CEO Live Chat "Open Forum" Transcript
May 20, 2024

Vicki Deal-Williams: Hi, everyone! We are letting everybody get into the zoom room. So as you come in, give us just a little bit longer to let folks get in and we'll get started momentarily.

There we go. Looks like the numbers are slowing down. So I think we will go ahead and get started. And I want to start by wishing you all a happy national speech, language, hearing month.

We are all still getting used to that new name. It is not quite yet rolling off our tongues, but it's going to get there. So thank you for joining us for this CEO Live Chat, and we are very glad to have you here with us, especially during this month.

I'm Vicki Deal-Williams, ASHA's CEO, and I'm joined by Tena McNamara, ASHA's 2024 board President, and our moderator for this evening, Megan-Brette Hamilton, who is ASHA's chief staff officer for multicultural affairs.

If you have questions for our panelists this evening, you can start submitting them. Please bear in mind that we do have limited time to answer questions. We will try to answer as many questions as we can.

We look forward to trying to answer your questions. We do look for common themes in the questions that you're asking, and then we prioritize those questions and address the topics that most of you are interested in.

Tena, would you like to go ahead and introduce yourself?

Tena McNamara: Yes, thank you, Vicki. It is an honor to be here with you this evening. I'm Tena McNamara, your 2024 ASHA President, and just to give you a little bit about my background: I currently work in a pediatric early intervention center, but we do provide services for children from 0 to 18.

I am duly certified, so I do audiology diagnostics, central auditory processing testing, oral rehabilitation, some early intervention services, auditory training, and literacy. I have a background in both diagnostics and intervention. And, like I said, I'm very happy to be here with you tonight.

So I will let Vicki get it started, because I know we have a lot of questions to address.

Vicki Deal-Williams: Actually, I think we are going to let you talk a little bit about OpportuniTEAM, Tena.

Tena McNamara: Oh, yes, okay. So as some of you know, every year the President gets to pick a theme for that year, and this year our theme is OpportuniTEAM. So, as you can tell, OpportuniTEAM combines the words opportunity and team.

OpportuniTEAM combines the words opportunity and team to describe a group of individuals coming together to work collaboratively towards a goal.

OpportuniTEAM is a campaign celebrating members of the CSD profession who, through teamwork, are making a positive impact for others.

So, are you an ASHA member who works in a professional setting with other specialists, where you have collaborated to innovatively help an individual or group of people? Have you partnered with members of a community or a team to improve the lives of individuals or groups you serve?

If you have, I want to celebrate members who are doing these things. So please submit a team to be featured by ASHA on our social media sites throughout the year. As you can see, we have the site where you can go right on and fill out an application. We have had a few submissions, and we are starting to post some. You'll see some pictures of teams on social media. We would love to highlight any of the work that you're doing.

Vicki Deal-Williams: Alright. Well, thank you very much, Tena, and we'll look forward to getting some of those additional submissions.

Megan-Brette, I think you've got some information for us related to our procedures.

Megan-Brette Hamilton: Thank you, Vicki. Good evening, everyone. It's nice to join you here in a CEO Live Chat. I just want to review some of our procedures for tonight.

So the first one is that our chat feature is off. Please make sure you use the Q&A feature to submit questions. We already have a few questions in, so thank you. I think we're learning how to do that.

The second one is that frequently asked questions submitted with registration will be answered first. We get a lot of questions that come in with registration. We look through them, and the top three are the ones that we're going to answer first. Once we have answered those questions, it will be followed by live questions that you submit.

The third one: Please make sure you review ASHA's code of conduct for meetings. We have the website there, ashley.org/meeting-conduct. We will be following all of ASHA's code of conduct for meetings.

Finally, when we are done, which will be about 8:30, please submit feedback via the survey at the end of the session. It will also be emailed for anyone who might have missed it. That is how we're going to proceed tonight with the CEO Live Chat. Thank you.

Vicki Deal-Williams: Terrific. Alright, as you can see on the slide, here we have a number of staff who typically join us. And Megan-Brette, do you want to introduce some of the subject matter experts that we have joining us?

Megan-Brette Hamilton: Yes, awesome. Thank you. So we have our Director of Academic Affairs and Research Education, Loretta Nunes, with us tonight. We also have our Chief Accreditation Officer, Gretchen Ehret, and our Senior Director for Audiology, Tricia Ashby-Scabis. Our Chief Certification Officer is unfortunately not here tonight. However, we do have our Chief Staff Officer for Multicultural Affairs, Megan-Brette Hamilton, who will be here to answer any questions if needed.

We also have our Associate Director for Clinical Issues and SLP, Ann-Mari Pierotti; Senior Director for Ethics, Katie Meyers; and from Government Affairs and Public Policy, with us are Neela Swanson, Jerry White, and Doanne Ward Williams.

Additionally, we have our Senior Director of Public Relations, Joe Cerquone; Senior Director for Membership Communications, Kate Stephens; our CSO for SLP, Lemmietta McNeilly; Associate Director for SLP and Healthcare Services, Brooke Hatfield; and for SLP and School Services, Stacey Ellison-Glasgow, and Lisa Rai Mabry-Price. Thank you all for joining us. These are the subject matter experts tonight, and they will be able to answer your questions along with Vicki, Tena, and myself.

Vicki Deal-Williams: Right, terrific. Alright, well, let's get to it. Typically, when we do this, we have a number of questions that come forward as you register, and we try to pull out the first few questions that we get.

And I believe that the most frequently asked questions we got related to certification. Is that accurate, Megan-Brette?

Megan-Brette Hamilton: Yes.

Vicki Deal-Williams: Oh, thank you. Yes. So, yeah.

Megan-Brette Hamilton: Yes, you are correct. So the first FAQ we had was, "Why do we pay annually for certification?" So, Vicki, you can go ahead and tackle that one.

Vicki Deal-Williams: Yeah, one of the things that's important to understand is that, in many instances, the certification... And I believe that it is, and Donna may need to come forward. But I believe that Kate is available as well to respond to these questions because I'm only going to skim the surface, and I know that we have individuals who can go much more deeply than I can in responding to these. But I want to tackle these in combination and then let the real subject matter experts provide the specifics.

So, in terms of paying for certification annually, it's important to know that ASHA looks at validating and providing assurance to individuals. Our members have certificates that have met those requirements on a routine basis. As a result, we are asking members to revalidate that process on a regular basis.

I do think it's important that members understand the recognition of those standards and assuring consumers, clients, other healthcare professionals, employers, state licensure boards, and third-party payers. All of those individuals are critical in making sure they understand that you have met those standards on a regular and routine basis. So that's the Vicki version, the short answer to that first part of that question.

I'm going to see if Kate is available or Donna, who can provide much more detail than I can.

