Blueprint for Action
2016 Public Policy Agenda
# 2016 Public Policy Agenda

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Introduction

The “Blueprint for Action—2016 Public Policy Agenda,” developed by the 2015 Government Relations and Public Policy Board (GRPPB), presents ASHA’s plan for legislative and regulatory advocacy and action for 2016. The “Blueprint for Action” is developed annually by the GRPPB and guides the advocacy efforts taken on by the Association and its members. The Blueprint includes the most pressing policy issues facing our members at the federal and state levels.

ASHA members were invited to provide input on the 2016 Blueprint. Input for the development of the 2016 Blueprint was provided through survey responses to a targeted group of ASHA members, including the Board of Directors, Advisory Councils, committees and boards, state association leaders, and Special Interest Groups. The survey was disseminated through e-mail, e-newsletters, social media, Headlines, and online Community and website postings, as well as outreach to Advisory Council members, committees, and boards. A total of 1,556 individual members and/or groups responded to the survey, including 1,370 speech-language pathologists (SLPs) and 144 audiologists. School-based members represented 31% of all respondents. More than 50,000 ASHA members were surveyed concerning 14 issue objectives.

Respondents were asked to read and rate the importance of each issue objective. For 12 issue objectives, respondents who provided a “Very Important” or “Somewhat Important” rating were asked to indicate which advocacy efforts relating to the issue objective were most important to them. Audiologists ranked, as the most important advocacy efforts, Medicare and Medicaid reimbursement, hearing health care, scope of practice, and demonstrating value and quality of services. SLPs ranked, as the most important advocacy efforts, funding and practice issues for school-based and early intervention services, Medicare reimbursement, scope of practice, demonstrating value and quality services, and federal education.

Audiologists were also asked to rank six new and emerging trends in audiology. In order of importance from highest (i.e., Opt-out of Medicare) to lowest (i.e., Coverage of hearing aids, etc.), 105 audiologists indicated these preferences:

- Opt-out of Medicare
- Balance billing
- Bundling versus unbundling
- Greater regulatory oversight of big box retailers dispensing hearing aids
- Medicare benefit for partial coverage of hearing aids
- Coverage of hearing aids as a defined benefit in insurance plans

Respondents were asked whether ASHA should support reauthorization of the Children’s Health Insurance Plan (CHIP), a federal-state program to provide health care coverage for children of low-to-moderate income families; 1,205 respondents said yes, and 97 said no. In April 2015, Congress reauthorized CHIP for 2 years, through September 30, 2017.
ASHA has made great progress toward achieving goals related to some of these public policy issues. For example, the sustainable growth rate (SGR) formula used for determining Medicare reimbursement for physicians and other health care providers was repealed and replaced by a system based on quality outcomes—the merit incentive payment system. The Steve Gleason Act pertaining to speech-generating devices (SGDs) passed, and major headway has been made on reauthorization legislation for the Elementary and Secondary Education Act and the Early Hearing Detection and Intervention Act. For more information, see www.asha.org/uploadedFiles/2014-2015-Agenda-in-Action.pdf.

ASHA must continue to educate members and policy makers on realistic changes to policy and practice necessary to compete in the changing health care landscape. Hence, issues identified in the Blueprint are those that—after careful analysis—have been deemed (a) feasible in the current state and federal political climate and (b) a good use of member resources. Some issues, such as paperwork and caseload reduction, are multipronged and will require policy efforts at the federal, state, and local levels. The success of other issues, such as Medicare direct access and/or limited license physician status, are problematic in the current political climate and within the changing health care industry, where the medical home and accountable care organizations are trendsetters moving away from direct access.

The Blueprint contains a number of issue objectives that promote the goal and outcomes sought in implementation of Strategic Objective 5: Increasing influence and demonstrated value of audiology and speech-language pathology services. For example, the Blueprint calls for increasing reimbursement, demonstrating value and quality of services, telepractice use and reimbursement, reversal of insurance denials, and equitable alternative payment models.

