



ASHA

American
Speech-Language-Hearing
Association

February 1, 2021

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear President Biden:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to thank you for presenting the National Strategy for COVID-19 Response and Pandemic Preparedness (Strategy), highlight elements of the Strategy that ASHA prioritizes, and raise additional considerations for improving safety and access to services for Americans with speech language, cognitive, hearing, balance, voice, and feeding/swallowing impairments.

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.

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 communication, cognitive, balance, and swallowing disorders.

Overall, the proposed Strategy dramatically improves the framework for addressing the country's most pressing problems during the public health emergency (PHE). Each element demonstrates a thoughtful consideration of the needs faced by our health care and school systems as well as proposing solutions to address them. ASHA has identified the following policies within the Strategy as immediate priorities for its members and the 40 million Americans who have communication, swallowing, and cognitive impairments.

Full Reimbursement of Personal Protective Equipment (PPE) for Schools

ASHA fully supports emergency funding to bolster the Federal Emergency Management Agency's response to the pandemic in public schools by reimbursing 100% of the cost of PPE for schools. In addition, ASHA appreciates your recognition that additional PPE is needed to meet the ongoing needs during the pandemic, particularly in education and health care settings.

Increasing the capacity of the supply chain to ensure broad access to PPE will help ensure the health and safety of all Americans and help more quickly return our economy to the level of activity necessary to restore growth and prosperity.

ASHA members provide communication and swallowing services to students and patients that increase their risk of transmission as a result of the nature of the services they provide. Ensuring greater access to protective equipment is of critical importance, as is the ability to have the option to mitigate risk by providing remote services via telepractice as often as possible when clinically appropriate. This becomes even more important, particularly for vulnerable populations, as schools begin re-opening. Ensuring access to hybrid (in-person/remote) models of service delivery and the availability of ongoing telepractice services will help mitigate risk in general but particularly for high-risk groups and individuals.

Improved Access, Coverage, and Reimbursement of Telehealth

Congress and the Centers for Medicare & Medicaid Services (CMS) acted urgently to expand access to telehealth services during the pandemic. Similarly, Governors established Executive Orders mandating broader telehealth coverage and in many cases mandating parity of payments for telehealth and in-person services as Medicaid programs and private health plans moved to expand telehealth access as well.

ASHA appreciates the emphasis the Strategy places on telehealth coverage, access, and reimbursement. Many services provided by audiologists and SLPs via telehealth are covered during the PHE across payers. Unfortunately, CMS has overly restricted coverage of audiology and speech language-pathology services provided via telehealth for Medicare beneficiaries. In particular, CMS has denied telehealth coverage related to evaluation and treatment involving speech-generating devices (SGDs), cognition, and swallowing, even though these services can be provided effectively using audio-visual telehealth technology. Similarly, CMS has failed to include audiology services associated with hearing and balance testing provided via telehealth. In fact, many Medicaid programs and private health plans already reimburse audiologists and SLPs for these services when provided via telehealth.

Furthermore, some of our most vulnerable patients with neurodegenerative diseases, such as amyotrophic lateral sclerosis (ALS), may quickly lose the ability to communicate if they are not evaluated by an SLP for suitability for augmentative and alternative communication, such as an SGD, early enough. ASHA previously requested the opportunity to meet with CMS along with consumer advocates for brain injury and amyotrophic lateral sclerosis (ALS) patients to discuss the importance of covering alternative and augmentative communication services via telehealth during the PHE. We also offered to provide CMS with live demonstrations of thorough evaluation and treatment sessions provided remotely. We would welcome the opportunity to demonstrate the quality and effectiveness of telehealth for these services to your new CMS team.

Medicare beneficiaries must have the ability to access communication, cognitive, balance, and swallowing services via telehealth during the PHE and beyond as consumers covered by other payers already receive. As your team begins to review old policies and set new ones, ASHA encourages your Administration to use its existing sub-regulatory authority to add all clinically appropriate audiology and speech-language pathology procedure codes to the authorized telehealth services list for the duration of the COVID-19 public health emergency consistent with Congressional intent. We have attached ASHA's list of clinically appropriate telehealth services and related clinical vignettes for reference.

ASHA has also urged Congress to provide greater certainty to Medicare beneficiaries that access to audiology and SLP services provided via telehealth when the PHE ends by permanently fixing the Medicare statute by recognizing audiologists and SLPs for telehealth reimbursement. ASHA supports bipartisan efforts such as the "Expanded Access to Telehealth Act" which is being led by Representatives Mikie Sherrill (D-NJ) and David McKinley (R-WV).

ASHA supports providing permanent coverage of telehealth services for audiologists and speech-language pathologists in the next COVID relief bill.