Kate Stephens: Here, Vicki, and I wouldn't necessarily call myself a certification expert, but I know enough working with membership and certification so closely. One thing that I know is a little bit tricky to wrap your brain around, maybe from outside the certification world, is that looking at certification as an annual fee for certificate holders really helps provide stability both in the level of services that we can provide as well as... frankly, it's easier for our members to pay a stable flat fee annually, as opposed to paying a large fee every 3 years, as some other associations or certification bodies do. It just really helps us in our planning and helps us provide a steady and consistent level of service on behalf of our certificate holders and members.

And then getting to the difference between membership and certification, I know that there's a lot of confusion around that. Vicki, thank you for your definition of certification. I think that was a great one. In terms of ASHA membership and certification, there are specific resources that you get as a member of ASHA. Most importantly, though, it's the say that you get in the association. As a member, you have voting rights, the ability to serve

on committees, boards, and councils. You are able to participate in focus groups and surveys, all of which really contribute to the trajectory of the association and our priorities.

So that's really something that folks should consider. I know everyone here is here tonight because you are invested in the association and the future of the professions. Membership really gives you a direct line to voice your concerns and drive the direction of the association.

Vicki Deal-Williams: Thank you, Kate. And Donna, I know that you are there. Do you have anything to add to that?

Donna Smiley: Well, first of all, I would say, Vicki, that you and Kate did a great job. I would just reiterate, and I think I do this from the standpoint of, while I've been on the ASHA staff for going on starting my fourth year now, I was an active member in the past and didn't understand some of the differences that we have outlined tonight. I really encourage our members and our certified members to dig in and look at the differences. Some of the benefits that we get from having a national certification are certainly a standard of practice. There's a lot of protection that comes with that and it also makes the portability of licensure much easier. Many of you may know that often state licensure boards require not necessarily specifically ASHA certification, but they mirror what we have already set up, and that's to our benefit as audiologists and speech-language pathologists.

And then, Vicki, do you want to address that last question? I think I could add just a little bit to that if that's okay. Some of you asked in the survey why states and insurances require certification. Part of that is because it provides assurance that we have the qualifications, the education, and that we're meeting the standards. It signals to the population and our customers that we are qualified to provide the services that we do. I hope that helps you understand. I think I can speak for all of us on staff if you continue to have questions about that and would like to have a conversation with any of our staff in the certification unit, please reach out to us at certification@asha.org.

Megan-Brette Hamilton: Okay, so I think we're on to FAQ 2. The next question that rose to the top of the list was about dues. The first question is, why did ASHA raise dues by $25 per year? I'm going to send that again your way, Vicki.

Vicki Deal-Williams: Okay, and Tena, if you want to weigh in here by all means, feel free. Again, I'm going to take these two together: why ASHA raised the dues and how ASHA's dues are spent.

The reality is, ASHA understands, and we understand the challenges that you face and how they've been impacting you on a regular and routine basis. As we've recognized the challenges that you've had to deal with, it's been our job to try to assure that we can develop resources and the information that you need to advocate for you. We want to make sure we're doing everything we possibly can to position you well, to ensure that individuals who can affect change in terms of reimbursement and the value that our members provide understand the difference that you make.

In doing that, we need the infrastructure to support it. We need to pay the people who help deliver the work and the value that we know you need. We know you need advocacy, community, content, and cost-effective resources. To increase public awareness, we need staff who can deliver on that. To cover these needs, we also have to pay for regular routine business costs—supplies, paper, and just the regular costs of doing business. Those costs, like the cost of bread and eggs, have gone up for us just like they have for everything else. ASHA is a business, and those business costs continue to rise every year. We have continued to work for you and find other ways to cover those costs over the last 14 years. We've reached a point where we can no longer manage without a dues increase in order to deliver the value that you need.

Tena McNamara: And Vicki, I think another good example of that is cybersecurity. I mean, we didn't have to worry about that 15 years ago, but we do now. We have your information, and there are costs that we incur now that we didn't incur 15 years ago. I think this might be a good time for me to come in because I know there have been lots of questions about the payroll of ASHA's staff and employees. The first thing I want to tell you is that a fiduciary duty requires that the board members stay objective, unselfish, responsible, honest, trustworthy, and efficient. This entails maintaining the financial integrity of the organization that we serve.

So, I'd like to make a couple of points here about salary. First, we have an external agency with expertise in compensation that conducts a comprehensive analysis of ASHA's payroll. This analysis includes comparing ASHA's positions and associations with similar ones in the region where ASHA is located. The results have shown that, compared to similar job descriptions in this region, most of the staff's base salary is right around the average 50% range. This includes the CEOs and the CSOs. So, I want you to think about that. We're comparing to the region that the ASHA office is in and the people who have comparable jobs.

Second, although individuals who work at ASHA may have a background in speech pathology and audiology, they're employed in a completely different capacity. They are

employed as association executives, managers, and staff. Think about your local school districts. You pay taxes that support districts, faculty, and staff. However, some of those staff work in a completely different capacity than teachers. Your superintendents, administrators, and their salaries are different. This is what I want you to understand: we, as a board, do oversee this. We are a second set of eyes to ensure that the funds at ASHA are spent in a reasonable manner and that the salaries are reasonable.

Vicki Deal-Williams: Yeah. The other thing related to this is the fact that board members do not get paid. Our board members are volunteers. All of the board members, except for myself, are unpaid. You can look at ASHA's 990 forms, and it bears that out.

Tena McNamara: Thank you, Vicki.

Megan-Brette Hamilton: Unmute for your Zoom. Okay, we are on Frequently Asked Question number 3. It's about advocacy. The question came up about legislative changes. What legislative changes is ASHA advocating for nationally that will benefit members? And does ASHA actively lobby state legislatures to pass laws to require certification to practice or bill for services?

Vicki Deal-Williams: Well, we should have this down pat because we just had a very successful Hill Day. Tena and I had lots of practice talking about the legislative changes we were actually advocating for on Capitol Hill. One of those was related to extending telepractice. Another was related to Medicare access for audiology. Another was related to the use of 529 savings plans for professional development and credentialing expenses, so using them beyond just college savings. What am I forgetting, Tena?

Jerry White: Vicki, I'm happy to jump in as well.

Tena McNamara: Yeah, of course.

Jerry White: In addition to what Vicki said, better Medicare coverage of audiology services, better Medicare payment rates, enhancing federal support for state-based efforts to screen for cytomegalovirus and early intervention and treatment, protecting audiologists and SLPs from workplace violence, full funding for the Individuals with Disabilities Education Act. There's a bill called the SHARE Act that would cut a bunch of federal red tape to help interstate compacts operate more efficiently, enhanced coverage by private insurers of certain types of hearing systems and devices and related services provided by audiologists. So those are just some of the top federal legislative priorities we're working

on that were raised during Hill Day. As you can see on the slide here, we had 74 participants representing 41 states and territories who participated in 129 meetings. We had a lot of meetings with members of Congress themselves, which was very positive. Since Hill Day, which was on May 8th, we've had a number of co-sponsors on several of these priority bills that Vicki mentioned.

