



ASHA
American
Speech-Language-Hearing
Association

March 9, 2026

The Honorable Bill Cassidy, M.D.
Chair
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to emphasize the importance of sustained funding for and organizational stability of the National Institutes of Health (NIH). NIH plays a central role in advancing research that prevents, detects, diagnoses, and treats diseases and disabilities—work that ultimately helps Americans live longer and healthier lives. We appreciated your Committee’s recent hearing, “Modernizing the National Institutes of Health: Faster Discoveries, More Cures,” and the opportunity for bipartisan discussions about strengthening NIH to inform future legislative efforts.

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. 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.

We appreciate Congress’ continued bipartisan commitment to funding NIH despite calls from the Administration to significantly reduce funding and overhaul its organizational structure, most recently through the Consolidated Appropriations Act, 2026 (Public Law 119-75). That law increased NIH funding by \$300 million over fiscal year 2025 enacted levels, maintained its organizational structure, and refrained from capping grant funding on indirect costs.

These investments are not abstract. They translate into improved diagnostic tools, treatment modalities, and advances in devices—including augmentative and alternative communication assistive technologies. This progress directly benefits audiology and speech-language pathology patients, helping them achieve better long-term outcomes in hearing, balance, speech, language, swallowing, and cognitive communication disorders. Improved outcomes also help prevent downstream costs throughout the health system.

ASHA supports key points raised in Chairman Cassidy’s 2024 white paper, “NIH in the 21st Century: Ensuring Transparency and American Biomedical Leadership,” including the importance of maximizing the efficiency and effectiveness of NIH funding.

Within NIH, the National Institute on Deafness and Other Communication Disorders (NIDCD) plays a uniquely vital role. NIDCD is the only federal agency focused on funding research addressing the normal and disordered processes of hearing, balance, voice, speech, and language. These disorders affect the health and well-being of millions of Americans and impact the economy through lost productivity; increased need for services and supports to ensure

appropriate public education for students with disabilities; greater rehabilitation needs; higher health care expenditures; and reduced revenue. NIDCD-supported research also drives advances in rehabilitation following stroke or traumatic brain injury. These investments reduce long-term health care costs, strengthen educational outcomes, and support workforce participation for millions of Americans.

The conditions NIDCD is focused on have a high impact throughout the lifespan. Hearing loss is the third-leading chronic health condition in the United States and is rapidly increasing. About one in three adults over 65 and nearly half of adults 75 and older have hearing loss.¹ In 2020, 6,000 infants were identified with a permanent hearing loss. In addition, tens of thousands of children are exposed to infections during pregnancy, such as cytomegalovirus, that carry significant risk of causing hearing loss as those children grow.² Hearing loss disproportionately impacts groups such as military veterans and those exposed to occupational or recreational noise. Hearing loss is associated with increased risks of social isolation, depression, and cognitive decline.³

Since its establishment in 1988, NIDCD has been instrumental in funding groundbreaking research that has had a profound impact on millions of Americans. Some of the notable research areas funded by NIDCD include:

1. **Hearing Loss and Hearing Aids:** Funding from NIDCD helps to support improvements in hearing aid technology, with research projects focused on enhancing the way that hearing aids process speech to improve understanding for the user. NIDCD-funded researchers are also seeking ways to reduce noise interference and feedback and to develop better microphones for hearing aids, all to allow hearing aid users to better understand speech.
2. **Speech and Language Development in Children:** NIDCD-funded research has provided critical insights into how children acquire speech and language skills, leading to the development of effective interventions for children with speech and language disorders. This research is essential for early diagnosis and treatment, which can prevent long-term communication challenges. Ongoing NIDCD-funded research in this area includes gathering data to establish reliable signs and symptoms for specific speech disorders in children, which can then be used to develop accurate diagnostic tests; convening experts to address the lack of standard assessments and effective treatments for autistic children; and exploring the role of genetic factors linked to communication disorders.
3. **Motor Speech Disorders:** NIDCD funds studies to further the understanding of diseases and conditions that can affect the voice and to test new approaches to diagnose, treat, or cure voice disorders. Current NIDCD-funded research in this area, including a project on how the brain controls the muscles and nerves that produce speech, may help clinicians and other researchers design better treatments for voice disorders.
4. **Balance Disorders:** NIDCD-funded research on balance disorders, which are often linked to inner ear problems, aims to help individuals maintain their mobility and independence. Current studies supported by NIDCD are exploring ways to regrow inner-ear structures that are crucial for balance but are destroyed by aging, medications, infections, or trauma; testing prosthetic devices to regulate the function of balance

organs in the inner ear; and developing novel tests to appropriately diagnose balance disorders.

NIH has evolved over time and has been shaped by bipartisan initiatives in Congress, including the passage of the National Deafness and Other Communication Disorders Act of 1988—bipartisan legislation signed into law by President Ronald Reagan that created NIDCD. Some institutes within NIH were created to focus on specific diseases (e.g., National Cancer Institute), some on populations (e.g., National Institute on Aging), and others on function (e.g., NIDCD). All three are needed to holistically address population health, diseases, and functions. Out of the \$47.1 billion appropriated to NIH by Congress for fiscal year 2024, NIDCD received \$534 million in funding, or just over 1% of total NIH appropriations. The importance of the research funded by this relatively small portion of NIH dollars to the patient populations served by ASHA members cannot be overstated.

As NIH continues to evolve, Congress should preserve the decision-making authority of subject matter experts within NIDCD. This is paramount to ensuring research dollars are prudently invested. Institute-level expertise ensures that funding decisions remain grounded in scientific merit and patient need. Legislative proposals to dramatically alter NIDCD's structure—if not carefully developed in consultation with clinicians, researchers, and institute leadership—could unintentionally hinder progress of research it supports.

ASHA believes that any NIH modernization efforts should strengthen, not weaken, the specialized expertise that institutes like NIDCD bring to the research ecosystem. The institute's transparent priority-setting process, engagement with clinicians and researchers, and responsiveness to emerging scientific opportunities are models of effective governance. Maintaining this autonomy protects the integrity of research, supports innovation, and helps ensure continuous improvement of patient care. We oppose efforts to reduce NIH funding, consolidate research institutes, or condition grants based on factors unrelated to scientific merit and expert judgment of NIH institute and center leadership.

For audiologists, SLPs, and the patients they serve, NIDCD funding is essential to advancing evidence-based care. Research supported by the institute informs clinical standards, prepares the next generation of scientists and clinicians, and drives the development of technologies that restore communication and independence.

We thank the Committee for its bipartisan leadership in supporting NIH and for recognizing the importance of sustained federal investment in research. ASHA stands ready to work with you to ensure that NIH continues to operate at the highest standards while preserving the structure and independence necessary for institutes like NIDCD to fulfill their missions.

If you have questions or would like additional information, please contact Josh Krantz, ASHA's director of federal affairs for health care, at jkrantz@asha.org.

Sincerely,



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

¹ Centers for Disease Control and Prevention. (January 2025). *Data and Statistics About Hearing Loss in Children*. <https://www.cdc.gov/hearing-loss-children/data/index.html>

² Centers for Disease Control and Prevention. (May 2024). *Congenital CMV and Hearing Loss*. <https://www.cdc.gov/cytomegalovirus/congenital-infection/hearing-loss.html>

³ Johns Hopkins Bloomberg School of Public Health. (n.d.). *Key Findings*. <https://www.achievestudy.org/key-findings>