



**ASHA**  
American  
Speech-Language-Hearing  
Association

July 20, 2020

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

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

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express appreciation for 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 the Senate develops additional legislation to aid Americans during this crisis, ASHA urges the Senate 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 workers, including audiologists and speech-language pathologists (SLPs).

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**

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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 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 move to a variety of educational models when the new school year begins, providing special education services will 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). 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. Supplemental funding will also be needed to ensure adequate personal protective equipment is available to school personnel and students when onsite and for use during any face-to-face interactions.

**ASHA encourages the Senate to include the Supporting Children with Disabilities During COVID-19 Act (S. 4100) in the next COVID-19 bill. S. 4100 would provide essential dedicated funding for the Individuals with Disabilities Education Act (IDEA)**

**Part B, Part C, and Part B Sec. 619 to support LEAs and early intervention 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**

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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. 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.

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 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 the Senate to include the following language, which would suspend the budget neutrality requirement for the MPFS related to the increase in E/M codes scheduled for implementation in 2021, in the next COVID-19 bill:**

SEC. XX. SUSPENSION OF BUDGET NEUTRALITY PERTAINING TO CERTAIN CODING REVALUATION CHANGES.—Section 1848(c)(2) of the Social Security Act is amended—

(1) By adding at the end of subparagraph (B), clause (iv), the following new subclause—

“(V) Subparagraph (P) shall not be taken into account in applying clause (ii)(II).

(2) by adding at the end the following new subparagraph—

“(P) EVALUATION AND MANAGEMENT POLICIES.—The Secretary shall suspend budget neutrality for the evaluation and management codes scheduled for implementation in

2021 as described in the final rule published by the Secretary in the Federal Register on November 15, 2019 (84. Fed. Reg. 62568, 62847-62860).

(3) CLARIFICATION.—Nothing in this paragraph shall limit the implementation of the updated documentation requirements in the final rule.

### **Enhance Older Adult Access to Telehealth Services**

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ASHA is pleased that section 3703 of the CARES Act 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 CMS exercised its authority for audiologists and SLPs to bill for telehealth for certain services.

Shortly after passage of the CARES Act, CMS began reimbursing audiologists and SLPs for certain telehealth services provided to Medicare beneficiaries. Additional expansions of coverage under state Medicaid programs and private health plans have expanded coverage of audiology and speech-language pathology services via telehealth to more than 200 million lives.

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.<sup>1,2,3</sup>

Prior to enactment of the CARES Act, audiologists and SLPs were precluded from providing telehealth services to Medicare beneficiaries because Section 1834(m) of the Social Security Act, which outlines restrictions on telehealth services in Medicare, limits such services to providers defined by statute as “physicians” or “practitioners.”. This provision unnecessarily prevents audiologists and SLPs from providing medically necessary services to older individuals during the COVID-19 pandemic until Congress and CMS acted.

ASHA appreciates that Congress and CMS have taken extensive action to remove barriers to providing care in the safest and most efficient manner possible by authorizing audiologists and SLPs to bill for certain audiology and speech-language pathology related services. However, ASHA strongly supports further action by Congress to extend Medicare coverage of key audiology and speech-language pathology services delivered via telehealth permanently. ASHA supports 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.

To ensure, that Medicare beneficiaries do not lose the benefit of audiology and speech-language pathology services after the PHE is over, 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 38 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 56 bipartisan cosponsors. 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 the Senate to include Section 3 of the CONNECT for Health Act in the next 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 Front Line Workers with Pandemic Hazard Pay**

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During the COVID-19 pandemic, ASHA members have served 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. In addition, ASHA's 90,000 school-based members have continued providing services to students — in person in some cases — and will be at significant risk of contracting the coronavirus as schools reopen.

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.<sup>4</sup> 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.

School-based clinicians provide a wide range of services to both special education and general education students throughout the school community. The ability of students and clinicians 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 will encounter and increases their risk for exposure to COVID-19.

## **ASHA supports President Trump's request that Congress include hazard pay for front line workers in the next COVID-19 bill.**

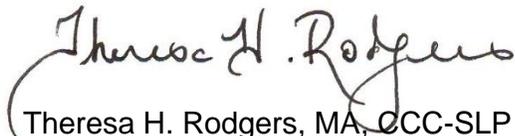
### **Conclusion**

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ASHA encourages the Senate to consider, with care, the impact of the COVID-19 pandemic on patients who need access to necessary health care and education related 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 workers. For more information, contact Brian Altman, ASHA's director of federal and political affairs, at [baltman@asha.org](mailto:baltman@asha.org).

Sincerely,



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

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<sup>1</sup> Gladden, Chad. (2013). *The Current Status of VA Audiology*. Retrieved from [https://www.ncrar.research.va.gov/Education/Conf\\_2013/Documents/Gladden.pdf](https://www.ncrar.research.va.gov/Education/Conf_2013/Documents/Gladden.pdf).

<sup>2</sup> 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/>.

<sup>3</sup> 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>.

<sup>4</sup> 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/>.