One of the other big developments during Hill Day was a resolution introduced by two members of Congress: Congresswoman Kat Cammack, a Republican from Florida, and Congressman Troy Carter, a Democrat from Louisiana. They introduced a resolution recognizing National Speech-Language Hearing Month. They are co-chairs of what's called the Unified Voices Caucus, which was founded earlier this year to help identify problems and solutions for people with communication disorders, specifically stuttering.

There was also a mention of our Hill Day in a publication called Politico Influence, which is a daily email read by many members of Congress and their staffers. It highlighted our Hill Day efforts. Additionally, the Ways and Means Committee in the House of Representatives, which has jurisdiction over Medicare, passed a two-year extension of Medicare telehealth authority for audiologists and speech-language pathologists. We had a couple dozen members in attendance for that markup.

One of the highlights from Hill Day was that Tena and Vicki were able to present the ASHA Public Service Award to Senator Elizabeth Warren from Massachusetts, along with several of our members from Massachusetts, for her support of the professions over the years, and specifically for her sponsorship of the Medicare Audiology Access Improvement Act. This bill would expand Medicare coverage of audiology treatment services and remove the physician order requirements, allowing beneficiaries to go directly to an audiologist without the extra hoops of getting an order from a different practitioner.

Vicki Deal-Williams: Yeah, just run it. Yeah.

Tena McNamara: Oops. I'm sorry.

Vicki Deal-Williams: No, go ahead!

Tena McNamara: I want to add a comment here. I often hear or have read people making comments that ASHA should be advocating more. ASHA is advocating, but those representatives and senators want to hear from their constituents. This is why something like Hill Day makes a big difference, because those are the people they are representing. This is why we ask you all the time to step up, contribute, and advocate for the things you want. The association is doing a great job, but they want to hear from you.

Vicki Deal-Williams: Yeah. And it was an amazing experience to watch our members, to see the heart and soul and passion of the members talking about the difference they make in the lives of the individuals they serve, and then see the light bulb go on with these legislators. To see them say, "Oh, that makes so much sense. Yes, I can support that." It makes a huge difference, and to see how advocacy actually works in action. Knowing that if we could get all of our members in their offices, at the local level as well as at the national level, it would make a tremendous difference.

Jerry White: Yeah, that's absolutely right, Vicki. The good news is that the momentum hasn't stopped. In fact, tomorrow we have two ASHA members, an audiologist and a speech-language pathologist, who are going to be on Capitol Hill participating in a Congressional briefing on telehealth. They will emphasize the importance and usefulness that telehealth has provided to our members and clients during the pandemic and the need to make that authority permanent or extend it because it expires at the end of the year. So we have two of our members on a panel with physical therapists and occupational therapists to brief members of Congress and staff about the importance of extending that authority. We're continuing to move forward past Hill Day, which was a couple of weeks ago. It's a slow process, and you don't necessarily see Congress passing bills daily or having debates, but we're building bipartisan, bicameral support for these policies with the help of our members. We want to be part of the discussion when decisions are made about which policies to move forward on before Congress ends at the end of the year.

Neela Swanson: Do you want to do that now, Vicki, or do you want to wait? We have lots of questions about reimbursement.

Vicki Deal-Williams: Well, if we've got lots of questions, let's wait until we get to the questions.

Vicki Deal-Williams: Thanks, Neela.

Megan-Brette Hamilton: Okay. So I think we are done with our frequently asked questions with the top 3. And is everyone who's felt they've had a chance to answer these? And we can move on.

Alright. So now we're gonna move on to our live questions. So we've had lots of questions in the Q&A, and we appreciate it. There are a lot of questions that kind of overlap, so I want to tackle them together. The first one I want to mention is—please pardon me if I do not say your name correctly, I'm doing my best. But there was a question from April Bavonen Rokes.

They ask, "What are you doing to change the way health insurance accepts or denies cognitive treatment for patients?" And they also ask, "What are you doing to change the way Medicare keeps reducing the amount of dollars they reimburse for services?" So we've got quite a few reimbursement-type questions here.

Those were April's. Neela and Jerry, do you want me to continue with kind of the package of questions, or would you like to just tackle those two first?

Neela Swanson: I can start with those two, and they may naturally bleed into some of the other questions.

So April, I hear you. Cognitive therapy coverage is especially problematic, and we know that here. By "we," I should say, there's a big team of government affairs professionals working on advocacy, both at the legislative level, which Jerry has talked a little bit about, but also at the state level and the regulatory and policy level.

The team I lead up—we're the policy nerds. So we're the ones working with payers and regulators, and places like the Centers for Medicare and Medicaid Services. We work with private payers, and we're active in Medicaid. Those are all places we work.

Getting back to cognitive therapy—that is a challenging one. We know that there are a lot of payers who don't cover cognitive therapy if it's not due to illness or injury, for example, due to CVA. We try to establish really strong relationships with private payers, but, as you can imagine, it's tough to tackle the private payers because they will do what they want to do.

If you want to contact us directly—this is something our team loves to do with our members—is to help you directly with specific issues and concerns you may have with your payers. So if you want to contact reimbursement@asha.org, there's a whole team of policy nerds. We have Medicare experts, Medicaid experts, coding and billing experts, private health plans experts. We can help you troubleshoot some of those issues and maybe give you some tools and resources to talk with payers and be partners with you in that advocacy.

Because, again, often payers want to hear from their patients and their clients that they're not getting the access to the care they need. So while I don't have a direct solution for you on cognition, it's slow advocacy. It's tackling the payers, it's building relationships—not physically tackling the payers, let me just say—but tackling the work with the payers is slow and long. But when we hear from our members, it helps guide us on who to talk to and who we need to tackle next.

That’s kind of a broad answer on not only what we’re doing with cognition but also how we work with payers. We hold an annual payer summit where we really try to establish relationships that help you directly. I can talk to how we've had payers—not only Medicaid, but private health plans—where we've been able to pick up the phone and find somebody to actually help a member who has a very direct problem.

So there are ways we can help you directly on a more global scale. We work on Medicare reimbursement rates. We are very active in developing the CPT codes that you need to bill for the services you provide. We're active in developing the values behind those CPT codes that directly affect Medicare reimbursement and indirectly often affect potentially Medicaid reimbursement and private health plans reimbursement. And we work directly with your peers on the Healthcare Economics Committee on those issues of tackling CPT codes and tackling Medicare payment rates.