The Blueprint also contains seven foundational principles—commitment to ASHA members, ethics, client care and outcomes, evidence-base practice, diversity, and nondiscrimination—that provide a common thread throughout and underlie the issue objectives. Wording was added to one of the foundational principles, a commitment to client care and outcome, to include “committed to improve access to audiology and speech-language pathology services to address health and educational disparities in underserved and culturally diverse populations.” This language was added to address the shortage of audiologists and SLPs in culturally diverse, underserved areas, such as areas served by the Indian Health Service.
Foundational Principles

Ethics—Preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists; speech-language pathologists; and speech, language, and hearing scientists. The ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose. See www.asha.org/policy/ET2010-00309/.

Commitment to client care and outcomes—Ensuring clients receive high-quality services that assess, maintain, and improve quality of life is the cornerstone of the work that highly trained audiologists and speech-language pathologists engage in every day. ASHA is committed to improving access to audiology and speech-language pathology services to address health and educational disparities in underserved and culturally diverse populations.

Evidence-based practice—Continued basic and applied research in speech, language, and hearing science are essential for the long-term viability of the professions and demonstrate the effectiveness and importance of the services provided by ASHA members.

Diversity—Consistent with ASHA’s vision, mission, and role as a leader in the area of human rights, the Association supports laws that will protect and address the increasing diversity of ALL of ASHA’s membership, as well as the individuals we all serve.

Nondiscrimination—ASHA supports laws and policies that promote nondiscrimination based on disability, gender identity and expression, sexual orientation, race, religion, age, and cultural or ethnic heritage.

Commitment to ASHA members—Advocating for essential services provided by audiologists and speech-language pathologists and the benefits to clients and their families directs attention to job security and autonomy of the professions. ASHA seeks reasonable workloads, paperwork reduction, and improved coverage and payment for speech, language, and hearing care, which result in better outcomes for the individuals we serve.

Collaboration with other organizations—Collaborative work with other organizations and membership groups strengthens our efforts to achieve our public policy agenda goals and helps ensure positive client outcomes.
2016 Public Policy Agenda

Federal Level
The following issues are managed at the federal level, and each issue objective bullet is ranked in importance based on member responses to the survey.

Medicare Reimbursement and Coverage Policies

ASHA members who treat Medicare beneficiaries constantly face the challenges within an increasing complex Medicare system. Reimbursement for services will be affected by changes to the Medicare Part B payment system that call for value-based purchasing and evidence-based practice, heightened economic restrictions, issues related to bundling, and implementation of the Affordable Care Act. Changes to the valuation of procedural codes will continue to challenge the reimbursement of service delivery. Furthermore, the emergence of managed-care trends that emphasize physician-directed care models could result in challenges to clinical judgement and affect the dynamics of coordinated care. Interprofessional practice models will continue to emerge, which situation would require advocacy to ensure that audiologists and SLPs are recognized as valued and integral members of the health care team.

ASHA will:
1. advocate for equitable inclusion/reimbursement for audiologists and SLPs, as well as coverage of services and devices for beneficiaries of Medicare health plans;
2. represent both audiologists and SLPs (a) before the Centers for Medicare & Medicaid Services to ensure the maintenance and/or expansion of appropriate values, coverage, and reimbursement rates and (b) on the American Medical Association coding committees;
3. promote an alternative payment policy for Medicare outpatient therapy services to eliminate the reimbursement cap placed on rehabilitation services;
4. support Medicare coverage of audiologic diagnostic and treatment services;
5. support implementation of Medicare Part B payment reforms;
6. support opt-out of the Medicare program for audiologists and SLPs;
7. monitor industry trends and advocate to ensure that less qualified providers are not being employed as cost-saving measures to provide audiology and speech-language pathology services.

Did you know?
- On April 16, 2015, President Obama signed into law the $210 billion Medicare Access and CHIP Reauthorization Act of 2015, which repeals the old Medicare payment formula (SGR) and replaces it with a new one based on quality, outcomes, and a merit-based payment system.
- An amendment to the SGR repeal bill to also repeal the Medicare therapy caps for speech-language-pathology and physical therapy failed by two votes in the Senate.
Representative Gus Bilirakis (R-FL) reintroduced the Medicare Coverage of Audiology Services Act (H.R. 1116) that would allow audiologists to bill for both diagnostic and rehabilitation services.

