ASHA
American
Speech-Language-Hearing
Association

October 13, 2026

The Honorable Brendan Carr
Chair
Federal Communications Commission
45 L Street, NE
Washington, DC 20554

RE: Notice of Proposed Rulemaking, “FCC To Review E-Rate Program To Ensure Congress's Vision”

Dear Chairman Carr:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to comment on the Federal Communications Commission’s Notice of Proposed Rulemaking (NPRM), “FCC To Review E-Rate Program To Ensure Congress's Vision.”[1]

ASHA is the national professional, scientific, and credentialing association for 247,000 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. Our members serve millions of children and adults with communication disorders across the nation’s schools, hospitals, clinics, and other settings, including a substantial number of children with disabilities who receive services under various programs ranging from the Individuals with Disabilities Education Act (IDEA) to Medicaid.

Audiologists specialize in preventing, assessing, and treating hearing and balance disorders.[2] SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders.[3] Services provided by audiologists and SLPs are medically necessary, evidence-based, and essential to health and independence across the lifespan. Our members provide screening, assessment, and intervention services through telepractice and use technology to support communication and access to instruction. E-Rate helps eligible schools and libraries maintain the reliable, affordable connectivity needed to support these services.

ASHA shares the Commission's commitment to protecting children online and ensuring responsible stewardship of service funds. However, changes to E-Rate eligibility, funding conditions, or network requirements should not restrict access to communication tools, disability-related services, or instruction.

Our comments explain how E-Rate-supported connectivity helps audiologists and SLPs serve students, identify concerns with the approaches under consideration, and recommend safeguards to preserve access for students with disabilities.

Why the E-Rate Program Matters to Audiology and Speech-Language Pathology

Audiology and speech-language pathology services delivered through telepractice require reliable, high-speed broadband. School and library connectivity also supports communication tools and access to instruction. Audiologists and SLPs serve students under IDEA, Section 504 of the Rehabilitation Act, and Title II of the Americans with Disabilities Act (ADA). E-Rate-

supported connectivity helps schools deliver these services and provide access to technology-enabled accommodations that support:

- **Assessment, progress monitoring, and supervision.** Standardized assessments, data collection, and remote supervision are frequently network-dependent.
- **Augmentative and alternative communication (AAC).** Many students use tablet-based speech-generating devices to communicate. Although not all AAC functions require internet access, reliable connectivity can support connected features, communication platforms, and participation in classroom activities. For these students, the device is their voice, not recreational screen time.
- **Hearing accessibility and communication access.** Students who are deaf or hard of hearing increasingly rely on real-time captioning, video-based instruction, virtual interpreting services, online learning platforms, and other technology-enabled accommodations that depend on reliable broadband and wireless connectivity to ensure access to instruction.
- **Telepractice.** Schools facing shortages of audiologists and SLPs, particularly in rural areas, use telepractice to deliver Individualized Education Program (IEP)-mandated services that could otherwise go unmet, including services reimbursed under Medicaid.

Students with disabilities often rely on screen-based tools and specialized devices to communicate and access instruction. Restrictions on screen time, devices' access to E-Rate-supported networks, or network access may disproportionately impact students with disabilities.

Importance of Supporting Telepractice for Audiology and Speech-Language Pathology

Telepractice services may include the following:[4]

- **Synchronous services:** Real-time audio/video interactions, such as therapy sessions or consultations;
- **Asynchronous services:** Information shared for later review, such as test results, remote patient and therapeutic monitoring, education materials, or recorded practice activities; and
- **Hybrid services:** A blend of synchronous, asynchronous, and in-person care, including models such as remote patient monitoring.

Telepractice in school settings can help address shortages of qualified providers, reduce travel time across multiple buildings, and increase access to rural or remote districts. Telepractice may improve accessibility for direct services and assessment of some students and may facilitate remote collaboration with school staff and families. Telepractice can also facilitate follow-up for students who are referred following school hearing screenings by supporting care coordination, review of screening findings, referral management, and communication among schools, families, and providers. These services may reduce loss of follow-up and help address provider shortages and geographic barriers to care.

Audiologists and SLPs determine whether telepractice is appropriate for an individual student by considering a broad range of factors such as:

- Alignment with the student's IEP goals and communication needs;
- The behavioral, sensory, motor, or self-regulation supports needed for participation;

- Whether specific goals require in-person services (e.g., tactile cueing, device troubleshooting, feeding/swallowing); and
- Strategies to maintain attention and engagement (e.g., visual schedules, reinforcement systems).

Areas of Agreement

There is a distinction between educational and recreational screen time.

ASHA agrees with the Commission's recognition that educational and recreational screen time are different.[5] Excessive recreational screen use, especially in early childhood, can displace interactions that support language development.

Program integrity is an important area of focus.

ASHA supports reasonable measures to prevent fraud, waste, and abuse. However, these measures should be designed so they do not discourage small, rural, or under-resourced applicants from participating in the E-Rate program or limit access for students with disabilities.

Areas of Concern

Screen time limits must exempt assistive technology and disability-related services.

The NPRM asks whether E-Rate program funding should be conditioned on screen time limits. ASHA urges the Commission exclude AAC use, hearing-related accessibility tools, captioning, digital assessment, technology-enabled intervention activities, and telepractice from any screen time limit imposed as a condition of E-Rate funding. These uses support students' communication, access to instruction, and individualized educational and functional goals.

A student who uses a speech-generating device needs it all day, in every class, to answer questions, ask for help, and interact with peers. Capping that use is equivalent to limiting when a student may speak. Similarly, a student with hearing loss who relies on captioning needs continuous access to receive instruction.