I could go on. That’s how we work in the Medicare space on payment rates regulatorily. But the issue with all payment and reimbursement that we struggle with is that there are so many levers that need to be pulled. At the Medicaid level, it often requires state legislation or working directly with the Medicaid program to find the monies to fund better reimbursement rates and greater access to care. At the Medicare level, it takes Congressional action to better fund the Medicare program to improve reimbursement rates. So I'm at this point gonna turn it over to Jerry to talk a little bit more about what we’re doing on the Hill to hopefully improve Medicare payment.

Jerry White: Yeah, thanks, Neela. As Neela said, making sure that you get appropriate coverage and payment for the services that you provide is a top priority for us, both on the legislative side at the federal level and the regulatory side.

We know it’s been a painstaking sort of "death by a thousand cuts" when it comes to Medicare payments over the last number of years. There are lots of reasons for the Medicare payment cuts. The primary one, which I think Neela had mentioned, is the budget neutrality provision in the Medicare physician fee schedule, which means that if payments for some services increase, payments for others have to be decreased, and it’s not done in a way that, from our perspective and the perspective of a lot of other stakeholders, is particularly sensible. It’s just sort of a hatchet approach to cutting payments, cutting spending under the fee schedule.

Audiologists and speech-language pathologists, over the last three years on an annual basis, have faced cuts that could have exceeded 10% to 12% annually. We, and other organizations that represent providers in similar situations, work together as part of a

coalition of both physician and non-physician providers to try to mitigate those cuts. While we have been successful in reducing those cuts pretty substantially—in some cases by half or more than half each year—some of those cuts have ultimately come into effect. We understand that any reimbursement cut is too much, but we have been working, ourselves and with others, to try to figure out a longer-term solution.

Right now, there's a bill that we are advocating for, which we raised during Capitol Hill Day a couple of weeks ago, called the Strengthening Medicare for Patients and Providers Act (HR 2474). What that bill would do is add an annual inflationary update to Medicare payments. This could account for up to maybe 3%, 4%, or 5% on an annual basis. While this wouldn't address the core problems with the cuts, it would be something very substantial that would help.

So right now, that's our focus. The reason that's our focus is because the fee schedule proposed rule is supposed to come out in July, and we'll know what the landscape in terms of payments for 2025 looks like in July. We, along with others, can map out a strategy for what is the main ask for Congress to figure out how to address the problem. It's not that Congress doesn't necessarily want to address the problem; they just don't know how and they don't know how to pay for it. That's been the big stumbling block.

But the most effective action that we can take, and action members can take right now, is to demonstrate that there's bipartisan support in Congress for fixing or somehow mitigating or addressing the flawed payment policies. So right now, it's this bill, but we certainly expect that over the coming months, there will be a different bill or different ask that we'll flag for ASHA members to weigh in with Congress on.

Neela Swanson: If I may, and I'm going to go really quick because I know we have a lot of questions to get to, another thing we're working on in conjunction with the American Medical Association is something called the Clinician Practice Information Survey. We're surveying practices regarding the cost to provide care for Medicare purposes. Medicare has not updated the cost to provide care in almost 15 years, and you can imagine that has increased significantly. So if you see a survey come to your practice related to the cost to provide care, it's going to come from Mathematica.

Please find whoever it is that can really speak to your financial situation at your practice and please have them fill out that survey. It will go a long way in hopefully letting us convince CMS that they need to increase payments just to keep up with the cost of providing care.

Vicki Deal-Williams: Thanks, Neela and Jerry.

Megan-Brette Hamilton: Thank you so much. Since we're in the vein, I just wanted to finish up a little bit with a question from Mike Sharp and Karen Golding. So, Jerry, this will probably be you.

Just briefly, we can address this, and then we'll move on to another topic. But Mike Sharp says, "I know with advocacy we talk a lot about things being worked on. Don't forget to talk about some of the wins you've accomplished." I think that goes along with Karen Golding's question on Hill Day. Did you talk about recognizing telehealth on a permanent basis, and not just as a COVID-related thing for insurance? So, you can just briefly touch on that, and then you can tie that up in a bow.

Jerry White: Really quickly, thanks for the questions, Mike and Karen. To take the second question first—yes, we did talk about permanent telehealth authority. Right now, our preferred bill is called the Expanded Telehealth Access Act (HR 3875 and S 2880). This bill would add audiologists and speech-language pathologists as permanent Medicare telehealth providers. It has a lot of bipartisan support in both the House and the Senate. There are very conservative Republicans who are champions and very liberal or progressive Democrats who are champions. Our members were on the Hill talking about that to demonstrate that there's a lot of support for that permanent policy.

Congress, just as I mentioned during Hill Day, one of the committees in the House has jurisdiction over telehealth. They passed a 2-year extension. There was a subcommittee on a separate committee last week that passed a similar 2-year extension. The reason I mention that is, again, back to my earlier comment about reimbursement. It's just them trying to figure out how to pay for it. But yes, we're advocating for that permanent authority so it's not just a one or two-year extension every couple of years. I think our members have really proved our theory of the case over the last couple of years during the pandemic that a lot of services you provide can be delivered efficiently and effectively in that manner.

And then the first question, Mike, regarding our wins: Just a couple of very recent ones. I mentioned the extension of telehealth authority, which was a big win from the last Congress because audiologists and speech-language pathologists were specifically added in the extension that went until the end of this year, 2024. Another win that's top of mind is the Allied Health Workforce Diversity Act. This provision allows federal grants to go to accredited audiology and speech-language pathology programs to recruit, retain, and graduate a more diverse population of audiologists and speech-language pathologists. The idea is that many of these students would ultimately practice in areas that are historically

underserved, helping to address pipeline issues and shortages in both professions. That bill was enacted into law in the last Congress.

What we're doing now is trying to get Congress to fund that program. The authority for Congress to do that is in place, but they need to provide the money so the federal grants can actually go to the programs. Through the appropriations process, we're trying to secure funding at the federal level to ensure that those grants are ultimately realized. Tena, on behalf of ASHA, submitted testimony to the House Appropriations Committee a couple of weeks ago, and we'll be doing something similar over the coming week to the Senate Appropriations Committee, saying, "Hey, you need to fund these grants." Those are just two of the top recent wins at the federal level.

Megan-Brette Hamilton: Thank you so much, Jerry. So we're gonna switch gears just a little bit. And we're asking a question from Sarah Fleischman. I believe. So they're asking, What are you doing to advocate nationwide for caseload caps in the schools and lower productivity rates in the medical setting? I think we'll be able to hold that to Stacey.

Stacey Ellison Glasgow: Hi, yes, Hi! I'm Stacey Ellison Glasgow. I'm on the school services and speech-language pathology team. Thanks for the question. You know, ASHA does not recommend a specific caseload number for a variety of reasons. So we don't have the research to support that there's one magical number that is an appropriate caseload. The needs of students vary greatly. So if we were to make this one number, it would not take into account the variation that SLPs and schools deal with.