Federal Education Legislation

Federal law provides guidance related to the roles, responsibilities, and funding of school-based services. The three major federal education laws are the Individuals with Disabilities Education Act (IDEA), the Elementary and Secondary Education Act (ESEA, aka No Child Left Behind), and the Higher Education Act (HEA). In 2016, Congress is expected to reauthorize ESEA followed by HEA. Survey respondents ranked the bullets pertaining to IDEA reauthorization high; unfortunately, it is not anticipated that serious congressional consideration of IDEA will occur in 2016.

ASHA will:

- support inclusion of audiologists and SLPs in literacy programs and professional development funding during conference negotiations related to ESEA reauthorization; support provisions that allow for greater flexibility for use of general education funds for at-risk children in general education (e.g., response to intervention);
- seek opportunities to include audiologists and SLPs in HEA provisions;
- advocate for reauthorization of IDEA to maintain funding of the program, flexibility of funding, appropriate use and reimbursement of audiologists and SLPs, inclusion of highest qualified provider requirements, provisions to address paperwork burden, Part B loan forgiveness, and any other relevant provisions related to Part B, C, and D or IDEA;
- support consistent language and common terminology for specialized instructional support personnel (SISPs; including audiologists and SLPs) in IDEA and ESEA and use of the term highest qualified provider in IDEA;
- promote the reallocation of IDEA Part D funds so that they align with the needs of ASHA’s school-based members and graduate academic programs;
- support federal legislation that includes audiologists and SLPs as a part of student athlete concussion management teams.

Did you know?

- ESEA-NCLB expired in 2007. However, both the House and Senate have passed ESEA bills, and a conference of House and Senate members is ongoing in an attempt to resolve differences in the bills.
- Senator Dick Durbin (D-IL) reached out to ASHA for support of legislation—the Protecting Student Athletes from Concussions Act, S. 1546—that he introduced last
year. S. 1546 would direct local education agencies (LEAs) to develop and implement a standard plan for concussion safety and management.

**Federal and State Levels**
The following issues are managed at both the federal and state levels, and each issue objective bullet is ranked in importance based on member responses to the survey.

**Funding and Practice Issues for School-Based and Early Intervention Services**
School-based audiology and speech-language pathology programs are affected by staff shortages, increased paperwork, funding cuts, greater workload/caseload demands, and changing delivery models and standards (e.g., Common Core State Standards, Response to Intervention). Threats to the provision of early intervention services include reduced funding and difficulty obtaining reimbursement, scope of practice issues, and constraints of providing services. These result in uncertainties for members and threaten to undermine their ability to provide effective services to children.

**ASHA will:**
- educate and support state associations and member advocacy efforts with administrators and decision makers regarding workload/caseload management;
- seek alternatives to help reduce the paperwork and administrative burden on school-based audiologists and SLPs based on recommendations of the Government Accountability Office study of paperwork and subsequent congressional action;
- oppose cuts in education funding;
- promote state and local adoption of appropriate accountability/evaluation measures (e.g., Performance Assessment of the Contributions and Effectiveness of SLPs) for audiologists and SLPs;
- advocate for states and local agencies to implement IDEA Part C Infants & Families Program requirements and ensure appropriate use of audiologists and SLPs in the identification and treatment of children in early intervention programs;
- advocate for appropriate and timely reimbursement for early intervention services; advocate for increased funding for Part C services;
- advocate with states and local agencies to implement federal standards related to IDEA Part B and ESEA;
- advocate for audiologists and SLPs to be included as part of the diagnostic, intervention, and management teams for students engaged in athletic activities.
Did you know?

- IDEA Part A lays out the act’s foundation, including terms and definitions.
- IDEA Part B lays out the educational guidelines for school children 3–21 years of age, including the right to a free and appropriate education (education and services for children with disabilities must be provided in the least restrictive environment) and the creation of an individualized education plan (IEP).
- IDEA Part C lays out the guidelines concerning the program funding and services to be provided to children with disabilities from birth through 2 years of age, including provision of individualized family service plans (IFSPs) to families of children with disabilities.
- IDEA Part D describes national activities to be undertaken to improve the education of children with disabilities, including grants to improve the education and transitional services provided to students with disabilities.

