



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

March 23, 2023

Chairman Aderholt and Ranking Member DeLauro: The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit testimony on the Fiscal Year (FY) 2024 Labor, Health and Human Services, Education and Related Agencies appropriations bill. My name is Robert M. Augustine, PhD, CCC-SLP, ASHA's President for 2023. ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders. I offer ASHA's support for the following programmatic funding and language requests for the U.S. Department of Education (ED) and Health & Human Services (HHS):

- \$16.2 billion for the Individuals with Disabilities Education Act (IDEA) Part B State Grants, \$502.6 million for IDEA Part B Section 619 Preschool Grants, \$932 million for IDEA Part C Infants and Toddlers with Disabilities, and \$250 million for IDEA Part D section 662 personnel preparation grants within the Department of Education.
- \$1 million for the establishment of a communication/speech disorders technical assistance center within ED.

- \$10.7 million for the Centers for Disease Control and Prevention and \$17.8 million for the Health Resources and Services Administration for Early Hearing Detection and Intervention programs within HHS.
- \$8 million for the Health Resources and Services Administration (HRSA) allied health workforce program.
- \$534 million for the National Institute on Deafness and Other Communications Disorders and \$119 million for the National Institute on Disability, Independent Living, and Rehabilitation Research for communication sciences disorder research.

Individuals with Disabilities Education Act

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

The proposed IDEA funding increase would help school-based personnel better meet the needs of students with disabilities. This critical program serves more than 7.5 million children in our nation's schools, including students with communication disorders.¹ Schools and districts continue to struggle with increased costs, personnel shortages and learning gaps associated with the COVID-19 pandemic, all of which increase the caseloads and workloads of school-based audiologists and SLPs. This critical funding would help ensure students with disabilities receive the necessary services and supports to which they are entitled. **ASHA supports the Administration's FY 2024 budget request for IDEA at the levels identified above to ensure students with disabilities can continue to access needed services.**

Communication/Speech Disorder Technical Assistance (TA) Center

Speech-language pathology services are highly utilized by students served under IDEA. According to ED's Annual Report to Congress on the Implementation of IDEA, 2021, speech or language impairments represent the most prevalent disability category of services provided under IDEA Part B: 39.9% of children ages 3-5, and 16.3% of students ages 6-21.² Establishing and funding a Communication/Speech Disorders TA Center would help educational audiologists and school-based SLPs to better address the needs of the significant population of students receiving speech-language services. Such a Center would provide resources, guidance and best practice pertaining to the assessment and treatment to habilitate the communication disorders; identify and develop free or low-cost evidence-based tools and model programs; gather evidence-based information and/or data related to speech-language pathology clinical and professional issues including delivery models, identification and utilization of appropriate workspaces, and caseload and workload management; and provide support and guidance on the utilization of federal funding to support capacity to circumvent staffing shortages for speech-language providers.

The House Committee on Appropriations has previously recognized the value of a Communication/Speech Disorders TA Center by including language in the report to last year's bill (H. Rept. 117-403) encouraging ED to offer technical assistance to support students with speech-language disorders within school settings. **ASHA urges the Committee to further enhance this language by providing \$1,000,000 for ED to formally establish and operate a TA Center dedicated to communication/speech disorders.**

Early Hearing Detection and Intervention Act

The Early Hearing Detection and Intervention (EHDI) Act is one of the nation's most important public health programs, offering early hearing screening and intervention to all newborns, infants, and young children in every state and territory. Since Congress first

authorized EHDI in 2000, it has been instrumental in increasing newborn hearing screening rates from 46% to 98% in 2020.³ Early detection of hearing loss, and resulting diagnosis and intervention, can dramatically improve a child's chances to succeed professionally, academically, and socially. ASHA appreciates the Committee's recognition of disparities in access to pediatric hearing health care by including language in H. Rept. 117-403 to encourage the Centers for Disease Control and Prevention (CDC) to expand its work to improve surveillance, ensure access to timely identification of congenital and acquired hearing loss, and enhance the connection to follow-up services, particularly among racial and ethnic minority populations.

ASHA also applauds Congress for enacting S. 4052, the Early Hearing Detection and Intervention Act (Public Law 117-241), which reauthorized the EHDI program for another five years. S. 4052 also requires the Government Accountability Office (GAO) to conduct a study assessing program performance and efforts to ensure that newborns, infants, and young children have access to timely hearing screening and early interventions, particularly for medically underserved populations, including racial and ethnic minorities.

ASHA urges the Subcommittee to provide identified levels of funding for newborn hearing screening authorized by the Early Hearing Detection and Intervention Act (Public Law 117-241) to ensure that all children with hearing loss receive timely screening, diagnosis, and intervention services, and include report language highlighting the importance of timely completion of the GAO study.

Allied Health Workforce Diversity

Studies have demonstrated that patients who receive care from members of their own racial and ethnic background generally have better outcomes, and health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved

areas.⁴ ASHA appreciates the enactment of Section 2224 of the Consolidated Appropriations Act, 2023, (Public Law 117-328) to expand the allied health professional education program within HRSA to increase educational opportunities for audiology and speech-language pathology students from disadvantaged backgrounds and for individuals who are underrepresented in such professions. This program would provide grants to increase the participation and retention of diverse students in programs that train and educate audiologists and SLPs through scholarships and stipends, preparatory resources, and support to retain and successfully graduate students.

ASHA urges the Subcommittee to appropriate \$8,000,000 to fund this program within HRSA.

Conclusion

Thank you for the opportunity to provide this testimony for the record. ASHA appreciates the Subcommittee's past investments in these critical education and health programs and urges continued support at the recommended funding levels. These investments are crucial to ensuring audiologists and SLPs can meet the hearing, balance, speech, language, swallowing, and cognition-related needs of your constituents regardless of age or setting. If you or your staff have any questions, please contact Kevin Stutman, ASHA's associate director of federal affairs, at kstutman@asha.org.

¹ U.S. Department of Education. (n.d.). *About IDEA*. <https://sites.ed.gov/idea/about-idea/>.

² U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2021). 43rd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2021. <https://sites.ed.gov/idea/files/43rd-arc-for-idea.pdf>.

³ U.S. Centers for Disease Control and Prevention. (2022). *2020 Summary of Hearing Screening Among Total Occurrent Births*. <https://www.cdc.gov/ncbddd/hearingloss/2020-data/02-screen.html>.

⁴ U.S. Government Accountability Office. (2009). *Graduate Medical Education: Trends in Training and Student Debt*, 09-438R. <https://www.gao.gov/assets/gao-09-438r.pdf>.