March 2, 2020

The Honorable Melissa G. Ballard  
Utah House of Representatives  
407 Elk Hollow Circle  
North Salt Lake, UT 84054

RE: HB 313

Dear Representative Ballard:

On behalf of the American Speech-Language-Hearing Association, I write in support of HB 313, which clarifies the scope and reimbursement of telehealth practice.

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 1,600 ASHA members reside in Utah.

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, telepractice, and telehealth. ASHA maintains a collection of professional practice documents, including a position statement that defines telepractice 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 telehealth. Research demonstrates the equivalence of telehealth 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 telehealth as an effective alternative to the in-person model for delivery of care. Telehealth expands practitioners’ availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Despite proven benefits, telehealth remains underutilized within audiology and speech-pathology practices due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. HB 313 addresses underutilization by clarifying what constitutes telehealth and how both audiologists and SLPs may appropriately use telecommunications tools and information technology when providing services. The bill also provides critical coverage parity for telehealth services.

Thank you for your consideration of ASHA’s position to support HB 313. 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.