FROM THE EDITOR
Mary Friehe, Ph.D., CCC-S

We owe a big THANK YOU to Lisa O’Connor. She got the newsletter off the drawing board and onto the web page! All of this and serving on the board as well! KUDOS 😊

The spring CSAP meeting in Portland was well attended and as usual full of interesting and entertaining information. Sessions covered important topics such as state association management practices, strategic planning with attention to participant problem solving, communication styles, and ethical adjudication practices. Mike McKinley kept us laughing during his spectacular talk on communication. He encouraged us to become leaders of change, but in his unique manner, also reminded us to “smell the roses” along the way.

The ASHA State Policy meeting that precedes CSAP began with a review of the many ASHA member benefits to state associations including the ability to post action alerts to state members via Take Action Web. It allows your members to contact your state legislators on state issues in a timely fashion (http://capwiz.com/asha2/home). Additional information on the highest priorities for ASHA 2006 Public Policy Focus was disseminated. Those priorities include PH.D. recruitment and retention, direct patient access to AUD / SLP services with improved reimbursement procedures, and full funding of IDEA. Tips for looking at more creative approaches to personnel shortages and the importance of evidence based practice also were discussed at the meeting.

LEGISLATIVE UPDATE

Legislation Across the States
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With about 2/3 of state legislatures out of regular session for the year, it is a good time to look at what new 2006 laws will have an impact on audiologists and speech-language pathologists in different states.
Licensure

Alabama and Georgia will now join Indiana, New Mexico, Ohio, and Oklahoma in requiring a doctoral degree for an audiology license. The new laws in both states will require an applicant for an audiology license whose degree was earned and conferred after January 1, 2007, to provide evidence of a doctoral degree in audiology from an approved educational institution. Applicants whose degrees were earned and conferred prior to January 1, 2007, will only need a master’s degree in audiology, no matter when they apply for a license.

In other licensure-related action, Virginia authorized the Board of Audiology and Speech-Language Pathology to issue a provisional license in audiology to an applicant who has met educational and examination requirements for audiology licensure to allow the applicant to obtain clinical experience as detailed in the rules of the board. This change was made at the request of the in-state audiology doctoral programs that require the completion of clinical experience before the doctoral degree is granted.

And in New Hampshire, a bill that has passed both the state House and Senate but still awaits the governor’s signature would direct the licensure board to promulgate regulations to establish minimum qualifications for speech-language pathology assistants, requirements for their direction and supervision, and the scope of tasks that speech-language pathologists may perform. The bill specifies that such qualifications shall include a minimum of a two-year associate’s degree granted by a state accredited speech-language pathology program.

Telepractice

The Georgia licensure bill also provides the most detailed telepractice restrictions for the practice of audiology and speech-language pathology. In general, the bill provides that any person in the state, or physically located in another state or country, who, using telecommunications and information technologies through which speech-language pathology information and auditory-vestibular system information is transmitted, is engaged in the practice of speech-language pathology or audiology in the state and as such must have a full state license and shall be subject to the regulation of the licensing board.

There are three other states that have telepractice restrictions. State code of ethics provisions in Delaware and Louisiana stipulate that services may not be provided solely by correspondence or telepractice. Oklahoma passed legislation last year that establishes that the provision of speech-language pathology or audiology services in the state through telephonic, electronic or other means, regardless of the location of the practitioner, shall require state licensure.

Extra Compensation

West Virginia school speech-language pathologists and audiologists who hold ASHA’s Certificate of Clinical Competence (CCC) will be eligible on July 1, 2006, to receive a $2,500 annual salary supplement as well as reimbursement for certification application fees. Nationally certified guidance counselors in the schools were also included in this new law. West Virginia’s success brings to 10 the number of states that have enacted salary supplement legislation for school audiologists or school speech-language pathologists or both.

During the first year of implementation, salary supplements will be limited to a combined total of no more than 100 speech-language pathologists, audiologists, and counselors. In each subsequent fiscal year, up to 100 additional qualified recipients may receive the supplement. Criteria for selection of the particular individuals who will receive the supplement in a given year will be established by regulation and must prioritize the length of time certification has been held and the years of experience of the certificate holder.

