

PENNSYLVANIA SPEECH-LANGUAGE-HEARING ASSOCIATION

# Keystater

## What's Inside? Spring 2026

1. Letter from the President
2. PSHA Convention Highlights
3. StAMP Report
4. STAR Report
5. Government Relations Update
6. ASHA SEAL Update
7. Student Corner
8. Access Matters: Strengthening Rural PA Healthcare
9. Coffee Cart: A Social-Academic Learning Experience Building School Community
10. Bridging the Gap: Supporting Autistic Pregnant People

# Letter from the President



Dear Colleagues and Friends,

As we reflect on this past year, I am filled with profound gratitude — for this association, for our profession, and most of all, for you. The work of PSHA does not happen in boardrooms or on spreadsheets. It happens because of the extraordinary volunteers, committee chairs, and board members who give their time, expertise, and heart to this organization every single day. Thank you. Truly.

This year, we set four ambitious priorities — and because of your collective effort, we made remarkable progress on every one of them.

## **Growing Membership & Member Engagement**

We set a bold goal: grow PSHA membership by 10% by June 2026 — and we are well on our way. Since October, we have welcomed 79 new members and renewed over 50 lapsed members, a testament to the real and growing value of PSHA membership. Through targeted outreach to early-career professionals, deeper engagement with CSD university programs, and new platforms like our Virtual Classroom, CommUnity, and the Member App, we are building a stronger more connected community for SLPs and stronger, more connected community for SLPs and audiologists across PA.

## **Strengthening Financial Stability**

This is perhaps our most extraordinary story of the year — and it deserves to be told plainly. For seven consecutive years, PSHA lost between \$20,000 and \$40,000 on our annual convention. This year, we made a \$50,000 profit. Combined with our transition to self-management, PSHA is now on a path toward genuine financial stability — a stark and remarkable contrast to the very real threat of bankruptcy, we were facing just last September. Every dollar of that turnaround reflects the hard work, sacrifice, and ingenuity of this volunteer leadership team.

## **Amplifying Our Advocacy & Public Voice**

In today's legislative climate, our advocacy work has never mattered more — and PSHA has never been more active. This year, we submitted public comments on professional licensure, launched our new advocacy platform Muster to increase our visibility and reach with lawmakers, and made significant progress on the Interstate Compact, which is now moving through the Senate. We also advanced critical work in Medicaid advocacy and workload advocacy for school-based clinicians — issues that directly affect the professionals and students we serve every day. Our voice is louder, our reach is wider, and our impact is undeniable.

## **Improving Onboarding & Leadership Transitions**

Sustainable organizations are built on strong systems — and we invested heavily in that foundation this year. We now have two VPs in most leadership roles for the next term, ensuring continuity and shared responsibility. A comprehensive policy and procedure manual, complete with resources and training, will be housed in CommUnity so that every incoming leader has what he or she needs to hit the ground running. These structures will carry PSHA forward long beyond any single board term. None of this — not a single achievement — would have been possible without the remarkable people who make up this association. To our Executive Board, committee chairs, and every volunteer who answered the call: you are PSHA. Your dedication is what transforms goals on paper into real change for speech-language pathologists, audiologists, and the people we serve across Pennsylvania. It has been the honor of my professional life to serve as your President. I am so proud of what we have built together — and even more excited about what comes next.

**Sincerely,**

**Nicole Billak,**

Ed.D., CCC-SLP/L  
President, PSHA



**Episode 1: Who We** ▶ **What We Do, and  
Why It Matters**

by: Nicole Billak, Ed.D., CCC-SLP/LBS

# Convention Highlights



## What a Convention!

This year's PSHA Convention at the Kalahari Convention & Resort was truly one for the record books! With over 300 attendees from across the state, we experienced one of the largest—and most memorable—conventions in recent years.



Kalahari was a new venue for us and provided the perfect backdrop for both learning and connection. Many brought their families and took full advantage of everything the resort has to offer—from incredible dining options to the arcade and, of course, the waterpark. Others embraced the experience in their own way, enjoying time at the spa, relaxing between sessions, or even joining in on the games and slides themselves. It was wonderful to see our community connecting not only professionally, but personally as well.

Our exhibit hall was buzzing with energy, featuring over 30 exhibitors with vibrant displays, engaging demos, and generous



giveaways. Attendees had the opportunity to explore new tools, resources, and innovations in our field. The raffles and door prizes were another highlight, thanks to the incredible generosity of our donors—many attendees went home with some truly exciting wins!

The educational programming this year was outstanding. Sessions offered a wide range of topics and high-quality, practice-relevant content that attendees could immediately bring back to their clinical work. We were also thrilled to host over 150 students for a special catered lunch, where State Representative Brandon Markosek inspired the audience to engage in legislative advocacy. In addition, we welcomed a special

guest, ASHA's incoming president, Perry Flynn, who underscored the importance of integrating advocacy into our everyday work.

Throughout the convention, there was a true sense of community—sharing ideas, exchanging knowledge, and enjoying time together. It was a reminder of how strong and connected our professional community is across Pennsylvania.

