



September 29, 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
H-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 for Congress' efforts enacting legislation related to the prevention and treatment of Coronavirus Disease 2019 (COVID-19), as well as the economic and social impacts associated with the pandemic. As the House develops additional legislation, such as the recently updated version of the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, ASHA urges the House to include provisions that: ensure students with disabilities receive the services they deserve; provide hazard pay to frontline workers, including audiologists and speech-language pathologists (SLPs) who work in health care settings as well as reopened schools, and; convey Congress' support for Medicare beneficiaries to be able to obtain all clinically appropriate and medically necessary telehealth services provided by audiologists and SLPs during the public health emergency (PHE).

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 Receive the Services They Deserve

ASHA is extremely pleased that the revised HEROES Act includes an additional \$208.1 billion for the Education Stabilization Fund (ESF), which provides grants to states and local districts hit hard by the pandemic. This funding is 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 have moved to a variety of educational models, providing special education services has become more complex. 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). Dedicated funding for programs under the Individuals with Disabilities Education Act (IDEA) is vital to ensure students with disabilities receive a continuum of care to prevent any regression.

ASHA encourages the House to include at least \$12.5 billion of ESF funds specifically for IDEA programs as follows: \$11.3 billion for IDEA Part B Section 611 programs; \$500 million for IDEA Part C programs; \$400 million for IDEA Part B Section 619 programs; and \$300 million for IDEA Part D personnel preparation. This funding will 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.

Provide Frontline 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 other settings that place them at risk of contracting COVID-19.

SLPs engage in several procedures that can result in generation of aerosols, specifically by the trigger of the cough reflex.¹ 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 exposure and 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's 90,000 school-based members also continue providing services to students, and are at risk of contracting COVID-19 in schools that have reopened with in-person services. School-based clinicians provide a wide range of services to both special education and general education students throughout the school community. Students' and clinicians' ability to see mouth and facial expressions in close proximity is important when providing audiology and speech-language pathology services. Audiologists and SLPs work with different students throughout the school week and may travel to multiple schools to provide necessary in-person services. This exposes them to a greater number of students and other school personnel than most school personnel encounter and increases their risk for exposure to COVID-19.

ASHA appreciated that the HEROES Act included the COVID-19 Heroes Fund Act of 2020 (Section 170001 of H.R. 6800) that would enable audiologists and SLPs, in certain circumstances, to obtain \$13 an hour in pandemic premium pay on top of regular wages, up to \$10,000. Since the HEROES Act passed, schools have begun reopening, which makes including school personnel eligible for premium pandemic pay all the more important. ASHA is disappointed, however, that the revised HEROES Act eliminates this fund. With American children and school personnel returning to classes this fall, it is important that teachers and other staff, such as SLPs and educational audiologists, are appropriately eligible for pandemic premium pay. ASHA supports restoring the Heroes Fund and ensuring that pandemic hazard pay recognizes the critical role of educators by incorporating language from the Educators Are Heroes Act (H.R. 8334) into a Heroes Fund.

ASHA encourages the House to restore the Heroes Fund—with specific language ensuring that teachers and other school staff are eligible for pandemic premium pay—in the next COVID-19 bill.

Enhance Older Adult Access to Telehealth Services During the COVID-19 PHE

ASHA is pleased that section 3703 of the CARES Act (P.L. 116-136) authorized 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, and that the Centers for Medicare &

Medicaid Services (CMS) exercised its authority for audiologists and SLPs to bill for telehealth for certain services.

ASHA appreciates that these actions taken by Congress and CMS have removed certain barriers to providing care in the safest and most efficient manner possible. Unfortunately, the current list of approved telehealth services does not adequately ensure Medicare beneficiaries have access to the range of clinically appropriate hearing, speech, language, cognition, and swallowing services they require. Although ASHA has been in regular communication with CMS since the Interim Final Rule was released in April, CMS has not expanded telehealth coverage to any additional procedure codes.

There are a number of audiology and speech-language pathology services that can be provided remotely in a safe and effective manner. ASHA recommends adding audiology procedure codes representing core diagnostic tests for identifying the type, severity, and etiology of hearing loss or the need for further vestibular testing. The speech-language pathology codes ASHA recommends adding to the telehealth list include those representing evaluation and treatment of a range of communication and swallowing disorders that SLPs already provide via telehealth to non-Medicare patients. For example, without the addition of certain procedure codes, patients with Amyotrophic Lateral Sclerosis (ALS) cannot be assessed by their SLP for the need for a speech-generating device (SGD) to communicate nor can they receive therapeutic services with their SGD, including programming/modification of the device, via telehealth.

At a time when individuals with hearing, communication, and swallowing disorders face even higher risk for isolation and depression, Medicare beneficiaries must have access to appropriate diagnostic and therapeutic services via telehealth to slow transmission of COVID-19 and ensure they receive medically necessary treatment to meet their functional goals.

ASHA supports including language in the updated version of the HEROES Act to clarify congressional intent that Medicare beneficiaries should have access to all audiology and speech-language pathology telehealth services that are currently allowed under Medicare for in-person services, as clinically appropriate and medically necessary.

Conclusion

ASHA appreciates the House's 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, provide hazard pay to frontline workers, and ensure Medicare beneficiaries who need key services during the PHE can obtain them via telehealth. If you or your staff have any questions, please 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.). *ASHA Guidance to SLPs Regarding Aerosol Generating Procedures*. <https://www.asha.org/SLP/healthcare/ASHA-Guidance-to-SLPs-Regarding-Aerosol-Generating-Procedures/>.