

May 12, 2025

The Honorable Bill Cassidy  
Chair, Committee on Health, Education,  
Labor, and Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bernie Sanders  
Ranking Member, Committee on Health,  
Education, Labor, and Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chair Cassidy and Ranking Member Sanders:

On behalf of the American Speech-Language-Hearing Association (ASHA), I am writing to share our concerns about proposed fiscal year (FY) 2026 budget cuts and restructuring at the Department of Health and Human Services (HHS) that will limit access to services provided by audiologists and speech-language pathologists.

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. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. SLPs identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders.

We are extremely concerned that the Administration's FY 2026 discretionary funding request—combined with the reorganization announced by Department Secretary Kennedy—will result in diminished access to services provided by audiologists and SLPs, worsened health outcomes for those relying on their services, and higher taxpayer costs. In addition, recent workforce reductions across HHS agencies have resulted in the loss of experience, expertise, and institutional knowledge—especially among key senior agency staff and component leaders—that will impair administration of programs that HHS is statutorily mandated to implement.

ASHA is particularly concerned about the proposed \$33 billion (26%) overall budget cut at HHS, including a potential \$18 billion (15%) reduction to the National Institutes of Health (NIH). These cuts, along with the proposed consolidation of NIH's 27 centers and institutes into five new focus areas, will likely limit or even halt research funded by the National Institute on Deafness and Other Communication Disorders (NIDCD). The NIDCD plays a critical role in advancing research aimed to improve the screening, prevention, diagnosis, and treatment of hearing, balance, speech, and language disorders.

The HHS reorganization appears to be centralizing policy communication and decision making from the top down in the Office of the Secretary rather than from the bottom up, primarily informed by the perspective of the Department's agencies and components that have heightened and long-standing expertise administering complex policies and programs. ASHA is concerned that, in conjunction with the loss of key career staff, those now

responsible for program implementation may lack the insight and context needed to ensure operational efficiency and effectiveness. In addition, the centralization effort is expected to eliminate NIDCD's institute-based grant review panel—the Communication Disorders Review Committee—which is critical for supporting early-career investigators.

ASHA is also deeply concerned about the proposed \$3.6 billion cut to the Centers for Disease Control and Prevention (CDC) and the \$1.7 billion reduction and consolidation of programs administered by the Health Resources and Services Administration (HRSA). Together, CDC and HRSA support state-level Early Hearing Detection and Intervention (EHDI) programs, which are vital for newborn hearing screening. ASHA has worked closely and consistently with former CDC officials who collected and analyzed newborn hearing screening data, as well as HRSA—soon to be part of the new Administration for a Healthy America—to support and strengthen these efforts. The loss of funding and technical expertise will reverse years of progress that have led to near-universal newborn hearing screening. This could delay early diagnosis and effective treatment for children who are deaf or hard of hearing, limiting access to essential hearing health care and increasing long-term costs to taxpayers as unmet needs compound over time.

In addition, ASHA is troubled by the Administration's claim that the \$674 million budget cut to the Centers for Medicare & Medicaid Services (CMS) will not impact its ability to provide benefits to Medicare and Medicaid beneficiaries. CMS administers health coverage for over 160 million Americans through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. It also plays a critical role in setting provider payment rates and enforcing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements ensuring children and adolescents have access to essential services—including speech, language, and hearing care.

ASHA is further alarmed by the draft budget documents indicating an 18% reduction (approximately \$3.6 billion) to the Food and Drug Administration (FDA). The FDA is instrumental in evaluating and approving medical devices used by audiologists and SLPs, such as hearing aids and speech-generating devices. These technologies are essential for individuals with communication disorders to fully engage in educational, social, and professional settings. An efficient and evidence-based FDA approval process is especially important as artificial intelligence continues to advance within health care.

Finally, ASHA opposes the Administration's plans to eliminate the Department of Education (ED) and cut its budget by \$12 billion (15%). The proposal to dismantle ED, transferring responsibilities such as oversight of the Individuals with Disabilities Education Act (IDEA) to HHS, and student loan management to the Department of the Treasury. Other programs would be eliminated entirely. Maintaining ED as a distinct cabinet-level agency is essential to ensuring that services and supports provided by educational audiologists and school-based SLPs remain effectively implemented by those with the necessary expertise to ensure their success. The Administration's staffing reductions and proposed funding cuts to ED's budget will ultimately reduce ED's ability to ensure academic success for all students.

In summary, ASHA shares the concerns expressed by allied stakeholders and bipartisan members of Congress regarding the potential devastating impact of the budget cuts proposed in the Administration's FY 2026 discretionary funding request for HHS. These cuts, along with other changes, raise serious questions about HHS' ability to fulfill its

mission to enhance the health and well-being of all Americans and uphold a science-based approach to public health and social service programs. We urge the Committee to seek detailed answers from the Department about how these changes will advance those goals, and we look forward to more information about the budget from the Administration and further clarification about the HHS reorganization from the Department.

If you or your staff have any questions, please contact Jerry White, ASHA's senior director of federal and political affairs, at [jwhite@asha.org](mailto:jwhite@asha.org).

Sincerely,

A handwritten signature in cursive script that reads "A. B. Mayfield-Clarke".

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