



December 12, 2019

Mr. Dan Logsdon, Director  
National Center for Interstate Compacts  
Council of State Governments  
1776 Avenue of the States  
Lexington, KY 40511

Re: Support for the Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

Dear Mr. Logsdon,

The Vestibular Disorders Association (VeDA) is a non-profit organization that exists to serve a widely underserved population: those who are impacted by vestibular disorders. True to our mission as advocates, we enthusiastically support the enactment of the Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC). This important piece of legislation could positively impact a large patient population suffering from hearing loss, as well as balance and vestibular dysfunction.

At VeDA, we work towards vestibular disorders becoming more widely understood, rapidly diagnosed, and effectively treated so patients can restore balance and regain quality of life. Audiologists are in the perfect position to make this possible if Medicare would recognize audiologists as providers of most hearing-related services. It is well within their education and licensure to deliver the most appropriate services to consumers, including diagnostic testing and administering the appropriate treatments.

One problem faced by many vestibular patients is lack of access to qualified audiologists due to geographic inaccessibility, transportation limitations (many vestibular patients are housebound and/or cannot drive due to their symptoms), and other factors.

With delays in diagnosis and treatments, patients are more likely to suffer from significant negative consequences that come with huge costs associated with unmanaged hearing and balance disorders. The ASLP-IC would directly address these concerns by:

- Addressing the increased demand to provide/receive audiology and speech-language pathology services.

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- Allowing licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in additional ASLP-IC states.
- Permitting audiologists and speech-language pathologists to provide services to populations currently underserved or geographically isolated.

These concerns also weigh heavily on healthcare costs. One of the most common causes of dizziness in the Medicare-aged population could be easily identified and treated with one visit to a clinician: the audiologist and/or speech language pathologist. According to the 2017 revised BPPV Clinical Practice Guidelines (CPG), the average cost to arriving to the diagnosis of Benign Paroxysmal Positional Vertigo (the most common cause of dizziness in the older population) is \$2,000. Many patients with BPPV are misdiagnosed or under-diagnosed, due to lack of proper root cause evaluation for patients with complaints of dizziness and vertigo. These patients also undergo unnecessary diagnostic testing and inappropriate or ineffective treatments, resulting in prolonged delays in care for months. Older people with BPPV have a higher incidence of depression, falls, and reduced daily activity levels.

By supporting this legislation, we hope that the American Speech-Language-Hearing Association is successful in achieving their goals of ensuring Medicare patients having better access to audiological services, as well as provide audiologists with the ability to work autonomously utilizing the full scope of their practice for Medicare-covered services.

Sincerely,

Cynthia Ryan, MBA - Executive Director, and members of the VeDA Legislative Advocacy Committee: Rebecca Rubin, MPP; Megan Daly, PT, DPT; Kimberly A. Smith, JD; Danielle Tate, PT, DPT

#### References:

1. Agrawal Y, Carey JP, et al. Disorders of balance and vestibular function in US adults: data from the National Health and Nutrition Examination Survey, 2001-2004. Arch Intern Med. 2009;169(10):938-944
2. Bhattacharyya N, Gubbels SP, Schwartz SR, Edlow JA, El-Kashlan H, Fife T, et al. Clinical practice guideline: benign paroxysmal positional vertigo (update). Otolaryngol Head Neck Surg (2017) 156:S1 47.10.1177/0194599816689660

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