The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.
The Government Relations and Public Policy Board of the American Speech-Language-Hearing Association (ASHA) is pleased to present the 2018 Public Policy Agenda. Designed for ASHA members, policymakers, and consumers, this resource identifies the top public policy priorities for the professions of audiology and speech-language pathology in the areas of health care coverage and reimbursement, education, and professional practice.

Forty million Americans have a communication disorder. Audiologists and speech-language pathologists play a principal role in the assessment and treatment of these disorders and thus form a vital and necessary component of educational and health care delivery systems nationwide. At a time marked by political uncertainty, sharpened ideological divisions, tightened budgets, and a devolution of authority from the federal government to state governments, it is especially important that the value and quality of audiology and speech-language pathology services are properly understood and reflected in relevant laws and regulations. Appropriate assessment and treatment of communication disorders yields a healthier, more resilient, and more productive population.

The priorities in the 2018 Public Policy Agenda rest upon several foundational principles, including a commitment to patient/client care, evidence-based practice, positive outcomes, nondiscrimination, professional diversity, and the highest standards of professional ethics.

ASHA stands ready to work collaboratively with policymakers to advance the priorities in the 2018 Public Policy Agenda. We are committed to policies that promote the value of audiology and speech-language pathology services, meaningful access to high-quality care, and fiscal responsibility.

Questions? Please contact:

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MEMBER ADVOCACY RESOURCES

Every member of ASHA is an advocate with an important voice, and your participation in ASHA’s advocacy efforts is critical! By working together, we can most effectively educate, inform, and persuade policymakers to take action and advance our professions for the benefit of those we serve.
Resources for Getting Involved

Take action on ASHA’s advocacy issues
takeaction.asha.org

Learn about ASHA-PAC
asha.org/Advocacy/pac

Sign up for ASHA Headlines, and receive the 60-SECOND ADVOCACY UPDATE
asha.org/Publications/ASHA-Headlines

Follow ASHA Advocacy
74,424,652 individuals were enrolled in Medicaid and Children’s Health Insurance Program (CHIP) in the 51 states reporting June 2017 data.¹

The Medicare population is projected to increase from today’s 54 MILLION to 80+ MILLION beneficiaries by 2030 as the baby-boom generation ages into Medicare.²

The CDC estimates the lifetime costs for all people with hearing loss born in the year 2000 will total $2.1 billion. Most of these costs will come from lost wages due to inability or limited ability to work.³

Approximately 15% of American adults aged 18 and over report some trouble hearing.³
Audiologists and speech-language pathologists provide medically necessary services that result in positive health outcomes and an enhanced quality of life for persons served. Comprehensive coverage of audiology and speech-language pathology services with fair and equitable reimbursement is essential for the professions.

*Health care issues will continue to be debated and scrutinized. ASHA is committed to active advocacy strategies to ensure appropriate access, coverage, and reimbursement for audiology and speech-language pathology services.*

**Priorities**

**MEDICAID**
- Oppose financing mechanisms, such as block grants and per capita caps, that result in significant cuts to Medicaid or restrictions to access.
- Support and preserve Medicaid expansion.
- Advocate for fair and equitable coverage and reimbursement across the states.

**MEDICARE**
- Support an appropriate payment model following the repeal of the therapy caps under Medicare Part B.
- Seek fair and equitable coverage and reimbursement in post–acute care settings, such as skilled nursing facilities and home health settings.
- Advocate for comprehensive access, coverage, and reimbursement under Medicare—including Medicare Advantage plans—for audiology and speech-language pathology services.
- Advocate for audiology and speech-language pathology services to be included in alternative payment models.

