

CEO Live Chat “ASHA Audiology Is Hear to Listen” Transcript July 18, 2024

Vicki Deal-Williams: Good evening, everyone. We're going to let folks get in, and we will get started momentarily. Welcome, everybody. We are just letting everybody get into the Zoom room, and we will get started in just a few seconds. Let's see the number of participants slowing down. All right. We will go ahead and get started. Welcome to the ASHA CEO Live Chat. And thank you for joining us. I'm Vicki Deal-Williams. Audiology is HEAR to Listen. I am joined this evening by Tena McNamara, ASHA's 2024 Board President, who is a practicing pediatric audiologist. And our moderator for this evening is Donna Smiley, ASHA's Chief Staff Officer for Audiology. If you have questions for myself or our panelists tonight, please start submitting them now. Bear in mind that we do have limited time to answer questions. We also have a number of questions that were submitted when you all registered. So we're going to try to address as many of your questions as we possibly can in the time that we have. We are also going to look for common themes in the questions that you have in that you're asking, and we'll prioritize those questions that a number of you are asking. So we'll try to make sure that we address those topics that a number of you are interested in. Tena, I'm going to turn it over to you to introduce yourself.

Tena McNamara: Thank you. Becky. First of all, I'd just like to start by introducing our board members that are audiologists. And we would like to start with Radhika Aravamudhan, and she is our Vice President for Academic Affairs and Audiology. The next slide would be Mark DeRuiter, and he's our Vice President for Standards and Ethics in Audiology. Sumit Dhar, and he is our Vice President for Science and Research. Akilah Heggs, and she is our Vice President for Planning. Larry Molt, our Vice President for Finance. Janice Trent, our Vice President for Audiology Practice. And Anita Vereb, our Vice President, our Member at Large for Audiology. And myself, Tena McNamara, the 2024 ASHA President. I'm currently a pediatric audiologist at a private practice early intervention center. And it's wonderful to be here with all of you tonight. Okay. Next slide. Thank you. First of all, what I'd like to do is just give you a little background on the presidential theme this year. The presidential theme is OpportuniTEAM and OpportuniTEAM, as you can see, combines the words opportunity and team to describe a group of individuals coming together to work collaboratively towards a goal. OpportuniTEAM is a campaign celebrating members of the CSD profession who, through teamwork, are making a positive impact on others. Are you an ASHA member who works in a professional setting with other specialists, where you have collaborated to innovatively help an individual or group of people? Have you partnered with members of a community or team to improve the lives of individuals or groups you serve? If so, I want to celebrate those members who are doing these things, especially in audiology. So please submit a team to be featured by ASHA on our media sites throughout the year. And you can do this by going to on.asha.org/OpportuniTEAM. And I'm going to pass the conversation back to Donna and Vicki.

Donna Smiley: Thank you. Thanks so much, Tena. I want to take an opportunity to introduce several other staff members who are joined in joining us tonight and who we will probably

call upon to help broaden the information that we're able to share with you. As you all may or may not know, we have approximately 310, give or take 1 or 2, staff at ASHA. And it takes all of us to do this work. So, Vicki already introduced myself. I have the great privilege of working with all of these people. Tricia Ashby Scabis is our Senior Director for Audiology Practices. Lindsay Creed is one of our Associate Directors in the Audiology Practices Unit. Marquitta Merkison and Bria Collins are also Associate Directors in that unit. We also have Todd Philbrick, who is our Chief Certification Officer with us tonight. And then from our Governmental Affairs and Public Policy group, we have Jerry White, who's the Senior Director for Federal & Political Affairs. Sarah Warren, who's the Director for Health Care Policy, specifically around Medicare, and Tim Boyd, who's our Director for State Health Care and Education Affairs. So we're excited to have them and appreciate the depth that they can add to our conversation tonight. I do want to remind everybody about how we're going to do this tonight. First of all, we are going to start with questions that were submitted in advance. We've been able to go ahead and group many of those together. Listen for your name if you submitted a question because we're going to give you credit for that question. So be sure to listen for that. So we're going to start with those questions and the big themes that we saw in those questions. The chat feature is disabled for us to use back and forth. You'll see some things come up in the chat feature that we're giving you links for, however, you can use the Q&A feature to submit questions that we will try to get to later in the evening and answer with our panel of expertise, as well as Vicki and Tena. We do ask that you please follow ASHA's code of conduct for meetings, which is on our website and was linked at the beginning of the webinar. And last, after the webinar is over, or the Live Chat, you will receive an email with a survey, and we hope that you'll take time to fill that out because your feedback helps us continue to improve our CEO Live Chat series. So let's go ahead and get started. We are going to start with category or topic area number one around third party payers and administrators. So, Michelle, Caitlyn and Christine have been asked, how should members handle working with third party payers in their insurance interactions? Vicki, can you get us started?

Vicki Deal-Williams: Yeah. Interestingly enough, this is something that ASHA knows a little bit about as an organization that self-insures our health coverage. So we do work directly with a third party administrator for our own health care coverage. But ideally, the insurance company should ensure that third party administrators are working appropriately. If there are problems with a third party administrator, we need to hold the insurance company accountable. Some insurance contracts allow the plan sponsor or policy holder the ability to select their third party administrator from a list of options. The policyholder can ask their insurance company or their employer if they can switch to a different third party administrator. The state insurance commissioners should also be protecting beneficiaries if third party payers violate contract provisions or insurance policies. This can be reported to the insurance company, and if the insurance company doesn't act, the beneficiaries can then report the insurance company to their local insurance commissioner. Unfortunately, third party administrators have become just a regular, integral part of managing self-funded insurance plans, and they're not likely to go away anytime soon. ASHA, though, is looking at ways to help providers navigate third party administrators and to encourage more oversight

of those third party administrators. And I'm going to ask Sarah Warren to expand a little bit on what we're doing.