While plans for next year's convention are still being finalized, we will continue to keep you updated as details become available. In the meantime, we want to extend our sincere thanks to each and every one of you for being part of what was undoubtedly one of the best PSHA conventions to date. If you are interested in serving on the 2027 Convention Planning Committee, please reach out!

**Respectfully submitted,**

**Mary Weidner &**

**Mandy Mahoney**

Co-VPs of Convention  
vpconvention@psha.org

# StAMP Report



Many of us use CPT codes everyday and many more have CPT codes used every time we visit the doctor. Most often a five-digit number, we see these listed on physician orders, reports for healthcare services, and insurance claims. Some of us are very familiar with CPT codes that are used to describe speech or audiology services, but many don't know how or why CPT codes exist. Hopefully, this article will help with some foundational information regarding the origin and rationale for the existence of CPT codes.

The American Medical Association (AMA) is considered the founder and “owner” of CPT codes, their development, and their ongoing maintenance. CPT codes were first used to define surgical procedures in 1966. Over the years, these codes were found to be most useful for defining healthcare services and procedures as well as assisting in the collection of essential clinical data. In 1970, the Centers for Medicare and Medicaid Services adopted CPT codes to standardize Medicare billing. Today, the AMA explains CPT codes in this way: “The

Current Procedural Terminology (CPT®) code set is a listing of descriptive terms and five-digit codes for reporting medical services and procedures performed by physicians and other qualified health care professionals. As a uniform language and widely accepted medical nomenclature, CPT codes enable health care stakeholders—including physicians, providers, payers, regulators, vendors and health care technology organizations—to document, communicate and understand the care provided to patients.”

In recent months, there has been considerable discussion and concern that the CPT code used most often for speech therapy treatment is being modified. The reality is that this is part of the normal process AMA uses to maintain or develop CPT codes. As mentioned above, one of the reasons for CPT codes is to facilitate collection of essential clinical data. This clinical data collection is underway every time services are provided, and claims are submitted for payment. This normal data collection identified a significant increase in speech services provided under a single CPT code. The increase triggered an analysis of the code. It is also a

normal part of CPT code development and maintenance to include the professional association representing the healthcare providers using the CPT codes. In our case, this is ASHA. Whether a potential change or addition of a code is being considered or not, ASHA has an ongoing relationship with AMA to ensure we have CPT codes to properly identify the services we provide. Many years ago, we didn't have a code to differentiate speech therapy from dysphagia treatment. In more recent years, there was a single speech evaluation code. Now, there are several.

Over the next few months, there will be much discussion about CPT codes for speech therapy services. It's important to know that ASHA, PSHA and your state Network Representatives are actively engaged and working on your behalf. If a code change emerges, we are here to guide you through that process. If current codes continue to be used, we will continue to educate and support your ethical and accurate coding for the services you provide.

**Respectfully submitted,**  
**Joanne Mizii Wisely,**

M.A. CCC-SLP/FNAP  
PA StAMP

# STAR Report



STARs are audiologists and speech-language pathologists who are members of ASHA and advocate within their respective states for enhanced healthcare coverage and equitable reimbursement policies. Below are some updates from me, the Pennsylvania STAR.

## Medicaid Update

I am excited to share another Medicaid web resource recently finalized! It is a Medicaid ASHA advocacy homepage where many of our Medicaid resources are stored. It's a good one to pass along to members to show that we are working in the payment advocacy space. Feel free to share with members, non-members, anyone!

## [Medicaid Cuts and Coverage Changes](#)

ASHA and state Medicaid advocates provided a **Medicaid Advocacy in 2026: Partnerships and Progress Webinar** on April 15, 2026.

Medicaid happenings and the challenges ahead were presented. Case studies were presented by volunteers from Colorado, Idaho, Pennsylvania, and Wisconsin, detailing advocacy efforts that showcase the power of partnering in advocacy. This event was recorded and will be available for later viewing. The following useful guide was shared.

## [Medicare vs Medicaid: A Guide for Audiologists and Speech-Language Pathologists](#)

## Private Insurance Update

The Pennsylvania Tri-Alliance Medicaid Task Force, made up of state and national PT, OT, and ST representatives, meets every other week. We are preparing for our next in-person meeting with Highmark/Helion on May 12, 2026.

Best Regards,

**Theresa Jacopetti**

M.S., CCC-SLP  
Present PSHA STAR

# SUBMISSIONS TO KEYSTATER

## Submissions

Submissions of articles, manuscripts, reports and letters to the editor are encouraged. The Keystater also welcomes suggestions of editorial coverage. The editorial staff reserves the right to edit submissions for length and clarity. The statements and opinions contained in the articles of the Keystater are solely those of the individual authors and contributors and not of the Pennsylvania Speech-Language-Hearing Association. The appearance of advertisements in the newsletter is not a warranty, endorsement or approval of the products or of their safety. PSHA disclaims responsibility for any injury to persons or property resulting from any ideas or products referred to in the articles or advertisements.

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# Government Relations Update



## **THANK YOU**

as always, to our membership, board, committee members, constituent liaisons and members of our caregiver and client advisory panel for your engagement!

