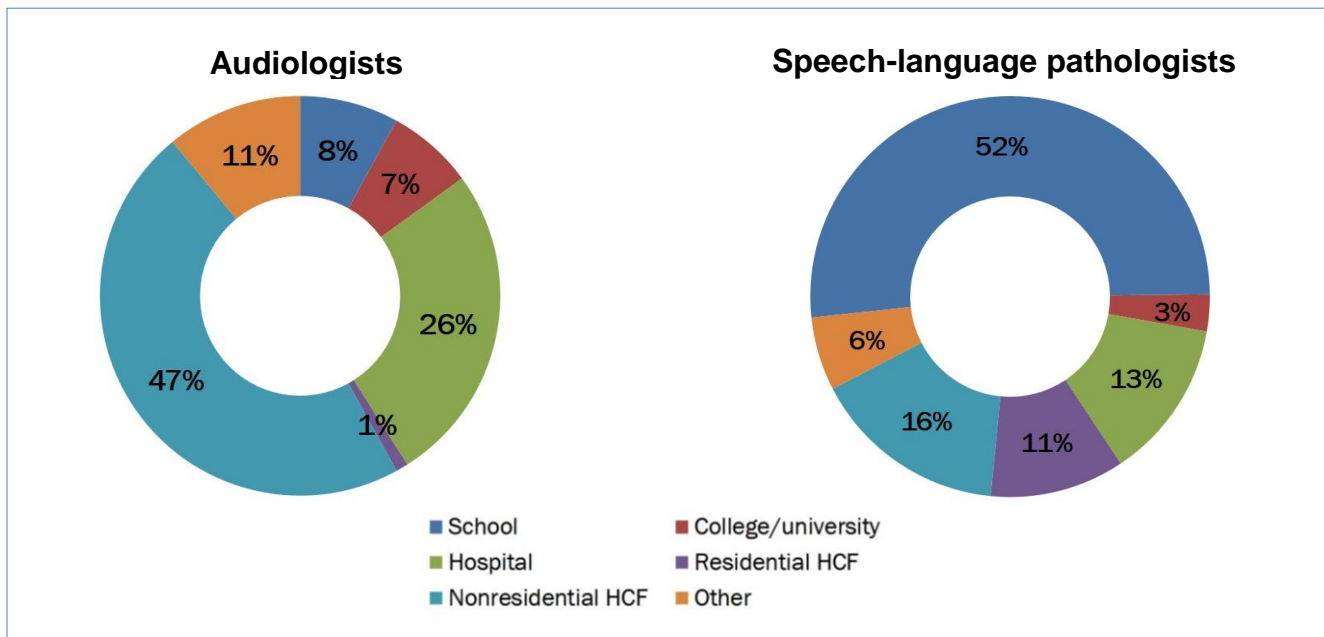


Who is the American Speech-Language-Hearing Association (ASHA)?

ASHA is the national professional, scientific, and credentialing association for 191,500 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 and language problems, including swallowing disorders.

Where do ASHA members work?



Source: Year-End Counts (rounded), ASHA Membership and Affiliation, 2016.

What are our key legislative priorities?

Education Issues

- Autism Therapy Alternatives
- Graduate Student Loans
- IDEA: Caseload/Workload
- IDEA: Funding
- IDEA: Service Delivery Models
- Paperwork for Special Education
- School-Based Medicaid

Health Care Issues

- Congressional Hearing Health Caucus
- Early Hearing Detection and Intervention
- Habilitation and Rehabilitation Services
- Hearing Aid Tax Credit
- Medicaid Block Grants
- Medicare Coverage of Audiology
- Medicare Therapy Cap
- Over-the-Counter Hearing Aids
- Telehealth

Education Issues



Please ensure that all appropriate therapies are provided to children with autism spectrum disorder (ASD) and that Congress does not pass health care or education legislation that could have the unintended consequence of designating applied behavioral analysis (ABA)

therapy as the sole means to treat ASD.