Hearing Health Care

Hearing loss is under identified, resulting in unmet medical needs across the life span. Federal and state legislative and regulatory agencies are exploring opportunities to address the issue. ASHA understands the problems of access, diagnosis, and treatment of individuals with hearing impairment. There has been an increase in the use of hearing aid dispensers, which may compromise the effectiveness of patient care.

ASHA will:

- promote a comprehensive system of children's hearing health care services, including state hearing screening standards; insurance coverage of hearing aids, cochlear implants, implantable hearing devices, and other related devices and equipment; and diagnostic and treatment services for children;
- support hearing aid tax credit legislation to increase affordability of hearing aids;
- support legislative and regulatory efforts related to classroom acoustics;
- support reasonable, cost-effective regulations and standards set by the American National Standards Institute (ANSI) and the Occupational Safety and Health Administration (OSHA) to prevent noise-induced hearing loss in the environment;
- address the Food and Drug Administration’s regulations and guidance documents related to Internet and retail sales of hearing aids, personal sound amplification products (PSAPs), and general wellness products;
- address the Federal Trade Commission’s oversight of deceptive advertising by sellers of PSAPs;
- advocate for consumer access to safe and effective hearing health care services, devices, hearing aids, and environments;
- oppose efforts by hearing aid dispensers to increase their scope of practice as health care providers within state and federal programs, such as the Veterans Health Administration programs;
- monitor and provide feedback to the Institute of Medicine and other entities on hearing policies.
Did you know?
- A few states (Alabama, Arizona, and Illinois) added a national exam requirement, but Utah removed the experience requirement for hearing aid dispensers.
- Connecticut, Illinois, Hawaii, Ohio, Rhode Island, South Dakota, and Utah expanded or increased coverage for hearing aids.
- Representatives Devin Nunes (R-CA) and Mike Thompson (D-CA) introduced hearing aid tax credit legislation, H.R. 1882, which would provide for a $500 tax credit toward the purchase of a hearing aid. The legislation is identical to S. 315, which was introduced by Senators Dean Heller (R-NV) and Amy Klobuchar (D-MN) in January.
- Although some private plans provide coverage, Medicare does not reimburse for hearing aids. Two bills before Congress would either treat hearing aids under Medicare as durable medical equipment or as a defined benefit.

Medicaid Reimbursement and Coverage Policies

Medicaid programs—a federal/state partnership implemented based on state priorities—impact both health care and school-based providers. ASHA members will continue to see significant changes in the Medicaid requirements for value-based purchasing and evidence-based practice, economic restrictions, expansions of managed care, issues related to bundling, and implementation of the Affordable Care Act. These factors will play a significant role in the reimbursement of audiology and speech-language pathology services. Medicaid requirements for reimbursement have created unique challenges for providers in clinical, health care, and education settings.

ASHA will:

- advocate for coverage and adequate reimbursement of services provided by audiologists and SLPs;
- promote reimbursement for devices, including but not limited to hearing aids, cochlear implants, other implantable devices and related equipment, and augmentative and alternative communication (AAC) devices;
- advocate for access to audiology and speech-language pathology services through the federally mandated Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and state requirements for health care and school settings;
- advocate for appropriate policies, guidance, and regulations related to Medicaid covered services in schools and other settings.

Did you know?
- This year marks the 50th anniversary of Medicaid and Medicare.
Medicaid and Medicare helped end segregation in medical facilities. Hospitals and nursing homes could not receive payment for racially segregated programs.¹

In the United States, 4.6 million poor adults were newly enrolled in Medicaid as of September 2014 in states that expanded Medicaid coverage. A total of nearly 66 million are enrolled in Medicaid, and 55 million Americans are covered through Medicare.²

Patient Protection and Affordable Care Act (ACA)
States are continuing to face the challenges of implementing the ACA’s requirements. ASHA will continue to advocate and offer support to state associations for adoption of the ACA requirements, including insurance coverage of essential health benefits as implemented through regulations.

