



Submitted via email: thomas.f.burke@state.ma.us

May 12, 2022

Thomas Burke
Executive Director
Board of Registration in Speech-Language Pathology and Audiology
Massachusetts Office of Consumer Affairs & Business Regulation
1000 Washington Street, Suite 710
Boston, MA 02118-6100

RE: Telepractice Policy

Dear Mr. Burke:

On behalf of the American Speech-Language-Hearing Association, I write to you concerning the Board's Telepractice Policy, which is scheduled to go back into effect August 2022.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 5,700 ASHA members reside in Massachusetts.¹

As the leading national organization for the certification and advancement of audiologists and speech-language pathologists, ASHA supports the development and use of telemedicine, also known as "telepractice" or "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."²

ASHA strongly supports the use of telepractice. Research demonstrates the equivalence of telepractice to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.³ Studies have shown high levels of patient, clinician, and parent satisfaction supporting telepractice as an effective alternative to the in-person model for delivery of care.⁴ Telepractice 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, telepractice remains underutilized within audiology and speech-language pathology due to provisions—including those in the Massachusetts telepractice policy—that require an in-person evaluation to assess the candidacy for telepractice. ASHA asks the Board to consider removing the in-person evaluation and allow the decision around the use of telepractice to be based on the expertise of the practitioner. ASHA is also asking the Board to remove the requirement for 10 hours of continuing education prior to engaging in telepractice because it may limit its practice. Practitioners must already be competent to engage in telepractice and abide by ASHA's Code of Ethics and scope of practice.

Thank you for your consideration of ASHA's position. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at sadams@asha.org.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

¹ American Speech-Language-Hearing Association. (2022). *Massachusetts* [Quick Facts].

<https://www.asha.org/siteassets/uploadedfiles/advocacy/state-fliers/massachusetts-state-flyer.pdf>.

² American Speech-Language-Hearing Association. (n.d.). *Telepractice*. <https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

³ Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, 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.

⁴ Ibid.