Sarah Warren: Thanks. So at ASHA, we work really hard to try to understand these issues directly from you and bring this information to the right policymakers or stakeholders to try to effectuate some change for you guys. So some different ways that we try to do that is we have an annual payer summit where we invite private payers and state Medicaid agencies to come meet with ASHA staff so we can do some information sharing on our end about some of the challenges that you guys face, and that includes the challenges that you guys face with third party administrators. We also try when a particular issue crops up, you know, insurance company X is using TPA Y, you know, and TPA Y is causing a lot of problems. Going to that insurance company and seeing the third party administrator that you're using is really causing some challenges for folks. And what can we do to resolve those? And then finally, we do meet with insurance commissioners directly at the National Association of Insurance Commissioners. They meet twice a year, at a minimum. And we travel to that meeting and we say these are some of the challenges that our members are facing with insurance companies and the third party administrator. So we're working a variety of avenues to try to address those challenges for you guys.

Donna Smiley: Thanks, Sarah. So let's go ahead and move to topic area two that had several registrants ask questions about audiologist recruitment. So we received some questions from Jovana, Michelle, Andrea and Sarah, and when we put all of those together, basically we want to answer the question, how is ASHA aiding to increase enrollment in AuD programs and increasing the interest of a career in audiology for younger individuals? Vicki, again, I'll start with you.

Vicki Deal-Williams: Okay. Prior to becoming ASHA's CEO, I was ASHA's Chief Staff Officer for Multicultural Affairs and was responsible for one of our strategic objectives that dealt with recruitment and retention of underserved populations. So we worked on this a little bit more directly. But ASHA and CAPSID, the Council of Academic Programs in Communication Sciences and Disorders, have been working to promote the awareness of the communication sciences and disorders professions, and both audiology and speech-language pathology, ideally, to educate and to recruit students into careers in our discipline. And what we're finding, what we're seeing is click-through rates are climbing as we refine messages that we've been posting more recently. Just as an example, earlier this year, we launched a TikTok advertising campaign in the spring of this year, and the click-through rates have steadily increased. And just last month, we saw a 90% increase in those click rates. We've also had targeted ad campaigns on Facebook, on Instagram and even Spotify. So we're starting to see more and more expansion and pickup in those campaigns. We've also expanded that campaign recently to multilingual students to try and recruit additional students who speak more than one language to our professions. In supporting recruiting PhD students in audiology, both CAPSID and the American Speech Language Hearing Foundation have scholarships and grants that assist student researchers and

innovators as well. So there's quite a bit of work that's been done over a number of years to try to address some of these issues.

Donna Smiley: Additionally, Vicki, I think I'll add that ASHA has actively engaged with other groups that are trying to highlight health care professions to middle school and high school students, such as the Health Occupations Students of America, which was formerly known as HOSA. Currently, HOSA is now called HOSA Future Health Professions. And so we've engaged with them to try to make sure that they know about audiology and speech-language pathology so that they can promote that to those students that they have contact with. I think it's also on a positive note, important to highlight that there has been an upward trend for both AuD enrollment as well as degrees granted in audiology. I have to kind of look at my notes here to get the numbers correct.

Vicki Deal-Williams: But the total enrollment for audiology clinical doctor at entry level programs was 3,205 in the 2023 academic year. And that was almost a 28% increase over the 2010 to 2011 number. So the number of students enrolled we've seen go up. Additionally, the number of audiology clinical doctorate entry level degrees granted in the most recent academic year was 821, and that was a 63.5% increase from 2008 to 2009 that academic year, which there were 502 degrees granted that year. So we are seeing an increase in the number of students that are enrolling, as well as students graduating with that degree. I think we just have to figure out where those students are going once they graduate and hang on to them in our field. So we're going to drop some resources for you in the chat that just give you some information about, information you can share with students. You know, different things you can use to highlight the careers if well, ASHA certainly can do a lot in that area. We also need everyone to spend some time recruiting, making sure that people know what we do.

Donna Smiley: So let's move on to another question that came in that same topic area. And it was from a registrant that mentioned, what are some of the best opportunities for undergraduate students to gain experience and build connections? So, Vicki, again, will you start us off?

Vicki Deal-Williams: Yeah. I think probably one of the best ways is through the many mentoring programs that we have that connects students and professionals to mentors, you know, so that protégés or mentees have an opportunity to connect around a specific area of interest. ASHA has a platform that we use that allows individuals to get connected and to do some networking. Most of that occurs online, but a lot of these pairs, mentor-mentee pairs do take an opportunity to connect physically and in person. And this is, like I said, for both students and professionals. And I think we can put a link in the chat to ASHA's mentoring programs that would give people access to those resources as well.

Marquitta: Thank you. Hi, everyone. My name is Marquitta Merkison, and for the past six months, I have lived and breathed about audiology students and those interested in joining us in this profession. The Audiology Practice Team initially began offering an in-person

Audiology Student Day to the local programs around the national office, and this was a great opportunity to teach them about what ASHA has to offer, get them engaged and excited. However, in the last three years, your current Audiology Practices Team has begun to think and consider ways to expand Student Day to reach more programs and to support more students. And we've expanded this program to both an in-person and a virtual offering. And just last month, we had a very successful virtual Student Day for selected schools in the Central Time Zone. And we're absolutely delighted to have so many of them join us and to have the audiology programs make it a priority for them to be able to spend the day with us, even if it was just in front of their computers. So Audiology Student Day allows us to reach out to students not only to provide information about what ASHA has to offer, such as advocacy for the profession or a community preferred for professionals and of course, to have their questions about certification answered. But more importantly, it provides them with information about resources and programs that actually have to support them in their education journey, and also provides time for them to hear from a panel of audiologists working in different settings. This panel provides an invaluable opportunity for students to see different possibilities for themselves within the profession, and it is always reported as the students' favorite part of the day and offers encouragement and inspiration. So we continue to learn about how to better connect and support students by asking their feedback and considering what this can help us with. And, you know, how do we get better and move forward? So supporting audiology students has to be a priority for all of us on this call with you today. We're at work. Please keep looking for ASHA's Audiology Student Day to continue to expand.

