Chair Murray and Ranking Member Blunt: The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit testimony on the Fiscal Year (FY) 2023 Labor, Health and Human Services, Education and Related Agencies appropriations bill. My name is Judy Rich, EdD, CCC-SLP, BCS-CL, ASHA’s President for 2022.

As the Subcommittee begins its work on this critical legislation, I offer ASHA’s support for the following programmatic funding requests for the U.S. Department of Education (ED):

1. $16.76 billion for the Individuals with Disabilities Education Act (IDEA) Part B State Grants, $503 million for IDEA Part B Section 619 Preschool Grants, $932 million for IDEA Part C Infants and Toddlers with Disabilities, and $250 million for IDEA Part D section 662 personnel preparation grants within ED.

2. $1 billion for the Administration’s proposed School-Based Health Professionals program to support efforts to address shortages of school-based health professionals. ASHA also urges the Subcommittee to ensure that speech-language pathologists (SLPs) and audiologists are eligible for this program.

In addition, ASHA encourages the Subcommittee to include report language to establish issue-specific technical assistance (TA) centers within ED to improve the ability of school-based SLPs and educational audiologists to meet the needs of students with communication disorders. Specifically, ASHA urges the Subcommittee to create TA centers focused on Communications/Speech Disorders; Medicaid Services and Reimbursement; Workload Mitigation; and Telepractice Services.

**Individuals with Disabilities Education Act**

ASHA thanks members of the Subcommittee for increasing funding for the Individuals with Disabilities Education Act (IDEA) last year.

Children and youth (ages 3-21) receive special education services and related services under IDEA Part B, and infants and toddlers (birth-2 years old) with disabilities and their families receive early intervention services under IDEA Part C. Congress must continue to make appropriate investments in IDEA to ensure children with disabilities receive the free appropriate public education (FAPE), which they are entitled to under law.

A substantial increase in funding for IDEA is a step toward fulfilling the promise that Congress made to fund 40% of the average per-pupil expenditure in public elementary and secondary schools. This critical program serves more than 6.5 million children in our nation’s schools, including students with communication disorders. ASHA appreciates that the American Rescue Plan Act provided $2.58 billion for IDEA Part B State Grants, $200 million for IDEA Preschool...
Grants, and $250 million for Part C Infants and Toddlers, and that the Consolidated Appropriations Act, 2022 (Public Law 117-103) increased IDEA funding above FY 2021 levels for the remainder of the current fiscal year. However, additional funding is necessary to build on this progress.

These additional resources are essential to support states and local education agencies in providing FAPE to all students with disabilities. Schools and districts continue to grapple with costs associated with the Coronavirus Disease 2019 (COVID-19) pandemic and require additional resources to address challenges associated with ensuring continued education and delivering necessary services and supports for children with disabilities. **ASHA supports the Administration’s FY 2023 budget request for IDEA at the levels identified above to ensure students with disabilities can continue to access the services that they are legally entitled to.**

**Technical Assistance Centers**

Speech-language pathology services are highly utilized by students served under IDEA. According to ED’s 43rd Annual Report to Congress on the Implementation of IDEA, 2021, speech or language impairments represent the most prevalent disability category of services provided under IDEA Part B: 39.9% of children ages 3 through 5, and 16.3% of students ages 6 through 21.2

ASHA’s 2020 Schools Survey found that school-based SLPs’ top two challenges identified were excessive paperwork (81.7%) and high workload/caseload (56.5%), while educational audiologists rated those as their second (53%) and fifth greatest challenges (41.7%).3,4 Both SLPs and audiologists also identified challenges in Medicaid billing for eligible students.

Establishing TA centers focused on key issues impacting school-based SLPs and educational audiologists would provide them valuable support; thereby, helping to ensure a FAPE for students with challenges that SLPs and audiologists can help address. The TA centers would:

1. provide resources, guidance, and best practices pertaining to the assessment and treatment to **habilitate the communication disorder(s)**;
2. identify and develop free or low-cost evidence-based tools, model programs, and best practices to **address clinical and professional practice issues**; and
3. offer support and guidance for **utilizing federal funding** sources to support capacity to **address staffing shortages** of speech-language providers within the school, community, or home setting to ensure the delivery of effective services for all students and their families.

The specific mission for each TA center would include:

1. **Communications/Speech Disorders Center**: Provide resources, guidance, and best practices pertaining to the assessment and treatment to habilitate the communication disorders for clinicians and other members of the school community and provide support and guidance regarding the utilization of federal funding sources to support capacity to ensure access to such services for all students.
2. **Medicaid Services and Reimbursement Center**: Provide resources to ensure that students who qualify for services under Medicaid receive such services, and to streamline the reimbursement process for providers, schools, and local and state education agencies.
3. **Workload Mitigation Center**: Provide resources to mitigate the workload burden for SLPs, audiologists, and other specialized instructional support personnel to best serve
students, and support the state and local education agency’s capacity building of providers.

4. **Telepractice Services Center**: Provide resources to support telepractice and the application of telecommunications technology to deliver audiology and speech-language pathology professional services at a distance by linking providers to students, and build capacity among state and local education agencies to appropriately access services though a range of venues.

The establishment of one or more of these centers would support SLPs and audiologists in ensuring that all students have access to FAPE; and ensure that state and local education agencies, school administrators, and other educators have access to resources to support students and providers. **ASHA strongly encourages the Subcommittee to establish TA centers to support the ability of school-based SLPs and educational audiologists to support students with disabilities, particularly a Communications/Speech Disorders TA center to help address the needs of the significant population of students receiving speech-language services, and a Medicaid TA center to ensure that schools, districts, and states are able to receive reimbursement for services provided to Medicaid-eligible students.**

**Conclusion**

Thank you for the opportunity to provide this testimony for the record. ASHA appreciates the Subcommittee’s past investments in IDEA and other critical education programs and urges continued support at the recommended funding levels. These investments are crucial to ensuring SLPs and audiologists can meet the hearing, balance, speech, language, swallowing, and cognition-related needs of students who are receiving special education services in schools.

If you or your staff have any questions, please contact Eric Masten, ASHA’s director of federal affairs for education, at emasten@asha.org.

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