ASHA takes a workload approach. We've developed a whole suite of resources around the ASHA workload calculator. We have talking points, information about how high caseloads are detrimental to student performance and work against student progress and therapy. We also have letters that you can use to share with your administrators to have a conversation about the workload calculator and what your findings are for your specific workload.

You know, we talk to members all the time, and I recognize that a high workload is really impactful for many reasons. It can make your life really, really hard. I had a year where I had a hundred students that I had to work with, and I was breaking out in hives, and I was in my special education director's office every other week saying, "What are we gonna do about this?" It took a lot of work to make a change. So I want you to know we on our team have all been there. We understand what you're saying.

If you email us or call us, we're happy to talk with you. As I said, everybody's situation is different. But we're happy to talk through what you're facing and problem solve together. We can share those resources with you. We've set up meetings with school districts to talk about your concerns and brainstorm ways to address those concerns and provide you with resources, looking at school district policies.

You know, workload is a pervasive issue among specialized instructional support personnel. Our OT colleagues, our PT colleagues. And so at ASHA, we partner with other organizations through coalitions like the National Coalition on Personnel Shortages in Special Education and Related Services, and the National Alliance of Specialized Instructional Support Personnel. Both of those coalitions are going to be hosting a town hall regarding some strategies to address people's concerns in schools this fall. So stay tuned for more information about that.

I think if we could get people on to workload that would just be such a huge shift for some of those school districts that are struggling. You know, if we had more SLPs in leadership roles, talking with school districts who have special education directors who are SLPs, building-level staff administrators—those people that are in those key decision-making positions—that would be so helpful. So if you feel that calling, please pursue that, letting people know about your role and what is workload, and all the aspects of your work. And then looking at those key pieces of eligibility and exit criteria to really think through thoughtfully about how we're providing services to students. And when is it best to have the SLP working directly with the student or collaborating with the rest of the team to address those student needs.

Brooke Hatfield: I think Stacey covered a lot of great points, and thanks so much, Sarah, for asking the question, and from Megan-Brette for putting it forward. Sarah, if you're in a healthcare setting, or anyone on this call who is, I know I don't need to tell you that productivity is hard. It's a pervasive issue that goes all the way across the healthcare industry, with all of these sort of downstream pressures being applied on the actual frontline care provider.

I completely can feel and understand that frustration of just trying to do good services and be the best therapist you can be to your client while still protecting your own mental health, your own wellness, and your own safety in your own workplace. ASHA addresses the upstream targets and all of the ways that Neela and Jerry just walked us through. A lot of the reimbursement that's focused, the advocacy focused on reimbursement are some of the drivers of these high productivity standards. We also collaborate with other organizations like AOTA and APTA to really talk about what they're doing, what we're doing,

and what we're hearing from our members so that we can make sure our messaging is aligned.

Any information we're putting forward just adds power to the numbers of all three disciplines. We also are engaged with other industry leaders, like organizations in post-acute settings. So really operating at an industry level. But I think what we do best is essentially what Stacey just walked through. We could swap out caseload for productivity. At an individual level, there is no one standard that works for everyone. Just like in caseloads, the complexity of a patient can be different. The complexity of your caseload, compared to the person working right next to you, can be very different. So productivity numbers need to be different to reflect that, too.

So my ask is that you just let us partner with you, let us come alongside you. You can do that by reaching out at healthservices@asha.org. We'll set up time to go through the resources that we have. My computer's starting to hum, so it must be almost time for me to stop. But I hope you can hear me. We have a productivity resource that has a data visualization so you can see where your exact setting stacks up. But we also just want to walk you through our resources so you don't have to navigate them alone, but also hear from you about what you're actually seeing in your workplace so that we can continue to use that as we go back at the industry level. So healthservices@asha.org.

Megan-Brette Hamilton: Thank you very much. At this time, we are going to take a break from my questions, and sorry about my dog.

Lemmietta McNeilly: Vicki, are you kicking us off?

Vicki Deal-Williams: Oh, I thought Lemmie was going to. We were going —

Lemmietta McNeilly: I can. But I thought —

Vicki Deal-Williams: Okay.

Lemmietta McNeilly: So, as many of you know, ASHA has newly developed some developmental milestones or revised the developmental milestones that we have had for several years, and we added a new section on feeding this year. So we really are hoping that members will find this information very useful that you can share with families of young children who are developing, and we hope that the families and the parents and caretakers of young children will find this information very helpful. Here's the QR code to access the information that's on the actual website.

Lemmietta McNeilly: Stephanie Lamana and I will go over some of this information with you. Next slide, please.

So, as you know, we've got these resources now that can definitely help families know what their expectation should be for their child as they continue to grow and learn. So what can they expect at 2 years? What can they expect at 3 years? They can certainly identify skills that they can work with their child on. And when is there a need to now ask for professional assistance, either from an audiologist if they have some concerns about their child's hearing, or from a speech-language pathologist if they have concerns about how their child is understanding what's being said to them and how they're producing sounds.

How did we get these particular revisions done? Well, we consulted audiologists and speech-language pathologists who are experts in these areas. And each of the milestones are supported by research that's available. So these are evidence-based developmental milestones.

And some of you may ask, well, have the milestones been translated? The communication milestones and cutoffs are for children who are learning to speak English in the United States, American English. As I'm sure many of you also know, the milestones for different languages are variable. So what's expected for a child who's learning to speak Spanish varies from what's expected for a child who's learning to speak English. So the milestones for communication have not been translated.

We also have the feeding milestones that have been developed. And because feeding and swallowing, while it has some cultural implications, the age levels at which children are expected to achieve these feeding and swallowing milestones do not vary.

Next slide, please.

So here's just an example. We have some communication milestones that year. One, things like the child should be pointing to and waving at others, saying one or two words like "Mama," "Dada," "Hi," and "Bye," and imitating and initiating gestures, showing or giving someone else an object, trying to copy the sounds that they hear that are produced by family members and individuals within their environment, and responding to some of the simple words and phrases like "Go bye-bye" and "Look, Mommy."

Next slide, please. And Stefanie.

Stefanie LaManna: Thank you so much, Lemmie. Hi, everyone! My name is Stephanie LaManna. I'm one of the associate directors on the healthcare team. And I'm so excited

that feeding and swallowing milestones are now included. The previous iterations of some of our milestone resources, such as "How Does Your Child Hear and Talk," didn't include feeding milestones.

Our feeding milestones now primarily focus on children between birth and 3 years of age, as Lemmie mentioned earlier. Although skills like chewing continue to refine through school age and adolescence, we wanted to emphasize the most sensitive developmental periods so that families and professionals could identify problems and seek early intervention.

