ASHA CEO Live Chat: Member Engagement & Advocacy

June 17, 2025

Vicki Deal-Williams: Good evening, everyone. We see there are a number of folks coming into the Zoom workplace. So, we will let folks get into the room. We'll take just a minute and let folks get in, so we'll get started in just a minute.

Our numbers slowing down — now they're picking up again just as soon as I said that, so I'll give people another few seconds. Alright, we'll go ahead and get started.

Vicki Deal-Williams: Good evening, everybody. I'm Vicki Deal-Williams. Thank you for joining our CEO Live Chat on Member Engagement and Advocacy. I am ASHA's CEO, and I'm happy to welcome you tonight. We are coming together tonight for a conversation about how each of us can help shape the future of our professions. I'm joined by members of ASHA's Government Affairs and Public Policy team.

Michelle Hostler, our senior director of advocacy communications and administration, is going to be our moderator for our discussion this evening. So,thank you, Michelle. I want to start with a simple, but what I think is a fairly powerful idea. And that's that your voice matters. And now is the time to use that voice

This year, you, our members, have been making that voice heard. Last week we reached an advocacy milestone. You sent 101,000 letters to legislators advocating for the professions. This year, in 2025, far surpassing the 58,000 you sent at all, or in all, that is, last year. We know that now it's a really difficult time for many of you given recent events, and we need you to please keep telling your legislators why it's important to preserve access to care, funding for research, and so much more. Focusing our discussion this evening on advocacy, over the last year, we've asked you to tell us what issues — and actually, over the last couple of years — we've asked you to tell us what issues are important to you. And we've heard you when you told us that advocacy is at the top of your list. We know there's a lot going on. We're going to set aside time to discuss a number of other topics. There are a number of other topics that you mentioned in questions that were submitted ahead of time. But this evening we're going to focus on how we work together to advocate and make change.

You'll hear from me. You'll hear from members of our staff about why your involvement matters now more than ever before and how you can engage with our advocacy efforts at both the state and federal levels. We'll also share with you the tools and resources that are

available to make that easier. We've developed a lot of those to make sure that you feel informed, empowered, and confident as advocates.

If you have questions for our panelists tonight, you can start submitting them, using the Q&A function at the bottom of your zoom screen. Please bear in mind that we may not be able to answer every question. But we're going to use the moderator and our moderating ability to try to address as many of them as we can. We also will look for common themes in the questions that you're asking. So, many of you may have the same questions, so we'll be able to combine those to make sure that we address and prioritize those topics and those questions.

So, next, our moderator, Michelle, is going to inform you of our procedures for the Q&A. Michelle.

Michelle Hostler: Thank you so much, Vicki, and thanks everyone for joining us this evening. I do have a few things I want to go over before we get started. You can begin adding your questions to the Q&A feature. We have turned off the chat this evening, but all questions will be put into the Q&A, and we will be reviewing those. Second, FAQs that were submitted in registration. We're going to try to get to those first. I know we're going to see some trends coming in, but we do have a number of questions that were submitted from folks during registration. Please review the code of conduct for meetings. And lastly, there will be a survey at the end for you to provide feedback on. It'll also be emailed following the session. So, with all of that, let's go ahead and get started.

Vicki Deal-Williams: Alright. OK. We are.

Michelle Hostler: There we go. I got it.

Vicki Deal-Williams: OK.

Michelle Hostler: Slight delay. All right. Well, first, I'd like to welcome our panelists for this evening, so we have Jerry White joining us, and he leads our federal and political affairs team. We have Doanne Ward-Williams. She leads our state affairs team. Neela Swanson leads our healthcare and education policy team. And myself, Michelle Hostler. I lead the advocacy communications and administration team. Those four teams make up the collective government affairs and public policy department that Vicki mentioned at the beginning. We also sometimes refer to ourselves as ASHA advocacy, which is a lot easier to say than government affairs and public policy. So, let's go ahead and get started. We thought it would be helpful to provide some background on each of the teams. So, you have an understanding of, kind of, where folks focus their efforts. Jerry, would you like to tell us about the federal and political affairs team?

Jerry White: Yep, thanks, Michelle. So, as Michelle said, I head up our federal and political affairs team. So, we are — the best way to think of us is that we're ASHA's congressional lobbyists. So, it's a 5 person team, and we're based in an office just off the Senate side on Capitol Hill. What we do, our primary job is to convince Congress to enact policies that are beneficial to audiologists, speech-language pathologists, that help you do your jobs as efficiently and effectively as possible. How we do that primarily is by working to build bipartisan relationships with members of the U.S. House of Representatives and the U.S. Senate and their staff members — to educate them about what our members do, how you serve their constituents, why that's important. So, my team spends a lot of time physically on Capitol Hill in meetings, talking to staffers, talking to members of Congress. As I said, we have a 5 person team. Three of us are former congressional staffers who worked in various capacities. One team member of ours worked at a very large prominent trade association, and then our other team member worked at a smaller boutique lobbying firm. So, we've got a bunch of number of years of very experience in different capacities. But again, like we're, we're solely focused on lobbying the U.S. Congress on behalf of ASHA's members.

Michelle Hostler: Thank you, Jerry. Doanne, can you tell us about the state affairs team?

Doanne Ward-Williams: Sure. So, I am Doanne Ward-Williams, and on the state affairs team we are responsible for tracking proposed legislation and regulations that impact members in their access to and access to being able to deliver services within the state laws that we are tracking, including practice and licensure requirements. So, we offer expert consultation to members, one-on-one on those requirements. But we also develop tools to help members and streamline that information so that members are aware of the requirements they must follow within their states. We also support state associations with their efforts in advocacy and their legislative priorities because we understand that they are there in the states and hearing from members directly as well. So, we do support those efforts. Back to the laws and regulations at the state level, we at times will also engage on this legislation through comments or testimony. That way we can become fully engaged and share our stance for physicians, and then we also mobilize members through targeted email blasts. And so those take action email blasts will come directly to members within their email boxes in the impacted states. Thank you, Michelle.

Michelle Hostler: Thank you, Doanne. Neela. Can you tell us about the healthcare, education, healthcare, health, care and education policy team?

Neela Swanson: Thanks, Michelle. Yes, our name is a mouthful as well, and we are an 8 person team, and as our name suggests, we focus on health care and education policy, no surprise there. So, we are a large team because we cover a wide variety of issues for our

members. And the way I like to describe our team is we're the team that helps take the great work that the state team and the federal team do at the legislative level at both state and federal sides, and turn them into hopefully regulations and policies that work for you all as audiologists and SLPs in the real world. So, what that means is, we work directly with payers like Medicare, Medicaid, Tricare, private plans. We work directly with federal agencies, like the centers for Medicare and Medicaid services. We work with state Medicaid agencies, and our sole purpose is to ensure that we are helping develop policies in both healthcare and education. I'm sure you've all seen the work that we've been doing in the education space lately, really making sure those policies work for you in the real world.

