ASHA
American
Speech-Language-Hearing
Association

Submitted via email: WMAccessRFI@mail.house.gov

October 5, 2023

The Honorable Jason Smith
Chair, Committee on Ways and Means
1130 Longworth House Office Building
Washington, DC 20515

Dear Chairman Smith:

On behalf of the American Speech-Language-Hearing Association, I write to provide comments to the Committee's Request for Information on Improving Access to Health Care in Rural and Underserved Areas.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 individuals who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids and implantable hearing devices. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders.

ASHA's vision is to make effective communication, a human right, accessible and achievable for all. Our members are dedicated to ensuring that patients in rural and underserved communities can access audiology and speech-language pathology services in the same way as other Americans. Unfortunately, current payment policy disincentivizes audiologists and SLPs from practicing in rural areas—which face challenges in recruiting and retaining audiologists and SLPs—and creates barriers to patient access to critical services. [1,2]

ASHA's comments focus on the following areas:

- Sustainable Provider and Facility Financing
- Health Care Workforce
- Innovative Models and Technology

Sustainable Provider and Facility Financing

Stabilizing Medicare payment is a crucial first step toward the goal of bolstering the rural health care workforce and improving access and outcomes in underserved areas. Several statutory mechanisms for budget control (i.e., "Pay-As-You-Go" (PAYGO); budget sequestration; and Medicare Physician Fee Schedule (MPFS) budget neutrality requirements) negatively impact Medicare provider payments each year. Unfortunately, MPFS budget neutrality requirements create a zero-sum dynamic where payment

increases for certain providers result in payment cuts to all others by cutting the MPFS conversion factor—with significant adverse impacts on providers who care for patients under Medicare Part B. Combined, these provisions have resulted in an unpredictable payment system that imperils access to care for America's seniors, especially those in rural and underserved areas.

Furthermore, providers, including audiologists and SLPs, who are paid under the MPFS do not receive the annual inflationary update—upon which many other Medicare providers can rely on help manage periods of fiscal uncertainty. Providing an annual inflationary payment update to the MPFS conversion factor based on the Medicare Economic Index (MEI) will provide much-needed stability to the Medicare payment system. MEI is a measure of inflation specific to health care practice costs and wage levels.

The MPFS is in dire need of reform. Failure of MPFS payment rates to keep pace with the true cost of providing care combined with 1) annual payment cuts due to budget neutrality and sequestration and, 2) implementation of alternative payment and value-based care models that are largely inaccessible to audiologists and SLPs, has created an unsustainable financial environment for Medicare providers. Financial constraints disproportionately affect rural practices and other health care settings, as well as those treating low-income or other marginalized patient communities, thereby undermining efforts to improve equity in health care by addressing social determinants of health.

ASHA urges the Committee to pass the Strengthening Medicare for Patients and Providers Act (H.R. 2474). This legislation would provide an annual inflationary update to the MPFS conversion factor based on MEI to help ensure patient access to the critical audiology and speech-language pathology services our members provide in rural and underserved areas.

Health Care Workforce

Hearing loss adversely affects over 30 million American adults, and untreated hearing loss is nearly twice as prevalent in rural areas.[3,4] Under state licensure laws, audiologists practice at the top of their license, seeing patients directly, without a requirement to obtain a physician referral. By allowing audiologists to provide both diagnostic and treatment services under the states' scope of practice and providing patients with direct access to audiologists, delivery of care is more efficient and less arduous for patients, especially those in rural and underserved areas. Results from a recent landmark study underscored the critical importance of accessible hearing health care with data demonstrating that older adults with certain comorbidities and mild-to-moderate hearing loss yielded a 48% reduction in the rate of cognitive decline with hearing loss intervention.[5]

Unfortunately, Medicare precludes seniors from accessing the full range of services provided by audiologists in a timely manner by requiring a physician order and limiting payment to diagnostic services only. The inability of Medicare beneficiaries to receive both diagnostic and treatment services provided by an audiologist—a standard practice

among other programs and payers—limits access to timely hearing health care and may increase health care costs.

