[ogo_TakeAction_H55](http://takeaction.asha.org/asha/)

* [Home](http://takeaction.asha.org/home)
* [Take Action](http://takeaction.asha.org/action)
* [Key Issues](http://takeaction.asha.org/asha/Index)
* [Go to ASHA.org](http://www.asha.org" \t "_blank)

**Index of Key Issues**

[**Medicare Therapy Cap**](http://takeaction.asha.org/asha/TherapyCap)

Help repeal the Medicare outpatient therapy cap and ensure that Medicare patients continue to have access to medically necessary speech-language pathology, occupational therapy, and physical therapy services.

[**Early Hearing Detection and Intervention**](http://takeaction.asha.org/EHDI)

Early hearing detection and intervention grants were first authorized in the Newborn Infant Hearing Screening and Intervention Act of 1999, which was incorporated into the Consolidated Appropriations Act of 2000, and signed into law. That law provided federal funds for state grants to develop infant hearing screening and intervention programs. The following year, Congress reauthorized these grants through the Children's Health Act of 2000 (P.L. 106-310) and included provisions related to early hearing screening and evaluation of all newborns, coordinated intervention, rehabilitation services, and research. In 2010, Congress passed the Early Hearing Detection and Intervention Act of 2010, which authorized these programs through 2015.

[**Over-the-Counter Hearing Aids**](http://takeaction.asha.org/OTC)

In 2016, the National Academy of Sciences issued a report titled, “Hearing Health Care for Adults: Priorities for Improving Access and Affordability.” One of the 12 recommendations was for the U.S. Food and Drug Administration (FDA) to implement a new category of over-the-counter hearing “devices”.  While ASHA continues to maintain that the best model of hearing health care features audiologists and consumers collaborating on treatment options, it recognizes instances where that model can be modified.

[**Hearing Aid Tax Credit**](http://takeaction.asha.org/taxcredit)

Senators Dean Heller (R-NV) and Amy Klobuchar (D-MN) have introduced hearing aid tax credit legislation (S. 48), which would provide for a $500 tax credit toward the purchase of a hearing aid. Medicare excludes coverage of hearing aids, resulting in a high cost barrier for many people who choose not to treat their hearing loss. If implemented, the tax credit would apply to all individuals and could be used every five years.

[**Autism Therapy**](http://takeaction.asha.org/AutismTherapy)

We urge members of Congress to use caution when writing ASD legislation to ensure that all therapies, not just ABA therapy, are included for coverage.

[**Graduate School Loans**](http://takeaction.asha.org/gradschoolloans)

Urge your members of Congress to support legislation that would restore the eligibility of graduate students for the Federal Direct Subsidized Loan Program.

[**Congressional Hearing Health Caucus**](http://takeaction.asha.org/asha/CHHC)

The Congressional Hearing Health Caucus (CHHC) aims to provide an educational setting for discussion of issues related to hearing health. Hearing loss is a serious health condition that impacts more than 34 million Americans; however, it is often overlooked when health care issues are considered in Congress. It is estimated that untreated hearing impairments cost the U.S. economy $56 billion in lost productivity, special education, and medical care.

[**Paperwork for Special Education**](http://takeaction.asha.org/Paperwork)

Ask your members of Congress to read the GAO’s report and request that IDEA reauthorization include provisions to address administrative burdens on providers.

[**Medicare Coverage of Audiology Services**](http://takeaction.asha.org/MedicareCoverage)

Currently, Medicare only covers diagnostic tests performed by audiologists to assess hearing and balance. Under the proposed legislation, covered services provided by audiologists would be expanded to include auditory treatment and vestibular treatment. In addition, the proposal would allow direct payment of intraoperative neurophysiologic monitoring (IONM) when performed by audiologists in the hospital inpatient setting.

[**Habilitation and Rehabilitation Services and Devices**](http://takeaction.asha.org/HabilitationAndRehabilitationServices)

Habilitation and rehabilitation services are vital in helping clients with speech, language, cognition, swallowing, and hearing/balance/tinnitus disorders to achieve, acquire, maintain, or regain skills to improve functional communication outcomes. Please reject efforts to eliminate coverage for habilitative and rehabilitative services and devices from legislative efforts to repeal, replace, or reform the Affordable Care Act.

[**Medicaid Coverage Block Grants**](http://takeaction.asha.org/MedicaidBlockGrants)

Moving to block grants—without continued federal requirements for EPSDT—may make it more difficult for children to receive audiology and speech-language pathology services. Audiology and speech-language pathology services are optional for the adult and senior populations. Please reject legislative efforts to turn Medicaid into a block grant program without minimum coverage requirements. Moving to block grants could jeopardize the provision of both habilitation and rehabilitation services provided by audiologists and speech-language pathologists.

[**School-Based Medicaid**](http://takeaction.asha.org/SchoolBasedMedicaid)

IDEA’s static funding levels have forced school districts to rely on Medicaid as a critical funding stream in order to provide the specialized instructional supports that students with disabilities need to be educated with their peers. School districts have to comply with IDEA law and ensure a free and appropriate public education; however, without the support of Medicaid funding, the amount of services available to eligible children would significantly decrease, threatening students’ access to essential services. Please oppose any efforts to institute a block grant or per-capita payment on school-based Medicaid services for children with special needs.

[**IDEA: Service Delivery Models**](http://takeaction.asha.org/asha/IDEASDM)

IDEA should encourage local flexibility in the delivery of services such as looking at a practitioner’s total workload (students plus non-direct services), 3:1 models (provide three weeks of direct services to students and one week of indirect services for planning, meetings, collaboration, professional development, and paperwork), telepractice, or other service delivery models. Support legislation that would add flexibility to the Individuals with Disabilities Education Act (IDEA) by supporting innovative service delivery models.

[**IDEA: Full Funding**](http://takeaction.asha.org/asha/IDEAFunding)

Static federal appropriations of funding for IDEA has forced states and school districts to seek alternative funding streams to support the education and services for students with disabilities. Congress needs to keep its promise to provide up to 40% of special education funding by restoring and then increasing funding for IDEA grants and programs. Please defend and support increased funding for the Individuals with Disabilities Education Act (IDEA).

[**IDEA: Caseload / Workload**](http://takeaction.asha.org/asha/IDEACW)

The total number of workload activities required and performed by school-based audiologists and SLPs should be considered when establishing caseloads. ASHA does not recommend a maximum caseload number, but recommends taking a workload analysis approach to determine appropriate caseloads in order to ensure that students receive the individualized services they need to support their educational programs in accordance with IDEA. Please support implementing a study that would review provider caseloads, workloads, working environments, access to technology, and professional development in order to develop better service delivery models when reauthorizing the Individuals with Disabilities Education Act (IDEA).