Here are a couple of examples of the feeding milestones at one year of age: holding a bottle or sippy cup with both hands, sitting upright in a highchair with minimal assistance, holding a spoon during a meal, or feeding themselves with their fingers.

What we really wanted to focus on for the feeding milestones was cultural inclusivity. These milestones are created from data on feeding skills in children around the world and of various races and cultures. We've included a variety of examples of food types and utensils, respecting cultural differences and caregiver preferences.

For instance, when you look at the milestones for the types of food children are eating, you'll see a wide range of examples. Here are a couple more examples of milestones at 3 years of age: feeding themselves with a fork and spoon, although they may often use fingers, drinking from an open cup without spilling, and chewing foods with tougher textures.

Lemmietta McNeilly: Thank you. If you're interested in this information, please feel free to reach out to audiology@asha.org to communicate with an audiologist or slpinfo@asha.org to speak with a speech-language pathologist on staff. We encourage you to visit the ASHA website to access the developmental milestones. On the next slide, you can see examples of printable PDFs that families can download and print themselves.

For the communication milestones, they cover from birth through age 5, and the feeding milestones cover from birth through age 3.

Vicki Deal-Williams: Thank you, Stephanie and Lemmie. Those are great additions to the resources we have for parents and our members.

Megan-Brette Hamilton: Thank you so much for that. We are going to get right back into answering the live questions. This next question comes from Elizabeth Hopkins, and there's quite a bit to it. I want to go ahead and ask it the way she has it here:

“Why does ASHA operate so differently than AOTA and APTA? For instance, why does ASHA cost so much more than those associations and offer fewer membership benefits? Why isn’t ASHA Learning Pass included in our membership? Why is the membership price low but the certification is so expensive? Has ASHA considered lowering the cost of the certification and raising the cost of membership? Do renewals have to be in December when our budgets are strained from the holiday and personal property taxes? I have lots of questions.” Yes, you do, Elizabeth, and I asked every single one of them. So who would like to tackle that first?

Vicki Deal-Williams: Let me start, and I'll ask Kate to join in. Thank you, Kate.

First, I want to acknowledge that AOTA, APTA, and ASHA actually work very closely together. We share a lot of information and resources, and our leadership teams meet regularly. AOTA recently had a change in leadership; their CEO retired, so we’ve been waiting for them to appoint a new person.

We will continue those meetings regularly, as we share a lot of information. I hate to tell you, Elizabeth, but we don’t operate that differently. We are, however, structured differently. It would take a long time to detail all the differences in our organizational structures. For example, APTA has a federated structure. When members pay APTA, they pay a fee, but there is an additional fee for belonging to a state association, which is not included in the APTA fee you see. So you’re not comparing apples to apples in many of these fees. So there's that piece. Sorry I lost some of the rest of the questions.

Kate Stephens: Let me jump in here, Vicki.

Vicki Deal-Williams: Yes, jump.

Kate Stephens: Okay. I agree with you. It's not an apples-to-apples comparison, which is why I don't love the comparison. But I completely understand why it comes up all the time. One other difference, Vicki, thank you for mentioning the APTA state associations—I’m not sure what they call them—but one thing that ASHA offers that’s a bit different from those two associations is that both certification and membership are combined. For example, if you're an AOTA member, you are also likely to be NBCOT certified. They are related but separate associations.

What I think is really nice about ASHA, and I am coming from a largely association background, is that you get a sort of double bang for your buck. A lot of the work that we do

benefits both members and certificate holders equally. We have received many requests from members asking what percentage of their dues goes to membership and what goes to certification.

It's tricky to determine because many benefits overlap. For example, if you are a certificate holder but not a member of ASHA, or if you are a member only, or if you are both, you benefit from the work of our advocacy team, including initiatives like Hill Day. Similarly, publicly available professional development resources benefit everyone, regardless of membership or certification status. The Code of Ethics benefits the profession and everyone who is a certificate holder, whether or not they are a member. This overlapping of benefits makes it challenging to disentangle what you are paying for in terms of membership and certification.

I also want to address some incorrect information about the cost of membership. You can find the cost of all our different membership and certification options on our website. We do offer a discounted rate for those who are both members and certificate holders, but that doesn't mean membership costs just the amount minus certification. That's a misconception I want to clear up.

Vicki Deal-Williams: The question about renewals in December: Yes, you need to pay by the end of the year. We send the invoice to you in August or September. You can start paying anytime between August or September and the end of the year. I personally pay mine in October because I prefer not to have to deal with it at the end of the year. So you don't have to pay in December specifically.

You do have some time to make the payment, but you need to pay within that year-end window. There are generally accepted accounting principles we need to follow, which means your dues and payments need to be accrued over the course of the year. Since our fiscal year aligns with the calendar year, the payments need to be allocated monthly. That's why we ask for payment by the end of the year.

However, you have more time to pay once you receive the invoice. You can pay as soon as you get it and don't have to wait until December 31st.

Tena McNamara: And Kate and Vicki, can I add something from personal experience? My daughter is an occupational therapist, and being the wonderful mother that I am, I pay her dues every year.

Vicki Deal-Williams: Oh, cute! What a nice mom.

Tena McNamara: I know. But if you want to get anything, they have a tiered scale, and the information out there is not correct. You can pay a minimal fee, but you get minimal services. If you want services comparable to what you get with ASHA, the fees are very comparable. I want people to understand that they are not significantly different. Yes, they have a tiered fee scale, and you can purchase different levels of service. We have always paid the regular amount to get what's comparable with ASHA, and the fees are the same.

Megan-Brette Hamilton: Thank you very much for answering those questions. I hope Elizabeth's questions are all answered. There have been quite a few questions on the interstate compact. I'm going to group them together and toss them to Diane to provide an update on the interstate compact. So, Doanne?

Doanne Ward-Williams: Thank you, Megan-Brette. Yes, I saw several questions involving the interstate compact. I'll try to provide an overall status update to answer all the questions. The interstate compact legislation has gone into effect in 31 states. We are excited that 2 additional states, Alaska and Minnesota, are awaiting signature from their respective governors before they will go into effect. However, the interstate compact is not yet operational.

There is an Audiology and Speech-Language Pathology Compact Commission made up of delegates from current member states. They are working with a vendor to develop the data system required to operate. This Commission hopes to start issuing privileges to practice in late 2024 or early 2025, contingent upon the implementation of the data system, which will connect the Commission with individual state licensure boards.

ASHA is funding the development of the data system to expedite its completion. Once the compact is operational, information will be available on our website. ASHA's role also includes advocacy, which involves working with bill sponsors, lobbyists, and state associations to get the compact passed in individual states. It is expected to be easier for members to receive practice privileges, with member states confirming an active home state license in good standing. Members will be able to purchase a privilege to practice in another member state and begin working within days instead of weeks or months. There will be no need to submit documents or wait for verification letters.