In neighboring Maryland, as of July 1, 2006, licensed audiologists and speech-language pathologists who provide services on a third-party billing basis in the schools will receive reimbursement from the county school system for their initial licensing fee or for their renewal fee. The State Board of Audiologists, Hearing-Aid Dispensers, and Speech-Language Pathologists will adopt regulations to
implement and administer the program.

**Student Loan Forgiveness**

In Wyoming, speech-language pathologists were specifically included in a list of health care providers with Wyoming license who would be eligible for the student loan repayment program from the state health department if they practice in underserved areas. Such a professional may not receive more than $10,000 per year in loan re-payment.

**Early Hearing Detection and Intervention**

If Governor Frank Murkowski signs H.B. 109, Alaska will become the 40th state (plus the District of Columbia) to require by law that newborn babies be screened for hearing loss. Five additional states screen 95% of newborns without legislation. The Alaska bill also requires follow-up evaluation for those who fail screening. Reporting individual results to the health department, and intervention services. A community outreach awareness campaign must be conducted, and health care insurers that cover pregnancy and childbirth services must also cover both the screening and follow-up evaluation. Only Michigan, Minnesota, South Dakota, Vermont, and Washington do not have a law and do not meet the 95% voluntary compliance criterion.

**Other States**

Other states made progress on passing desired legislation, but did not reach the point of sending legislation to the governor. There are also 16 states still in session that may add to the 2006 state victories.

For additional information, contact Susan Pilch, ASHA’s director of state legislative and regulatory advocacy, spilch@asha.org or Charlie Diggs.

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**How’ It Done?**

*Advocating for Change in Your State or Local School District: A Successful Game*

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State Associations wishing to advocate for change through legislation or state regulation need to develop a comprehensive plan involving association members, other stakeholders, consumers and decision makers. ASHA’s efforts to assist states with legislative and regulatory change became a priority beginning in 2001 as part of the Schools Focused Initiatives. During the first year, a team was formed (State Education Action Team - SEAT) to assist states in developing comprehensive plans to address salary and caseload/workload issues. Eventually five states were selected to form partnerships with ASHA. Technical assistance, onsite support, and guidance were provided by the team. Following the three year initiative, a survey was fielded to target state association leaders. Results of the survey indicated that the model for change developed by the team greatly advanced their legislative and/or regulatory agenda, improved the infrastructure for political advocacy, increased active participation of state association membership, and increased their visibility and effectiveness with state decision makers including state departments of education, teacher unions, school administrators, and state legislators.

**Step 1: Analyze Your State’s Potential for Change**
Before attempting to advocate for a change, state associations need to assess the potential for a successful outcome. The SEAT developed a template that can be used to determine the state’s potential for success which includes the following factors:

1. Past/current state or local efforts to enact change
2. Identification of key decision makers and an assessment of their level of opposition or support for state association issues
3. An active, developed grassroots network among state association members
4. Involvement of parent/consumer groups
5. Commitment for school-related issues by the state association leadership
6. Political climate in the state: budget concerns, state agenda, legislative/regulatory calendar
7. Process to effect change: legislative, regulatory, state or local

KEY POINTS:

- Identify important factors necessary for change
- Determine level of support or opposition
- Evaluate the political climate
- Determine Areas of Action Needed

Step 2: Form a State Committee and Assign Roles

Once the state association leadership determined that there is potential for change, it is important for the leaders and other interested members to gather together and decide what they wish to accomplish. The state association, lobbyist, constituent members, and consumers all have essential and integral roles to play in any state advocacy effort. All parties need to work together to accomplish the goal.

Group Leader: A leader needs to be identified who will serve not only as the spokesperson for the group but will also be responsible for keeping the membership informed and actively involved. In the targeted states, ASHA and the state association leadership identified a member of the group to serve as the coordinator. This individual typically communicated with the ASHA liaison on a regular basis, kept the executive board and membership informed of the groups activities and progress and was also responsible for activating the grassroots network.

