ASHA
American
Speech-Language-Hearing
Association

July 10, 2024

The Honorable Vern Buchanan
Chair
Committee on Ways and Means
Subcommittee on Health
1139 Longworth House Office Building
Washington, DC 20515

The Honorable Lloyd Doggett
Ranking Member
Committee on Ways and Means
Subcommittee on Health
1129 Longworth House Office Building
Washington, DC 20515

Dear Chairman Buchanan and Ranking Member Doggett:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to provide feedback related to the Subcommittee's hearing on June 26, 2024, "Improving Value-Based Care for Patients and Providers."

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); 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. SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders.

ASHA supports the quadruple aim of enhancing patient experience, improving population health, reducing costs, and improving the clinician experience. Audiologists and SLPs are uniquely positioned to provide upstream interventions in the areas of hearing, balance, speech, language, cognition, and swallowing that will increase functional independence and decrease downstream costs.

Audiologists are integral members of clinical teams involved in episodes relating to dementia, craniofacial surgery, cytomegalovirus, acquired brain injury, hearing loss, and vertigo, among others. SLPs are members of interprofessional collaborative teams addressing a variety of illnesses and injuries including, but not limited to, acquired brain injury, aerodigestive disorders, head and neck cancer, dementia, craniofacial disorders, and developmental disabilities. All of these conditions require the knowledge and skills from a range of health providers for effective management.

Audiologists and SLPs participate, on a limited basis, in quality reporting programs such as the Medicare Merit-based Incentive Payment System (MIPS) and some private value-based care initiatives. However, nonphysician qualified health care providers have had a limited opportunity to meaningfully participate in alternative payment models (APMs) and other value-based care initiatives. ASHA is eager to explore, refine, and develop models to create opportunities for nonphysicians to fully participate in the transition from fee-for-service to value-based care, especially since including audiologists and SLPs in these models has been extremely limited to date.

MIPS and APMs currently use broad outcome measures (e.g., smoking cessation, BMI) for nonphysician providers. ASHA is committed to moving beyond the use of broad quality measures that do not reflect critical health care services provided by audiologists and SLPs. As

models grow to include all health care settings, ASHA encourages Congress, the Centers for Medicare & Medicaid Services (CMS), and the Center for Medicare & Medicaid Innovation (CMMI) to adopt outcome measures that take into account functional domains pertinent to the services provided by audiologists and SLPs—including hearing, communication, balance, swallowing, and cognition. We are committed to assisting CMS and CMMI in assessing all domains of function to accurately capture patient outcomes, quality of life, and independence.

Outcome measures should include functional measures that are influenced by nonphysician providers to avoid a disincentive for physicians referring patients for essential services, including those provided by audiologists and SLPs. If value-based payment models are only designed to measure and reward for services provided by physicians—while failing to reflect the essential role of nonphysician providers on the care team—such models run the risk of underutilizing critical nonphysician services to the detriment of patient health outcomes, quality of life, and overall cost of care to the health system.

As currently structured, the MIPS Value Pathways (MVPs) and many of the approved APMs are physician-driven and focused on the entire episode of care. The quality measures often do not capture the services of nonphysicians, including audiologists and SLPs; therefore, there are no incentives for physicians to incorporate these specialty providers into the model. Audiologists and SLPs are not responsible for managing the full range of medical services a patient may need but could be held accountable for the cost of care associated with the types of interventions they provide as a member of a multidisciplinary team participating in an APM. **ASHA urges Congress to direct regulators to develop models that capture the quality and cost associated with nonphysician services to ensure APMs are achieving their goal of improving the quality of care patients receive while protecting the fiscal health of Medicare.**

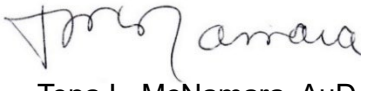
As Congress continues exploring possible avenues for updating value-based care programs created by the Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10), **ASHA urges the Subcommittee to address the continued erosion of Medicare payment rates to providers from multiple sources, including budget sequestration and reductions to the Medicare Physician Fee Schedule (MPFS) Conversion Factor (CF).** The latter are the result of budget neutrality requirements within the MPFS that create a zero-sum dynamic between Medicare providers, which is counterproductive toward our shared goal of ensuring beneficiaries have access to all clinically necessary health care services. **ASHA urges the Subcommittee to stop MPFS CF cuts to providers in 2025 and reverse budget sequestration cuts that are currently impacting Medicare providers.**

Our country is already facing a shortage of health care providers, reducing Medicare Part B payments further threatens patient access to care. In addition to payment cuts, the gap between provider payment rates and rising practice costs has continued to widen considerably due to inflationary pressures. In the absence of an annual inflationary payment update—as the MPFS is the only Medicare payment system without an annual adjustment for inflation—high inflation represents a de facto payment cut to providers, on top of the sequestration and MPFS CF cuts providers have faced in recent years. **ASHA urges the Subcommittee to advance H.R. 2474, the Strengthening Medicare for Patients and Providers Act, which adds an annual inflationary update to the MPFS.**

Thank you for the opportunity to provide a statement for the record. ASHA is committed to working with the Subcommittee to identify opportunities for improving value-based care programs and ensuring all members of the multidisciplinary care team receive appropriate

compensation for their services. If you have additional questions, please contact Josh Krantz, director of federal affairs for health care, at jkrantz@asha.org.

Sincerely,



Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President