**THANK YOU** as always, to Angie Armbrust and the entire team at McNeesGR for your guidance and expertise!

**HILL DAY UPDATES:** PSHA is planning our next Hill Day on June 23, 2026! We are excited to collaborate with the Pennsylvania Audiology Association for this event. We will be talking about medicaid, school workloads, the compact and more. We are looking forward to more productive conversations in Harrisburg.

**CONSTITUENT LIAISONS:** This program is up and running. Twice this quarter we have called on our constituent liaisons to advocate with key legislators. You can learn more about this role [here](#) and sign up to participate by completing this [form](#).

## **HARRISBURG UPDATES**

(courtesy of Angie Armbrust from *McNees GR*): Governor Josh Shapiro delivered his fourth annual budget address on February 3rd, unveiling a \$53.2 billion spending plan that he framed as a blueprint for continued growth and long-term resilience. The proposal includes a 5.4 percent increase over last year's enacted budget and arrives as the state faces mounting fiscal pressures, including rising costs for education, mental health

services, infrastructure, and energy, along with concerns about future federal funding cuts. Shapiro proposed a plan to generate more than \$2 billion in new revenue by legalizing and taxing adult-use cannabis, regulating and taxing skill games at a 52% rate. He also called for closing the so-called "Delaware Loophole," a long-standing corporate tax maneuver that allows companies to shift income to lower-tax states.

House GOP Leader Jesse Topper argued the proposal increases spending at an unsustainable pace, grows government, and relies too heavily on revenue sources that have not yet been enacted into law. Senate Appropriations Chairman Scott Martin echoed those concerns. He credited Senate Republicans for preventing broad-based tax increases by resisting previous spending demands and warned that the current proposal, if passed as is, could trigger tax hikes next year, burdening families already grappling with inflation and rising costs.

Shapiro countered that the Commonwealth is on solid fiscal footing, citing a \$417 million revenue surplus just seven months into the fiscal year. He urged lawmakers not to lose momentum, pointing to bipartisan accomplishments such as updates to the basic education funding formula, permitting reform, and increased support for career and technical education. His message to the legislature was clear: now is not the time to retreat from strategic investments that are already showing returns.

## **RECENT LEGISLATION OF INTEREST & ADVOCACY ACTIONS:**

*-SB 802 Communication Impairment Designation on Driver's Licenses:* letter sent June 2025. Voted unanimously out of the Senate on 3/18/26. Received in House and referred to House Transportation Committee.

*-HB 80 Authorizing Pennsylvania to Join the Audiology & Speech-Language Pathology Interstate Compact:* letter sent Feb 2025, e-blast and social media March 2025; passed House in July, received 1st & 2nd consideration in Senate, re-referred to Appropriations Committee on 3/16/26, awaits action there.

*-HB 1700 Helping Drivers with Communication Impairments:* letter sent July 2025. Voted out of House Transportation Committee 3/23/26.

*-HB 1925 Regulation of the Use of Artificial Intelligence in Healthcare:* letter sent December 2025. Subject of a joint Information Hearing between Discussed during informational meeting House Communications and Technology Committee and House Health Committee.

*-SB 571 Authorizing Pennsylvania to Join the National Occupational Therapy Licensure Compact:* letters of support sent December 2025. Received 1st & 2nd consideration in Senate, re-referred to Appropriations Committee on 3/16/26, awaits action there.

Go to our [advocacy page](#) to learn more about these issues and more!

**Respectfully submitted,**  
**Tamara Sepe**

M.S., CCC-SLP

VP of Government Relations

# ASHA SEAL Updates



## ASHA SEAL UPDATES - APRIL 2026

The January through April 2026 SEALs calls provided a comprehensive view of the evolving landscape for school-based speech-language pathologists, highlighting national trends in workload, advocacy, federal policy, and professional resources. Across this period, discussions reflected a field navigating increasing demands while actively working toward more sustainable and equitable service delivery models.

### School Services Team Updates & Resources

Updates from ASHA's School Services Team consistently emphasized the expansion of professional learning opportunities and access to resources for practitioners. A series of School SLP Office Hours sessions—addressing topics such as augmentative and alternative communication (AAC), supervision, and service delivery models—were well attended, with materials archived in ASHA's online community for continued access. ASHA has also continued to strengthen its centralized resource hubs for school-based practitioners, including guidance on frameworks such as Multi-Tiered Systems of Support (MTSS). Looking ahead, the



organization is preparing to launch its 2026 school survey and an updated workload calculator, both of which are expected to inform future advocacy and decision-making at both the state and national levels. The next Office Hours session, focused on matching students to appropriate service delivery models, is scheduled for April 21, 2026.

### Major Policy & Advocacy Themes

A central theme throughout the calls was the profession's continued shift from a caseload-based model to a workload-based approach. ASHA reinforced that it does not endorse a specific caseload number, instead emphasizing the full scope of responsibilities carried by school-based SLPs, including documentation, compliance, collaboration, and other indirect services. Participants expressed a strong need for more robust research, clearer guidance, and practical tools to translate workload data into effective advocacy, particularly when engaging with administrators or negotiating staffing. There was also a clear emphasis on aligning workload expectations with contractual time and demonstrating how excessive

workloads can negatively impact both compliance and service quality.