Vicki Deal-Williams: Yes, one of the members I was with on Hill Day was licensed in 15 states, so she was paying for a license in each one. It might have been Illinois. Tena, was one of our cohorts. I was baffled, but she used telehealth 100% of the time and was a great advocate for both telehealth and the interstate compact.

Megan-Brette Hamilton: Thank you. I actually wanted to stay with you briefly, Diane, even though it looks like you might be answering this. Lori McFarland had a question about whether we have any resources informing us of the advocacy ASHA is doing specifically at our individual state levels or if SEALS is the only resource. Can you share some of those state-level resources?

Doanne Ward-Williams: Sure. SEALS, the State Education Advocacy Leaders, provide leadership, guidance, and support on topics related to school-based members in every state. We also have State Advocates for Medicare Policy (STAMPS), who offer similar leadership and guidance on coverage reimbursement. Additionally, we have State Advocates for Reimbursement (STARS), who focus on coverage reimbursement and service delivery under state Medicaid programs and private payers. These are part of our advocacy networks.

We also partner with state associations to understand the unique needs and advocacy efforts in each state. ASHA staff monitor, track, and respond to state legislation or regulations occurring within legislative sessions. There is a state-by-state page on our website where you can view what's happening in your state. Additionally, we have a page listing all state associations where you can click on your state to learn about how to volunteer and the work being done within your state.

Neela Swanson: And, Joanne, if I could also suggest following us on ASHA Headlines. It's an email newsletter where the advocacy team posts updates on state-level activities. For example, we recently had some wins with Georgia Medicaid adding new caregiver training codes. There are many state-level updates available through ASHA Headlines and social media.

Megan-Brette Hamilton: Excellent. Thank you so much, Joey, and thank you, Neela, for chiming in. I have a question from Elizabeth that I think a few of us might be able to tackle. Elizabeth Hertzfeld mentioned a shortage of service providers, and the concern is that we are overworked and not enough SLPs are being hired. What's being done to grow the professions? Who wants to chime in on our recruitment or awareness efforts?

Vicki Deal-Williams: There are several efforts through Strategic Objective 6 to recruit individuals into the professions from underrepresented groups, including racial and ethnic groups, males, and bilingual service providers. Kate, do you want to add more to that?

Kate Stephens: We have been putting considerable effort into this initiative for several years, including targeted outreach campaigns with community organizations, and ads on

social media platforms like Spotify and TikTok. We aim to spread the word about the professions as early as possible. Additionally, we have a career awareness page on our website with resources like PowerPoint presentations, videos, and brochures that members can use to share information with high school and middle school students about the profession.

Megan-Brette Hamilton: Thank you so much for that. We have time for maybe a few more questions. I want to get Caitlin's question in. Caitlin Spalina asked about how ASHA is making it easy for working clinical SLPs to get involved without missing work. What avenues are being utilized to reach us? I know, Jerry, you said you could tackle this one.

Tena McNamara: I know so. But if you want to get anything, they have a tiered scale so, and the information out there is not correct. So you can pay a minimal fee, but you get minimal services. If you want to get any type of services even close to what you get with ASHA, the fees are very, very comparable. So I want people to understand that they are not significantly different.

Yes, they have a tiered fee scale, and you can purchase.

We never even looked at what the different levels of service you get with the amount you pay, but we have always paid the regular amount, so to even get what's comparable with ASHA. The fees are the same.

Megan-Brette Hamilton: So thank you very much for answering that. I hope you got all your questions answered, Elizabeth. It was... yeah, I kind of erased it by accident, sorry.

There's another question. There actually have been quite a few questions. I'm looking at the Q&A, and there's been quite a few questions on the interstate compact. So I'm kind of going to throw them all together and toss it to Diane to basically just provide an update on the interstate compact. So, Doanne.

Doanne Ward-Williams: Thank you, Megan-Brette.

Yes, I saw several questions involving the interstate compact. So I'm going to try to do an overall status update that will answer all of the questions that came in.

Basically, the interstate compact legislation has gone into effect in 31 states. We're excited that two additional states, Alaska and Minnesota, are awaiting signature from their respective governors before they will go into effect. But the interstate compact is not in operation currently.

There is an ASLP, which is Audiology, Speech, Language Pathology Compact Commission, which is made up of delegates from current member states. They are working with a vendor to develop the data system that has to be in place to operate.

This Commission hopes to start issuing privileges to practice in late 2024, early 2025, but that really is contingent upon the implementation of the data system which then would connect the Commission with the individual state licensure boards.

There was a question about ASHA's role. ASHA is funding the data system in order to get it in place as soon as possible. Once the compact is operational, there will be information that you can get on the website. Another part of ASHA's role is advocacy. So the advocacy role of getting the compact just passed in individual states by working with bill sponsors, lobbyists, and our state associations.

It is expected to be easier for members to receive privileges to practice. I know that was a question about what the process would look like. Member states will confirm you have an active home state license that is in good standing. Then you would be able to purchase a privilege to practice in another member state and begin to work within days instead of what now is weeks or months in another state.

So hopefully there will be no submitting of documents, no waiting for verification of letters. I hope that covered the majority of the questions, if not all the questions on the interstate compact.

Vicki Deal-Williams: Yeah. One of the members that I was with on Hill Day actually, it might have been Illinois, Tena was licensed in 15 states, so she was paying for a license in 15 states, and I told her I said that just baffled my mind. But she was using telehealth a hundred percent of the time, and that was her practice. So she was a great advocate for both telehealth and the interstate compact.

Megan-Brette Hamilton: Thank you. I'm actually looking for one, Diane. I wanted to stay with you briefly, even though it looks like you might be answering. But Lori McFarland had a question about if we had any resources that would inform us of the advocacy that ASHA is doing specifically at our individual state levels or if SEALS is the only resource. So I just wanted to stick with you to see if you can share some of those resources at the state level.

Doanne Ward-Williams: Sure. So you did mention SEALS. The SEALS, just so everyone knows, is the State Education Advocacy Leaders. They are within every state. They provide leadership, guidance, and support on topics related to school-based members. But we also have the State Advocates for Medicare Policy. Those are our STAMPS, and they offer

the same kind of leadership and guidance, but on topics related to coverage reimbursement.

We also have the State Advocates for Reimbursement, and you may hear them called STARS, and they do the same but they look at coverage reimbursement and the delivery of services under state Medicaid programs and private payers. So those are some of what we call our advocacy networks.

Additionally, ASHA's staff monitors, tracks, and responds to state legislation or regulations occurring within legislative sessions within each state as well. We do have an ASHA's state-by-state page where you can go and look at what's possibly going on in your state. We also have a page with all of our state associations listed where you can click on your state and see, go directly to your state association's pages and learn about how to volunteer with them and learn about the work being done within your state.

