

April 1, 2019

The Honorable Mike Thompson
The Honorable Peter Welch
The Honorable David Schweikert
The Honorable Bill Johnson
The Honorable Brian Schatz
The Honorable Roger F. Wicker
The Honorable John Thune
The Honorable Benjamin L. Cardin
The Honorable Mark R. Warner
The Honorable Cincy Hyde-Smith
Congressional Telehealth Caucus
Congress of the United States
Washington, DC 20515

Dear Co-Chairs of the Congressional Telehealth Caucus:

On behalf of the American Speech-Language-Hearing Association, I would like to thank you for the opportunity to provide a response to the recent request for information on comprehensive telehealth legislation in the 116th Congress.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, including swallowing disorders.

ASHA has extensively explored the use of telehealth by audiologists and SLPs for services they provide to patients. ASHA maintains that the use of telehealth should be based on the unique clinical presentation of the patient and the ability of the clinician to ensure that the quality of any services provided via telehealth matches the quality of services provided via face-to-face. The ability of audiologists and SLPs to perform services via telehealth is recognized by a wide range of stakeholders. Twenty states have included provisions in licensure laws that authorize audiologists and SLPs to perform services via telehealth. Private insurers in 30 states have established policies that allow audiologists and SLPs to provide services via telehealth. In addition, 27 state Medicaid programs authorize these clinicians to perform services via telehealth. In late 2018, the Centers for Medicare & Medicaid Services (CMS) recognized the importance of expanding access to telehealth services in a proposed rule, which would allow Medicare Advantage plans to identify the types of clinicians who perform services via telehealth.¹ Recognition by CMS provides much needed and welcome flexibility for Medicare Advantage plans to make coverage determinations on behalf of the Medicare beneficiaries for whom they provide coverage.

ASHA has supported expanding telehealth coverage for services provided by audiologists and SLPs under Medicare through legislation introduced in the 115th Congress. For example, ASHA has supported the Creating Opportunities Now for Necessary and Effective Care Technologies

(CONNECT) Act (S. 1016) and the Medicare Telehealth Parity Act (H.R. 2550). We were pleased to see many of the provisions of the CONNECT Act included in the Bipartisan Budget Act of 2018 (P.L. 115-123). However, some key provisions of interest were not included.

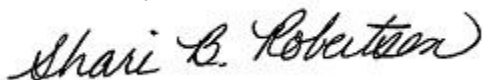
- ASHA strongly recommends that any telehealth legislative package considered in the 116th Congress include telehealth parity by allowing additional clinical specialties, including audiologists and SLPs, to be recognized as telehealth providers under Medicare.² This expansion is fiscally responsible, as an independent cost estimate found that expanding coverage for telehealth services to include audiologists and SLPs would increase federal spending by only \$10 million over 10 years.³
- ASHA further recommends that Congress grant CMS the authority to test models (including bundled or global payment models) that include telehealth services and use waivers to authorize additional categories of clinicians, such as audiologists and SLPs, to provide services via telehealth if it would decrease spending without decreasing quality or increase quality without increasing spending.^{4,5}

As noted above, the delivery of audiology or speech-language pathology services is principally based on the clinical needs of each patient. ASHA does not believe the use of telehealth should be restricted to clinical diagnosis. For example, research has been undertaken that has shown the efficacy of delivering speech-language pathology services to patients with clinical conditions such as Parkinson's Disease and dysphagia.^{6,7}

ASHA agrees that now is the time to address telehealth services and appreciate all the efforts that you and many other members of Congress are undertaking to advance the health of Americans, especially those in rural and otherwise underserved communities.

Thank you for the opportunity to provide comments to the request for information on comprehensive telehealth legislation. If you or your staff have any questions, please contact Brian Altman at baltman@asha.org.

Sincerely,



Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President

¹ CMS-4185-P Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021. <https://www.federalregister.gov/documents/2018/11/01/2018-23599/medicare-and-medicare-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare>.

² H.R. 2550 Section 2(a)(3)(E)(ii)(II) and H.R. 2550 Section 2(a)(3)(E)(ii)(V). Retrieved from <https://www.congress.gov/bill/115th-congress/house-bill/2550>.

³ Quantrria Strategies. (2015). ASHA Telehealth Cost Study. *Analysis of a Proposal to Extend Telehealth to Audiology and Speech-Language Pathology Services*. P. 3-4

⁴ S. 1016 Section 10. <https://www.congress.gov/bill/115th-congress/senate-bill/1016>.

⁵ S. 1016 Section 11. <https://www.congress.gov/bill/115th-congress/senate-bill/1016>.

⁶ Theodoros, Deborah G.; Hill, Anne J.; and Russell, Trevor G. (2016). Clinical and Quality of Life Outcomes of Speech Treatment for Parkinson's Disease Delivered to the Home Via Telerehabilitation: A Noninferiority Randomized Controlled Trial. *American Journal of Speech-Language Pathology*. Vol. 25. P. 214-232.

⁷ Ward, Elizabeth C. (2015). *Dysphagia management via telepractice: What's the evidence and where to from here?* Retrieved from <https://dysphagiacafe.com/2015/12/09/dysphagia-management-via-telepractice-whats-the-evidence-and-where-to-from-here/>.