



Maryland

Speech-Language-Hearing  
Association

301-304-7001 | WWW.MDSLHA.ORG | INFO@MDSLHA.ORG

# Quarterly Newsletter July 2025 Vol. 5

## Message From the President

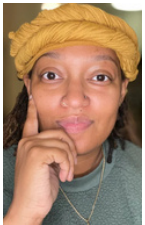
**Karen Miranda, M.S., CCC-SLP**



As we head into the summer months, I want to take a moment to thank everyone who contributed to our successful Spring Symposium—it was a fantastic event that highlighted the strength and dedication of our board and members. While things may seem quieter during the summer, please know that the MSHA team is still hard at work behind the scenes. One of our current priorities is refining and clarifying our bylaws to better support transparency, consistency, and future growth.

In keeping up with our mission, “MSHA Speaks So Everyone Else Can,” this Board is unwavering in our commitment to supporting, learning, and educating members who work with our culturally and linguistically diverse populations. We remain dedicated to fostering inclusivity and advancing our mission of understanding and meeting the needs of all communities we serve. Together, we will continue to grow, learn, and advocate for equitable practices in speech, language, and hearing services.

We encourage all members to stay involved by continuing to attend our events, keeping up with our newsletter, visiting our new website once it launches (which is very soon, I promise), and considering joining MSHA and our committees. Your engagement helps move our profession forward and strengthens our collective voice.



We want to start recognizing the hard and important work our SLPs and audiologists do every day to represent our field so that we all can thrive!

Today, this special “shout out” goes to Shaleeta Jones, M.S., CCC-SLP for being the first SLP appointed to the advisory committee for Pillar 4 of the Accountability and Implementation Board (AIB) for The Blueprint for Maryland's Future. Thank you for looking out for us and all you do! Click [here](#) to read her bio.

## From the Director of Recording and Finance

**Ivelysse Claudio, M.S., CCC-SLP**



Thank you to everyone who attended the Spring Symposium, everyone who has renewed their membership, and to everyone who continues to support our On Demand courses. MSHA continues to grow and succeed thanks to our member's support and we appreciate you all.

We look forward to seeing you at our 2025 Clinical Connections event this fall!

MARYLAND SPEECH-LANGUAGE-HEARING ASSOCIATION  
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## Member Spotlight

**Mary Schmidt-Baumgart, M.S., CCC-SLP**



Although my official membership at MSHA did not begin until 2023, I have been involved with MSHA since graduate school. I remember a professor asking for volunteers to assist with one of MSHA's conferences. As I assisted with the conference, I remember feeling an air of prestige and focus. Our field has always amazed me. Every SLP I have worked with demonstrates care and dedication to their clients. They all strive to better their clients' abilities and quality of life.

Born and raised in Maryland, I thought for many years that I would become a general education teacher, a ballet instructor that owned my own studio, or a combination of both. I attended Catholic school my entire academic career until college. During my high school years, I completed a teaching internship as one of my electives. I recall a conversation with my supervisor. She recommended looking into special education versus general education. Funny enough, she thought the paperwork amount would be more manageable within the special education field; however, she also emphasized the privilege of having a position that allowed professionals to work with children within smaller groups. Additionally, a kind teacher gave me a book to read when she heard I was considering a position within special education. The book was *One Child* by Torey Hayden. I would definitely recommend this book but caution that there are many emotional (and disturbing) parts. With this being said, I appreciated reading about the hardships within the field of special education.

Click [HERE](#) to read more.

# MSHA Newsletter

## From the Director of Advocacy and Public Policy

**Megan Miskowski, SLPD, CCC-SLP**



### From the Maryland Department of Health: Early Hearing Detection and Intervention: Together in Action

The Maryland Early Hearing Detection and Intervention (EHDI) Program, operating within the Office of Children and Youth with Specific Health Care Needs, is dedicated to the early identification of infants who are deaf or hard of hearing. Each year, approximately 2,100 Maryland newborns

require outpatient hearing screens, and 1-3 per 1,000 are diagnosed with hearing loss. Since 90% of infants who are deaf or hard of hearing show no visible signs and are born to hearing parents, universal newborn hearing screening is essential.

Our program monitors screening results for over 62,000 newborns annually, ensuring timely follow-up for those who do not pass or are at risk for late-onset hearing loss. This involves intensive outreach to families, facilitating evaluations and connecting them to vital early intervention services. Research consistently demonstrates that intervention before six months of age significantly enhances a child's expressive and receptive language, processing abilities, and overall communication skills, leading to improved learning outcomes.

As audiologists, you are essential in ensuring optimal language outcomes for Maryland's children with hearing differences. Your expertise is not just valuable, it's absolutely vital in providing the crucial diagnostic evaluations and ongoing support newborns and their families need. We encourage you to stay informed by utilizing the resources on the Maryland EHDI website as you continue to provide the best possible care. Remember, your diligent referrals to Maryland Infant and Toddler early intervention programs are the first step in a child's journey towards successful habilitation. You are the key to unlocking their potential, and together, we can ensure every child has the opportunity to thrive.