Bria Collins: Thank you, Donna. Hi, everybody. I just want to talk briefly about, first, the Audiology Students at ASHA Convention program. This was created back in 2016 to engage audiology students with both ASHA members and national NSSLA through our annual convention. This program includes a convention registration waiver for students who are accepted, and these students are invited to join in on several networking events, while they're also given the freedom to explore the convention sessions that are of interest to them. Enrollment for this program doubled from 2022, in New Orleans, to 2023 in Boston. And we were receiving a lot of feedback and a lot of students wanting to get more and more involved. Unfortunately, for 2024, the program is on hold. Since ASHA Convention is a bit later than usual and it's in December, we thought we would push it off, just because of finals and everybody's crazy schedule during that time. But in 2025, our program will be back in Washington, D.C. for the Centennial, and we're expecting the audiology student turnout to probably be our biggest yet. So, keep an eye out. We usually send the information out through the different ASHA eblast avenues and social media. So we're looking forward to that in 2025. The second program that we offer that's pretty new is called the Audiology Mentorship Program for students or AMPS. We are currently wrapping up our second cycle of this mentoring program. AMPS is a structured program where student mentees select their mentor from a group of wonderful mentors that sign up, and you're matched according to similar interests in the audiology field. This program lasts nine months and this next cycle, our third cycle, is actually going to open up in October. And we are currently and we're not sure if it's going to happen in October or we may push it one

year. We're trying to expand this program to include both student mentees as well as audiologist mentees who are either in a career transition or those who are early career professionals. So this is a really wonderful program. We have heard really good feedback from student mentees so far, and that they've really gotten some great engagement with audiologists who aren't in their zip code. So these two programs, we really want to connect our audiology students with other professionals in the field just to help them build these connections, so that when they graduate, they have someone out there they know already who can kind of just help them transition from student to a professional.

Tena McNamara: Okay, a quick comment. I have done that program in the past, and the relationship that you build with that mentee is forever. It is a very rewarding program.

Lindsay Creed: Absolutely. Thank you. Good evening, everyone. So this year, I have the pleasure of leading our Audiology Early Career Professionals program, which is more about audiologist support and retention, more so than recruitment, because these audiologists are already practicing in the profession. ASHA defines an early career professional as anyone that's been practicing for five years or less. And so this program offers monthly professional development webinars, virtually on various topics, of their interest, billing and coding, avoiding burnout, just general support as well as how to get involved on a national and local level with advocacy. And the program culminates at Convention in person, where we do a number of in-person networking events, and these cohorts typically stay in touch for years to come after the program. So it's a really great way to meet other audiologists that are in sort of your same professional areas of your career, across the country and even internationally. This year, we have about 45 audiology early career professionals in our cohort. The program runs from January to whenever convention is, which this year is early December. And so if that is something that's interesting to you, enrollment is in November of the year before. So keep an eye out for posts on social media or our website about enrolling sometime around November 1st for the following year. So we hope you can join us.

Vicki Deal-Williams: Thanks, Lindsay. All of those programs are really exciting, and it's been exciting for me as a staff member to get to meet the people that participate in those programs. So thanks for sharing that.

Donna Smiley: Now, Vicki, I've got a question for you that came in during registration and I want you to help us understand. So Sarah asked, how is ASHA managing with so many audiologists dropping their Cs in audiology? Can you address that for us?

Vicki Deal-Williams: Happy to address that one. Actually, our data is not indicating that that is so. For the last ten years or so, audiology retention rates have been 95 to 96% each year. And what we've seen is that a majority of those whose certification is in audiology and it expires are individuals with well over 20 years or so of certification, which leads us to believe that there are things like retirement that are playing a major role in their decision to allow their Cs to expire. Additionally, in the last ten years, the CCCAs to degrees granted

rates have been going up as well, leading us to believe that more folks graduating are getting certified earlier or at the start of their careers. So fortunately, we're not seeing the data suggesting a significant drop.

Donna Smiley: Thank you, Vicki. And I just want to reiterate something that Tena said, I believe at the top of the hour or at the top of the Live Chat. Basically, at the end of 2023, when we include the 600 plus duly certified individuals, we currently have 14,702 ASHA certified audiologists. So it is important to note that number. And that number is available and has been for many, many years. We take an official count on the last day of the year, and then we publish that number with lots of other data about our membership, work settings, and those types of things. At the end of the year, it comes out at the beginning of the next year. So let's move on to topic area three, because I do know just in my own conversations that this is something that's really important to our members and to the field of audiology. So let's spend a little bit of time talking about advocacy priorities. And I'm going to ask Jerry White to tell us a little bit about, first of all, can you share some information about ASHA's advocacy priorities to get us started in this area?

