



March 4, 2022

The Honorable Morgan Griffith
Co-Chair, Healthy Future Task Force,
Modernization Subcommittee
2202 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Kelly
Co-Chair, Healthy Future Task Force,
Modernization Subcommittee
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Mariannette Miller-Meeks, M.D.
Co-Chair, Healthy Future Task Force, Modernization Subcommittee
1716 Longworth House Office Building
Washington, DC 20515

RE: Healthy Future Task Force Modernization Subcommittee Request for Information

Dear Representatives Griffith, Kelly, and Miller-Meeks:

On behalf of the American Speech-Language-Hearing Association, I write in response to the Modernization Subcommittee's Request for Information regarding the expansion of telemedicine.

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. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders.

Below, ASHA has included detailed responses to the Subcommittee's request for information from employers, payers, providers, states, and other stakeholders on telemedicine expansion.

1. Which flexibilities created under the COVID-19 public health emergency should be made permanent?

In 2020, the Centers for Medicare and Medicaid Services (CMS) used authority granted under Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) to allow audiologists and speech-language pathologists (SLPs) to be reimbursed for select telehealth services during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE).

After using this authority to cover a limited number of audiology and speech-language pathology services in 2020, CMS added 24 additional codes for audiology and speech-language pathology to the list of authorized Medicare telehealth services for use during the PHE. This expansion of available reimbursable codes reflects continued support for telehealth delivery of audiology and SLP services. As a result, beneficiaries have enjoyed more comprehensive access to telehealth services provided by audiologists and SLPs including diagnosis and treatment for a wide range of hearing, balance, speech, language, swallowing, and cognitive disorders.

ASHA supports the use of telehealth when the services provided are clinically appropriate and equivalent to the quality of services provided in person.¹ Clinical evidence demonstrates the effectiveness of telehealth when compared to in-person care.²

Patient satisfaction surveys and claims data from both CMS and private health plans demonstrate that many Americans view telehealth as a positive improvement to our health care system. Most voters believe Congress should protect their ability and choice to see a provider via telehealth beyond the PHE.³ In its March 2021 Report to Congress, the Medicare Payment Advisory Commission (MedPAC) noted that 90% of Medicare beneficiaries reported being “somewhat” or “very satisfied” with telehealth services.⁴ Telehealth services are shown to increase continuity of care, extend access to care, help overcome provider shortages, and reduce patient travel burden, among other benefits.⁵

ASHA supports congressional action to ensure Medicare beneficiaries have continued access to necessary hearing, balance, speech, language, swallowing, and cognitive care provided through telehealth beyond the COVID-19 PHE. ASHA strongly supports bipartisan efforts in Congress to ensure patients retain robust access to telehealth services provided by audiologists and SLPs beyond the COVID-19 PHE.

ASHA has endorsed H.R. 2168, the Expanded Telehealth Access Act, sponsored by Representatives Mikie Sherrill and David McKinley, which would expand the list of providers eligible for Medicare reimbursement for telehealth services to permanently include audiologists and SLPs. This legislation would give Medicare beneficiaries more options to access critical hearing, balance, speech, language, swallowing, and cognitive care.

ASHA also supports extending telehealth waivers that exist during the COVID-19 PHE, and supports H.R. 6202, the Telehealth Extension Act of 2021, sponsored by Representatives Lloyd Doggett and the Modernization Subcommittee’s co-chair, Representative Kelly. This legislation would allow a two-year extension of all telehealth policy waivers and modifications enacted during the COVID-19 PHE. It would also make certain temporary policies permanent, such as allowing the location of the patient to be deemed an originating site for the purpose of telehealth reimbursement.

ASHA also recommends Congress make the following PHE-limited telehealth policies permanent:

- **Telephone assessment and management services.** Unlike several other categories of communication technology-based services, permanent authority has not been extended to audiologists and SLPs to be reimbursed for these services.
- **Audio-only telehealth.** Temporarily waiving the requirement for a video component allows for timely communication between clinicians and their patients to address immediate health care needs.
- **Remote evaluations of images and videos, virtual check-ins, and e-visits to both new and established patients.** Outside of the PHE, these services can only be provided to established patients. The ability to provide these services to new patients allows for timely access to health care services for Medicare beneficiaries.
- **Expansion of the categories of clinicians authorized as distant site providers for telehealth services to include all those eligible to bill Medicare for their professional services.** This allows audiologists and SLPs to maintain their practices so Medicare beneficiaries can have access to health care services.

- **Medicare beneficiaries given access to Medicare Part B services in any geographic area and from a variety of originating sites, including the patient's home.** This increases accessibility and flexibility for both patients and providers.

2. *How does telehealth affect health care costs in the short-term, medium-term and long-term? Would you be willing to share aggregate cost data?*

ASHA continues to collect and assess data on health care costs in the telehealth context. ASHA welcomes the opportunity to follow-up with the Healthy Future Task Force as these analyses are completed.