Michelle Hostler: Thanks, everyone. The last team is advocacy communications and administration. So, we are a 4 person team, and our work is very different from the other 3 teams you just heard about. Our work is mainly to focus on strategic campaigns, our messaging and grassroots engagement. So, we work very closely with all 3 teams. All of our work interacts with one another. So, we work very collaboratively to get messages out. Our team also is responsible for looking at letters, comment letters that we work on all of our policy materials, and our primary goal really for you all is to keep you informed, engaged, and empowered. So, that's part of why you're here this evening to learn more about the advocacy work and ways that members can be engaged in what we're doing. I am also the ex officio to the Government Affairs and Public Policy Board. So, we thought this would be a good time to talk about the public policy agenda. The public policy agenda is developed by the Government Affairs and Public Policy Board, and that is a group of member volunteers. They meet and they collect information from members on challenges that you have identified as being impactful for you, things that we need to do to help support you and your work. The GAPP Board collects information from surveys, town halls. Most of them are on the chat this evening looking at the questions that you're asking. We also engage on social media. Staff work with them to share information that we're hearing directly from members, and they also communicate with other boards and committees. So, they collect information from a variety of sources. In the end, they create the public policy agenda, and that serves as our framework in government affairs and public policy ASHA advocacy. And we use that to strategize ways to achieve those priorities. Next slide. Thank you. One of the most important ways for us to be successful in advocacy is partnering in advocacy. So, we hear a lot about what does ASHA do? What is your role in advocacy? And so we've put some of this information here on the slide. We work really hard to build relationships with lawmakers. I'm going to repeat some of the things that my colleagues have said, but in a nutshell: We do work hard to build relationships with lawmakers, get bills introduced. We work with state associations. The policy team works very closely with regulatory agencies on policy implementation. And we engage with other stakeholders. So, we do work very

closely with other associations. And we're also members of a number of coalitions. All of that activity helps elevate our voice and advocacy. One thing that we also pay close attention to is tracking and monitoring emerging issues. We'll mention this later on. But we do have a form right now that we're collecting input from members on state and policy issues that are impacting you. And we are looking at that to see what you're experiencing with boots on the ground. So, we did get a number of questions from registrants asking: What can members do to get engaged? And I've got some of these on here for you to look at. One of those is meet with your lawmakers, both state and federal. You can invite an elected official to your place of work. Working with your state association is super helpful. Consider learning and supporting our ASHA PAC. Visit our Take Action site. The number that Vicki mentioned at the beginning, the 101,000 messages that have been sent, those have been sent through our Take Action site, so we can see how legislators are hearing from you how many people they're hearing from our members, and that helps elevate our efforts. Lastly, stay informed. Keep an eye out for information that we're sharing. We produce the ASHA Advocate with summaries of things that we're doing and some top-line items. We're also on social media sharing information there. So, staying informed of our latest activities is very helpful in getting engaged. This next slide has a number of questions that we received directly from registrants. And I'm going to open this up to everyone else on the panelists here to kind of engage on these, really kind of touch on the how. So, we kind of talked about what members can do. And we also want to talk about how they can make an impact. Why, this work is important. So, looking at question number one, what is one thing any busy member can do to contribute to ASHA advocacy efforts? Jerry, do you want to kick that off?

Jerry White: Yeah, absolutely. Thanks, Michelle. And this is a great question, because it kind of gets to one of the fundamental challenges that busy clinicians like yourselves have to deal with, right? Is that you have a lot of personal and professional commitments. And there's this sense, particularly with all of, kind of, the — from the outside right — the seeming chaos and dysfunction, particularly in Congress. You know, what kind of impact can one member make? Like, advocacy is such a big topic. It's kind of opaque, like, how can I engage? What's my entry point? How can I make a difference? We get that, right? You're pulled in a million different directions. And it kind of begs the question, right? Advocacy is really, it's a continuum, right? So, there are things that you can do that take just a couple of minutes like Michelle said. Go to our Take Action page, and we have summaries of all of the different federal and state issues that we're engaged on at a particular time. We have pre-written letters to members of Congress that you can either send without changing or modify to provide a particular perspective, or a story, or a clinical vignette. Put in your address — name and address and email. It'll pull up your 2 senators and your

congressperson and click send, and that will send a message to your federal representatives. And while that may not necessarily seem like a very consequential action, you know, particularly, because it doesn't take a lot of time. In a lot of ways, it's just a numbers game with Congress, you know, the sort of — when I was growing up, that how a bill becomes a law and you get the sense like you send a letter to a member of Congress, they write you back personally. Some members do. I've worked for some members of Congress who used to write responses themselves. They used to pick out certain letters and write responses. But in a lot of cases congressional offices will keep a tally, and they will go to the legislative director, like the top policy person in the office, or the chief of staff, and or the member himself, or herself. And let's say, Hey, we got 68 letters this week supporting expanded Medicare coverage of audiology services. Or we got 43 emails in support of fully funding the individuals with Disability Education Act. So, just that simple act alone is really, really important. But as I mentioned, it's completely, it's totally a continuum, right? So, sending a letter is sort of on one side of that spectrum goes all the way up to like my team particularly helps set up engagements with members of Congress. So, if you're going to be in Washington, we can set up an in-person meeting with your federal representatives. We set up virtual meetings for ASHA members last year. So, in 2024, we set up meetings for 42 different members of ASHA, and that is separate and apart from our annual Capitol Hill Day. Our fly-in where we had, I think, about 100 members participate in 129 meetings. So, all of those actions are very, very impactful.

Vicki Deal-Williams: We appreciate your time and effort to do that. Can I just chime in and tag on to that? The Take Action site is one of the easiest things to do for any member, because it is just two or three clicks. And those letters just go. One of the things that I've started doing now when I send those is "Hello! It's me again." At the very beginning. It's a small little customization. But then they're like, "Oh, we heard from her before." So, it's changing the response that I get from my members of Congress when they respond back to me because I often don't get the form response. Now they're like, "Oh, it's good to hear from you again." So, they're paying a little bit more attention to me. It's the same letter that everybody else sent, but it's like it's me again. So, it's just little things like that that do make a difference. And it took me, you know, less than a minute to actually put that in there and click, click! And that letter goes. But it really does make a difference, and they actually had to pay attention to what's this about. And it makes them think twice. And I have seen that we'll start turning to their legislative staff when I've been on hill visits with our members, and they're telling their stories, and they're like, "Oh, that is something we can get behind." It does make sense. So, it really does make a difference for those of you who think it doesn't. It really does. It helps them see the light.

Doanne Ward-Williams: Yeah. And I was gonna jump in to say, you know, with advocacy, it's sort of a pick your journey, you know. Jerry talked about not only the pre-written messages, but also meeting with lawmakers. For members to meet with either state agencies or their state legislators, and at times members are hesitant because they are nervous about: “What should I say? What can I say? What if I don't know the answer?” But what I like to tell members is, it's important for you to tell your story, you know that's what your legislators want to hear is your story. They want to hear what it is that you are experiencing daily as a clinician, and also sharing your experience and sharing your client, patient students, voice, and only you can do that, and no one can tell that story better than you. So, that would be one great way that you can contribute to advocacy efforts is telling your story as a clinician, but also the story of your client, patient or student.

Michelle Hostler: Thanks, Doanne, and I'm kind of going to go out of order here for what we have on the screen, because our 3rd question you kind of just alluded to there. Do you have suggestions for working with a member of Congress who promotes an agenda that is not favorable to our clients and patients?