Jerry White: Yeah, sure. Absolutely. Thank you, Donna. Just to level set the conversation, I think a lot of the participants who are on the call may know, but ASHA has an annual public policy agenda that is developed by the Government Affairs and Public Policy Board. This is a document that outlines, on an annual basis, the advocacy priorities for both audiologists and speech-language pathologists. It's not developed in isolation by the GAP board or by ASHA staff. This is based on member input that is solicited through a survey. So the 2024 public policy agenda is broken into several different areas. There's a workforce category, payment and coverage category, and a service delivery and access category. And within each of those categories, there are a number of priorities, some of which are on the slide on the screen right now. I'm not going to read each one, but basically what it boils down to is that the annual advocacy priorities are designed to improve coverage and reimbursement of the services that audiologists and SLPs provide, and to streamline access so your patients and your clients have an easier time accessing the services that they need and that you can deliver them efficiently and effectively. So what I want to do is talk very briefly about some of the work that is taking place to advance those priorities. The priorities are just a broad framework for the policy objectives that ASHA is pursuing on behalf of audiologists. We have a team of 21 government relations specialists who both support state associations and who engage directly with lawmakers, policymakers, and payers at all levels to advocate for those policies. So at the federal level, there are a number of streams of work that we're engaging in right now that are of interest to audiologists. One is to expand Medicare coverage of audiology services. One certainly is to stop the annual Medicare payment cuts that, in part, are put forward by the Medicare physician fee schedule. We're working to secure permanent Medicare telehealth authority. We're maintaining federal support to help states screen for cytomegalovirus. We're improving coverage of hearing devices and services by private insurers. And we're protecting health care workers from workplace violence. So that's just a small snapshot of some of the specific federal legislative work that we're engaged in right now.

In the states, we have a state affairs team that's working to expand and operationalize the audiology and speech-language pathology interstate compact to facilitate practice across state lines. We're modernizing state practice acts in ways that are beneficial to audiologists, securing single licensure so audiologists can prescribe and dispense hearing aids under their state license without having to obtain a separate dispensary license. We're stopping legislation and regulations that broadly and inappropriately expand the scope of hearing instrument specialists and dispensers that are inconsistent with their education and training. We're supporting salary supplements and securing state-mandated insurance coverage for hearing aid and related services. Our federal and state legislative and regulatory work also includes increasing access to audiology services and improving reimbursement across programs and payers, improving Medicaid reimbursement and making sure there's compliance with mandates that guarantee comprehensive and preventative health care services for Medicaid beneficiaries who are under the age of 21, including for audiology services. We're developing and properly valuing audiology codes for audiology services. We're engaging with state insurance commissioners and private payers to address coverage and billing problems that audiologists are having. We're advocating for audiologists to be meaningfully included and properly incentivized to participate in value-based care programs. We're addressing the inappropriate use of prior authorization and utilization management techniques to deny or delay access to audiology services. And we're supporting educational audiologists. But like I said a second ago, this is just a snapshot of some of the work that our government affairs and public policy team has engaged in right now on behalf of ASHA audiologists. But I want to stop here because I think there have been a number of questions that, as you mentioned, were submitted specific to our advocacy work that I and/or some of my government affairs colleagues could help answer.

Donna Smiley: Yes. Thank you, Jerry. That certainly is a very extensive list. And I hope that people feel that those topics, while they're broad, they are areas in which you're working every day. Let's start with some of the questions that we received. We have a couple: Diane and Suzanne would like to know if there's any progress with legislation regarding audiologist autonomy as practitioners related to the Medicare Audiology Access Improvement Act. So, Vicki, I think you're going to get us started on that answer.

Vicki Deal-Williams: Yes. And I'm going to invite Tena, my partner from our Capitol Hill visits, to join me in responding here. So I will kick us off. And Tena, just chime in if there's anything that you want to add, and then we'll turn it over to Jerry if there's information that he can supplement. But to the short answer to the question is yes, we've made a lot of progress on this bill, I think in relatively short order. As a reminder, for those who might not be as familiar with the bill, this is the bill that would enable audiologists to be reimbursed by Medicare for both diagnostic and treatment services, to remove the physician order requirement so beneficiaries have direct access to audiologists, and to reclassify audiologists as practitioners in the Medicare statute, which properly reflects their role in Medicare and skills, qualifications, and education. We've worked closely, and I believe

extremely closely, Tena, wouldn't you say, with AAA and ADA over the past several years to secure bipartisan support in Congress?

Tena McNamara: Yes, absolutely. This is just one of the avenues where we've had some great communication with the other associations. It's been wonderful and it really kind of opened the door. And now, I have the honor and privilege of collaborating with the president's AAA, the ADA, and RSA. Every month we get together and have a monthly call, and we really just kind of discuss and focus our attention on how we can get the associations to collaborate so we can achieve initiatives that would benefit the audiology community. And one of the prime examples, as Vicki talked about, has been this Audiology Access Improvement Act, which is something that all of the associations support and we have been working very much in unison together and have made much more progress working in unison together than ever before.

Vicki Deal-Williams: So, yeah, we came close to nearly passing this several years ago. Currently, we have ten co-sponsors on the Senate side and 25 on the House bill. Last year, the Senate sponsor, Elizabeth Warren from Massachusetts, who we had a chance to meet with, secured a commitment from the leaders of the committee to which the bill's been referred to work with her to advance the bill. We've also worked to build external support for the bill. Consequently, there are a number of organizations that have endorsed it, including organizations like the Hearing Industries Association, the Hearing Loss Association of America, the National Association of Rural Health Clinics, the National Rural Health Association, the American Tinnitus Association, and the Vestibular Diseases Association.

Jerry White: Yeah, y'all did a great job. I think the only thing that I would add, and it may be on the minds of some of the participants, is there's a lot of chaos and dysfunction in Washington, and specifically with Congress right now. During a presidential and congressional election year, in normal times, there's not really a lot of legislating and policymaking that happens. These are certainly not normal times, I think a lot of us would agree. So that's limited the amount of time that Congress has been in session and that they have to actually move forward on legislation. But we are expecting, after the elections in November, that Congress is going to be in session for most of mid-November till the end of the year. So we have been working, as you said, Vicki, to build both internal support in Congress among members of both parties and external support from other organizations to demonstrate that these policies incorporated by this bill have substantial support and backing. We've been trying to make the connection between the importance of early hearing interventions and the role that plays in slowing cognitive decline, reducing social isolation and loneliness, and improving seniors' mental health, because those are issues that Congress is particularly interested in right now. So, the ACHIEVE study that some of you are probably very familiar with has been helpful. Providing that data and information helps make the case to Congress that this isn't about audiologists or providers. This is about patients. This is a really smart and sensible policy that is not only going to improve the health of older Americans but ultimately is going to save the healthcare system a lot of

money in the long run. So, excited about the collaboration that Tena mentioned with AAA and ADA and looking for bigger and better things to come in the future on this bill. Thanks, everybody. I hope that gave the question asker some answers as well as others.