If you do not have access or need renewal to the EHDI Information System please contact Erin Fillippone at [erin.fillippone@maryland.gov](mailto:erin.fillippone@maryland.gov).

Explore the [Maryland EHDI website](#) for comprehensive information and resources for providers and families.

## From the Director of Multicultural Affairs

**Norah AlJunaidi, M.A., CCC-SLP**



### What DEI Really Means in Our Field: Moving Beyond the Buzzwords

In recent months, several organizations—particularly in healthcare and education—have quietly removed explicit references to diversity, equity, and inclusion (DEI) from policies, standards, and communications.

ASHA recently proposed to remove terms such as cultural humility,” “cultural responsiveness,” “diversity,” “equity,” and “inclusion” from Standard 3.4, replacing them with broader phrases such as “person-centered care” and “family-centered care” in the Council on Academic Accreditation Standards. Continuing education hours previously tied to DEI are no longer mandatory under the new wording. These changes provide extremely vague wording and do not address or acknowledge the large variety of cultural, linguistic, social, and brain differences that affect our clients and oftentimes ourselves working in the field. While our field is approximately 91% white, we need SLPs who represent the cultural and linguistic diversity of our clients. On top of that, we need to be actively encouraging people from all backgrounds to enter and thrive in this profession, not softening our language in ways that overlook identity, equity, and access.

What does this mean for our field? DEI is not a trend or a bonus—it is essential. If our accreditation and practice standards no longer reflect that, we risk moving backward as a profession. Stripping this language promotes the false idea that equity is optional. People in underserved communities already face systemic barriers to education, healthcare, and career advancement. These same communities are often in the greatest need of advocacy, high-quality services, and sustained support—yet they remain underrepresented in our field. **If we stop naming disparities, we stop addressing them—and that puts both our profession and the people we serve at risk.**

Many of us already are familiar with DEI terms. However, to move beyond the buzzwords, it's important to define the buzzwords. You will often see belonging, justice and accessibility incorporated in these acronyms, so I am defining these as well.

Click [HERE](#) to read more.

***“MSHA Speaks So Others Can”***

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## From the State Advocate for Reimbursement (STARs) Liaison

**Rachael Caruso, M.S., CCC-SLP**



As of June 2025, the One Big Beautiful Bill Act passed the House by one vote and is currently in the Senate. There are "several provisions that ASHA strongly opposes and has worked to remove or revise because they would hurt audiologists' and SLPs' ability to serve their patients, clients, and students" See [ASHA information on Big Beautiful Bill](#) for details about the impact on Medicare, Medicaid, ACA, and Education.

There is also a link to take action before it is too late.

CMS is now enforcing a regulation change from 2015. In order to bill Medicare Part B, SLPs need to complete their CF (not in process). This is in addition to having a state licensure, completed educational degree, completed clinical hours, and passed the national exam. CMS interpretation of licensure has "significant implications for provisional licensees' (including CF) employment. ASHA is actively advocating for the policy to be reversed". See the link [Medicare updates-impact CFs](#) to learn more about definition, impact on licensees/employers, and how to take action.

Please reach out with any concerns related to coverage, reimbursement, and delivery of services under Maryland Medicaid and private payers to [msha.starslp@gmail.com](mailto:msha.starslp@gmail.com).

## From the State Advocate for Medicare Policy (StAMPs) Liaison

**Jessica Hutchison, M.S., CCC-SLP**



The ASHA Federal Congressional team is following the "One Big Beautiful Bill" Act, cuts to Medicare in budget negotiations for the next fiscal year, which begins in October, and whether funding is allocated to make SLP telehealth services permanently reimbursable through Medicare.

Additionally covered is an overview of impacts on Maryland SLP limited license holders/ASHA Clinical Fellows following the announcement that limited license holders are not eligible to enroll as Medicare providers and cannot bill for Medicare Part B (outpatient) services. Click [HERE](#) to read the full overview.

ASHA wants to hear from you! The current political environment—both federal and in the states—has placed access to health care, quality of public schools, and government funding at the forefront of discussion. Your feedback will help us understand the impact of these changes to guide resource allocation and advocacy support for members, affiliates, and the communities that audiologists and speech-language pathologists serve. Click [HERE](#) to provide feedback.



**Advertise Here! Do you want to share your product, services, or any good news, the MSHA Newsletter is a good place to start! Contact [info@mdslha.org](mailto:info@mdslha.org) for more information.**

### **Vision Statement**

Optimizing the human right of communication by amplifying the voices of all we serve.

### **Mission Statement**

Collectively, we elevate and engage members to strive for excellence in serving those impacted by communication and related disorders through advocacy, equity, education, inter-professional collaboration, and leadership development.