### Workload Calculator – Key Feedback from Members

The updated ASHA workload calculator has been a focal point of discussion. The forthcoming version is expected to include enhanced customization options, improved data visualization, and the ability to track workload data over time. While participants recognized its potential as a powerful advocacy tool, concerns were raised regarding data privacy, particularly when using employer-issued devices, as well as the risk that data could be misinterpreted or used to justify increased demands. The time required to consistently maintain the tool was also identified as a potential barrier. ASHA representatives acknowledged these concerns and indicated that additional guidance, particularly around privacy protections, would be forthcoming. The tool is now anticipated to be released in July 2026 and will be shared through the SEALs community once available.

### Key Trends and Notable State & Federal Updates

At the federal level, April's call provided important updates on policy developments within the U.S. Department of Education,

continued □

including recent executive orders and anticipated regulatory activity that may affect K–12 education. These include evolving interpretations and enforcement of Title VI and Title IX, changes to federal student aid processes, and potential updates to policies such as FERPA and the Higher Education Act. Additional developments include new interagency agreements and increased oversight related to fraud, waste, and abuse. ASHA continues to actively monitor these changes and advocate for policies that protect access to services, uphold civil rights, and support evidence-based practice.

ASHA's broader advocacy efforts remain focused on protecting and expanding funding streams, particularly through IDEA and Medicaid, while addressing persistent workforce challenges. Key priorities include promoting early identification and intervention, maintaining strong civil rights protections, and reducing administrative burdens that limit direct service time. Recent advocacy actions have included engagement with the U.S. Secretary of Education to emphasize the importance of preserving individualized decision-making within IEP and 504 processes, as well as outreach to legislators regarding Medicaid funding and professional degree

recognition. Additional efforts include formal comment letters related to special education spending and technical assistance networks, as well as continued work on loan forgiveness and workforce development initiatives.

Across all calls, participants highlighted the importance of collaboration within and across states. Many emphasized the value of coordinated advocacy efforts, engagement with state education agencies, and the use of shared tools such as template letters and position statements. State-level updates revealed a wide range of legislative and policy activity, including efforts to expand licensure pathways, clarify roles for speech-language pathology assistants, and address administrative burden. Funding remains a significant concern nationwide, with ongoing challenges related to Medicaid reimbursement and the impact of broader education funding decisions. Pennsylvania was specifically noted for its low Medicaid reimbursement rates, as well as its proactive efforts through initiatives such as Attract, Prepare, and Retain to address workforce shortages.

### **SLP Shortage & Staffing**

Staffing shortages continue to be a critical issue across regions, driven by retirements,

recruitment challenges, and declining interest in school-based positions among new graduates. Some states are exploring innovative solutions, including differentiated pay scales, alternative service delivery models, and expanded early childhood services, to better meet student needs. At the same time, regional discussions during the April call reinforced that funding constraints, workload demands, and inconsistent guidance remain persistent barriers to effective service delivery.

### **Next Steps & Action Items**

The meetings concluded with a focus on actionable next steps, including piloting the updated workload calculator, continuing to share resources within professional communities, and preparing for future discussions on state and federal priorities. Overall, the January through April SEALs calls reflect a profession in transition—one that is increasingly focused on leveraging data, strengthening advocacy, and fostering collaboration to ensure that school-based SLPs are supported in delivering high-quality, equitable services to students.

**Respectfully submitted,**  
**Hope Warner**

M.S., CCC-SLP  
PA SEAL

# Student Corner



Jenna Nurick,  
Student  
Representative



Ashley Dugas,  
Alternate Student  
Representative

The 2026 PSHA Student Track proved transformative, as students took the lead, using their voices and ideas to inspire their community. As the 2025-2026 PSHA student representatives, Ashley Dugas and I (Jenna Nurick) aimed to create an educational, yet meaningful, convention experience for those in attendance. As graduate students, we reflected on areas of the field that we believe are underrepresented throughout the undergraduate experience. With that information in mind, we created sessions to expose students to these topics earlier in their education.

Session 1, centered around feeding/swallowing, highlighted our student-drive organization (Feeding Matters), reasons for a modified diet/thickened liquids, and a hands-on lab component. Ashley and I selected this content area as undergraduate students are often briefly taught about feeding/swallowing, but it is not until graduate school that this

information is emphasized. We felt it crucial to provide undergraduate students with knowledge and skills to support their career development in niche areas of the profession. With the help of Erin Buckwalter, MBA, M.S. CCC-SLP, and Dr. Kelly Salmon, PhD, SLPD, CCC-SLP, BCS-S, CLT-LANA, NDC, this session was a huge success. Students, especially the undergraduates, expressed their gratitude for the opportunity to participate in this learning experience, as they had not yet engaged in anything similar to this

Our second session focused on the client/patient experience. Ashley and I felt that students rarely interact with individuals who have communication and swallowing disorders until their externship experiences in graduate school. Therefore, we felt it necessary to assemble a panel of clients/patients that future SLPs/Audiologists will interact with in the future. Special thanks to Dr. Akila Rajappa, PhD, CCC-SLP, BCS-S, at East Stroudsburg University, for her assistance in the client/patient search and commitment process. This session provided students with the chance to learn the “dos and don’ts” from real individuals’ experiences. The impact of this session went far beyond that of PSHA. Students

were emotional, demonstrating their desire to make a difference, and panel members were finally able to share their story with people who would listen and create change.