Michelle Hostler: And I feel like you kind of touched on that there where it was this idea that maybe they just don't understand. Maybe they need to hear your stories. Would you all want to talk about that a little bit from how that can help sway or influence advocacy?

Jerry White: Yeah, absolutely. Michelle, thanks. So, one thing to keep in mind is that members of Congress, right? They have lots of positions. I know it sounds silly and fundamental, but they have lots of positions on lots of issues, because they deal with lots of issues. Right? They take lots of different votes. There are lots of bills that are introduced every 2-year Congress, so I think, sort of the last number of years there have been more than 10,000 bills introduced in each 2-year period of Congress, so a lot coming at them, right? Each member of Congress and the House of Representatives represents about 700,000 people. They're constantly bombarded with emails, phone calls from constituents, constituents that are visiting in DC, asking them to support this or oppose that. But to Michelle's point. It's a lot right? So, I think the 1st thing I would say is don't assume too much, right? Don't assume because they have a position on a particular issue, and I guess, maybe let me clarify members of Congress. They have lots of positions on lots of different issues. Most of those, many of those don't have any sort of nexus or any sort of connection to ASHA’s mission, right? Or impact the scope of practice of an audiologist or an SLP, or patients, clients and students that you're serving. That's just sort of the nature of politics and the political process, right? But for those issues that are relevant to ASHA’s mission and do impact the work that that you do. I would say again, first, don't don't assume too much, right, because they may, for example, co-sponsor a bill that might not be particularly

helpful to you. That may be simply, and this may sound bad, but because a constituent came and asked them to do that, and maybe their staff didn't do all of their due diligence, and you know what, didn't present the, you know, a complete holistic picture of the issue with you know, the pros for doing this versus the cons for doing this. So, there have been instances, members of Congress co-sponsor a bill, and then, after the fact, they regret it right like. Oh, I didn't have perhaps, the benefit of all of the relevant information. And there are times — it's relatively rare — but members of Congress who co-sponsor bills will actually take their names off of bills and have themselves removed, and they actually have to go down to the floor of the House of Representatives to do that. That's sort of an extreme example. But that gets to another issue that's really, really important. And it's why working — suggestions for working with a member of Congress. A lot of what my team does and a lot of what is very helpful for us to have our members do is to just communicate with their congressional representatives, to educate them on what you do, why it's important, how it's helping the people that you're serving, right, like their constituents. You know, one of the earlier slides. It was talking about ways that ASHA members can get involved. Sort of the why. The next part of that, the why it's important to get involved is because they want to hear from you, right, like they hear from, you know, quote unquote professional lobbyist all the time, but they really want to hear from their constituents, you know, number one, because presumably they want to do a good job and do the best that they can representing the people who elected them. But the other thing is, they want to keep their jobs right. Like every 2 years in the House of Representatives, you get to determine whether your member of Congress keeps his or her job, you know, one third of the U.S. Senate is up for election every 2 years. So, you, while one vote may not seem like a lot, it really is pretty powerful, and the members of Congress who I worked for, they pay a lot of attention to what they hear from those who can keep them in office, or those who can kick them out of office. And my team can provide fact sheets and one pagers and data and summaries, and all sorts of very technical nuanced policy-related information that we work with Neela's team on, but at the end of the day, sometimes you can see their eyes glaze over because they get that all day long. But when you know, I've seen that, and I know Vicki would attest to this when she's been on the hill a number of times for Hill Day and on at other times, their eyes light up when our members start talking, because our members are the experts right? Like you know best why you do what you do and how important it is to the people that you're serving. So, that really, I think you can actually see a light bulb right, Vicki, go off in their heads sometimes, like it kind of connects the dots for them in ways that you know, non clinicians sometimes can't. So, you know, we're —

Vicki Deal-Williams: Great to watch, it really is.

Jerry White: Yeah, it's really, it's very powerful for sure. So, that's, you know, it's, it's that that edge, that sort of foundational educational process, that informational process between, you know, transfer from our members to elected lawmakers is super, super helpful because it's really hard to have a detailed policy conversation with a member or a staffer if they don't have that sort of foundational information to really understand what we're talking about.

Neela Swanson: And if I can just jump in here, really quick and piggyback off of Jerry's, you know how important stories are, and hearing directly from our members, and in the policy and regulatory space that's equally as important. We rely on all of you to tell us when something's going on in the real world. So, hey, one of the big examples is we're not getting paid by Tricare. That was, that was a huge issue and continues to be a huge issue, and we collected direct feedback from our members about the struggles they were having with Tricare, whether it's not having been paid since December of last year, having to close their doors because they were primarily seeing military families. We collected that feedback and used it directly with the government that oversees Tricare, and then also with a watchdog agency, who has really gotten involved in trying to help us solve these issues. So, your stories — not only on the hill, but telling us what's happening in the real world — really help us track trends as well, and to get and mobilizing and get moving on issues. Another simple way that — and that's a simple way members can get involved. It feels simple, but if it's as much as just telling us what's going on, that's a way you can get involved.

Michelle Hostler: Thanks, everyone. So, let's go back here to question number 2. And then, I do see some other questions coming in on this topic that we'll get to on the live feed. What are proven ways to encourage members to keep advocating, especially when they don't see immediate results? And I think that's kind of our life right? Patience, persistence. Advocacy is a marathon, not a sprint.

Jerry White: Yeah. Totally, Michelle. Took the words right out of my mouth. Maybe one way to answer this question in a more tangible way is to talk about a bill that's one of our top federal priorities, and that's expanding Medicare coverage of audiology services. Right? So, this is a bill that would do a couple things. It would reclassify audiologists as practitioners under the Medicare statute. It would allow audiologists to be reimbursed for both diagnostic and treatment services which currently they aren't able to be reimbursed on the treatment side, and it would remove the physician order requirement that requires Medicare beneficiaries to go get an order, a piece of paper right just to go see an audiologist. This process of pushing the current form of this bill started 2018-2019, when multiple teams at ASHA worked with AAA and ADA to develop a sort of consensus version of this legislation. A lot of things happened after that. We ended up targeting specific

lawmakers who would make sense to introduce the bill. We helped prepare materials for them to sell the bill to their colleagues. We all helped build a coalition of supporters. We worked to get an outside fiscal analysis of the bill, held political fundraisers. We've helped connect members of Congress and built strategic alliances. So, that's sort of what we're doing. The where our members come in, right, is that our member, our members have been integral all throughout those processes in talking to their members, trying to sell, explain the importance of making these changes and how it's going to benefit their constituents. And one of the biggest proven ways, and which is very, very helpful to us, is sort of the feedback and the follow up loop right? So, you know, Vicki mentioned she sent — sent letters, you know, kind of form letter responses initially, but then, as she kept sending them and personalizing them, she started getting more personalized responses. Right? Really, really helpful for us. If you go to that Take Action page, send your member of Congress a letter. If you get a response, share it with us. Just, you know, copy us. You can send it to federal@asha.org. Let us know, so we can see it when we go into congressional offices we have the capability. We'll look, and we know going in, hey? You've received 75 letters from your constituents in Maine asking for you to co-sponsor the Medicare Audiology Access Improvement Act. So, we already know, we know perhaps more than they do. We can, you know, we know which specific constituents. And then sharing that information with us also helps us determine if there's any follow ups needed, right, and/or what types of follow ups are necessary. So, if you get a letter and they have questions, or you talk with a staff member, or say, a member of Congress in at a Town Hall meeting that they're holding. If they have questions, that information is really critical for us, because it helps sort of shape our tactics and strategy when we're trying to get a member of Congress, for instance, to co-sponsor a bill.

