trigger of the cough reflex.⁷ During the COVID-19 pandemic, SLPs work with individuals requiring intubation and support for respiratory impairment with ventilators. Ventilator weaning from invasive intubation and support for non-invasive ventilation treatments are

responsibilities within the scope of practice of speech-language pathology that place SLPs at increased risk of infection. The need for establishing alternative and augmentative communication for intubated patients receiving intensive care also places SLPs at an elevated risk.

In addition, strokes, traumatic brain injury, and other conditions traditionally treated by SLPs in acute care settings continue during the public health emergency and place SLPs at risk while they carry out their responsibilities within acute care hospitals and post-acute settings.

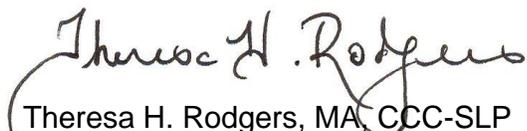
ASHA supports President Trump's request that Congress include hazard pay for front line health care workers, including SLPs, in future COVID-19 legislation.

Conclusion

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

ASHA appreciates Congress' swift and comprehensive approach to enacting legislation to address the COVID-19 pandemic. ASHA strongly recommends inclusion of provisions that will ensure students with disabilities receive the services they deserve, sustain and further increase access to audiology and speech-language pathology services for Medicare beneficiaries, and provide hazard pay to front line SLPs. 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 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>.

² 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>.

³ 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>.

⁴ Gladden, Chad. (2013). *The Current Status of VA Audiology*. Retrieved from https://www.ncrar.research.va.gov/Education/Conf_2013/Documents/Gladden.pdf.

⁵ 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/>.

⁶ 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>.

⁷ American Speech-Language-Hearing Association. (n.d.). *ASHA Guidance to SLPs Regarding Aerosol Generating Procedures*. Retrieved from <https://www.asha.org/SLP/healthcare/ASHA-Guidance-to-SLPs-Regarding-Aerosol-Generating-Procedures/>.