Use caution when writing ASD legislation to ensure that all therapies, not just ABA therapy, are included for coverage. ASHA does not oppose the use of ABA services, however, singling it out in legislation as the only treatment for behavioral health issues for individuals with developmental disabilities—including those with ASD—limits consumer choice.



Support and cosponsor the POST GRAD Act [S. TBD / H.R. 2526], to amend the Higher Education Act of 1965 to reinstate the authority of the Secretary of Education to make Federal Direct Stafford Loans to graduate and professional students.

For many years, both undergraduate and graduate students were eligible for the Federal Direct Subsidized Loan Program with the goal of making all levels of post-secondary education accessible to students with a financial need. In 2012, however, changes in the Budget Control Act (P.L. 112-25) eliminated eligibility for graduate students. This change has increased the cost of borrowing significantly and put graduate study out of reach for many students with financial need, especially underrepresented groups.



The total number of workload activities required and performed by school-based audiologists and SLPs should be considered when establishing caseloads. ASHA does not recommend a maximum caseload number, but it does recommend taking a workload analysis

approach to determine appropriate caseloads in order to ensure that students receive the individualized services they need to support their educational programs in accordance with IDEA. Please support implementing a study that would review provider caseloads, workloads, working environments, access to technology, and professional development in order to develop better service delivery models when reauthorizing the Individuals with Disabilities Education Act (IDEA).



Static federal appropriations of funding for the Individuals with Disabilities Education Act (IDEA) has forced states and school districts to seek alternative funding streams to support the education and services for students with disabilities. Congress needs to keep its

promise to provide up to 40% of special education funding by restoring and then increasing funding for IDEA grants and programs. Please defend and support increased funding for IDEA.



IDEA should encourage local flexibility in the delivery of services such as looking at a practitioner's total workload (students plus non-direct services), 3:1 models (provide three weeks of direct services to students and one week of indirect services for planning,

meetings, collaboration, professional development, and paperwork), telepractice, or other service delivery models. Please introduce legislation that would add flexibility to the Individuals with Disabilities Education Act (IDEA) by supporting innovative service delivery models.



Please read the U.S. General Accountability Office's report, "Special Education, State and Local-Imposed Requirements Complicate Federal Efforts to Reduce Administrative Burden," and request that IDEA reauthorization include provisions to address

administrative burdens on providers.

The study suggests that between \$2.3 and \$3.4 billion in federal Individuals with Disabilities Act (IDEA) funds goes toward administrative tasks and not direct services to children on an annual basis. The burden of interpreting and complying with federal mandates often rests with clinicians; thereby, expanding their duties during and beyond the regular school day. As a result, delivering direct services to children with disabilities is constantly squeezed by completing time-consuming administrative paperwork.



IDEA's static funding levels have forced school districts to rely on Medicaid as a critical funding stream in order to provide the specialized instructional supports that students with disabilities need to be educated with their peers. School districts have to comply with

IDEA law and ensure a free and appropriate public education; however, without the support of Medicaid funding, the amount of services available to eligible children would significantly decrease, threatening students' access to essential services. Please oppose any efforts to institute a block grant or per-capita payment on school-based Medicaid services for children with special needs.

Health Care Issues



Please consider joining the Congressional Hearing Health Caucus.

The Congressional Hearing Health Caucus (CHHC) aims to provide an educational setting for discussion of issues related to hearing health care. Representatives David McKinley

(R-WV) and Mike Thompson (D-CA) are chairing the caucus.



Support and cosponsor the Early Hearing Detection and Intervention Act (EHDI) [S.652/H.R.1539] that would reauthorize this important and highly successful initiative for the next five years. About 2 to 3 out of every 1,000 children in the United States are born with a

detectable level of hearing loss in one or both ears. EHDI grants to states have significantly increased the number of infants screened for hearing loss. In 1999, only 46.5% of infants were screened for hearing loss.



Habilitation and rehabilitation services and devices are vital in helping clients with speech, language, cognition, swallowing, and hearing/balance/tinnitus disorders to achieve, acquire, maintain, or regain skills to improve functional communication outcomes. Please

reject efforts to eliminate coverage for habilitative and rehabilitative services and devices from legislative efforts to repeal, replace, or reform the Affordable Care Act.