Donna Smiley: Another question that came in that's related to our advocacy priorities is from Devin and Victor. They would like to know about audiology scope expansion, including the recent legislation that was passed in Maryland. So Vicki, if you'll kick us off, then we'll figure out who else needs to join in.

Vicki Deal-Williams: Yeah, certainly. With new legislation, we'll need to see expansion in audiologists' training. ASHA supports modernizing state audiology laws to comply with the federal over-the-counter hearing aid rule, and to ensure state laws are consistent with standards of the profession, such as incorporating cerumen management and health screenings into a state's statutorily defined scope of practice. Tim's probably going to be able to expand on this to give us some insight into some recent legislation and some changes here in the state of Maryland. Tim?

Tim Boyd: Thank you, Vicki. So Maryland was one of the states that was successful in enacting some changes to their audiology scope of practice by enacting legislation HB 464/SB 795, which was legislation promoted by the American Audiology Academy that ASHA supported. This bill incorporated into the scope of practice for audiologists, in addition to some of the changes Vicki mentioned, bloodwork testing and radiologic imaging related to auditory conditions of the ear. The key for us here in Maryland is that ASHA recognizes that the Maryland Licensing Board will definitely need to consider regulations to implement these newer aspects of the scope of practice and ensure that the audiologists who provide those services are appropriately trained.

Donna Smiley: Thanks, Tim. Hopefully that helped to answer that. It's on our radar. We certainly are working as it comes up in individual states and hope that our certified members will reach out to us. Another question has come in, and Tim, you might want to stay on camera because I suspect Vicki will want a little bit of support from you on this one. Whitney asked if she would like to learn more about ASHA's stance on LEAD-K.

Vicki Deal-Williams: Yep, you're right. Tim, don't go far. ASHA strongly supports the intent of LEAD-K initiatives, which is to ensure that young children who are deaf or hard of hearing have strong language foundations for kindergarten readiness and academic success. We all agree on that. Concurrently, ASHA supports a family's right to decide the most appropriate language and education plan for their child. However, LEAD-K proposals sometimes include provisions that go further than that, undermine the goals related to parents' rights to decide the most appropriate language and education plan for their child, and create unnecessary and burdensome requirements that interfere with existing programs and services that serve children who are deaf or hard of hearing.

Tim Boyd: Yeah, thank you. I think where we identify LEAD-K legislation, either prior to its enactment or post-enactment, like in states like Missouri, what we try to do is ensure that the LEAD-K programs, as they are designed and implemented, protect the families' right to decide the most appropriate language. That could be American Sign Language, spoken language, or both. We also want to ensure those programs support different communication modes, such as augmented and alternative communication, and the development of education plans for each family's child. We also want to make sure those LEAD-K programs are coordinated with existing state agencies and services that support children who are deaf and hard of hearing and their families. We see sometimes that LEAD-K is layered on top of the existing IFSP process or IEP process, and those teams are working towards the same goals. We have legislation in the states where those goals are met and the legislation works in concert with IEP teams, IFSP teams, and early intervention programs, and the roles of audiologists and SLPs are incorporated into those LEAD-K advisory committees. We ended up supporting a recent bill in Virginia that did just that. So, regarding the question related to Missouri, we will absolutely encourage all of our providers and members to comply with LEAD-K laws where they've been enacted. But we will continue to advocate and try to ensure that those LEAD-K laws do what legislation requires in terms of coordinating with existing programs and different providers.

Donna Smiley: Thank you, Tim and Vicki, for those thoughts. I want to stop here and just say, if you have a question, please put it in the Q and A. We are going to continue to answer the questions that were sent in during registration, but I will also very closely be watching the Q&A to see if there are other things that we can answer for you. Another question that came in, from Kathleen and Rich, they are interested in learning more about the Interstate Compact and when it might be operational. We are really excited about the Interstate Compact. The audiology and SLP Interstate Compact currently has 33 member states, with Alaska legislation awaiting the governor's signature. So we are excited that it continues to grow. The Compact Commission, along with the Occupational Therapy and Counseling Commissions, are working with a vendor called Inspiring APPS to develop the complex data system. That system has to be in place to operate and analyze the compact. They're trying to get to the point where they have a minimum viable product so that it can be put in place, and it's expected that we'll have something, fingers crossed, by late this year or early the beginning of 2025. At that point, state licensing boards will be able to connect to this system in order to begin issuing privileges to practice. States will come on board at different times depending on when they connect to the Commission's database. The commission is planning for its annual business meeting this September, September 28th, in San Antonio, Texas. So we are getting very close to operationalizing the compact.

Donna Smiley: Thanks, Vicki. I do want to make a comment because it's something that shows up in the Q and A about whether or not there will be a transcript of this chat. And a video actually, and those things will be available. It takes a couple of weeks for that to happen behind the scenes. But they will be posted on the ASHA website and I do believe, if somebody can confirm for me that, yes, we do post the transcript as well as the video, so look for that in a couple of weeks. And, Vicki, I'm going to throw one more question in here

for you. Has there actually been any decline in the numbers of, it says registered since there's been the announcement about the dues increase? I think probably that means have we seen any decrease in our numbers of audiologists who are certified by ASHA since then?