ASHA will:
• advocate for reimbursement policies that include habilitative and rehabilitative services in private health care plans and programs of other stakeholders;
• advocate for the role of the professions of audiology and speech-language pathology in service delivery models, such as Accountable Care Organizations and coordinated care;
• advocate for appropriate state implementation of ACA requirements for essential health benefits;
• advocate with the Center for Consumer Information and Insurance Oversight (CCIIO) for federal monitoring and enforcement of essential health benefits;
• give members information and support that facilitate both a federal and state understanding and implementation of best practices to ensure appropriate inclusion of habilitative and rehabilitative services.

Did you know?
• As of March 2015, HHS reported a total of 16.4 million covered due to the ACA provisions, including the Marketplace, Medicaid expansion, and young adults’ staying on their parents plans.
• ASHA developed a resource, Essential Coverage: Rehabilative and Habilitative Services and Devices, for distribution in the states that explains the integral role audiologists and SLPs have in providing services to clients who require rehabilitation and habilitation services. See www.asha.org/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf.

Private Health Plans Reimbursement and Coverage Policies
Private health plans vary significantly in their coverage policies, reimbursement rates, and interpretation of federal and state regulations.

ASHA will:
• continue to advocate for coverage and adequate reimbursement for services and devices provided by audiologists and SLPs and provide input to coverage policies in private insurance plans;
• advocate for consumers and providers through the appeals process with private insurance providers and insurance commissioners, which may result in coverage changes for all participants.

Did you know?
- Insurance policies have been overturned by member advocacy efforts.
- ASHA can help you with appeal letters for reimbursement of services and devices.
- ASHA responds to insurance companies’ requests for information on whether certain services should be covered. For example, UnitedHealthcare asked ASHA to comment on coverage for the intraoral bone conduction hearing aid, such as SoundBite.

Telepractice
Telepractice is an appropriate model of service delivery for the professions of audiology and speech-language pathology when services are equivalent to those provided face to face. Telepractice may be used to overcome barriers to individuals’ accessing and receiving services.

ASHA will:
• advocate for the recognition and coverage of appropriate services delivered through telepractice and, if necessary, ensure that such legislation includes appropriate licensing standards;
• advocate for coverage—by Medicare, Medicaid, and other federal agencies/programs, as well as private health plans—of telepractice services through federal and state legislation and regulation;
• advocate for state requirements that ensure consumer protection when telepractice services are provided by audiologists and SLPs.

Did you know?
- Nineteen states regulate, define, or have policy statements regarding telepractice services; six states reimburse for speech-language pathology services delivered via telepractice in education settings; and six states reimburse for such services in health care settings.
- There is an entire section on telepractice on ASHA’s Practice Portal.
Loan Forgiveness/Tuition Assistance as a Recruitment and Retention Tool
ASHA supports strategies to increase recruitment and retention of audiologists and SLPs through financial aid and loan forgiveness. Some states, including Mississippi and Texas, have passed loan forgiveness legislation specifically for SLPs.

ASHA will:
- continue to support state legislative efforts to adopt loan forgiveness and tuition assistance provisions for audiologists and SLPs;
- monitor federal incentives and loans.

Did you know?
- The office of Federal Student Aid is responsible for directly managing or overseeing an outstanding federal student loan portfolio comprising billions of dollars in Title IV loans and representing millions of borrowers.
- This federal student loan portfolio includes Direct Loans, Federal Family Education Loans (FFEL), and Perkins Loans with outstanding balances.

Demonstrating Value and Quality of Services
Consumers and decision makers across settings are increasing their demands for evidence-based interventions and quality outcomes. The use of outcomes data and quality indicators demonstrates the value of audiology and speech-language pathology services in all settings.

ASHA will:
- take the leading role in establishing policies that define quality and desired outcomes of audiology and speech-language pathology services and reflect the needs of the clients and professions;
- empower members and state association leaders to advocate with payers, school administrators, and/or consumers regarding the value and expertise of audiology and speech-language pathology services;
- develop clinical data registries to support advocacy efforts related to adequate reimbursement across payers;
- support recognition of the ASHA CCCs and advocate for policies that require use of the highest qualified provider;
- engage, inform, and collaborate with other professionals to provide comprehensive, integrated services.

