



April 20, 2021

The Honorable Julia Ratti  
Nevade Senate  
401 S. Carson St.  
Carson City, NV 89701

RE: ASHA Comments on Telehealth; SB 5

Dear Senator Ratti:

On behalf of the American Speech-Language-Hearing Association, I write to express support for Senate Bill 5, with amendments, which further defines telehealth services to include the use of a telephone, clarifies reimbursement, and requires the Department of Health and Human Services to establish a data dashboard to analyze data on access to telehealth by different groups and populations in Nevada.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 800 ASHA members reside in Nevada.<sup>1</sup>

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

These documents include a technical report and service delivery guidelines that may be accessed on ASHA’s website at <http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

ASHA supports the language in this bill prohibiting third-party payers from refusing to pay for services provided through telehealth. ASHA maintains that telehealth services delivered through technology are simply a different service delivery method and should be covered at the same rate as services delivered face to face.

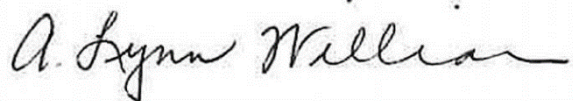
In Sec.6. NRS 433.4295, ASHA recommends adding in a new section (h) stating that the data dashboard procedures adhere to applicable state and federal privacy laws.

Research demonstrates the equivalence of telehealth to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.<sup>2</sup> 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.<sup>3</sup> 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 nationwide within the fields of audiology and speech-language pathology due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. Providing additional clarifications and requiring equitable reimbursement to health care providers offering their services via telehealth will further support the health care needs of Nevada residents during the COVID-19 pandemic and into the future.

Thank you for your consideration of ASHA's position to support SB 5 with amendments. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at [ecrowe@asha.org](mailto:ecrowe@asha.org).

Sincerely,

A handwritten signature in black ink that reads "A. Lynn Williams". The signature is written in a cursive style and is positioned above a horizontal line.

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

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<sup>1</sup> American Speech-Language-Hearing Association. (2020). *Nevada* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/Nevada-State-Flyer.pdf>.

<sup>2</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Craghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

<sup>3</sup> Ibid.