



1925-2025
Legacy. Impact. Possibilities.

May 9, 2025

The Honorable Marilyn Dondero Loop, Chair
The Honorable Nicole J. Cannizzaro, Vice-Chair
Senate Finance Committee
9811 W. Charleston Boulevard
Suite 2-420
Las Vegas, NV 89117-7528

RE: SB 257

Dear Senators Loop and Cannizzaro:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to comment on SB 257, which revises requirements governing 1) the statewide standard for measuring outcomes, assessing, and evaluating certain persons with autism spectrum disorder (ASD) and 2) early intervention services for persons with autism spectrum disorder. As written, this legislation could ultimately lower the standard of care and limit access to appropriate services for persons with ASD in Nevada.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 1,100 ASHA members reside in Nevada.¹

ASD is a complex neurobiological disorder characterized by social impairment, communication difficulties, and repetitive and stereotyped behaviors. Social interaction and communication, speech production, understanding, and using spoken and written language are examples of neurodevelopmental functions. They are not solely "behaviors." Interdisciplinary collaboration and family involvement are essential in assessing, identifying, [and treating] autism.² The SLP is a key member of an interdisciplinary team that includes the child's pediatrician, a pediatric neurologist, a psychologist, and a developmental pediatrician.³

Given the complexity of ASD, ASHA offers the following comments and recommendations regarding proposed changes to care team providers, assessments, and early intervention coverage.

Care Team

ASHA is concerned that removing the language in this bill that specifies provider types involved in the assessment and treatment of autism will lead to confusion for health plans and providers. Most health insurers operate across multiple states requiring them to develop policies on provider scope that apply to multiple regions and often follow the example set forth by the Centers for Medicare & Medicaid Services (CMS). CMS and most insurers require that autism is diagnosed by a care team, which typically includes an SLP,

physician, and/or psychologist. Therefore, **ASHA recommends that the term “healthcare provider”—used throughout the bill—should be replaced by specifically listing those providers, which include a licensed physician, licensed speech-language pathologist, and licensed psychologist.**

SLPs play a central role in the treatment of persons with ASD. SLPs who engage in neurodiversity-affirming behavioral interventions work on identifying environmental impacts that may affect the autistic person’s successful communication. SLPs create skilled, therapeutic opportunities for meaningful engagement with the autistic person to develop autonomy, teach self-regulation strategies, promote independence, and consider the person’s autistic identity. SLP therapeutic interventions address many areas impacted by autism including—but not limited to—

- expressive and/or receptive language;
- social pragmatics and nonverbal communication;
- motor speech;
- fluency or stuttering;
- sign language;
- use of augmentative and alternative communication (AAC) devices (e.g., speech-generating, non-speech generating, or low-tech);
- executive functions; and
- feeding and swallowing.⁴

Comprehensive Assessments

ASHA is also concerned that modifying diagnostic standards could lower the standard of care. It is critical to utilize multiple sources of information about an individual’s communication, behavior, and feeding skills to conduct a comprehensive assessment and obtain a formal autism diagnosis. **We recommend using evidence-based assessment tools and techniques to identify a formal diagnosis of autism.** Standardized assessments alone are not always appropriate to make an autism diagnosis. Although a standardized assessment may reveal skills that are observed in a controlled environment, it does not translate to functional skills. In addition, observation alone may not reveal the skills that should be present in a developing child.

ASHA strongly recommends maintaining the current approach of conducting a comprehensive assessment, which involves the collaborative efforts of families, caregivers, care partners, classroom teachers, SLPs, special educators, and psychologists, as needed. The comprehensive assessment typically includes the following components:

- Relevant case history, including information related to the child’s health, developmental and behavioral history, and current medical status.
- Medical and mental health history of the family, including history of siblings with ASD.
- Medical evaluations, including general physical and neurodevelopmental examination and vision testing.
- Formal and informal assessments by an SLP, including
 - language assessment [including social communication];

- language sampling and narrative analysis;
 - speech assessment, including assessment of motor speech abilities;
 - feeding and swallowing assessment, as needed; and
 - augmentative and alternative communication (AAC) assessment (as needed) to determine the potential benefits for improving functional communication.
- Audiologic assessment by an audiologist.⁵

Early Intervention Coverage

Finally, ASHA is concerned with language in the bill regarding early intervention services for persons with ASD, which emphasizes treatment coverage for applied behavioral analysis (ABA) therapists and does not describe the role of SLPs in habilitation and rehabilitation of speech-language therapy. The U.S. Department of Education issued guidance emphasizing the importance of evaluating children suspected of ASD using a qualified *team of professionals* and recognizing that *ABA is only one method for treating children with ASD*.⁶ CMS also issued an informational bulletin indicating the importance of audiology and speech-language pathology providers and services for students with ASD.⁷ It states “While much of the current national discussion focuses on one particular treatment modality called Applied Behavioral Analysis (ABA), there are other recognized and emerging treatment modalities for children with ASD... Services for individuals with speech, hearing and language disorders mean diagnostic, screening, preventive or corrective services provided by or under the direction of a speech pathologist or audiologist.”^{8,9} The bulletin then directed states to ensure coverage of speech-language pathology services under the Medicaid therapies benefit in accordance with 42 CFR 440.110. **To ensure autistic individuals with private insurance receive appropriate coverage for both speech-language pathology and ABA therapy, ASHA recommends changing the language in Sec. 6. NRS 689A.0435 2 (a) to: “A maximum benefit of not less than the actuarial equivalent 22 of \$72,000 per year for speech-language pathology or applied behavior analysis treatment.”**

Thank you for your consideration of ASHA’s recommended amendments to SB 257. If you or your staff have any questions, please contact Doanne Ward-Williams, ASHA’s senior director of state affairs, at dwardwilliams@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

¹ American Speech-Language-Hearing Association. (2023). *Nevada* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-flyers/nevada-state-flyer.pdf>

² American Speech-Language-Hearing Association. (n.d.). *Autism and autism spectrum disorder* [Practice portal]. <https://www.asha.org/practice-portal/clinical-topics/autism/>

³ *ibid.*

⁴ *ibid.*

⁵ *ibid.*

⁶ United States Department of Education. (2015, July 6). *Clarification Letter on Including More Than Applied Behavior Analysis Therapist When Providing Services for Children with ASD*. <https://www.asha.org/siteassets/uploadedfiles/us-dept-education-asd-services-letter.pdf>

⁷ Department of Health and Human Services. (2014, July 7). *CMCS Informational Bulletin: Clarification of Medicaid Coverage of Services to Children with Autism*. <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

⁸ *ibid.*

⁹ American Speech-Language-Hearing Association. (n.d.) *Applied Behavior Analysis: Impact on Audiologists and SLPs*. <https://www.asha.org/advocacy/applied-behavior-analysis/>