Doanne Ward-Williams: And I'll jump in on the state side. In the states, there's a lot going on. This year is one year where all 50 states were in session, and one thing that we saw that at times there isn't immediate results. But if there's a bill that's introduced in one year, and it fails in that year, the possibility is that it can be reintroduced in another year. So, it doesn't mean that it's necessarily the end. And we've seen that several times with different bills, and depending on the legislative session for a particular state, that's another opportunity to still support and — and to remind members to just keep persevering, as we've talked about earlier, because there's an opportunity to possibly introduce it in the next session for that state, after receiving different feedback or learning more about what's happening in the state, to be able to prepare for that next session.

Michelle Hostler: Great. So, right now I want to go to some of the live questions that we've received. It's the same topic here, so we've got a question here from Maureen, and it's on

the topic of partnering and advocacy. Maureen is asking, “What should we be asking for specifically from our legislature?”

Jerry White: Yeah. So, the 1st thing I would say is, if you go on that, Take Action site, right, as I mentioned. So, it's got sort of short snapshots of all of the issues that we're working on currently at the federal and the state level. So, right now, some of the hottest topics in Congress include, at least for us, are protecting Medicaid from significant cuts, that our members are appropriately reimbursed for the services they provide, making sure that federal support for sate-based newborn hearing screening programs is maintained. As I mentioned, expanding Medicare coverage of audiology services, fully funding the individuals with Disabilities Education Act, providing federal support for CMV screening. There's a whole host of federal issues up there. So, there are a lot of things that are very, very timely at this given moment. But I would also say, if there are issues that are very important and personal to you that impact the work that you're doing that you don't see there, you can always feel free to reach out to us if it's a federal related issue, you know, you can hit my team up at federal@asha.org. We'll set up a time to call time to have a call with you at your convenience, and talk through the issue. And maybe, you know, that's one way that we get input from members in terms of the issues that are most important to you. Right? Michelle mentioned that the Government Affairs and Public Policy Board, they provide us with the public policy agenda every year, which is based on member input, right? Like, we don't make up the priorities out of thin air as she said. That serves as our framework that serves as our guide for what we're going to try to get done. And then, you know, our — collectively, ASHA’s government affairs team, which I think the last time we calculated it, Michelle, what, has, like 350 years of collective experience in different government affairs, capacities — we try to figure out the how. Like, how are we going to make progress? How are we gonna achieve these objectives?

Vicki Deal-Williams: And one of the other things, Jerry, and correct me if I'm wrong on this. But one of the other things that we try to do is to be really strategic about which members of Congress we're talking to about what? So, that if you're in a particular state and your member of Congress serves on a particular committee, we may ask you to talk about a particular issue, because we know that person may have more influence on that issue.

Jerry White: Yeah, that's a great point, point, Vicki. So, we'll — whether they are ASHA volunteer leaders that serve on different committees, boards, and councils — or we'll talk to staff. We obviously have. I shouldn't say. Obviously, we have a lot of clinicians on staff. We will talk internally and figure out like — hey, do you know a member who works in a, you know, is a member of one of the one or the other profession who works in a specific setting, who lives in a specific state or lives in a specific congressional district. And we'll search

and find that, you know, population of ASHA members that, as Vicki said, fits that description, and we'll reach out proactively. So, if that has happened, thank you, for, you know, working with us. If it's not, we hope you'll be amenable to doing that if we do reach out to you. But that's super helpful because, as Vicki said, you know, we're always looking for what? What is that connection? What is that? You know, that specific inflection point that is going to move a member of Congress to do what we want.

Doanne Ward-Williams: And I will say, on the state side, with state issues, things move quickly. So, one way that you can find out what's happening in your state is one: You can look at the ASHA Advocate, our newsletter that shares information about recent issues and topics that we are addressing within the government affairs and public policy cluster. Also, you can utilize your ASHA login and log into ASHA's state policy tracker. That way you can take a look at your state, and you can even look, depending on the topic, and see what ASHA is tracking or monitoring within your state. And if there's been some engagement within it as well. So, that's some real time information on the legislation and regulations that are occurring. Even you can see what committee it's in. If it's failed, or where, or if it, even, if it passed, and even sign up for alerts in that way, too. And then another opportunity is joining your state association, because your state association has developed legislative priorities around what is impacting members within their state. So, that's a great way, some great ways to find out what's happening within state legislatures. Or reach out to states@asha.org. We're happy to chat with you and talk to you as well about what's going on in your state, too.

Michelle Hostler: I think we'll do a few more, maybe just a couple more questions on member advocacy and can dive into some of the other topic areas. We do have a question here from Stephanie. And she is asking: Can you share data regarding the most effective method of advocacy?

Neela Swanson: Well, I'll jump in to start. I don't — I don't know that there's any one good or perfect way to advocate. I think I heard Doanne say, kind of pick your path. It depends on the situation. Sometimes it's a member petition which we're actually working on on another issue we're going to talk about right now. Sometimes it's a direct meeting with your legislator, and we've got great talking points. I saw a couple questions about: Do we have talking points? We have talking points on our Take Action site on any of the issues we have posted there. But I, you know, I want to punt to Jerry and Doanne, too. But I don't think there's any one perfect answer to this.

Jerry White: Yeah, there's no, there's no best way, and I think Doanne hit on it a little bit earlier when she said, they want to hear from you, right? Like they really do want to hear from you. And you know, I tell our members this, and I think they mostly believe me. But you're the experts, right? Like you are. You know why you're doing what you're doing and how — what a profound difference it makes for the people that you're helping. They want to hear that, right? I, in fact, had a staffer from a very influential member of Congress, who's been very active in hearing healthcare issues for many, many years, tell me at one point, when we were talking about Medicare reimbursement, he's like, "Look," he's like, "we know providers want to get paid more." Right? And like, sure, obviously. You know, we certainly make the point that these year over year cuts that haven't been addressed, or that have only partially been addressed, like they have compounded, and particularly for our members, have been, you know, unusually, adversely impactful. But yes, sure it's given right, like providers generally want to get paid more. He's like, "Look, we want to hear from patients right? We want to hear from the end users. We want to hear from consumers. We want to hear from constituents." And, you know, that's — we say that. But it was maybe the first time I had ever had a congressional staffer who had just been so blunt. So, he's like, put us in touch with some constituents, right? So, that's what we did, and that's what we do on a regular basis.

