

Legislative Council Meeting Report
SHAA Executive Board Meeting – June 17, 2005
Submitted by Doreen Oyadomari, Legislative Council Delegate Correspondent

Your ASHA Legislative Councilors, Margaret Johnson and Doreen Oyadomari, attended the ASHA Spring Legislative Council meeting in Washington, DC, on April 1-3, 2005. This was felt to be one of the most productive Council meetings that we've ever attended primarily because we didn't get bogged down in multiple process issues as in the past. When we left on Sunday, we did so with a good feeling of accomplishment.

Friday, April 1st was our Hill Day which meant we started the morning being briefed on the talking points for the issues we would be discussing with our congressmen. We met with Legislative Assistants in the offices of Representatives Artur Davis and Spencer Bachus and Senators Richard Shelby and Jeff Sessions. The issues we presented and discussed were:

- Separation of SLPs and PTs in the Medicare Outpatient Statute
- Student Loan Forgiveness for SLPs
- Direct Access to Audiologists
- Repeal of the Medicare Therapy Caps
- Hearing Aid Assistance Tax Credit

Since SHAA's President, Pat LaCoste, had just visited with the same individuals two days prior to our visit, we coordinated the content of our discussions with what Pat had already talked with them about (the direct access issue and the hearing aid tax credit). These Hill visits are important to increasing the visibility of our speech and hearing issues.

Following these Hill Visits, the LC meeting was reconvened at 2:00 pm Friday afternoon with an address from ASHA President Dolores Battle. Dr. Battle provided an update on the sale of ASHA's Rockville property. She stressed that the sale was lucrative enough for ASHA to purchase property at another site in Rockville and build a large enough facility to allow for renting a portion of it out. The building ground breaking is scheduled for 2006 with the ribbon cutting in 2007. Dr. Battle also discussed the purpose of this Spring meeting which is to establish budget priorities and set directions for the coming year, making the Spring meeting fundamentally different from the Fall one. She reviewed LC accountability specifically discussing our responsibilities regarding Duty of Care, Duty of Loyalty, and Fidelity of Purpose.

The Membership Forum was held as usual, which is an opportunity for ASHA members to directly address the Council on topics of concern. Since we were meeting in DC, the majority of member concerns were presented in the way of emails which were shared with all Council members. The LC Forum was held on Saturday, which is a venue to allow councilors to bring up issues of concern without the necessity of being restricted by a resolution format.

There were very few resolutions to consider. All the resolutions passed were ones regarding approval of ASHA documents as follows:

- Approve Evidence-Based Practice in Communication Disorders: Position Statement
- Approve Roles and Responsibilities of Speech-Language Pathologists in Service Delivery to Persons with Mental Retardation and Developmental Disabilities and the Position Statement on the same topic
- Approve Roles and Responsibilities of Speech-Language Pathologists Serving Individuals with Mental Retardation/Developmental Disabilities: Guidelines
- Approve Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Services via Telepractice

- Approve and publish the document Position Statement: (Central) Auditory Processing Disorders – the Role of the Audiologist
- Approve Knowledge and Skills Needed by Audiologists Providing Clinical Services via Telepractice

A resolution to reapportion the Legislative Council (LC2-2005) generated a great deal of discussion as the subject of changing the number of Legislative Councilors always does. Finally, a motion to refer this resolution back to the Legislative Council Coordinating Committee for further study was passed. Thus, the number of LC voting members remains at 150.

In response to LC15-2000, an annual review of one-third of ASHA's programs was completed by an LC Program Review Group prior to the Spring meeting. The Review Group's recommendations for each program was presented and the full LC voted to enhance a program, continue it as is, reduce it or discontinue it. These recommendations will be taken into consideration during the building of the 2006 budget. The following lists the 13 programs reviewed, the recommendations voted on and the LC's percentage vote regarding each recommendation. The recommendations to enhance a program generally centered on the addition of staff.

- Professional Practices – Continue as is (78%)
- Speech-Language Pathology Professional Practices – Continue as is (51%); Enhance (43%)
- Office of Multicultural Affairs – Continue as is (86%)
- Ethics Program – Enhance (76%)
- Consumer Advocacy – Continue as is (72%)
- Federal and Political Advocacy – Enhance (72%)
- Reimbursement Advocacy – Continue as is (52%); Enhance (45%)
- State Advocacy – Enhance (90%)
- Public Relations – Continue as is (83%)
- Scientific Programs and Research Development – Continue as is (94%)
- Clinical Specialty Recognition – Continue as is (92%)
- Surveys and Information – Continue as is (89%)
- Convention – Continue as is (99%)

Like President Battle said at the beginning of the sessions, the purpose of the Spring LC meeting is to set directions for the coming year and we did just that. A great deal of time was spent reviewing the 2005 Focused Initiatives, ASHA's Strategic Plan, and the results of the ASHA Member Critical Issues survey. Out of numerous issues discussed eight top issues emerged. The councilors were asked to vote for their top three choices. The following are the results.

1. Recruitment & Retention / Shortages (66.44%)
2. Marketing & Public Relations (59.59%)
3. Reimbursement (53.42%)
4. Encroachment (34.93%)
5. School Services (32.19%)
6. Audiologic Rehabilitation (17.12%)
7. Professional Autonomy (11.64%)
8. Cultural Competence (4.79%)

The Marketing & Public Relations issue ranked high because this is felt to be almost an underpinning for all the other issues. Wouldn't it be nice if when the general public hears the

words “audiologist” or “speech-language pathologist” they automatically knew exactly what we did, like everyone knows what a dentist or a nurse does? Such instant recognition of our fields would positively impact on our ability to recruit students into our professions. Such instant recognition would increase our value and positively impact salaries. Such instant recognition would help keep others from encroaching into our areas of practice. Such instant recognition would contribute to our achieving professional autonomy. We need to place more of our national resources into advertising so that when you tell someone you’re an audiologist or a speech-language pathologist, they don’t ask you what does that mean in terms of what you do.

Now you have a good idea of the directions in which ASHA will be going. As usual, your opinions, ideas, and feedback always are welcome so you are encouraged to contact us with your thoughts and comments.

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