Vicki Deal-Williams: Well, I think it's important to remember, and you mentioned this earlier, we don't count within the course of the year. We do an official count one time, and that is at the end of the year. Because members come in and out over the course of the year, if they are graduating from school at different points in time, they may join at different points in time depending on when they're finishing school or finishing a CF. So that's one thing that impacts our numbers. People retire at different times, so that impacts our numbers. So we make those counts official only one time. So we don't have that official number until the end of the year. We close that at the very end of the year. And then usually around the beginning of February or so, we have the official member counts. So we won't have that official number in the but I don't believe that we have. And I saw Todd pop up for a second because one of the things that we do track is the number of certification applications. Yes. So, Todd, I do want to give you an opportunity to comment if you had a comment.

Todd Philbrick: Sure. Thank you, Vicki, and good evening, everybody. Just a couple of data points. We do have application numbers to the first half of the year for audiology. They were very similar to how they were in 2023 and 2022. In addition, the retention rate of audiologists, I believe Donna had mentioned earlier, it's been consistently 95 to 96% and there has not been any change for 2024 right now. So we expect it will behave as similar.

Donna Smiley: Yes. So thank you. Thank you, Todd, and thanks, Vicki. So let me finish up our category that we're talking about, advocacy. And we had a question from Christina, and she wants to know if ASHA can provide support around intraoperative monitoring. Vicki, you want to start?

Vicki Deal-Williams: Yeah. Okay. This is a really good question. It is challenging my audiology knowledge but I'm going to take a stab at it based on my knowledge. Unfortunately, most payers, including Medicare, require some level of supervision of audiologists for neurophysiological studies. ASHA participated in the CPT code development process for IONM related codes, and I can give you those codes in a few minutes. After a look up some notes. But we advocated directly with CMS to recognize those services as within the audiology scope of practice and to allow independent billing. Unfortunately, CMS has not changed their stance on coverage for IONM to date and has not authorized those costs to be included in the Medicare audiology benefit. So that means that IONM performed by an audiologist for a Medicare beneficiary has to be provided, I believe it is called incident to a physician if it's allowed in their state if their state license allows it. An incident to billing requires this service to be billed under the supervising physician's NPI and provided under direct supervision. Other payers may follow Medicare's lead on coverage policies, which is likely what's led to the perception that audiologists

serve in that technician kind of role, because that's how those services get billed. And those codes are 95940 and 95941.

Donna Smiley: So we really tested your audiology knowledge there.

Vicki Deal-Williams: That's as far as I can go on that one.

Donna Smiley: Well, I think it's important to note that we do, you know, certainly have other ways that we support those very niche areas. And we'll talk a little bit more about a couple of those here in just a minute. But thanks for that information. Hopefully, if Christina is here tonight, that helped her know a little bit about, you know, the complexity of that issue. I do want to, I want to go ahead and move on to topic four.

Tricia Ashby-Scabis: Donna?

Donna Smiley: Yes?

Tricia Ashby-Scabis: Can I interrupt for one second?

Donna Smiley: Absolutely.

Tricia Ashby-Scabis: We've got someone with a hand up, and I believe she might want to say something about intraoperative monitoring since she's on ASHA's HCEC. Leisha Eiten has her hand up. Is it okay if we take a moment to stop and hear what Leisha has to say?

Donna Smiley: Absolutely. Do we have a way for her to — Oh, I think we do. Leisha, can you hear me? This is Donna.

Leisha Eiten: Hi. I actually don't have a lot more to add. I feel like you guys really summarized it well. While the side that controls the codes and accepts who does the codes only makes recommendations ultimately to the centers for Medicare and Medicaid. And so, we have many situations where these things have happened. We are hopeful, again, as we've talked about expanding the benefit for audiology, that there are some chances that if that legislation goes through, we may have another chance to expand that ability to bill directly rather than having to bill through the physician or another person who is supervising, quote unquote, the work of the audiologist. Fights, which I don't want it to be a fight with CMS. So we want to maintain good relationships with CMS. And so we're constantly in communication and work with them. So I guess the goal is to continue to work toward expanding our benefit within the Medicare realm. And that gives us a little bit more, fight, not really fight, but a little more strength to come back to CMS and say, hey, this is within our scope of practice for those who are qualified, it's our scope. So that we would should be able to bill that directly. But intraoperative monitoring services, audiologists can be used for intraoperative monitoring. That has nothing to do with the ear. So they do get pulled into other intraoperative situations. And so once it's a little bit outside

the scope of hearing, then you do have to debate on whether that is most appropriate to go incident to a physician. That's I guess I'm just talking myself around, but that's what I would have to comment on that.

Donna Smiley: Well, thanks Leisha and Leisha is on our healthcare economics committee and probably knows a lot more about this along with our staff than any of us just because she's at eats and breathes that. Vicki, I'd like to throw in a question that's in the Q&A but is related still to some reimbursement issues, and I'm not sure exactly who you will want to call on. But the question is, if ASHA, do we have a stance on advocating for audiologists to utilize evaluation and management codes or E/M codes? Maybe Sarah could help us.

Vicki Deal-Williams: Yeah, I think Sarah might be our best bet.

Donna Smiley: Yep. There she is.

Sarah Warren: I am having trouble getting my video to turn on. I think, you know, we have a director for coding and payment that isn't available for today's call. And they might have some of the, you know, historical background around this. I would sort of hesitate to venture a guess because I wouldn't want to be inaccurate. But I think it is a really challenging issue, and I completely understand where the question's coming from. And I think it is very complicated. So, so I don't, yeah, I don't want to punt, but yeah, it's a great example though.

Donna Smiley: So if this person wants to ask us that question, what would you encourage them to do? Should they reach out to us?