Lastly, we would like to thank Drexel University, Elkins Park campus, for sponsoring the luncheon component of the student advocacy event. We appreciate the presence of Representative Brandon Markosek, as he not only shared his experience as a person who stutters, but also as an individual who aims to create change and advocate on behalf of the SLP and audiology community.

Overall, the PSHA 2026 student track was one for the books. Ashley and I are extremely proud of the student turnout and could not have made this happen without the support of PSHA board members and the students' general excitement. Thank you, from the bottom of our hearts, for allowing us to create something so special and meaningful during our term as the student representatives for the 2025-2026 year.

Sincerely,

**Jenna Nurick & Ashley Dugas**

PSHA Student Representatitves

# Access Matters

## Strengthening Rural Pennsylvania Healthcare



Growing up in central Pennsylvania, I always imagined I would leave for good—drawn to the opportunities and energy beyond the familiar hills and small towns, I was ready to put this place behind me. Yet after completing my education at Penn State and Moravian University, I found myself continually returning. What once felt like a place to outgrow had, in fact, shaped who I am. Here, I understand the unspoken rhythms of conversation, the nuances of community, and the “lingo” that goes far beyond words. It is where Friday nights are spent under stadium lights at high school football games, where meal trains appear instinctively in times of illness or loss, where daily life intersects with Amish communities, and where traditions like deer hunting and other outdoor pursuits remain central to local culture. And, in regards to healthcare, where disparity and significant care gaps persist. As a speech-language pathologist now working for the largest rural healthcare provider in the state, I feel a responsibility to serve this community in a way that builds trust, honors its identity, and fosters hope for a future where access to care is not defined by geography, but strengthened by it.

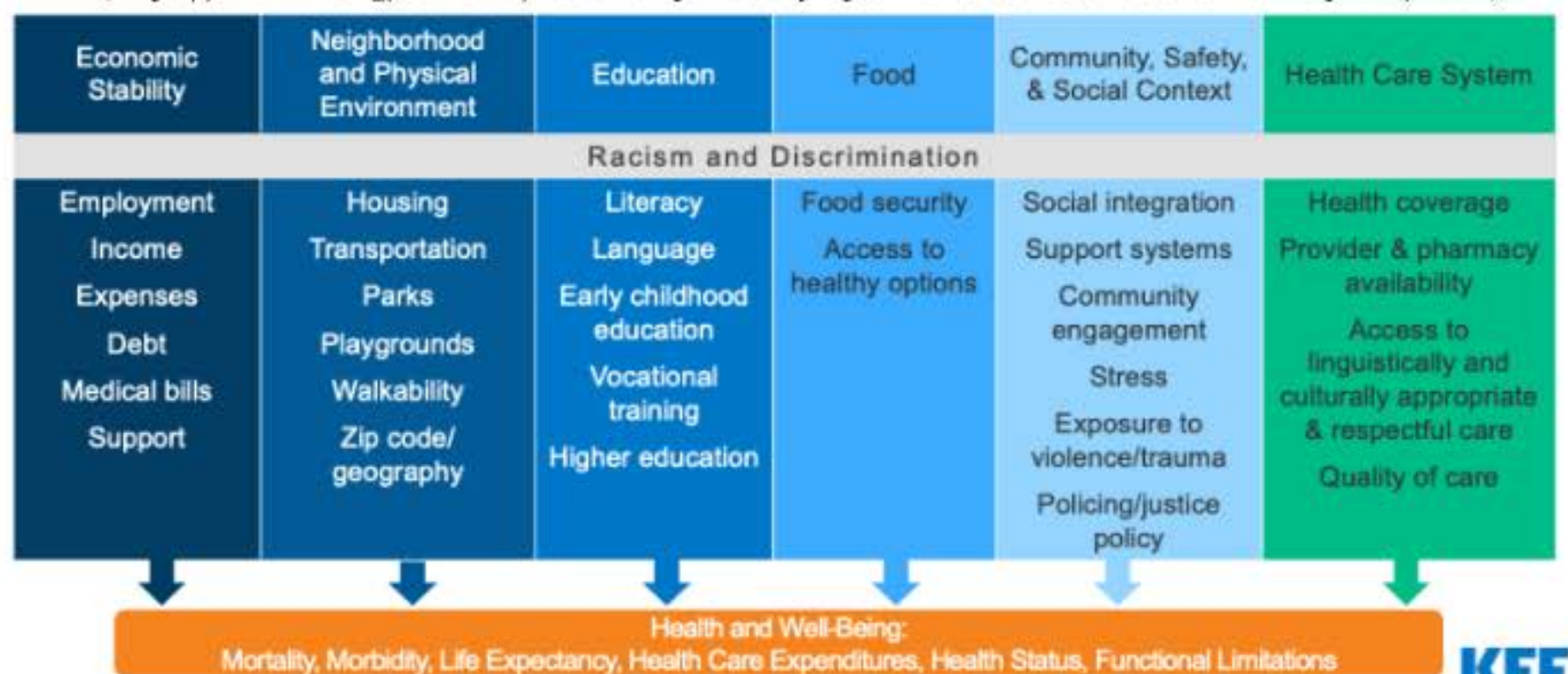
During my time in graduate school, I had the privilege of serving as the 2023–2024 PSHA Student Representative—an experience that continually challenged me to grow as a leader and advocate. Through this role, I built meaningful connections that were rekindled at our most recent in-person conference this past March. Being there was a powerful reminder of the PSHA “family”: our executive board, academic partners, legislators, and, most importantly, our members. While we all entered this field with a shared commitment to providing care, few of us anticipated the barriers and bureaucratic hurdles we would encounter daily. In rural healthcare, these challenges are not only persistent—they are intensifying.