Neela Swanson: And Joanne, if I could also put a plug in for following us on ASHA Headlines. That's an email newsletter where the advocacy team often posts lots of updates on things like what's happening in the states. For example, we had some nice wins recently with Georgia Medicaid being one of them, adding the new caregiver training codes to the Medicaid program as a covered service. There are a lot of things going on at the state level. You can talk to staff about it, as Joanne said, but I would also follow ASHA Headlines and social media to get updates on what's going on in the states as well.

Megan-Brette Hamilton: Excellent. Thank you so much, Joey, and thank you, Neela, for chiming in for that.

I have a question here from Elizabeth that I think a few of us might be able to tackle. There seems to be this, from Elizabeth Hertzfeld, there seems to be a shortage of service providers. We are overworked and not enough SLPs to hire. What's being done to grow the professions? So who wants to chime in and just kind of talk about our recruitment efforts, or even just our awareness efforts?

And I think we can answer this question for SLPs and audiology.

Vicki Deal-Williams: Yeah, there are a number of efforts through Strategic Objective 6 in terms of recruiting individuals into the professions. From underrepresented groups, and the groups that have been identified for those efforts have been underrepresented racial ethnic groups, males, and bilingual service providers.

Kate Stephens: We're just a little bit about what we've been doing. So we actually have been putting in quite a bit of effort into this initiative for several years, and it's included some targeted outreach campaigns. We've worked with some community organizations. We have done targeted ads on social media, Spotify, and TikTok. So we are really looking at trying to spread the word of the professions as early as possible.

Complementary to that, we do have a career awareness page on our website, where we've got a ton of resources. So PowerPoint presentations, videos, brochures where folks who are in the field currently can go, you know, if you're in a school setting, it's quite easy to do, but even if you're not, you can share these resources with high school and middle school students and tell them a little bit about what it is that you do and what all the options are with the profession. So that is something that we certainly encourage all of our members to do if you're so inclined.

Megan-Brette Hamilton: Thank you so much for that. So we have time for maybe a few more questions. I want to get Caitlin's question in. Caitlin Spalina asks, “I see you're saying ASHA is advocating for us, but they want to see the members. I feel like we're constantly doing it on our own. In North Carolina, there are several SLPs leading the way, and their communication style is exceptional. We know when and how to get involved and can do so immediately. How are you making it easy for the working clinical SLP to get involved without us having to miss out on work? What avenues are you utilizing to reach us?”

And I know, Jerry, you said that you could tackle this one.

Jerry White: Yeah, thanks, Megan-Brette and Caitlin. Thank you for the question. That's an excellent question and it, I think, reminds me that, you know, one thing that we all want to say here is, thank you for all of you who have gotten involved and taken time from your very busy, personal, and professional schedules. We get that when it comes to advocating, particularly at the federal level. It seems like this big… I don't know where to enter. How can one person make a difference?

The thing that I always tell our members, and I mean this sincerely, is that our members are our best advocates. You know, as my colleagues have mentioned, we have a government affairs team, but we provide the facts and the figures and the white papers and the talking points, and sometimes you can see the eyes of staffers or members of Congress glaze over, right? But our members are the ones who bring the passion, the expertise, the knowledge, the know-how that can provide the context and the color and paint the picture. Tell the story about why you do what you do and why it's so important for those that you're serving.

So we want to make it as easy for you as possible. Again, given as busy as you are, particularly for those members who work in school-based settings. There are lots of ways I would highly recommend going to asha.org/advocacy. And I think Neela may have mentioned this earlier. It provides sort of a one-stop shop for advocacy news and related information.

If you go to asha.org/advocacy/take-action, that will take you to a landing page that has all of our active campaigns right now, where you literally can click on an issue. There's a short summary, there's a pre-written message to members of Congress that you can either send without changing or you can modify at your discretion and change. And literally, the entire process from start to finish takes about two minutes.

We also just recently put out a news piece about ways to make an impact during National Speech-Language Hearing Month that referenced those options, but then also talked about potentials for meeting with your representatives, whether they're at the federal level or the state level, at times when it makes sense and included some resources to that. I'm going to go ahead and drop that into the chat, but wanted to thank you for your question. And again, just highlight that while we do have an advocacy team that is advocating for audiologists and SLPs, this is a partnership, right? Like, this is not ASHA and ASHA's members. We're doing this together, and we really rely on you to serve as that force multiplier and break that bureaucratic inertia that helps move the ball forward on a lot of the issues that we've talked about tonight.

Megan-Brette Hamilton: Thank you for that, Jerry, and I know we did not get to all the questions. There's never, ever a way we're going to get to all the questions. But if you still have a question that wasn't answered, please know that we are all here at ASHA to answer these questions. I'm going to turn it back over to Vicki now, who's going to close us out.

Vicki Deal-Williams: And you all have asked some great and insightful questions. It's been enlightening for us. I know that many of the questions were responded to in the chat, in addition to those that we were able to respond to live.

So thank you again to all of the panelists for being able to help us get to more of the questions than we were able to get to live. Thank you for taking the time out of your busy days to be here. I know that a lot of this work seems like it is taking an awfully long time. We have discovered that there are some things that we can do much more quickly than we've been able to do in the past.

But there are also many, many more things that we have to do in order to provide you with the services that we need. So we ask that you bear with us, that you work with us. ASHA is 234,000 people. It is not an entity, it is not an organization. It is all of us, and it's going to take all of us to make the changes that we need to make in order to work on behalf of you, and on behalf of the individuals that we work with.

So please plan to complete the post-event survey to help us to plan better to meet your needs and to plan for our next chat.

Tena McNamara: Well, I would like to remind everybody of our convention that's coming up. Just to mark your calendar, the convention is going to be December 5th to the 7th. This year, the dates are a little different. It's in Seattle at the Seattle Convention Center.

The theme this year for the convention is Elevate, which is to call to advance research and practice in the profession. So under our dedicated leadership of our two co-chairs, Gerald Jackson and Kim Ward, the convention program committee has been working tirelessly to bring Elevate to the theme and elevate your experience for the 2024 ASHA convention.

So please mark your calendars and plan on being there. And also, I understand that Seattle is pretty magical during the holidays, and it's kind of a wonderful place to celebrate the winter season. So put that in your calendar. We hope to see you there.

And we really appreciate your time tonight. And hopefully we've answered some of your questions. I do want to remind you that on ASHA's website, there is a section under Deuce Increase. I don't know the exact web address, but a lot of the questions that you asked have information in there, so please use that as a reference.

Vicki Deal-Williams: Thank you for attending the chat. There are a number of resources highlighted on the screen, which include the developmental milestones, our advocacy priorities, the benefits of membership, the value of certification, and compensation for SLPs in the schools. Please check out those resources. Thank you and have a good night.

Tena McNamara: Thank you.