**PRIVATE AND OTHER PAYERS**
- Promote the inclusion of habilitation and rehabilitation services and devices as essential health benefits.
- Advocate for payers to abide by established policy and contractual agreements.
- Advocate for expanded access, coverage, and reimbursement for telepractice/telehealth.
$19,076,644
spent by public elementary-secondary schools on special education services in fiscal year 2015.\(^4\)

*Roughly* 5% of children have noticeable speech disorders by the first grade.\(^5\)
Effective communication skills are essential for all children to access educational curricula and achieve academic success. Audiologists and speech-language pathologists play an important role in ensuring a free appropriate public education (FAPE) for students with disabilities and for students at risk. Students should have access to audiologists and speech-language pathologists in all educational programs, both public and private. Parents have the right to make an informed choice for the education of their child.

Reduced funding streams, service delivery changes, scope-of-practice issues, constraints on access to services, and parental choice require ASHA to commit to active advocacy strategies to promote the value and need for audiology and speech-language pathology services in educational settings.

Priorities

ADVOCATE for the continuing roles of the federal and state governments in education policy and standards.

ENSURE access to and coverage and reimbursement for audiology and speech-language pathology services in early intervention and education settings, including maintenance of Medicaid formulae in schools, and the promotion of greater state-level use of funding flexibility for audiology and speech-language pathology services in general education.

INCORPORATE policies for Parents’ Right to Choose that maintain federal oversight of education standards, FAPE, protections required under the Individuals with Disabilities Education Act, qualified personnel, privacy standards, adequate funding for public schools, and assurance that funding follows the student.
74.1% of audiologists are employed in health care settings, including 47.4% in nonresidential health care facilities, 25.8% in hospitals, and 1.0% in residential health care facilities.

Overall 15.3% are employed in educational settings, including 8.2% in schools and 7.0% in colleges and universities.6

55% of SLPs are employed in educational settings, including 52.3% in schools and 2.7% in colleges and universities. An additional 39.5% are employed in health care settings, including 16.3% in nonresidential health care facilities, 12.5% in hospitals, and 10.7% in residential health care facilities. Nearly 1/5 (20.1%) are employed full or part time in private practice.6
Audiologists and speech-language pathologists are autonomous professionals with defined scopes of practice based on their education, training, and skills. As uniquely qualified professionals, audiologists and speech-language pathologists provide the highest quality of service and are recognized as valued and integral members of educational and health care teams.

Challenges to the professions require outcomes data and quality indicators that demonstrate the value of audiology and speech-language pathology services in all settings. ASHA is committed to active advocacy strategies to protect licensure requirements that define scope of practice, maintain licensing boards, and support service delivery models.

Priorities

PROMOTE THE VALUE AND QUALITY FOR THE PROFESSIONS OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY.

- Promote and maintain a defined scope of practice for each profession.
- Respond to efforts that would expand the scope of practice for professions lacking the knowledge and skills to assess, treat, and manage speech, language, and hearing disorders.
- Support and promote dedicated state consultants for audiology and speech-language pathology professionals.

CONTINUE THE FOCUS ON SERVICE DELIVERY MODELS FOR HEARING HEALTH CARE.

- Promote safe, effective audiological hearing health care services, devices (e.g., over-the-counter hearing aids, personal sound amplification products), and environments.
- Advocate for audiological intervention services in the management of hearing loss—these services include therapeutic hearing rehabilitation, counseling, and assistive technology.

ADVANCE LICENSURE.

- Facilitate interstate compact agreements for service delivery and supervision.
- Promote comprehensive state licensure for the professions.
- Maintain independent state licensing boards.
- Advocate for laws that support appropriate licensing standards for telepractice, including across state lines.
Employment of audiologists is projected to grow much faster than the average for all occupations. Hearing loss increases as people age, so the aging population is likely to increase demand for audiologists. Employment of speech-language pathologists is projected to grow much faster than the average for all occupations. As the large baby-boom population grows older, there will be more instances of health conditions that cause speech or language impairments, such as strokes and hearing loss.
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Left to right: Jeffrey Regan, Doanne Ward-Williams, Samantha Kleindienst, Nancy McMahon, Daniel Williams, Donna Edwards, Joan Mele-McCarthy, Michelle D’Mello, Mary Jo Schill, Lawrence Molt, and Paul Rao.
Not pictured: Jennifer Sherwood
Sources