Michelle Hostler: All right, let's go to — we have a question from Kia, and her question is, "Can you talk to us about ASHA's public policy agenda, and how members can provide insight into the process of determining the next public policy agenda? Happy to take that one on as ex officio of the GAPP board. And I know we've got some, some members on the call, too. We do send out a survey, so let me just first say we've had a lot of internal conversations with the GAPP board, and one of the challenges that we've experienced is historically, we've done a public policy agenda every single year. And when they sit down to begin that work, which they would be doing right now, we would be collecting input from members, and we would be doing that work to develop next year's agenda. However, it's challenging, because we still have another year and a half of this Congress being in session. So, we still have quite a bit more time to try to accomplish these priorities that are already listed, and after the GAPP Board had some discussions, the decision was made to modify our public policy agenda from being annually to going out every other year, and that it would align with the current Congress that we're working with. So, that's a change that's coming. We'll be modifying the 2025 public policy agenda to address that. It's more broadly over the next till the end of 2026. One thing that we are doing is the GAPP board's coming in or meeting this summer to kind of talk about collecting information and revisiting what we have to make sure it's still aligned for the coming year, and we're looking very closely at the member feedback form, which I mentioned earlier. We really want to promote that to all of

you. We want to make sure that you're still feeling the challenges that you're feeling, and that the public policy agenda that we have is written broadly enough to capture that work so that we can focus on those issues that are most meaningful to you. Next year we'll begin with the full survey, focusing all that information. And I would say, if you really want to play a role in developing the public policy agenda, we do have volunteer, you know. We do need volunteers. So, next time, when the volunteer slot open, make sure to put your name in to be a part of that process. I don't know if any of my colleagues want to add anything else to that.

Jerry White: No, I — the only thing I would say, Michelle, is that having, you know, seen the the Government Affairs and Public Policy Board work through this process for a number of years. Now, you know, can attest to the fact that they take their jobs very, very seriously right, and that they want to produce a document that reflects the views of members based on the input they receive. Right? And I — hopefully, I'm not speaking out of term, because I'm going to speak to the Government — I'm going to speak to them tomorrow night, so if I say something that they don't like, I'll probably hear about it tomorrow night. But they, they, I think, across the board would like more input. Right? They would. They want to hear from more members, because even though we get a lot of them, they get a lot of input from members, they could get more. More members could participate. More members could participate more robustly, right? So, the more information they get, the better reflective of ASHA member positions on issues. Well, the better the PPA will reflect the input from ASHA's members. And again, that — that guides our work.

Vicki Deal-Williams: Yeah, and I think that's one of the things that drives the association. So, many of the issues we ask for member input because we want the input, we get member response as opposed to member input. We don't need people to get angry with us because we asked for it. We need people to tell us what they want. What is it that you want instead of what we have? We know that what we have needs to be changed. Or whatever we've put out here is something we want you to react to. So, tell us what it is that you think it should be. That's why it's there. That's why this process exists. That's the way it's supposed to work. So, what we want you to do is to tell us what you think it should be. Give us that feedback, give us the specifics. And then we can do whatever it is that needs to be done and take — be responsive to the feedback that you provide. That's the beauty of this. The people that make those decisions are your peers. They are members, and they want to be responsive to the input from other members.

Michelle Hostler: That was really well said. And — and, Jerry, thank you, for you know, kind of conveying the process that the GAPP Board does go through because they read pages

and pages and pages of comments from members, and prioritizing that and looking for trends, and identifying how we can broadly address advocacy policies so that the team can engage and work in a variety of areas. It's — it's a hard process. It's definitely challenging. So, let's go on to the next question that we have here. So, this is from Jennifer and Jennifer's message, says: “During our day on the hill some members had to cancel last-minute and weren't able to attend their scheduled meetings. We reassigned those meetings to others who are present, though they weren't constituents of those legislators. Do you think it's still worthwhile to hold those meetings? Even if the attendee isn't a constituent? Or would it be better for the original member who canceled to reschedule the meeting themselves, either via email or in person? So, the legislator is hearing directly from a constituent?”

Jerry White: Yeah. Good question, Jennifer. It definitely would be preferable if it was — if the meeting was scheduled by and and is attended by a constituent. I have a — one of the people I mentioned on my team, Kevin Stuttman, who used to work for a smaller lobbying firm basically doing client client services, he handles all of our engagement by ASHA members with Congress. When they, you know, work through us. I'll put his email in the chat here. I would encourage you to send him an email, or also you could reach out to federal@asha.org. Let us know the specific situation. But if you've not already talked to him, he would be happy to work with you, to figure out how to get that meeting rescheduled with a constituent, whether it's, as Michelle said, either virtual or in person.

Michelle Hostler: OK, Jerry, we have another question just for you. This is from Leslie, Jerry. “Even though info dumping representatives can make their eyes glaze over it would still be very useful to have access to key items of data from these data sheets you mentioned so that we can include those key items in letters or brief calls. Can this be made available to members?”

Jerry White: Yeah, that's a good question, Leslie. So, some of that data we include in the letters to the members of Congress themselves. So, when you go on the Take Action, we'll include some, whatever the maybe the most — you know, one or two key data points. Part of our challenge with that, including those in the actual letters that you send to members of Congress, is that some of the offices have word limits or character limits, and if the letters get too long you'll get a bounce back and then have to figure out like what — what it is that you want to cut in order to meet their character limits. We also have, I think, some of the take actions are linked with issue briefs which have different bullet points with some of that data. So, for those you know, certainly recommend, if there's something that you think is particularly relevant or important to point out, you can shape that letter to the member that the member of Congress that you're sending with that data point. I haven't. That's a good

question, and that maybe, Michelle, that's something that we could talk about, though, because we do have access to lots of information. It's just, you know, sort of a balance like, how much do we — you know, how? What's the — what's the, the format, the way that we provide that information? That's useful, right? Like we try to kind of keep them contained in each specific, concrete Take Action. Like on the Audiology bill, right? Like, we'll have the data that's, you know, the issue brief, that's relevant to that bill and sort of the key data points. But obviously, there's a lot of data out there. For instance, the, you know, studies that have been done recently over the last number of years that identified a potential connection between timely access to hearing care, and, you know, slowed, cognitive decline, right? Like studies like that, like, there's a lot out there. But I guess it's sort of a, you know, an editing process that we would need to go through on our part to figure out like what other information is there out there that could be useful? But, Leslie, let us — let us take that back and kick that around and see like if there's some, you know, ideas that we can come up with, for, you know, other information that maybe we can share more broadly.

Vicki Deal-Williams: Yeah. And I think probably pairing some of that with the Demonstrating Your Value fact sheets probably would serve that purpose.

Michelle Hostler: I'm looking at some of these. Some of these other questions are kind of similar to ones that we've touched on in some way, shape, or form. Let's see here. How about...

Neela Swanson: Michelle, we've gotten several about the clinical fellow and Medicare's interpretation of a provisional license. We've got — we had a number of those questions come in through the registration —

Michelle Hostler: Yep.

Neela Swanson: — process, as well as more questions coming in through the live Q&A, so maybe we could just go ahead.

Michelle Hostler: Let's shift to that.

Neela Swanson: Shift to that now.

Michelle Hostler: Sounds good to me.

Vicki Deal-Williams: Yep.

Michelle Hostler: And we did have a slide, I know. Slide 16 kind of started with some of the questions that already came in.

Neela Swanson: Yeah, but I'm happy to dive in.

Michelle Hostler: Okay.