Pennsylvania is home to the third-largest rural population in the nation, yet clinicians are increasingly asked to do more

with fewer resources. We remain hopeful that legislation will evolve to better reflect the realities of delivering timely, evidence-based, whole-person care. Recently, the Rural Health Transformation Program (RHTP) offered a glimmer of that hope, proposing approximately \$10 billion annually to support states with the greatest need. Pennsylvania received roughly \$193 million in its initial allocation (3). While this figure appears substantial, it falls short of the approximately \$200 million awarded to “average” classified states(3). When considered in the context of population, this equates to just \$78 per resident. Amid ongoing funding cuts, rising costs of living, and persistent healthcare disparities in rural communities (as illustrated in Figure 1), it is an especially challenging time to be a clinician serving these areas.

### Health Disparities are Driven by Social and Economic Inequities

(<https://www.kff.org/covid-19/health-disparities-symptom-broader-social-economic-inequities/?utm=>)



continued ↓

### *Access Matters continued*

Many Fridays, I leave work still carrying the stories of the week with me. I think about the grandparent who is still working beyond retirement age while helping raise grandchildren under one roof, stretching every resource, and struggling to find time for her swallowing exercises. I think about the patient with head and neck cancer, waiting for lymphedema therapy because there is simply no one closer, growing more discouraged with each passing week. I think about the child who went years without access to AAC due to a lack of education and support to even begin the process. The parents waiting for a one-to-one aide so their child can return to school. The young girl who helps at her family's restaurant, practicing her /r/ sounds between bussing tables to help keep the business afloat.

These are not isolated stories—they are the reality of rural care. Our patients need more than \$78 a year. Our facilities need

resources to align with current, evidence-based practices. Our clinicians need to be supported, incentivized, and empowered to wear the many hats this field demands while also embracing the deeply human, counseling-centered aspects of our role as speech-language pathologists. And even when we are told to “leave it at work,” the weight does not always stay behind. It follows us; in the quiet moments, in the checkout line watching a parent counting out change for formula.

At times, it feels overwhelming. But I am continually reminded of the bigger picture: we hold tools and knowledge that may not solve every immediate hardship, but can help individuals reach meaningful goals—goals that build a path toward a more stable, hopeful future. A future where they, too, can reinvest in and strengthen the communities that shaped them.

When I find myself asking what more I can do, my thoughts return

to PSHA. Over the past year, I have witnessed meaningful progress driven by an executive board committed to growth, advocacy, and action. Efforts to expand membership, elevate our collective voice, and pursue tangible legislative change have made what once felt like an uphill battle seem more within reach. I have seen members speak up, ask hard questions, and demand clarity—and in doing so, I have regained confidence that our voices matter, and that they are, in fact, being heard.

The future of rural healthcare in PA will not change without the voices of those living it every day. When we show up, speak out, and advocate together, we don't just move our profession forward, we move our entire state forward.

Written by,

**Margaret Merk**

M.S. CCC-SLP

Geisinger Medical Center

# Coffee Cart:

## A Social-Academic Learning Experience Building School Community



Participation in activities is an important method for young children to gain a sense of belonging and community with their peers and the school. However, children with disabilities are often more excluded than their typically developing peers when it comes to important social and learning opportunities (Law et al., 2007). Willis and colleagues (2016) conducted an analysis on literature describing the relationship of meaningful participation experiences for children with disabilities. Their work described core elements needed to make participation experiences successful for participants, including person-based elements (e.g., having fun, experiencing success and belonging), environment-based elements (e.g., opportunities to participate, role models), and activity-related elements (e.g., learning).

In an effort to bring a meaningful learning experience that fostered school community and sense of belonging, a coffee cart program was implemented through

collaboration between a special education teacher and speech-language pathologists (SLPs). This program used evidence-based practice of interprofessional practice (IPP) and a universal design for learning (UDL). Interprofessional practice is a framework for collaboration that allows professionals to work together to optimize student outcomes (ASHA, n.d.). Research continues to support the use of IPP in education (Caswell et al., 2024; Mitchell et al., 2022; Bellini et al., 2007). A UDL framework, which utilizes multiple means of engagement and representation to benefit all learners (CAST, 2018), was the foundation for the program design. This design included adequate supports and scaffolding to meet all learners' needs and promote a feeling of success. The program was implemented once a week with both a special education teacher and SLP present with 8 elementary school students with speech-language-communication disabilities. Learning objectives included pre-academic skills, letter/sound identification, and social skills.

