

**American Speech-Language-Hearing Association
Subcommittee on Labor, Health and Human Services, Education and Related
Agencies
Committee on Appropriations
United States House of Representatives**

April 16, 2026

Chairman Aderholt and Ranking Member DeLauro:

As president of the American Speech-Language-Hearing Association (ASHA). I am submitting the following testimony on the fiscal year (FY) 2027 Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill.

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.

ASHA supports (a) maintaining funding for the following programs at the U.S. Departments of Education (ED) and Health and Human Services (HHS) at a minimum of no less than the FY 2026-enacted level as provided by the Consolidated Appropriations Act, 2026 (Public Law 119-75), with certain adjustments, and (b) continuing the following legislative and/or report language:

- \$16.6 billion for Part B State Grants under the Individuals with Disabilities Education Act (IDEA), along with language maintaining ED as a cabinet-level agency, prohibiting the transfer of funds to other agencies, and ensuring ED maintains sufficient staffing levels to fulfill its statutory obligations;
- \$18.8 million for Health Resources and Services Administration (HRSA) grants to states for Early Hearing Detection and Intervention programs and \$10.8 million for the Centers for Disease Control and Prevention (CDC) surveillance and support for state newborn hearing screening programs;
- \$47.2 billion for the National Institutes of Health with language preserving its existing organizational structure and preventing a cap on grant funding for indirect costs; and
- \$534 million for the National Institute on Deafness and Other Communication Disorders.

ASHA applauds the Committee for rejecting the Administration's cuts to many critical health and education programs proposed in its FY 2026 budget request to Congress. However, the Administration is again proposing flat or reduced funding and changes to

the way these programs are administered. These changes hinder ASHA members' ability to meet the needs of those they serve and threaten access to audiology and speech-language pathology services. Significant Medicaid funding cuts and program changes enacted as part of the One Big Beautiful Bill Act (Public Law 119-21), combined with the expiration of Affordable Care Act subsidies, are already jeopardizing access to care. Together, these policies are forcing states to make difficult budget decisions that raise health care costs and reduce access to care.

Department of Health and Human Services

ASHA opposes the Administration's proposed \$15.8 billion budget cut to HHS. This 12.5% reduction would diminish access to audiology and speech-language pathology services, worsen health outcomes for individuals who rely on these services, and ultimately increase costs to taxpayers.

Hearing loss—the third most common chronic health condition in the United States—affects individuals across the lifespan, including newborns, young children, and older adults, and can significantly impede communication. The Early Hearing Detection and Intervention (EHDI) Act supports one of the nation's most important public health programs, ensuring that newborns, infants, and young children receive timely hearing screenings, diagnosis, and intervention services in every state and territory. Since Congress first authorized EHDI in 2000, it has been instrumental in increasing newborn hearing screening rates from 46% to 98% as of 2022. Early identification and intervention are essential to improving long-term academic, social, and employment outcomes for children with hearing loss.

ASHA was pleased that Public Law 119-75 maintained \$18.8 million in funding for federal grants to facilitate newborn hearing screenings but was disappointed that the law reduced CDC funding for federal support to state EHDI programs from \$10.8 million to \$6.7 million. This funding reduction will diminish the CDC's ability to provide technical assistance for data collection, management, and research to support those programs. Unfortunately, the Administration's FY 2027 budget request again proposes eliminating HRSA funding for EHDI programs and reducing CDC funding. **ASHA therefore urges the Committee to maintain \$18.8 million for HRSA grants to states for EHDI programs and \$10.8 million for CDC surveillance and support for state newborn hearing screening programs.**

ASHA also supports maintaining current funding for and the existing organizational structure of the National Institutes of Health (NIH) and its National Institute on Deafness and Other Communication Disorders (NIDCD). NIDCD supports critical research addressing medical and behavioral pathologies affecting people with communication impairments and disorders and the development of devices that assist individuals with hearing loss and other communication disorders. 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 for students with disabilities, greater rehabilitation needs, higher health care expenditures, and lost revenue. **ASHA**

therefore urges the Committee to provide \$47.2 billion for NIH and \$534 million for NIDCD and reject proposals to consolidate institutes and centers in order to maintain progress in understanding and treating communication, hearing, and balance disorders that affect millions of Americans.

Department of Education

ASHA opposes the Administration's proposed \$2.3 billion budget cut to ED. This 2.9% reduction will further restrict school-based SLPs and educational audiologists' ability to provide services to students with communication disorders.

ASHA further opposes the Administration's efforts to dismantle ED or outsource, through interagency agreements, the administration of education programs to agencies that are not sufficiently equipped to operate them. ASHA appreciates the Committee's concurrence by including language in the report accompanying Public Law 119-75 preventing ED from transferring funds to other agencies, reiterating that no authorities exist for ED to transfer its fundamental responsibilities to other agencies, and requiring ED to maintain sufficient staffing levels to fulfill its statutory obligations. **ASHA strongly supports similar language and provisions in FY 2027.**

ASHA urges the Committee to provide robust funding for education programs such as IDEA, which help ensure student achievement and success. Children and youth (ages 3 to 21) with disabilities receive special education and related services under IDEA Part B, and infants and toddlers (birth to 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 they are entitled to under law.

Speech-language pathology services are particularly vital and highly utilized by students served under IDEA. According to ED's 46th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2024, speech or language impairments account for the second most common primary disability category for children receiving services under IDEA Part B (33% for ages 3 to 5 and 18% for ages 5 to 21). Audiologists and SLPs also provide essential early intervention services and educational support services to children and families, school-based services to students with disabilities regardless of primary disability category, and support general education students who require services, including as part of multi-tiered systems of supports.

Sufficient federal education funding is especially important now as audiology and speech-language pathology degrees may not be classified as professional degrees for purposes of higher federal loan limits. The One Big Beautiful Bill Act made significant changes to the federal student loan program, including setting different lifetime loan limits for graduate students versus professional degree students. To implement the loan limit provision, ED has proposed a definition of "professional degree" program that does

not include audiology or speech-language pathology, as well as several other regulated health professions.

The professions of audiology and speech-language pathology unequivocally satisfy both the original regulatory language referenced in the One Big Beautiful Bill Act and the three-part operative definition outlined in ED's proposed rule. ED's potential failure to classify these degrees as professional degrees will limit loan access and discourage qualified students from entering the professions, worsening existing workforce shortages and increasing costs resulting from unmet health and educational needs.

ASHA highlights this issue recognizing the Committee's reluctance to intervene prior to promulgation of the final rule, but notes that ED's potential adherence to the definition in the proposed rule—combined with reduced federal education funding for and changes to programs students with communication disorders rely on—will compound the challenges ASHA's school-based members already face in providing services to students.

ASHA therefore urges the Committee to provide robust funding for IDEA and other federal education programs and ensure that ED administers those programs according to its statutory obligations.

Conclusion

Thank you for the opportunity to provide this testimony for the record. ASHA appreciates the Subcommittee's past investments in these critical education and health programs and urges continued support at the recommended funding levels. If you or your staff have any questions, please contact Kevin Stutman, ASHA's associate director of federal affairs, at kstutman@asha.org.

Sincerely,



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