Neela Swanson: Slide or no slide, because the slides are really just repeating the questions we've been getting. And just as a reminder to all because I know we've been throwing a lot of information to you all about who we are and what we do. The reason I'm taking this question, and I also have some of my trusty staff on hand to help me with this as we work through this issue. But our team works on Medicare issues. That's one of our primary responsibilities as the policy team. So, in a nutshell — and I don't want to belabor the background on this because it's long and convoluted — we have some really great resources on our website that the crew will drop into the chat here that outlines the issues around CF's provisional licensure and Medicare billing, and we also have some FAQs around when we found out about the issue how we communicated it to members, but in a nutshell, CMS recently released some updates to Medicare Part B, so that's outpatient services, their definition of what a qualified SLP is for Medicare Part B enrollment purposes. So, who — what SLPs can enroll to provide services to Medicare beneficiaries. And within that update, when we looked at it and the update we were made aware of was came out in late May. We immediately started analyzing it, and what we noted is within that update, it appeared to remove a provision that allowed, that, acknowledged CFs — so those who were in the process of receiving their clinical supervision hours — and it turned it into a requirement that if somebody wasn't state licensed, they had to have had 350 clock hours and completed the 9 months of supervision or the CF and had to have completed the national exam. There was no longer that provision to say you were in the process of completing the CF. So, that prompted ASHA to really ask the question of CMS: Well, does a provisional license equate to a state license at this point? Because that would be the recourse that a CF would have under this, under this new update. And CMS returned an answer to ASHA saying a provisional license does not equate to what we would call a full state license, and as Vicki would agree, it was our duty to let our members know as soon as we could about this what we would consider a different interpretation from CMS regarding a CF's role in Medicare. So, with all that said, we understand how serious an issue this is. And I — we are working around the clock to get into a meeting with CMS. We've already written a letter to CMS laying our case to say that provisional license should be considered a state-regulated license, and CFs with a provision, or a provisional licensee, should be allowed to enroll in Medicare as a Part B provider, and then, independently, bill Medicare. We are working with a number of stakeholders within the industry. We, as many of you know, we have sent out a petition to members, so that they can also call on CMS to reconsider their interpretation. Right now, as of this moment, we do not yet have a meeting with CMS. But we are firing on all cylinders and working with all of our partners to get that meeting, and our ultimate goal is to ensure that we protect CFs' ability to provide services

to Medicare Part B beneficiaries. I don't know if there are any specific questions that are coming in. I would say that in the resources that were dropped into the chat, that's where we'll be updating members with information. If there's critical new information that comes out, we will likely do email blasts as we did when we notified members. We will post it on our website, and we will put it out through various communication vehicles.

Vicki Deal-Williams: The one thing that I want to chime in with is, it is our intent to be as clear in our communication and as transparent with you as we possibly can on this issue. We know how critical this is for CFs, for CF mentors, for employers of CFs. So, we are doing everything in our power, and, like Neela said, working 24/7, to try to get this meeting scheduled. We have what we believe to be an extremely strong strategy for making this change. We just gotta get the meeting, and we have what we think is a pretty strong strategy for getting the meeting scheduled. We just have to work through to get CMS to make it happen. And I saw Sarah pop up. Thank you, Sarah. Anything you want to add to how we are working through this.

Sarah Warren: Yeah, there's — excuse me — there's a lot of questions obviously coming in through the chat. We've obviously — excuse me, my goodness.

Neela Swanson: Sarah, Sarah, introduce yourself so people know why you are the most qualified person to talk about this.

Sarah Warren: Hello! My name is Sarah Warren. I'm ASHA's director for healthcare policy for Medicare, and I really appreciate the opportunity to engage with you guys, because I think there is a lot of, I mean, there's a ton of different types of feelings around this issue. And, and I've said this a million times to my, to my coworkers, like all feelings are valid right? If it's anger, frustration, confusion, it's a valid feeling, and we definitely need to address those. There's a lot of questions coming into the chat. We've fielded a lot of questions from you know, members via email or phone since. We put out the information last Monday, the 9th. I did wanna — I could go on for hours and hours, probably — but obviously we have lots of questions to answer on lots of different topics. But I can just say to answer questions about clarifying the rule change from 2015. So, you had a standard in place as of 2009 for the qualified — for the definition of a qualified SLP. And that definition, the definition of that time had two qualifications. Qualification one was the CCCs. OK? Qualification two was, if you didn't have the CCC's but was in the process of completing the supervised experience. And that was really important because we didn't have what I'm sort of off-handedly referring to as universal licensure for SLPs until 2012, and Medicare needed a definition or a standard that they could vet, essentially, folks on in terms of ensuring that their billing was appropriate, and SLP became — initially became eligible for Medicare enrollment and billing through a 2008 law. So, because we had this gap between

when universal licensure was achieved and when we were able to bill Medicare for the first time in the program's history. The definition that we had in ’09 was really important. Then through the Home Health Rule in 2015, CMS has articulated through the provider education article that they needed to to unify or align the definition of a qualified SLP across all Part B settings because people are billing, or individuals or or facilities are billing Medicare across practice settings. So, you know, outpatient clinics or private practices, skilled nursing facilities, home health. So, they needed that alignment, and they wanted to also align it with the definition in the Social Security Act, and it made the 2015 change made two pretty — it made one very couple of very significant changes, but one of them was, as Neela alluded to, when a state does not license an SLP, then the only way the person is qualified for billing purposes under Medicare is they have to have completed the 5,350 hours of supervision, which they get through their master's or doctoral program. They have to pass the National Exam. And instead of saying they are in the process of completing it, changed it to has to have completed the supervised experience. And so in states without licensure, you know, the change to having completed became a critical sticking point. So, I hope that that's helpful. And then I would say, also, we have a lot of information around a lag in official updates from CMS around the change in the definition. For example, local coverage determinations dated in 2025 that referred to the 2009 standard rather than the 2015 standard. So, to Vicki's point, pulling together the resources to demonstrate that CMS has not complied with his own policies has been a critical element of our advocacy strategy.

Neela Swanson: Hey, hey, Sarah? We have —

Sarah Warren: Sorry I was talking.

Neela Swanson: No, we have a specific question from another Sarah.

Sarah Warren: Good name.

Neela Swanson: She asked, why did ASHA also give recommendations about Medicare A? Since this is only for Medicare B, it is having a huge effect in hiring for hospitals.

Sarah Warren: Yes, I think Neela mentioned this. I believe Vicki mentioned this as well. The important balancing act of, you know, making sure our members had transparent, timely information while we worked through this issue with CMS to make sure that they came out on the right side of this on, you know, in terms of making sure that they have a good definition of licensure that recognizes the qualifications and the scope of practice of CFs. In terms of Part A, I think the challenge is if someone does not meet — if a provisional licensure is all, you know, is not being defined as meeting the definition of licensure. You have to be very careful about the level of supervision that is provided to the person. And,

Neela, I hope that this is — sometimes I get sort of stuck in the very technical aspects of this. So, I hope that this — you feel like this is moving in the right direction. You know, we just really wanted to be sure that if a provisional license did not meet the definition of a license that folks were compliant across practice settings, and I think it's also complicated by the fact that in hospitals, someone might be — might stay in a hospital for 2, 3, 4 days but are ultimately classified as outpatient or observation status. And so the folks — the patient thinks the clinicians on the ground think that this person is covered under Part A, and they ultimately transition to Part B because of this observation status. Thinking about skilled nursing facilities, for example, sometimes someone's meeting the definition of skilled care under Part A in a skilled nursing facility, and at some point they transition away from meeting those standards for qualification for Part A and transition into Part B, and so you can't, you know, given that patients don't stay statically in a Part A or Part B status, means that you have to be careful across the continuum of care for that patient. I hope that that's helpful.