3. *For what services have you seen telehealth have a substitutive effect on costs and utilization? Are you willing to share data that shows these trends?*

Although COVID-19 PHE telehealth data are still being collected and analyzed, preliminary data does not indicate an increase in overall utilization of services, suggesting that clinicians may be furnishing services via telehealth as a substitute for in-person encounters. Data from ASHA's National Outcomes Measurement System (NOMS) reflects prudent use of telehealth capabilities—an estimated 6% of speech-language pathology patients across all payer and age categories received at least one service via telehealth in 2020. In addition, 40% of SLPs determined a patient was not clinically appropriate for telehealth services.⁶

These trends are reinforced by broader datasets. A report from the HHS Assistant Secretary for Planning and Evaluation found that despite the increase in telehealth visits during the PHE, overall utilization of Medicare Part B clinician visits declined about 11%.⁷ In addition, a report from the HHS Office of Inspector General found that telehealth is primarily used to enhance existing clinician-patient relationships—over two-thirds of telehealth visits for physical, occupational, and speech therapy were with patients who had previous in-person visits with their providers.⁸

In addition, data released by CMS in the Calendar Year 2022 Medicare Physician Fee Schedule Final Rule indicate that clinicians are using telehealth judiciously. In the rule, CMS states that services on the permanent telehealth services list are furnished, on average, less than 0.1% of the time they are reported. Further, in its initial review of the data, CMS did not identify an increase in the overall utilization trend for telehealth services suggesting that practitioners may be furnishing these services via telehealth as replacement for in person encounters.⁹

4. *What overhead costs are incorporated into reimbursement for in-person visits that are not for telehealth visits? What overhead costs are incorporated into reimbursement for telehealth visits that are not for in-person visits?*

Health care providers across the nation have made substantial investments in new technologies to safely treat patients during the pandemic. Currently, providers must weigh the costs of investing in the technological and clinical infrastructure required to maintain telehealth programs at scale against the possibility that Congress may ultimately not support permanently expanded telehealth coverage.

ASHA does not anticipate most clinicians will move into a fully virtual telehealth model, therefore the costs to maintain brick and mortar practices will remain. In addition, there are tangible costs associated with delivering telehealth services including, but not limited to, software that is

secure and compliant with state and federal privacy laws, video cameras, tablets, and computers. Finally, it is critical to recognize that, in a fee-for-service model, the value of the clinician's skill and training is a substantial portion of the overall payment for each service and is the same whether provided in-person or via telehealth. When discussing costs associated with telehealth visits, ASHA urges Congress to weigh the overall costs of maintaining a hybrid practice and should not overlook or discount the value of the clinician's work.

- 5. Employers and plans are often faced with provider shortages in certain geographic areas. Increased use of telemedicine may help alleviate these shortages, but barriers still exist that keep providers from practicing across state lines. Should Congress allow for healthcare providers who hold a valid license in good standing in at least one state to practice via telemedicine in all other states? Why or why not?*

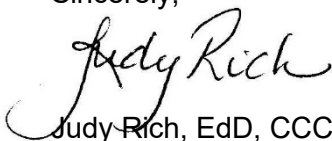
ASHA does not believe Congress should bypass state jurisdiction to allow health care providers who hold a valid license in good standing in at least one state to practice via telemedicine in all other states. Imposing such a federal mandate may prove unnecessary, as a growing number of states are already implementing policies to allow for interstate telehealth, such as the adoption of the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC). A federal mandate that lacks clear oversight and adjudication mechanisms for interstate practice would make enforcement difficult for providers treating patients out-of-state.

By contrast, interstate compacts like the ASLP-IC have been created to address such challenges. The ASLP-IC established a central commission with clear policies to ensure proper consumer protection is carried out between the states. Moreover, outside the scope of the compact, several states have adopted rules allowing out-of-state providers to register to provide telehealth services, rather than obtain a new license. Congress would need to duplicate that work to avoid interference at the state level.

ASHA recommends Congress support and incentivize these ongoing efforts, rather than duplicating them. For example, providing funding to compact commissions or states to expand compacts would help address a major barrier to their national implementation. In addition, in ASHA's experience, consumer and provider awareness of existing interstate telehealth options is low. Directing federal agencies to work with their state counterparts to promote information about interstate telehealth would help drive provider uptake of these solutions and incentivize states that do not yet offer them.

ASHA appreciates the opportunity to provide feedback to the Subcommittee on ways to modernize the health care system and improve patient access to care through telehealth, and looks forward to working with the Task Force on these issues. 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,



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

¹ American Speech-Language-Hearing Association. (n.d.). *ASHA Recommendations for Telehealth Coverage of Audiology and Speech-Language Pathology Services*. <https://www.asha.org/siteassets/uploadedFiles/ASHA-Recommendations-for-Telepractice-Coverage.pdf>.

² Furlong, L., Serry, T., Bridgman, K., Erickson, S. (2021). An evidence-based synthesis of instructional reading and spelling procedures using telepractice: A rapid review in the context of COVID-19. *International Journal of Language & Communication Disorders*. <https://doi.org/10.1111/1460-6984.12619>.

³ Telehealth Access for America. (n.d.). *Poll: Voters Overwhelmingly Support Urgent Action to Permanently Protect Access to Telehealth*. <https://telehealthaccessforamerica.org/poll-voters-overwhelmingly-support-urgent-action-to-permanently-protect-access-to-telehealth/>.

⁴ Medicare Payment Advisory Commission. Telehealth in Medicare after the coronavirus public health emergency. https://www.medpac.gov/wp-content/uploads/2021/10/mar21_medpac_report_ch14_sec.pdf.

⁵ Department of Health and Human Services (2021). *Telehealth for Providers: What You Need to Know*. <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>.

⁶ American Speech-Language-Hearing Association. ASHA SLP Health Care 2021 Survey. <https://www.asha.org/siteassets/surveys/2021-slp-health-care-survey-summary-report.pdf>.

⁷ The Office of the Assistant Secretary of Planning and Evaluation. (2021). *Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location*. <https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020>.

⁸ Office of Inspector General. (2021). *Most Medicare beneficiaries received telehealth services only from providers with whom they had an established relationship* <https://oig.hhs.gov/oei/reports/OEI-02-20-00521.asp>.

⁹ Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements. <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>.