Support and cosponsor the Hearing Aid Assistance Tax Credit [S.48/H.R. TBD], to allow for a hearing aid tax credit.

The Hearing Aid Assistance Tax Credit is legislation that would allow for an income tax credit for the purchase of hearing aids.

Members of Congress are encouraged to support this important legislation, which would provide for a tax credit of \$500 per hearing aid every five years.



Moving to block grants—without continued federal requirements for EPSDT—may make it more difficult for children to receive audiology and speech-language pathology services. Audiology and speech-language pathology services are optional for the adult and senior

populations. Please reject legislative efforts to turn Medicaid into a block grant program without minimum coverage requirements. Moving to block grants could jeopardize the provision of both habilitation and rehabilitation services provided by audiologists and speech-language pathologists.



Please support and cosponsor the Medicare Audiology Services Enhancement Act of 2017 [S. TBD / H.R. TBD].

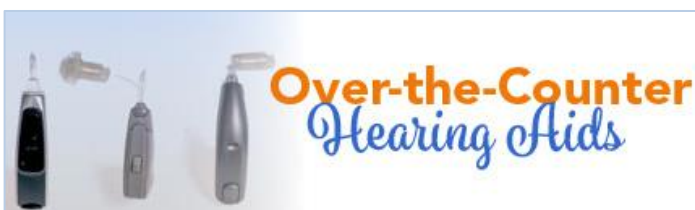
Currently, Medicare only covers diagnostic tests performed by audiologists to assess hearing and balance. Under the proposed

legislation, covered services provided by audiologists would be expanded to include auditory treatment and vestibular treatment. In addition, the proposal would allow a payment for intraoperative neurophysiologic monitoring (IONM) when performed by audiologists in the hospital inpatient setting.



Support and cosponsor the Medicare Access to Rehabilitation Services Act of 2017 [S. 253 / H.R. 807], legislation that would repeal the Medicare outpatient therapy cap and ensure that all Medicare patients continue to have access to medically necessary services.

The therapy cap does not take into account the medical needs of the beneficiary, and under the cap, Medicare beneficiaries who suffer from speech-language disorders due to life altering events—such as a stroke, head injury, Alzheimer's, or Parkinson's disease—risk being denied therapy. Individuals could be forced to pay out-of-pocket for services to help them regain their ability to communicate effectively.



Repealing the Medicare therapy cap would ensure high quality, ongoing treatment and remove the uncertainty of care for both therapy providers and recipients.

The Over-the-Counter Hearing Aid Act of 2017 has been introduced in both the U.S. Senate

(S. 670) and House of Representatives (H.R. 1652). Please ensure that any legislation related to over-the-counter (OTC) hearing aids is limited to mild hearing loss; contains consumer protections; and ensures that devices are not used for children. Additionally, any legislation related to OTC hearing aids should ensure that current insurance coverage of hearing aids is not undermined.



Medicare reimbursement for telehealth services performed by audiologists and speech-language pathologists will improve access to care for Medicare beneficiaries and can save costs through reducing unnecessary emergency room visits and hospital

readmissions. Telehealth expands Medicare beneficiaries' access to audiology and speech-language pathology services and can alleviate provider shortages by extending clinical services to remote and rural locations as well as underserved populations. The cost associated with the legislation would have a nominal effect on the overall spending for Medicare. An independent cost estimate found that covering audiology and speech-language pathology services under Medicare would increase fiscal year outlays by less than \$2.5 million over the 5-year budget period and less than \$10 million over 10-years.

Cosponsor the **CONNECT for Health Act of 2017 (S. 1016/H.R. 2556)**. This legislation would allow Medicare beneficiaries access to services (e.g., audiology and speech-language pathology) that they may not otherwise receive via telehealth.

Support the **Medicare Telehealth Parity Act of 2017 (H.R. 2550)**, which identifies audiologists and speech-language pathologists as appropriate providers of telehealth services and authorizes Medicare to reimburse them for providing patients with much-needed care.

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