



1925-2025  
Legacy. Impact. Possibilities.

May 12, 2025

The Honorable Brett Guthrie  
Chairman  
House Committee on Energy and  
Commerce  
2161 Rayburn House Office Building  
United States House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
House Committee on Energy and  
Commerce  
2107 Rayburn House Office Building  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Guthrie and Ranking Member Pallone:

On behalf of the American Speech-Language-Hearing Association (ASHA), I strongly urge you to oppose any Medicaid funding cuts, work requirements, or policy changes that limit eligibility or access. These policy proposals would severely reduce access to medically and educationally necessary services—particularly audiology and speech-language pathology—for vulnerable populations. Reducing funding for Medicaid and adding work requirements as a condition of Medicaid coverage would create unnecessary administrative hurdles and reduce access to care for low-income individuals and those with disabilities.

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 and SLPs provide many services to Medicaid beneficiaries across school and health care settings. Medicaid covers more than 72 million people in the United States, nearly 40 million of whom are children.

There are already significant barriers to meeting the health care needs of this population, including low provider reimbursement rates, burdensome prior authorization and administrative requirements, and lengthy documentation standards. These are just some of the challenges facing clinicians and school-based providers when delivering care to Medicaid beneficiaries. Further cuts or administrative hurdles will only make them worse.

School-based audiologists and SLPs deliver critical speech, language, hearing, and other services and supports required under the Individuals with Disabilities Education Act (IDEA) to Medicaid-enrolled children every day. These funds help ensure those services are delivered as required by law. Medicaid is a top funding source for schools in many states. Schools will be forced to make difficult choices if another critical source of funding is lost due to Medicaid cuts.

ASHA members who work in health care settings deliver services to Medicaid-enrolled individuals in hospitals, rehabilitation facilities, outpatient, and home settings. Home and Community-Based Services (HCBS)—often funded through Medicaid and which many of our members provide services through—are particularly vulnerable if states face budget crunches resulting from lower federal funding. After the 2008 financial crisis, every state and the District of Columbia cut spending on one or more HCBS programs following federal Medicaid cuts.<sup>1</sup>

Implementing Medicaid work requirements, or job loss penalties, are among the more deceptive

proposals for cuts because the “savings” they create come from people losing coverage rather than improving employment outcomes. Evidence from programs in Arkansas and Georgia demonstrate that these policies reduce coverage rather than improve employment.<sup>2,3</sup> Job loss penalties cause many low-income adults and people with disabilities to lose coverage due to bureaucratic hurdles leaving many without the health care they need. Neither of these programs created an increase in employment in the target population.<sup>4</sup> Most Medicaid enrollees already work or have legitimate barriers to doing so, such as caregiving responsibilities, illness, disability, or school.<sup>5</sup> Existing examples demonstrate it is extremely difficult to design an effective exemption process for people who are unable to meet the number of “qualifying activities.” An estimated 2.5 million people could lose coverage if work requirements are implemented nationally.<sup>6</sup>

Other harmful proposals including per capita caps for the Medicaid expansion population or the Medicaid population as a whole, tie the amount of federal Medicaid spending to a factor that does not adequately account for growth in costs associated with caring for this population. According to the nonpartisan Congressional Budget Office (CBO), per capita caps policy would lead to reductions in coverage for nearly 6 million people. Similarly, CBO estimates that a reduction in the Federal Medical Assistance Percentage (FMAP) for Medicaid expansion states would reduce coverage levels for over 5 million people.

Additionally, other proposals like reducing state-based provider taxes—used by every state except Alaska to cover the state share of the cost of Medicaid—would impact states’ ability to sustain their programs, especially in non-expansion states that are already opting out of additional federal funding.<sup>7</sup> These proposals will force states to limit eligibility, reduce benefits, and/or make difficult decisions that could impact state funding for other programs.

Medicaid payments should reflect the real cost of delivering care for the most vulnerable populations, including people with disabilities who often fall into the expansion population.<sup>8</sup> While ASHA recognizes the directive for the Committee to find at least \$880 billion in savings on programs under its jurisdiction, undermining Medicaid is not the answer. These proposed changes risk reducing access to the medically and educationally necessary audiology and speech-language pathology services our members provide. Instead, the Committee should pursue policies that improve health outcomes, preserve access to care, and reduce costs without harming the people who depend on these services.

I urge you to oppose any policies that would reduce Medicaid funding, impose work requirements, or otherwise impede access to Medicaid coverage. Protecting Medicaid is critical to ensuring audiologists and SLPs can continue providing the vital services that millions rely on. If you or your staff have any questions, please contact Josh Krantz, director of federal affairs for health care at [jkrantz@asha.org](mailto:jkrantz@asha.org).

Sincerely,



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

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<sup>1</sup> Schubel, J., Barkoff, A., Kaye, H.S., Cohen, M., & Tavares, J. (2025). History Repeats? Faced With Medicaid Cuts, States Reduced Support for Older Adults and Disabled People. [Online Article]. <https://www.healthaffairs.org/content/forefront/history-repeats-faced-medicaid-cuts-states-reduced-support-older-adults-and-disabled>. Health Affairs.

<sup>2</sup> Sommers, B., Chen, L., Blendon, R., Orav, E. & Epstein, A. (2020). Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, And Affordability of Care. [Online Article]. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>. Health Affairs.

<sup>3</sup> Musumeci, M., Leiser, E., & Douglas, M. (2024). Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program. Commonwealth Fund. <https://www.commonwealthfund.org/blog/2024/few-georgians-are-enrolled-states-medicaid-work-requirement-program>

<sup>4</sup> Coleman, A., Federman, S. (2025). Work Requirements for Medicaid Enrollees. Commonwealth Fund. <https://www.commonwealthfund.org/publications/explainer/2025/jan/work-requirements-for-medicaid-enrollees>

<sup>5</sup> Hinton, E., Rudowitz, R. (2025). 5 Key Facts About Medicaid Work Requirements. <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-work-requirements/>

<sup>6</sup> Patzman, A., Lautz, A. (2025). Paying the 2025 Tax Bill: Medicaid Provider Taxes. Bipartisan Policy Center. <https://bipartisanpolicy.org/explainer/paying-the-2025-tax-bill-medicaid-provider-taxes/>

<sup>7</sup> *ibid.*

<sup>8</sup> The Arc. (2025 April 11). The Truth About Medicaid Expansion and Disability Services. <https://thearc.org/blog/the-truth-about-medicaid-expansion-and-disability-services/>