### Participants

Eight students in an elementary 8:1:1 special education

classroom participated in the community-building learning experience. Students exhibited a range of ability levels. Some students were verbal and communicated clearly in full sentences, while others were minimally verbal and used augmentative and alternative communication (AAC) tools and devices to support their expressive language. All students were enrolled in kindergarten through third grade classes.

### Program Implementation

Students in the program were able to practice target skills in meaningful and natural contexts to support learning. First, students would receive an order from one of the teachers in the school. The order forms were color coded so students who did not yet possess pre-reading skills could match the color to the drawer and select the intended K-Cup for use. During this time, an SLP, special education teacher, and teacher aide promoted matching skills and brought the student's attention to the first letter and sound of the order (e.g., "She wants hot chocolate. It starts with an 'h' for /h/. Let's find it"). The order form also included the number of creams

and sugars for the student to count.

Once the items needed for the order were placed in a basket with the coffee mug, students then had the opportunity to insert the K-Cup into the Keurig Coffee Maker. Students overwhelmingly enjoyed this step, as observed by their happy faces and requests to help with the coffeemaker. This step served as an important natural reinforcement to the work used to gather the materials for the drink order.

After several orders were completed, students, accompanied by one of the teachers, pushed the cart through the halls and delivered the orders to the teachers and staff in the building. Student social skills were supported during this time, including interrupting appropriately, engaging in greetings, and delivering the order. Teachers and staff welcomed the students (and their morning coffee) into their classrooms enthusiastically, allowing for students to build on the feeling of success and belonging to the school as a whole.

The program was approved by school administrators. Safety measures were in place to allow children near hot beverages. Adults moved the coffee to the carts to be pushed and students were sometimes given physical support to carry the individual coffee into the classroom. Students in grades 2 and 3 were typically responsible for delivering the coffee. They were reminded each time to hold with two hands and go slow. Most reusable coffee thermoses had lids to help with safety. Any cups without lids were handled by the adults. For the younger students, the adult with the child handed the coffee over to the teacher and the student engaged in the social skills of interrupting appropriately, greeting, and accepting any donations.

### **Results**

Students made gains on targeted skill through the coffee cart program. In relation to the elements outlined by Willis et al., (2016), person-, environment-, and activity-based elements were successfully integrated through the program design. In the area of person-based elements, students found the activity to be fun and motivating.

The use of UDL allowed for students to feel successful at each step and natural reinforcement through motivating parts of the activity (e.g., using the Keurig, delivering the orders) supported both the learning objectives and fun. Environment-based elements succeeded in allowing for all students in the classroom to participate. In some instances, older students in the classroom served as role models for the younger students. Activity-based elements were observed through the learning of different skills in meaningful contexts.

Additionally, the program met with overwhelming positive reception by teachers and staff, who contributed to the program through both supply and monetary donations. Students felt welcomed in the various classrooms by both peers and teachers contributing to building a culture of belonging in the school.

Written by,

**Cassandra Natali**

M.S. CCC-SLP

&

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## **References**



# Bridging the Gap:

## A Role for Speech-Language Pathologists (SLPs) in Advocating for and Supporting Autistic Pregnant People



**Terminology:** To avoid pathologizing language and to respect the preferences of the autistic community, this article utilizes identity-first language (“autistic person”) (Botha et al., 2021) and inclusive language (“pregnant person”) to ensure all individuals feel seen and respected in the healthcare space.

### A Fundamental Human Right

The World Health Organization (WHO) has prioritized maternal health as part of the 17 Sustainable Development Goals (SDGs) identified by the United Nations in 2015 (UN General Assembly, 2015). Maternal health includes all stages: prenatal, labor and delivery, and postnatal (WHO, 2021). WHO (2022) explicitly calls for health equity for those with disabilities, yet autistic individuals continue to experience higher rates of unmet healthcare needs (WHO, 2023).

Communication is at the heart of this inequity: it is a central tenet of achieving SDGs and is a fundamental human right (McEwin & Santow, 2018; McLeod, 2018; UN General Assembly, 2015). Communication is central throughout the pre- and

postnatal periods. The communication and language skills of autistic adults may differ from neurotypical adults, and autistic pregnant people may not experience the same access and ability to participate (i.e., have their voice heard) during pre- and postnatal periods. There may be an opportunity for speech-language pathologists (SLPs) to support autistic pregnant individuals during these periods.