Did you know?
- ASHA’s Strategic Objective 5 is to increase influence and demonstrated value of audiology and speech-language pathology services.
Scope of Practice
The clinical practice of other providers without audiology or speech-language pathology credentials infringes on the scope of practice and clinical expertise of audiologists and SLPs.

ASHA will:

- oppose practice acts and licensure efforts that would expand the scope of practice of other professionals and practitioners (e.g., music therapists, ABA therapists, developmental therapists, dyslexia therapists) into the scope of SLPs;
- oppose efforts of hearing aid dispensers to expand their scope of practice in areas in which they are less qualified and under educated; the success of such efforts would compromise quality of client care.

Did you know?

- Last year, ASHA was instrumental in helping to defeat legislation that would allow the Department of Veterans Affairs (VA) to utilize hearing aid specialists alongside audiologists to help fill the need for services. ASHA is opposing similar legislation reintroduced this year.

State Level
The following issues are managed at the state level, and each issue objective bullet is ranked in importance based on member responses to the survey.

Comprehensive Licensure
State regulatory agencies create unnecessary barriers by requiring members to obtain and maintain multiple licenses and/or certifications. Many states require audiologists to hold a separate license to dispense hearing aids. Some states have issued a comprehensive (single) license for SLPs, allowing them to practice in any setting, and 40 states allow audiologists to dispense hearing aids with a single license with some exceptions (e.g., passing an exam, completing a training program, or registering with the hearing aid dispensing board).
ASHA will:

- support legislation and regulations that allow audiologists to dispense hearing aids under a single license;
- support comprehensive licensure for SLPs that is recognized by state credentialing agencies and ensures maintenance of existing benefits.

### Did you know?
- 17 states (Connecticut, Delaware, Hawaii, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Montana, New Mexico, North Carolina, Ohio, South Dakota, Texas, Vermont, and Virginia) require a single license to practice in the state.

### Audiology and Speech-Language Pathology Assistants Within the Service Continuum

Given the shortage of audiologists and SLPs, more states seek options for identifying standards for service providers. ASHA supports the adoption of model licensing language and implementation of a service continuum that defines the credentials and competency requirements for audiologists, SLPs, speech-language pathology assistants (SLPAs), and audiology assistants.

ASHA will:

- advocate for state regulations, including education, training, and supervision requirements, for audiology assistants and SLPAs;
- promote the delivery of quality services to individuals with communication disorders;
- explore ways to demonstrate basic competencies of audiology assistants and SLPAs.

### Did you know?
- ASHA is developing model rules for audiologists, SLPs, and SLPAs.
- Last year, Virginia and West Virginia passed legislation to regulate SLPAs.

### State Consultants

State departments of education (DOE) and/or state education agencies hire individuals to implement DOE policies, assist with educator questions, and provide training and support. In some states, audiologists and SLPs are hired as consultants to help members in the state meet DOE requirements. With increased demands on state budgets, fewer audiology and speech-language pathology consultants are being hired and/or retained.

ASHA, in collaboration with state associations and organizations, will:
• support member efforts and states seeking qualified audiologists and SLPs as consultants to DOEs;
• provide departments of education with information about the importance of audiology and speech-language pathology services;
• promote the retention of qualified audiologists and SLPs who are currently serving as employees/consultants to state agencies.

**Member Advocacy**

ASHA members can help move ASHA’s advocacy efforts forward by serving as advocates for the professions. They can:

• share the Association’s public policy agenda with peers to educate others on the advocacy efforts for 2016;
• participate in e-advocacy at the federal and state levels through ASHA’s take action website, takeaction.asha.org;
• learn more about ASHA’s Political Action Committee on ASHA’s website at [www.asha.org/advocacy/federal/pac/](http://www.asha.org/advocacy/federal/pac/);
• meet with members of Congress in their home districts or on Capitol Hill;
• work with state associations to advance state regulation and legislation favorable to members and consumers;
• follow ASHA Advocacy on social media.

[insert social media icons here]
Government Relations and Public Policy Board Members

The 2016 Public Policy Agenda was developed by the 2015 Government Relations and Public Policy Board members.

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3 Professional Issues: Telepractice, at [www.asha.org/Practice-Portal/Professional-Issues/Telepractice/](http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/).