ASHA supports the Medicare Audiology Access Improvement Act (S. 2377), which would enhance access to hearing health care for Medicare beneficiaries. This bipartisan bill would provide Medicare coverage of diagnostic and treatment services provided by audiologists and allow for streamlined access to audiology services by removing outdated language requiring a physician order. In addition, this legislation would specifically ensure audiologists practicing in Rural Health Clinics and Federally Qualified Health Centers are defined as practitioners under Medicare, which would further help ensure patient access to a full range of hearing and balance health care provided by qualified audiologists. This bill will be introduced in the House soon.

ASHA urges the Committee to pass the Medicare Audiology Access Improvement Act, when it is introduced in the House, to give seniors more timely and robust access to the full range of services that audiologists are expertly educated and uniquely qualified to provide.

Innovative Models and Technology

Medicare beneficiaries should have access to services provided via telehealth (including services provided by audiologists and SLPs) when those services are clinically appropriate and covered by Medicare. Maximizing telehealth access ensures that the existing health care workforce is being utilized most efficiently and that services are reaching patients in rural and underserved areas who are often the hardest to reach by traditional means. Research demonstrates the efficacy of audiology and speech-language pathology services delivered via telehealth and its equivalent quality as compared to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.

ASHA supports the Expanded Telehealth Access Act (H.R. 3875) that would add audiologists and SLPs as permanent Medicare telehealth providers. This legislation mirrors provisions included in a discussion draft put forward by Republicans on the Ways and Means Committee in the 116th Congress that proposed key reforms to support the continued use of telehealth for patients.

Audiologists and SLPs have been safely and effectively providing telehealth services under expanded authority by Medicare throughout the COVID-19 public health emergency (PHE). Before the PHE expired earlier this year, Congress acted to extend such authority through 2024. With the benefit of several years' hindsight into the experience of patients under expanded telehealth, ASHA's clinical and survey data reveal a myriad of benefits to patients. Those receiving telehealth services 1) saw improvements in their conditions at comparable rates to patients who received services in person, 2) were more compliant with their plan of care, and 3) experienced fewer adverse health outcomes. In addition, patients saved money by decreasing lost wages for themselves and their caregivers by decreasing travel expenses to and from appointments.[6]

ASHA urges the Committee to pass the Expanded Telehealth Access Act (H.R. 3875) to better utilize audiologists and SLPs for reaching Medicare beneficiaries in rural and underserved areas.

Thank you for the opportunity to provide comments on ways to improve access to health care in rural and underserved areas. If you or your staff have any questions, please contact Josh Krantz, ASHA's director of federal affairs, health care, at jkrantz@asha.org.

Sincerely,

Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

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[1] Gray, JD. (Host). (2022, September 15). The Community Link to Hearing Care Access [Audio podcast episode]. *ASHA Voices.* ASHA. https://leader.pubs.asha.org/do/10.1044/2022-0915-podcast-research-symposium-2022/full/

[2] Mcelhanon, J., Baggs, T., Holloway, T., & Diebold, M. (1999). Employment Setting Changes of SLPS in a Rural State. Rural Special Education Quarterly, 18(1), 28–36. https://doi.org/10.1177/875687059901800105

[3] Brennan-Jones, C. G., Taljaard, D. S., Brennan-Jones, S. E., Bennett, R. J., Swanepoel, deW., & Eikelboom, R. H. (2016). Self-reported hearing loss and manual audiometry: A rural versus urban comparison. *The Australian journal of rural health*, *24*(2), 130–135. https://doi.org/10.1111/ajr.12227

[4] National Institute on Deafness and Other Communication Disorders. (2021) *Quick Statistics About Hearing*. https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing#3

[5] Bamini Gopinath, Louise Hickson, Julie Schneider, Catherine M. McMahon, George Burlutsky, Stephen R. Leeder, Paul Mitchell, Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later, *Age and Ageing*, Volume 41, Issue 5, September 2012, Pages 618–623, https://doi.org/10.1093/ageing/afs058

[6] ASHA (2022). *Telehealth Data Fact Sheet*. https://www.asha.org/siteassets/advocacy/telepractice-data-fact-sheet.pdf