Grassroots Coordinator: The grassroots coordinator is responsible for developing and maintaining an active list of members from across the state that are willing and able to contact legislators or other decision maker groups on a moment’s notice. If the state association does not have an up to date e-mail list of the membership, than one will need to be developed including each members address and legislative district. This allows the group leader and grassroots coordinator to activate the grassroots network quickly and efficiently.

Legislative liaison/lobbyist: The legislative liaison may be the state association’s lobbyist or committee member whose job it is to keep the members informed of legislative or regulatory activity, develop legislative language for proposed bills, and most importantly to track and inform the committee when membership involvement is needed. It is also important for the state’s lobbyist to convey to the membership how the legislative process works in the state.

Consumer Coordinator: The consumer coordinator identifies and gathers a list of consumers willing to assist state association efforts.

Step 3: Develop a State Action Plan

A key component to developing a successful state advocacy program is focusing on the development of an organized plan. Several factors need to be addressed when developing a plan of action. These include:
Gather Facts/Data:

Through the ASHA Focused Initiatives, a number of resources have been developed to assist state associations with legislative or regulatory activities. National data has been collected and maintained from a variety of sources such as the Bureau of Labor Statistics, the sPENSE study, and annual Reports to Congress. ASHA also collects periodic survey data from its school-based members through the ASHA Schools Survey. Data from ASHA’s National Outcomes Measurement System (NOMS) has been successfully used by states to demonstrate teacher and parent perceptions of the success of services rendered by school-based SLPs with CCC to children receiving SLP services. Assembling state data, including members and consumer survey information, is necessary for developing talking points and presentations for decision makers.

Identify Decision Makers and the Process to Effect Change:

As the committee begins to develop its plan of activities the group must be mindful of the key individuals or groups that will need to be informed and included in discussions about the issue, as well as the process required to effect change. While working with one state, our team and the state committee realized that while a legislative bill needed to pass and be signed by the Governor before a change could be realized, only one or two key legislators needed to be convinced before the bill would pass. In another state, we needed to obtain the support of the State Board of Education members in order to obtain the desired change. Equally important is the process that state utilizes to enact change. In one of the targeted states, for example, in order to pass salary supplement legislation, a financial impact statement needed to be developed and included with the bill. Our committee discovered that it was important that our lobbyist have the correct financial statement to submit to the state finance department in order to get the bill passed. In another state, a separate appropriations bill needed to pass in order to get a salary supplement law funded. In each instance, it was important for the committee to identify the key decision makers and to understand the legislative/regulatory process for change.

Develop Fact Sheets and Talking Points:

Developing factual materials is an important aspect of any plan. It involves preparing written or oral materials for testimony, or presentations which include the major point of the proposal, identification of the issue, the change that is needed, supporting facts and data. Oral and written statements allow for an “on the record” opportunity for the state association to present its facts and views. It also helps the committee develop letters or fact sheets for constituents and consumers to present to decision makers. Prepared talking points and fact sheets should be short and concise including only relevant data and supportive information.

Develop a Grassroots Network:

Developing a grassroots network involves organizing a constituent member data base, matching members with key legislators or policy makers, developing a communication system to quickly mobilize members into action and producing advocacy materials for members to use when contacting decision makers. Mobilizing a grassroots community is vital for any successful advocacy campaign. It not only increases the association’s visibility but also encourages members to become actively involved in the association’s effort. In a legislative campaign, state senators and representatives are greatly influenced by the people who can vote for them. Those members who take the time to make a visit, phone call, send an e-mail or letter are the political elite that drive public policy.

Create an Activity Calendar:
The final and perhaps most important step in developing an action plan is to create an activity calendar with all of the steps required to achieve the goal, along with timelines and persons responsible for overseeing the completion of the activity identified.

**The Long Haul:**

The SEAT team experience with the targeted states has demonstrated that a successful advocacy effort requires certain key ingredients including:

- Support from the state association
- A careful analysis of the factors involved in state change
- A comprehensive state action plan
- A leader and committee willing to dedicate time and effort to the goal
- An active committed grassroots network
- An effective communication system

Effecting change also necessitates a sustained effort, persistence, and patience. A state must establish realistic goals and time frame for achieving those goals. A minimum 2-3 year commitment will be necessary to achieve legislative or regulatory success. The first year may require educating committee members, state association leaders and members, the lobbyist, and key decision makers in the state about the issue. In subsequent years the committee should focus on establishing key relationships, building credibility, and demonstrating commitment to the issue. The reward for patience and persistence not only is the realization of the goal but an active supportive membership and legislative and regulatory partners who seek assistance and guidance on issues that effect the membership in years to come.