Under IDEA, schools must provide assistive technology devices and services when needed for a free appropriate public education.[6] Section 504 requires schools to provide students with disabilities equal access to education, and Title II of the ADA requires effective communication. An E-Rate program condition that conflicts with these obligations would place schools in an untenable position. Any screen time framework should expressly exempt disability-related communication, accessibility, assessment, and intervention, including uses documented in an IEP, Individualized Family Service Plan, or Section 504 plan.

Preserve E-Rate for currently eligible Head Start and pre-kindergarten programs.

The NPRM seeks comment on whether Head Start and pre-kindergarten students and facilities should remain eligible for E-Rate support and whether schools should be required to exclude associated costs from their funding requests. ASHA opposes excluding currently eligible programs because reduced connectivity could limit access to early childhood services and communication supports.[7]

The early years are some of the most critical windows for speech, language, and hearing development. Preschool children with disabilities receive services under IDEA Part B, Section 619, often in pre-K and Head Start classrooms. Those services increasingly include telepractice,

AAC, and hearing technology. Screen time guidance for young children should address passive, recreational viewing, not interactive clinical services or a child's communication device.

Monitoring requirements must protect sensitive health and education information.

The NPRM seeks comment on the meaning of "monitoring the online activities of minors."[8] Telepractice sessions, audiological data, and AAC communication logs can contain health and education records protected by the Family Educational Rights and Privacy Act (FERPA) and, in some cases, the Health Insurance Portability and Accountability Act (HIPAA). Monitoring requirements should not require the capture or review of clinical session content or a student's private communications through an AAC device.

ASHA recommends that any guidance explicitly exclude protected clinical and education data from monitoring obligations if this monitoring is not compliant with FERPA, HIPAA, or IDEA.[9,10]

Sunsetting or narrowing the E-Rate program would undermine services in rural and high-need communities.

The NPRM asks whether the E-Rate program has fulfilled its mission and should be limited or sunset. ASHA urges the Commission to preserve the program. Having a connection is not the same as having affordable, sufficient bandwidth for real-time video telepractice and captioning. For rural and high-poverty schools facing shortages of audiologists and SLPs, E-Rate support can help sustain the connectivity needed to deliver services through telepractice.

Implications by Setting

Early intervention (birth to 3). IDEA Part C services are delivered mostly in homes and community settings, not E-Rate-funded schools. But the rule still reaches this population. Some early intervention programs operate in school district facilities, and families without home broadband often use public libraries for tele-intervention sessions. Children also transition from Part C to Part B services at age 3, directly into pre-K settings such as Head Start. Restricting pre-K support would disrupt continuity at a vulnerable transition point.

K-12. Schools are the primary setting affected by the NPRM. The proposals on screen time caps, device restrictions, and network filtering would all impact IEP-mandated audiology and speech-language pathology services. In districts that rely on telepractice to meet workload demands, reduced E-Rate program support could leave services undelivered and neglect obligations under IDEA and school-based Medicaid.

Higher education. Colleges and universities are not generally E-Rate program applicants, but university audiology and speech-language pathology programs depend on K-12 schools for clinical placements. Furthermore, the secondary to postsecondary transition framework supported in legislation such as the Education of the Deaf Act, Every Student Succeeds Act, IDEA, and Workforce Innovation and Opportunity Act all support secondary to postsecondary transition. The E-Rate program is often a key support to help ensure a smooth transition into higher education and the adult workforce ecosystem. Weakening school connectivity would reduce placement options and slow the pipeline of new professionals at a time of workforce shortages and limit direct access to audiology and speech-language pathology services across the continuum of educational need.

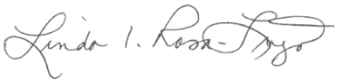
ASHA Requests

ASHA urges the Commission to:

1. Exclude disability-related communication, accessibility, assessment, intervention, and telepractice from any screen time limit imposed as a condition of E-Rate funding.
2. Preserve E-Rate eligibility for currently eligible Head Start and pre-kindergarten students and facilities.
3. Ensure monitoring requirements protect clinical content and private AAC communications and comply with applicable privacy and confidentiality laws.
4. Preserve the E-Rate support for eligible schools and libraries, including those serving rural and high-need communities.

Thank you for the opportunity to comment. ASHA welcomes the chance to serve as a resource as the Commission develops a final rule. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

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[1] Federal Communications Commission. (2026). FCC To Review E-Rate Program To Ensure Congress's Vision. *Federal Register*. https://www.federalregister.gov/documents/2026/08/14/2026-16590/fcc-to-review-e-rate-program-to-ensure-congresss-vision
[2] American Speech-Language-Hearing Association. (2018). *Scope of Practice in Audiology*. https://www.asha.org/policy/sp2018-00353/?srsltid=AU7gw4WWlAXqB0wJOC1UbDlhS9-16R6u7wQYlWl9ovx5BHAtWsLc1Rj0
[3] American Speech-Language-Hearing Association. (2016). *Scope of Practice in Speech-Language Pathology*. https://www.asha.org/policy/sp2016-00343/?srsltid=AU7gw4Wkbl0o_QQ-jw2v4L9ocwZXP0Z0nVguWERaA00VEZ72qA8TFKHx
[4] American Speech-Language-Hearing Association. (n.d.). *Telepractice*. https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/
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[6] U.S. Department of Education. (2017). *Sec. 300.105 Assistive technology*. https://sites.ed.gov/idea/regs/b/b/300.105
[7] Federal Communications Commission. (2026). FCC To Review E-Rate Program To Ensure Congress's Vision. *Federal Register*. https://www.federalregister.gov/d/2026-16590/p-40
[8] Ibid
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[10] U.S. Department of Education. (2017). *Sec. 303.401 Confidentiality and opportunity to examine records*. https://sites.ed.gov/idea/regs/c/e/303.401