September 15, 2025

Angelica V. Gonzalez
Director of Government Relations
Kaiser Permanente
1 Kaiser Plaza
Oakland, CA 94612

Re: Kaiser Beneficiaries Cannot Access Medically Necessary Services

Dear Director Gonzalez:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to respectfully express concern about beneficiary access to medically necessary speech-language pathology services. We have received numerous reports of severely limited access to in-network pediatric speech-language pathologists (SLPs).

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; SLPs; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 17,000 ASHA-certified SLPs reside in California.[1]

ASHA members report that many Kaiser beneficiaries who need medically necessary pediatric habilitation services are unable to access timely care or an appropriate number of sessions. Although patients are receiving approval for three months of therapy services under their Kaiser plan, they are often unable to schedule the full number of sessions required. In-network providers have long waitlists, preventing patients from obtaining the clinically appropriate number of sessions within the approved timeframe. In some cases, providers and patients report being able to attain as few as two to three sessions during the entire three-month authorization period.

This situation directly violates California Health and Safety Code 1367.03, which requires that patients have access to nonurgent care within 15 business days of requesting an appointment. Even if a provider extends that timeframe and documents that a longer wait will not harm the patient's outcomes, patients are still unable to access appropriate care. Patients also report being denied extensions to their three-month treatment window, which would otherwise allow them to receive medically necessary services when it is clinically appropriate beyond the 15-business day limit. As a result, many out-of-network providers report Kaiser beneficiaries seeking cash-pay arrangements to supplement the clinically insufficient services available through Kaiser—despite receiving approval for three months of therapy services and California's requirement for timely access to care.[2]

Clinicians diagnose developmental conditions in children through comprehensive evaluations, which determine whether speech-language treatment services are medically necessary. Habilitative services can address pediatric hearing loss, autism, and developmental speech, language, communication, and auditory processing disorders. ASHA has several resources to help providers and payers understand the value and benefits of treatment.

- **Evidence Maps** can guide providers and payers to research about specific conditions and interventions.
- **Speech-Language Pathology Medical Review Guidelines** with recommendations based on current research.
- **Evidence-Based Systematic Reviews and Clinical Practice Guidelines** are continually updated by the National Center for Evidence-Based Practice.

If you need information on a particular topic, ASHA staff would be happy to help you identify the appropriate resource.[3,4,5,6]

The National Business Group on Health's *Investing in Maternal and Child Health: An Employer's Toolkit* recommends a **minimum of 75 visits per year for a combined speech-language pathology, occupational therapy, and physical therapy benefit**. This equates to an average of 25 visits per year for speech-language pathology, though the final number would be based on the patient's particular needs. By contrast, three visits are far from sufficient to help patients reach their therapy goals.[7]

ASHA urges Kaiser to take this issue seriously and actively work to ensure beneficiaries have access to medically necessary speech-language pathology services under their benefits. While Kaiser continues efforts to actively recruit more SLPs into its network, it is important to extend beneficiaries' treatment window so they can receive the clinically appropriate level of care to help them meet their therapy goals. In addition, ASHA encourages Kaiser to consider offering some reimbursement for out-of-network services when in-network clinicians are unavailable and Kaiser is unable to secure agreements directly with out-of-network clinicians. To further support access, ASHA offers a searchable directory that helps patients and payers find ASHA-certified audiologists and SLPs in their geographic area.[8]

Thank you for your attention to this matter. If you have any questions, please contact Meghan Ryan, MSL, ASHA's director for health care policy for private health plans, at mryan@asha.org or 301-296-5669.

Sincerely,

A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

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[1] American Speech-Language-Hearing Association. (2024). *California* [Quick Facts]. https://www.asha.org/siteassets/advocacy/state-flyers/california-state-flyer.pdf
[2] California Legislative Information. (2022). *Health and Safety Code Section 1367.03*. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1367.03
[3] American Speech-Language-Hearing Association. (n.d.). *Speech, Language, and Hearing Services: Essential Coverage of Habilitation and Rehabilitation*. https://www.asha.org/siteassets/reimbursement/essential-coverage-of-habilitation-and-rehabilitation-advocacy-guide.pdf
[4] American Speech-Language-Hearing Association. (n.d.). *ASHA Evidence Maps*. https://apps.asha.org/EvidenceMaps/
[5] American Speech-Language-Hearing Association. (2015). *Speech-Language Pathology Medical Review Guidelines*. https://www.asha.org/siteassets/uploadedFiles/SLP-Medical-Review-Guidelines.pdf

[6] American Speech-Language-Hearing Association. (n.d.). *ASHA/N-CEP Evidence-Based Systematic Reviews and Clinical Practice Guidelines*. https://www.asha.org/Research/EBP/EBSRs/
[7] National Business Group on Health. (2007). *Investing in Maternal and Child Health: An Employer's Toolkit*. https://www.asphn.org/resource_files/61/61_resource_file1.pdf
[8] American Speech-Language Hearing Association. (n.d.). *ASHA ProFind*. https://www.asha.org/profind/