Neela Swanson: Absolutely, and the advice we're giving is the most conservative advice at this point. Ultimately, it's going to be up to you and your employer to assess your risk tolerance as we're working through these issues. But we — what we are giving is the most conservative advice as kind of a baseline for you all to start with your decision making.

Sarah Warren: And if I could just add, like 2 seconds to that.

Sarah Warren: It's very challenging to give folks like the one stop shopping answer like the magic solution, because some skilled nursing facilities have 2, 3, fully licensed SLPs on staff. Some skilled nursing facilities have just a CF or maybe 2 CFs on staff. Some skilled nursing facilities might have one SLP and one CF on staff, and so a private practice's ability to weather the financial implications of this, a solo practitioner is very different from a skilled nursing facilities, maybe, like a larger hospital chain, a larger employer, their finances, their ability. So, it's — to manage this is very different. So, we can give you tips and and strategies for dealing with it. But your personal employer situation is going to dictate more specifically how you can move forward in this current challenging environment if that makes sense.

Neela Swanson: Thank you, Sarah. And if we haven't already: reimbursement@asha.org, please contact the team there. We've got a great group of staff, including Sarah, who are there ready to help answer your questions about this in more especially, you know, with your situation in mind.

Vicki Deal-Williams: One of the other things that I want to mention is this has been an effort that has crossed the National Office. We have staff in units — basically, almost every

unit in the National Office has been mobilized to work on this issue. I want to let you know as well that we are working directly with NSSLHA to inform students and recent graduates to connect with those individuals that are in process that we have access to. We don't have access to CFs until, or unless they have already started the application process. There is a NSSLHA Town Hall coming up, and we're sharing the Town Hall. Somebody had asked for the Town Hall link. So, it's — the link's been provided as well. So, we are, like I said, working across the board to make sure that we are informing as many people who might be impacted by this as is possible.

Michelle Hostler: We did have a question on this topic: And how does it relate — how could it relate to private payers?

Neela Swanson: I can take this one. And I do want to be clear. The issue that we're talking about right now is specifically related to Medicare, and I want to make that very clear. It has no direct impact at this time on private payers or Medicaid programs. They can make their own decisions regarding what they consider qualified personnel. That said, we are aware that there are some private payers, even before this Medicare development, there were some private payers who were already disallowing CFs, or those holding provisional licenses from enrolling as providers. We were also aware that Tricare was starting to implement this as well where they noted that anybody holding what was called a provisional or temporary license was not able to be enrolled as a tricare provider. There are Medicaid programs that incorporate CFs into their, into their provider structure. But their rules will vary widely from allowing CFs or provisional licensees to be enrolled too. Some programs may have some sort of supervision requirements for those holding provisional licenses. So, it'll be important for members to know the rules around what's considered a qualified provider under Medicaid and private plans. And but — to your point — you know, a lot of payers look to Medicare as a standard, so if they see something change with Medicare, it may pique their interest, unfortunately, and they may reevaluate what their provider guidelines are. But we can't say for certain that anything will immediately change it likely wouldn't. But we are definitely keeping an eye on the situation.

Michelle Hostler: Just —

Vicki Deal-Williams: There are —

Michelle Hostler: Looking at the questions, I'm not —

Vicki Deal-Williams: There are a number of questions.

Michelle Hostler: Yeah, I don't —

Vicki Deal-Williams: A lot of them are repeats.

Michelle Hostler: They are, or just asked. Yeah, same question asked a different way.

Neela Swanson: Can I? Can I answer Amy's question very quick. I'm gonna just jump in here. The question was, “Can you share the email communication from CMS? Having the access to the primary source would be helpful.” What we have done in our latest resource — if you haven't been able to see it in our Q&A regarding the the issue — we included the quote direct from CMS related to what their interpretation was. So, hopefully that's helpful. Sorry, Michelle, trying to help you navigate some of these.

Vicki Deal-Williams: OK.

Michelle Hostler: I'm not — I'm not sure if there's any. Are there any that I may have missed, that we haven't touched on this topic?

Vicki Deal-Williams: I'm sure there's some that we've missed.

Neela Swanson: Alright.

Michelle Hostler: Sorry, I'm — I'm caught up here trying to go through all these questions here to look for — We've, I mean, we do have some other questions here —

Neela Swanson: Yes, Michelle, if you want to move on to other —

Michelle Hostler: — on another topic.

Neela Swanson: — questions. I'll keep sifting through the CF ones to see if there are any, you know, discrete questions we still need to answer.

Michelle Hostler: Awesome. That would be helpful. Thank you. OK. I did flag some here earlier that are back related to advocacy. One of them is, can ASHA organize a Q&A with one of our Congress members.

Jerry White: Yes, absolutely. Chat to us at federal@ashley.org, and let us know of your interest, and we'll get in touch with you and figure out something that works.

Neela Swanson: Michelle, I have another one that I can throw to Sarah if that's OK? This one.

Michelle Hostler: Absolutely.

Neela Swanson: This is — this one is from Holly, and the question is regarding the CF issue again and wondering whether — what response we have to other organizations’ interpretation of CMS's interpretation. Essentially, we are aware that there is another

organization that released information. And people are asking who — whose guidance should they follow?

Sarah Warren: Yeah, I just definitely want to acknowledge that it's a very challenging time, because, you know, we're sharing information. Folks are working with their employers, whether that's like a large outpatient chain or skilled nursing facility, and really trying to navigate this in this compliance environment. I want to just be clear that we've worked really hard to connect with a variety of stakeholders. ASHA participates in sort of like a broader therapy coalition call every other Monday, with a variety of different groups, and — and we, as part of that, we have been working with those groups, including large employers, to walk through the issue and encourage them to collaborate with us to get CMS to come together on an appropriate definition of licensure that complies with section 1861LLA4A of the Social Security Act. I appreciate that some folks, you know, have said there's — there's no change here. And I, honestly, I think the first thing I always like to say is that there's — there on several key points, there's no fundamental disagreement. First of all, we're all extremely vested in making sure that speech-language pathologists are employed and protected. We're all extremely vested in making sure that employers can keep their doors open, and we're all strongly vested in making sure that Medicare beneficiaries can maintain — excuse me — access to care, despite the challenges that this interpretation has created. If you look at MM13922, which is the policy guidance that was issued in late April, and then more widely disseminated in late May through a provider education email distribution list by the Medicare program, they state that this is not a policy change, that this policy change took place in 2015. From CMS's perspective, it's not a policy change. This is a settled matter for them. From 2015 through the Home Health rule. I think the challenge is that they've kind of taken an additional leap and further clarified or further interpreted the guidance issued in 2015, and so I don't disagree with that. That's what the article says. The article says there's no change, but the challenge is when you work with CMS staff to make sure that everyone's in compliance that there has been this statement that around provisional licensure you know, we have written correspondence from CMS. And I appreciate that folks are leveraging their contacts with CMS staff. And I trust that they're having those conversations, and I trust that that the information that they feel like they're receiving from CMS is accurate. But, you know. we have the information in writing from CMS, and we're working very hard to make sure they understand the deficiency of the written response that we've received. So, I definitely hope, moving forward, that folks realize that collaboration to achieve our common goal of making sure SLPs are recognized for the qualified professionals, clinical professionals that they are. And that employers can, you know, keep their doors open, and that Medicare beneficiaries maintain access to care. We're united in that goal. And we've been working very close. I know I saw a question

around, what's the strategy? It's working with CMS, and it's working with our stakeholders, who we're very fortunate to have strong collaborative relationships with, to leverage that collective experience and that collective influence to ensure that CMS recognizes the importance of complying with section 1861LLA4A in terms of the definition of licensure. And we're united in that endeavor.