Sarah Warren: Yes. Yeah, you could. Absolutely. You could do it one of two ways. You could email reimbursement@asha.org or, and you can email me swarren@asha.org should work and I can connect you to the right person.

Donna Smiley: Okay. That's great. And I think and I suspect our attendees know this, but many of these issues are very complex. And we really just, you know, there may need to be some more information in order for us to be able to answer. So, to our attendee that asked that if you'll send an email to reimbursement@asha.org, we will certainly get you connected to the right person. Alright. I am going to go on to the next topic area, which I mentioned a bit ago is about artificial intelligence. So we had several questions about this. Specifically, Cassandra asked, what worries should audiology and speech-language pathology professionals have regarding the invasion of artificial intelligence or AI? So, Vicki, let's start with you.

Vicki Deal-Williams: You know, it's interesting. I've had many conversations with CEO colleagues at other associations about AI and how it's impacting associations, how it's impacting our members. And I think we're all at a point where we're trying to dispel some of the concerns and rally our members around the perspective of using AI as a tool, using AI

as a supplement to what we do as opposed to something that would supplant what we do. The advancement of technology and utilization of AI really does have the potential to create major efficiencies not only in the field of audiology but also in speech-language pathology. Beyond the obvious advancements in hearing technology, AI could be used to enhance personalization of diagnostic protocols and treatment recommendations. It could help improve the transportability of medical records, enabling us to analyze and summarize large data sets. AI and healthcare could be used to support clinical decision-making, and it should be used to support clinical decision-making rather than, as mentioned earlier, replacing the professionals—in this case, the audiologists. A Pew Research Center poll last year asked individuals how comfortable they were with healthcare providers using AI to diagnose and treat their health conditions, and more than half—about 60%—reported that they were really uncomfortable with that. People still want to be treated by people, and I think that's the major advantage we have. We are the profession that provides a human touch, and that humanity is something we must continue to use to our advantage. So, using AI as a tool gives us a major advantage.

Donna Smiley: And I would just add, Vicki, that, you know, we've seen a lot of technological advances. Obviously, the callers and the folks participating in the chat who are audiologists know that we've seen advances in hearing technology. I went to a workshop about two years ago where one of the manufacturers was working on technology in their hearing aid. By now it may be out, but it would detect if a person falls and then it's connected to their smartphone, which sends a message to whoever they've set up to be notified if they fall. If they don't deactivate it within a certain amount of time, it lets that person know. So, that is an example of how AI can help us on the technology side. But you're right, people still do want that personal touch. I think we also see in the patient care area—Tena, you probably see this on the pediatric end, and then we see it on the other end of the lifespan—that sometimes people aren't comfortable with technology. I mean, doing something in the realm of AI where there's no audiologist involved with a pediatric patient is, in my opinion, absurd because it takes us. So, Vicki, to your point, using this as a tool, I don't think it's something we have to be fearful of, but I do think that we have to continue to be mindful of what it is that we bring to the table. What piece do we offer in the hearing healthcare space that definitely makes us an important and critical part of that conversation? We know that people are concerned about it. We do want to see the improvements in technology, but we want you all to know that we don't support the idea that AI and technology would replace the work of an audiologist. I think we still have a lot of work to continue to do. One of the things I just want to add is that as we think about AI, there is an inherent anxiety that comes with just thinking about what is possible and what could be. Recently, ASHA staff had to undergo security training, and I was doing my security training last week. I failed the 15-minute segment on AI, and I was like, okay, why can't I answer these five questions correctly? I went back and tried to re-answer the questions and thought I was undoing the answers I got right the first time. I redid the module and realized I was freaking out because it's AI, not because I don't understand this. Once I got over that part, I was good. So, I think some of it is just us calming ourselves and thinking, okay, this is a part of life now, and I

have to deal with it. Let me figure out how I want to think about this, learn as much as I can, and figure out how I can use it to my advantage after that.

Tena McNamara: And Donna, I think you both made a great point. Being in a practice, I am looking forward to how AI is going to make my work more efficient. But then I look at my parents that I deal with and they need that one-on-one nurturing still. So there's a place for it. But yeah, I don't think it will ever take our place with human contact.

Donna Smiley: Well, thank you for those thoughts. We have another question in this space. Wayne asks, "What is ASHA doing to support innovation in new and different audiology practice models?"

Vicki Deal-Williams: ASHA's been focusing on how to highlight the audiologist's role in providing evaluation and management to patients in many different ways. We have a number of initiatives to help support new and varied service delivery models for audiology. Some of our professional development opportunities at the convention and online highlight members' work. That has to be our focus: to highlight what members are doing that is new, different, and nontraditional. For example, mobile audiology and boothless audiometry, supporting and certifying audiology assistants. Many practices in schools are now incorporating audiology assistants into their practice management. We also have over-the-counter toolkits that educate patients about over-the-counter hearing aids and promote the continued value of audiologists. Additionally, we collaborate with marketing practices to other professionals, especially pharmacists and folks in big box stores, who influence consumers' hearing healthcare decisions.

Donna Smiley: You know, I think it's something I mentioned earlier related to AI. We certainly know that technology is very much a part of the hearing loss management plan, but the professional care that audiologists provide is what we want to stress to our fellow healthcare professionals and the public. It's important to seek out care from a qualified professional, and that is an audiologist. I think another piece here at ASHA is developing resources for our certified members to help them think about providing patient-centered care and ensuring that care is evidence-based. We're always working to improve those resources for our members, which allows them to be innovative in their practices. What we want is to give tools to audiologists so they can determine the best plan for the patient based on evidence and ensure that care is patient-centered. One of the initiatives I have the privilege of working with is around the concept of competency-based learning. Transitioning both our teaching preparation models to a more competency-based approach and our continuing education as practicing clinicians should drive clinicians to be more prepared to apply innovative models of care. I hope that answers the question for our participant. I want to remind everybody we have about 15 minutes left. If you have a burning question, please add it. We're waving those in here, but we're going to move on to another topic. Siobhan and Allison asked about supporting the development and preparation of educational audiologists in academic preparation. Vicki, can you tell us a bit about how we're supporting that and what the constraints and opportunities are?