Ensure Students with Disabilities Receive the Services They Deserve

ASHA is extremely pleased that the Strategy calls on Congress to provide \$130 billion in dedicated funding to support schools. ASHA supports using the funding to provide personal protective equipment for school-based personnel such as audiologists and SLPs as well as hiring more SLPs to advance the President's goal of providing additional learning supports for students. 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 has sent comments to Congress urging the House to include at least \$12.5 billion out of the dedicated \$130 billion in school funding to support schools 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.

Prioritizing Safety While Working to Re-Open Schools

ASHA notes the importance of ensuring safety for students and school personnel and their families as a pre-requisite for re-opening schools. Expanding access to PPE and providing the necessary funding to secure those critical resources for equipment, procedures and structural layouts that foster safety in all schools will help create an environment that allows schools to re-open safely.

More than half of ASHA's 211,000 members work in schools providing crucial education and health care services to general education and special education students across the country. Creating an environment where schools can safely re-open and ensuring effective service delivery, both in person and remotely via telepractice is of critical importance to ASHA, our members and the students and families they serve.

Audiologists and SLPs face unique challenges when providing services in schools as many of our members serve in multiple schools where their services and time are divided between different settings. Even when employed in just one school, our members often meet with children from many classrooms rather than remaining in a somewhat self-contained environment. These unique challenges require a distinct approach for ensuring safety that includes adequate access to multiple sets of PPE necessary to mitigate risks when teaching and treating multiple different students in different settings over the course of the same day and week.

ASHA encourages the Administration to work with stakeholders like ASHA and consumer advocacy organizations to establish specific guidance for professionals working in multiple facilities and multiple classrooms on a regular basis.

Preserving and Expanding Health Coverage

ASHA supports the call to ensure access to health coverage by subsidizing the continuation of health coverage (COBRA) through the end of September and expanding and increasing the value of the Premium Tax Credit. ASHA supports these proposals because more Americans will have access to affordable health coverage, like audiology and speech-language pathology services that are included in the rehabilitative and habilitative services and devices essential health benefit **category**. For example, a study of “silver” marketplace plans found that these services represent only 1% of an average premium cost (or \$84 annually) but provide return to function, productivity, and health. Financing that care separately would cost \$2,530 per user on average.

Additional Considerations

Avoiding Health Care Cuts during the Pandemic

Despite the devastating impact COVID-19 has had on health care providers, the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) final rule would have implemented misguided cuts to reimbursement of roughly 8% for Medicare Part B audiology and speech-language pathology services. These cuts would not have just impacted Medicare, but also the broader health care system since other public and private payers refer to the Medicare fee schedule when setting rates.

Fortunately, Congress acted by passing the Consolidated Appropriations Act of 2021 to delay the majority of these payment reductions until 2022 although SLPs will still experience roughly 3% in Medicare rate reductions this year as compared to 2020.

ASHA urges your Administration to work with stakeholders from impacted consumer and provider groups and Congress to enact a permanent solution that ensures appropriate payment for critical health care services and does not impose draconian cuts on health care providers during a global pandemic and national PHE. Such cuts will not only impact health care providers but reduce access for consumers and threaten to slow the economic recovery of the country by destabilizing the health care sector.

Ensuring Access to PPE for Health Care Providers

ASHA notes that under the Trump Administration, in the CY 2021 MPFS Interim Final Rule with Comment Period (IFC), published in the Federal Register on December 28, 2020, CMS finalized the decision not to provide specific reimbursement for the additional protective equipment and infection control procedures that providers must implement during the PHE to protect their patients, themselves, and their families. The overwhelming majority of Current Procedural Terminology (CPT) codes for in-person services do not include PPE related reimbursement as part of the existing practice expense and ASHA affirms that none of the codes used by audiologists or SLPs include such elements.

CMS’s position and flawed rationale, in the IFC, fail to appropriately acknowledge the current lack of any reimbursement for PPE within existing CPT codes. As this Administration seeks to work based on facts and the practical reality that health care providers face on the front lines of the pandemic, ASHA urges you to correct this inappropriate and short-sighted policy.

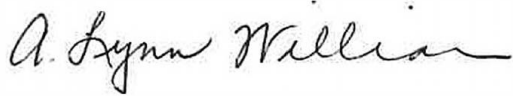
In order to make PPE truly accessible to health care providers, CMS must immediately implement and pay CPT code 99072 to recognize the increased expenses due to infection control practices necessary to safely care for patients and ensure the safety of providers during this PHE. Absent appropriate reimbursement for the increased costs, PPE, even when broadly

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available, will not be purchased and used as much as needed to most effectively reduce transmission of the virus in health care settings.

Thank you again for your leadership in presenting the Strategy for your consideration of ASHA's priorities. If you or your staff have any questions, please contact Jeffrey P. Regan, MA, ASHA's director of government affairs and public policy, at jregan@asha.org.

Sincerely,

A handwritten signature in black ink that reads "A. Lynn Williams". The signature is written in a cursive style with a long horizontal flourish at the end.

A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President