### Barriers to Access

Research indicates varied challenges faced by autistic individuals in healthcare. These include:

1. Procedural barriers: difficulty booking appointments, navigating complex hospital layouts, and uncertain wait times (Doherty et al., 2022; Ferrara et al., 2023; Hampton et al., 2022)
2. Interpersonal barriers: staff misinterpretation of autistic blunt or literal communication styles, perceived inconsistency between facial expressions and reported pain levels (Doherty et al., 2022; Donovan, 2020)
3. Sensory and physiological barriers: heightened sensory sensitivities during pregnancy, changes in interoception or internal body signals, and stressful environments, such

3. as hospital waiting rooms (Doherty et al., 2022; Donovan, 2020; Hampton et al., 2022)
4. The “disclosure” dilemma: fearing that disclosure of diagnosis may lead to worse treatment or infant-safety concerns from providers (Ferrara et al., 2023; Hampton et al., 2023)

Hamdan & Bennett (2024) describe patient-, provider-, and system-level factors. Patient-level factors include differences in communication and sensory needs, as well as difficulty with uncertainty and change. These can be addressed through patient-focused goals, including improved communication, change and optimization of the sensory environment, and increased predictability and consistency. Provider-level factors, which can include lack of knowledge and stereotyped beliefs about autism, can be addressed through autism-specific education and training. System-level factors, which are broader operational, economic, and social factors, can be addressed through simplified healthcare systems, formal support programs, and increased autism acceptance among the general population (Hamdan & Bennett, 2024).

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## **Existing Frameworks: A Starting Point**

There is a dearth of existing policies for working with autistic pregnant patients. Measures remain mostly academic (e.g., research papers and internal memos exploring autistic needs). Where policies exist, they vary in their utilization of inclusive language, the comprehensiveness of their recommendations, and their specificity toward autistic pregnant people; there does not appear to be widespread consensus on best practices or adoption of those practices en masse. There are some existing frameworks that are designed to support the communication and sensory needs for autistic people within the healthcare system, such as the More Than Words policy described by Williams (2022), designed to address specific communication barriers in healthcare, and the Autistic SPACE framework described by Doherty et al. (2023), which focuses on Sensory needs, Predictability, Acceptance, Communication, and Empathy. These frameworks were not specifically designed for pregnant people, but could be adapted and implemented with autistic pregnant people across various settings.

Murphy et al. (2017) provide a foundational framework: they described a young adult with Down syndrome (Declan, the first

author of the paper) and the work that he and his SLP engaged in to develop the communication skills necessary to achieve his greater goals. They described how Declan recommenced SLP services as an adult, when his goals were to enter politics, travel, have a job, and to educate others about Down syndrome. He and his SLP worked together, designing therapy goals that supported Declan's life goals. They first focused on developing the communication skills necessary for those goals, and the SLP then sourced opportunities for Declan to realize his goals. In those later sessions, they focused on the development of his presentation to educate others about Down syndrome, including which strategies would enhance his intelligibility. In the context of autistic pregnancy, an SLP may enter into a therapeutic relationship with the autistic pregnant individual, whereupon they would together determine the greater goals of the autistic individual and the communication skills required to meet those goals.

## **Systemic and Individual Change**

The SLP may facilitate change within their local hospital systems, clinics, or birth centers, by creating and providing training opportunities for healthcare staff to teach about the communication and sensory differences and needs of autistic people. This could include shorter trainings specific

to an individual patient and their needs/preferences, and longer trainings that provide more general information, while recognizing the heterogeneity of autism. The SLP can engage in advocacy by developing visual supports and written information for every step of the process, helping establish alternative access to healthcare professionals (e.g., text or email vs. phone calls), and engaging in environmental engineering of the waiting, appointment, and birthing rooms. The SLP may engage in this change on an individual level through employment or consultancy, or as part of an interdisciplinary team.

A similar logic or format from Murphy et al. (2017) can be applied: an SLP and an autistic person enter into a therapeutic relationship and determine the goals of the autistic person. Some examples include defining healthcare needs, birth goals, sensory needs, and so on. The SLP and the individual would work together to develop the communication skills necessary for those goals. The therapeutic process may also involve practicing certain routines; developing visual supports to aid in communication; and defining/stating their communication styles, sensory needs, and pain-reporting preferences. By addressing these needs through

### *Bridging the Gap continued*

targeted intervention, the individual can be empowered to navigate labor and delivery with a clear, supported voice.

### **Implications**

SLPs are uniquely positioned to provide support in these areas. The American Speech-Language-Hearing Association (ASHA) defines our role as professionals engaging in practice across the lifespan (ASHA, n.d.). Supporting a person through the transition of pregnancy and childbirth is a natural extension of our expertise. SLPs can advocate for patients, by

helping them realize their vision for labor and delivery; educate healthcare providers, especially on the heterogenous presentation of autism; and engineer the environments of clinics and birth centers to support autistic pregnant people. SLPs absolutely can and should support autistic pregnant people as a specific population who may benefit from support in obtaining their goals and realizing their vision throughout the pre- and postnatal periods. This work will ultimately help reduce health inequity and promote maternal health.

### **Author Reflexivity:**

This is written from the perspective of a neurotypical/allistic person with pre- and postnatal lived experiences, and as an SLP who has worked with autistic individuals and as part of a multidisciplinary autism assessment team. The author sought to highlight a potential need that could be supported by SLPs. Autistic people, especially those who are pregnant or who have experienced pregnancy in the past, should be involved in the development of training and associated materials.

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## **References**



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