Michelle Hostler: Thank you, Sarah. I know we're coming into the last nine minutes. So, I've identified a few questions that we can get through, and if there's any others that the panelists want to flag, please — please do so. We do have a question here, from Mary. Mary's asking, "Can you speak to any joint efforts with other professional organizations? AOTA, APTA, NASP, NEA?"

Jerry White: Yeah, yeah, Mary, we work very closely with all of those organizations. So, like AAA and ADA, as I mentioned, we work really closely on the Medicare Audiology Bill, but also newborn hearing, screening, hearing aid tax credits. We're also a member of a coalition called the Patients' Access to Responsible Care Alliance, which is made up of a number of different organizations representing non-physician clinicians. We work really closely with the PTs and the OTs on issues of mutual interest, particularly on telehealth, which I think we're going to get to a question here shortly on Medicare reimbursement. We're a member of the National Association of Specialized Instructional Support Personnel, of which the school psychologists are members. We're also a member of the Committee for Education Funding, of which NEA and the AFT — the American Federation of Teachers — are both members, and I know, Mary, you know this. In January of this year, ASHA held a joint virtual town hall with NEA to talk about issues that are relevant to school-based members, basically to understand the roles between professional associations and teachers' unions. Toward the end of April of this year, we had a joint webinar with AFT to discuss ways that school-based SLPs and educational audiologists can work more collaboratively — excuse me — with teachers' unions. We also had a member advisory group that met toward the end of last year in the beginning of this year to talk about ways to work with unions, and the MAG was composed of ASHA members that are also members of NEA and AFT, so definitely where there are opportunities to build or develop, strengthen alliances with other groups that have issues that are relevant to their members and ours, we certainly do that.

Vicki Deal-Williams: And I work closely with the CEOs of APTA and AOTA, in particular, on a number of issues. APTA is holding a summit on the future of rehab in July. The three of us are participating on a panel.

Vicki Deal-Williams: Just a natural synergy that we have, and that's been ongoing for years. Even prior to my coming into this role.

Michelle Hostler: Okay, we've got a question here from Dixie, and she's asking, “Are we going to be able to continue teletherapy after September for SLPs whose clients cannot come into the office, and who don't want a therapist in their home?”

Jerry White: Yeah, Dixie, I'd say I hope so. But that's going to be determined by Congress between now and the end of September. So, as you mentioned, one of the last funding bills that Congress passed, I think it was in March extended the authority of audiologists and SLPs to provide through telehealth to Medicare beneficiaries. Through September 30th of this year, there was actually a longer extension in a previous version of that bill, but it got changed at the last minute at the end of last year, unfortunately. On the good side of the — good news side of the ledger, over the past 3 or 4 years particularly, there's been a lot of bipartisan support in both the House and the Senate for making audiologists and SLPs permanent medicare telehealth providers. There's a bill that has been introduced in the previous couple of Congresses that we're expecting to be introduced in the House and or the Senate very, very shortly, the Expanded Tele — Expanded Telehealth Access Act, which would add audiologists and SLPs as permanent Medicare telehealth providers. The support that has been demonstrated for that bill through co-sponsorships by other members of Congress over the past couple years has been very instrumental in making sure that members of the professions were included in each of the last number of extensions of telehealth authority. So, Congress has extended that authority over the past couple of years for a year at a time, 6 months at a time. Audiologists and SLPs have been included in each of those extensions, in large part because of the support that has been demonstrated for that policy by co-sponsorship of that bill. There have also been other bills introduced that would add auds and SLPs as Medicare telehealth providers in different ways, but regardless of the actual legislative language and the mechanism, we're very supportive of that happening. And that's one of the issues that are on our Take Action site, so hopefully between now and September, that will be resolved in a way by Congress that will provide much more long-term certainty than has been provided over the last couple of years.

Neela Swanson: Can I? Can I just jump in real quick and say, while this is a Medicare issue, and I don't want to incite panic with this September cliff, because this is a Medicare telehealth issue, and other payers may still be covering telehealth the way they have been. However, payers do watch Medicare, as we've mentioned before, so it would be great if lots of folks could take action on this issue, whether you're a Medicare provider or not. We are aware of a couple Medicaid programs who've been watching Medicare. And because of that September cliff, they've opted not to continue telehealth as well. So, anywhere you all

can get involved, even if it's a Medicare issue, and you're not a Medicare provider. It really can have a trickle-down effect.

Michelle Hostler: Alright. I'd like to get one last question in here. And Doanne, this is really for you. The question is, could you share any information regarding ASHA versus state responsibilities, it would be very helpful to have it presented visually, so we can take action at the state level.

Doanne Ward-Williams: So, currently, the Take Action that's online is generally a federal take action. That one reason that we don't list generally state take actions there is because legislative sessions in the states vary, and at times are very short, and so activity happens within a movement, within the legislature is very fast. So, we send those Take Actions directly to targeted members within the state. So, members that are school-based depending on what setting they're in and their impact. But another way that you can take a look and see what Take Action you can do is that state policy tracker because you'd be able to go in and see everything that's happening within the state, and you can navigate through it, depending on your topic area. But it is helpful feedback to hear that at times it may be difficult to know where to take action, and that's something that we want to make sure that you're able to do, to understand. If it's federal versus state versus district, so we'll also explore some new ways to be able to share that information, too.

Vicki Deal-Williams: All right. Well, thank you, everyone for your questions. This concludes the Q&A part of our session this evening. I want to thank you again for joining us. The links to the recording and the transcript will be posted on the website next week. We're going to ask that you please complete the post event survey to help us plan the next live chat. We know there are a number of questions that were posed in the Q&A that didn't relate to advocacy. We will use those to determine other topics for CEO chats, and I apologize for not being able to get to those. But again, as I said at the beginning, our topic for this evening was advocacy. We want to make sure we have all of the right people available to answer your questions. I encourage you to visit the URL that is being shared in the chat to access the resources that can help you help empower you to advocate and to continue to engage in advocacy so that we can make the changes that will benefit all of us. Thank you. We will try to answer additional questions that were posed that we can answer. We still may not get to all of your questions. So, thank you very much we appreciate you joining us tonight. Have a good evening.