**Resources:**

The following resources are available from ASHA to assist states and local districts wishing to advocate for change:


Advocating for Higher Salaries and Benefits from Your Local School District: [http://www.asha.org/about/legislation-advocacy/state/advocacy-schools.htm](http://www.asha.org/about/legislation-advocacy/state/advocacy-schools.htm)

State Guidebook for the Salary Supplement Initiative: available by contacting Michelle Mannebach at mmannebach@asha.org.

Other State resources: [http://www.asha.org/about/legislation-advocacy/state/state-policy.htm](http://www.asha.org/about/legislation-advocacy/state/state-policy.htm)

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**STATE PROFILE - GEORGIA**

Editor Interviews with

**Tim Mackesey, GSHA President** (fluency@bellsouth.net)

**Jody Rosen, GSHA Management Firm** (www.gsha.org)

Describe your state association.

We have about 1,025 members with 955 SLPs, 34 AUDs, and 11 dually certified professionals. It i:
estimated that around 3,000 professionals are licensed in our state, so we have roughly 1/3 of those as members. Approximately 80% of our membership lives in Atlanta.

**Describe your GSHA Board.**

There are approximately 25 professionals on our board. We meet five times a year typically face to face. The June meeting will be our first teleconference meeting which will cost $200-300; however, some of our committee meetings have been teleconference as well.

**Do you use a management firm?**

Yes, we use a company headquartered in Florida. This firm also serves state associations in Washington, D.C., Maryland, and Florida. The firm primarily responds to calls, manages the database, plans continuing education events and does registration, creates and implements the marketing plan, handles graphic design for brochures, processes dues renewal, conducts membership surveys, assumes web management responsibilities, assists with writing the quarterly newsletter, and deals with all bookkeeping.

**Describe some of the issues that currently are being addressed by GSHA.**

We developed a new travel reimbursement policy for the Board. This year the Board also has worked on increasing member involvement, obtaining salary supplements for school professionals, getting the legislature to increase reimbursement rates, and clarifying reimbursement procedures for the new Medicaid system for school SLPs (“only 3 CMO or insurance companies certify SLPs and therefore have reimbursement procedures. The procedures are somewhat complicated and not consistent between the three companies.)

**What do you view as the strengths and challenges of GSHA?**

*Strengths*

- good volunteer record for convention & legislative efforts
- relationship with legislature – good, new lobbyist

*Challenges*

- problems with enough volunteers for other committees

**What have you done to stimulate membership?**

*Most successful efforts*

1. Convention is our best recruiting tool. We discounted the registration fee for members which resulted in 200 new enrollments. Our goal is to put membership enrollment and renewals online as an added benefit.
2. We targeted student membership with a contest between the professors at the three major universities in Georgia with SLP / AUD training programs. The school that enrolled the most student members received a plaque and got an article with picture in the newsletter. The winning group recruited 100 members.

*Least successful Efforts*

  Couldn’t think of any

**Do you have a newsletter for GSHA?**

Yes. It is circulated four times a year. We have a great advertising program. We bundle our ads so
that a client may select a bundle that best meets their financial resources. A bundle might include one ad in the convention program and four in the newsletter for a set price. We also have ads in our membership directory. A flyer describing the options and costs is mailed out each year to previous advertisers with an order form. We also target new advertisers by marketing to companies that advertise in ASHA publications or on ASHA’s website or websites related to products our members purchase.

**What is your convention like?**
The convention runs for 2 ½ days. Registration is around $180 for members / $25 for students. We will be holding the meeting in Atlanta for two consecutive years because we attract the largest attendance there. While convention in Atlanta may cost more than in outlying regions of Georgia, the attendance helps to offset the expenses. Another way we contain costs is that we require the convention hotel to allow us to bid out AV services.