June 12, 2020

The Honorable Susan Lontine
200 E Colfax
RM 307
Denver, CO 80203
United States

RE: ASHA Support for Telemedicine Reimbursement with Amendments; SB 20-212

Dear Representative Lontine:

On behalf of the American Speech-Language-Hearing Association, I write in support of SB 20-212, which expands telemedicine under Medicaid and further defines health care services provided through telemedicine to include speech therapy. ASHA strongly recommends amending this bill to include audiology services in the definition of health care services.

The American Speech-Language-Hearing Association (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. Over 4,200 ASHA members reside in Colorado.

As the leading national organization for the certification and advancement of audiologists and speech-language pathologists (SLPs), ASHA supports the development and use of telemedicine or “telepractice.” ASHA maintains a collection of professional practice documents, including a position statement that defines telemedicine 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.”

ASHA strongly supports the use of telemedicine. Research demonstrates the equivalence of telemedicine to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children. 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. Telemedicine expands practitioners’ availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Audiologists provide audiolologic testing and treatment services in Colorado. Computer-based audiolologic diagnostic testing applications are common. Audiologists providing telehealth services use computer peripherals—such as audiometers, auditory brainstem response (ABR), otoacoustic emissions (OAEs), and emittance testing equipment—that can be interfaced to existing telehealth networks. As hearing implant technology evolves, more patients have access to implant devices with synchronous or store-and-forward capabilities. Audiologists use telehealth technologies to provide hearing diagnostic services, including auditory function evaluation for pre-implant candidacy and post-implant status, cochlear implant fitting and programming, pure-tone audiometry, speech-in-noise testing, and video otoscopy. By adding audiology to the definition of health care services, we help to ensure that these critical services
are not denied to those impacted by COVID-19 who are no longer able or willing to seek in-person care.

Despite proven benefits, telemedicine remains underutilized within audiology and speech-language pathology due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. SB 20-122 addresses these barriers by requiring the Department of Health Care Policy and Financing to reimburse rural health clinics, the federal Indian health service, and federally qualified health centers for telemedicine services provided to Medicaid recipients at the same rate as the department reimburses those services when provided in person.

Thank you for your consideration of ASHA’s position to support SB 20-212. 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

3 Ibid.