Vicki Deal-Williams: The Council on Academic Accreditation has standards that require accredited audiology programs to have education components focusing on the effects of hearing impairment on educational function. Students must be able to explain the educational landscape, facilitate access to services for students, and be provided opportunities to recommend, dispense, and evaluate hearing aids, assisted listening devices, and other hearing technology. I know you're a member of EAA. Are there things you've thought about in terms of the preparation of educational audiologists?

Tena McNamara: I can see where Siobhan and Allison are coming from because what we do in the educational audiology world is totally different than what I'm doing right now in the clinical world. I worked as an educational audiologist for 27 years. How do we encourage that kind of training so that when audiologists come out, they're prepared to handle connectivity issues and write IEPs? Many audiology programs don't teach audiologists how to write IEPs, so it's food for thought. It's a bit more complicated than just changing some standards with CAA. How do we really prepare audiologists to be educational audiologists? It's a very different role.

Donna Smiley: To add to that, Tena, I think this is an opportunity for us to partner with organizations like EAA to provide continuing education. If you didn't get it in your preparation program, there may be opportunities to gain those skills. Lindsay, would you be willing to share with us a little bit about some of the collaborative work that you've been involved with having been on ASHA's staff with the Educational Audiology Association?

Lindsay Creed: Absolutely! I have the pleasure of being the point person on our Audiology Practices Team that liaises with the Educational Audiology Association. We have a collaborative relationship with them called a memorandum of understanding (MOU). Through this collaboration, we meet with their board and members on an ad hoc basis to discuss advocacy issues of mutual benefit, professional development needs, and opportunities. This year, in the fourth quarter, we'll be offering a webinar series on educational audiology, including topics like CMV updates, starting contractual education audiology services, and fostering collaborative relationships between educational and clinical audiologists. We're committed to promoting the role and value of educational audiologists in working with students who are deaf and hard of hearing or who have other auditory issues.

Donna Smiley: Thanks, Lindsay. It's great to hear about those collaborative efforts that we're working on. Okay, I have a couple of other questions. First of all, I'm hoping this will be meaningful to the audience, but earlier when we were talking about artificial intelligence, one of our participants, Mike Sharp, sent me some information. I think it's important for everybody to know. It was something that I didn't know, but it's good to know that the AMA, the American Medical Association, is struggling with AI, especially when it comes to the liability of the provider. Also, the incorporation of AI and what that's going to look like for the future has already become a huge component in the billing and coding

space for insurers. So we're probably not the only ones being impacted. And then last, I would like to ask one more question. Let me see if I can find it. I believe we have a question. Sarah, I'm going to ask you to come on camera if that's okay, Vicki, because I think we're going to need Sarah. We have a question about payment. What's ASHA doing around payment work on value-based care? Can you give us just a very brief overview? We are getting close to time.

Sarah Warren: I appreciate the opportunity. We're very fortunate to have a director for healthcare policy for value and innovation on our staff. This person is working really hard to ensure that there are quality measures reflective of the services audiologists are providing, and that these quality measures are incorporated into accountable care models or other alternative payment models. We're engaging in that space because you can't think about valuing innovation without considering the multidisciplinary care team that a patient might need for their services. Many payers are moving from volume-based care to value-based care, ensuring that there are incentive payments and bonuses associated with that. Our members deserve to play in those spaces, so we're looking at those types of models and how to get our members engaged and recognized both financially and for the value they provide to patients.

Donna Smiley: Thank you for that, Sarah. I appreciate it very much. There was one other question that I don't think we'll have time to address. I'm sending a message to the person who asked it about how they can email us to get that answer. But, Vicki, I'm going to turn it back over to you because I think we're at wrap-up time.

Vicki Deal-Williams: Perfect. Thank you so much, and thank you to everyone for all of your questions. We have a number of resources compiled that we think will be helpful to you based on recurring topics from the questions submitted with registration. We've highlighted those here, including information on ASHA's developmental milestones, the value of the professions, safety in the workplace, the social determinants of health, information on the audiology supervision hub, and of course, our advocacy priorities and profiling. All of those links will be included in the information posted. The links to the recording and the transcript will be posted on ASHA Stream. As Donna mentioned, it takes some work on the back end to get everything set, but once that's done, we'll get it up and posted for you so you can listen to any part of this or find these resources. In the meantime, if you have questions, don't hesitate to email any of the folks here or access the links included in the chat. We do ask that you please complete the post-event survey to help us with our planning for the Live Chat. We take that feedback seriously, and it helps us make decisions about what to do differently. We've evolved these over time based on your feedback. Thank you once again for joining us. Tena, I'm going to let you have the last word.

Tena McNamara: Oh, thank you. Yes, I would just like to give a shoutout for the Convention. The theme this year is "Elevate," which is a call to advance research and practice in the profession. Under the dedicated leadership of Darrell Jackson and Kim Ward, our co-chairs, they and their team have worked tirelessly to make this a great experience and to

elevate the 2024 Convention. Mark your calendars: the Convention will take place December 5th through the 7th at the Seattle Convention Center in Seattle, Washington. I understand that Seattle is a very magical place during the holiday season, so this would be a wonderful way to start celebrating the magic of winter for everyone. Hope to see you there.

Vicki Deal-Williams: Thank you again for participating. Good night, everyone.

Tena McNamara: Good night.