



National Black Association for Speech-Language and Hearing

JUNE 19, 2025

NBASLH Statement Opposing Changes to CAA Standard 3.4A/B, CMS Redefinition of SLPs, and CFCC Modifications to the 2020 Audiology and Speech-Language Pathology Certification Standards

"Of all the forms of inequality, injustice in health is the most shocking and inhuman."
- Rev. Dr. Martin Luther King Jr.

On behalf of the Board of Directors and members of the National Black Association for Speech-Language and Hearing (NBASLH), I write to express our unequivocal opposition to three recent and deeply troubling developments in our field: (1) proposed changes to CAA Standard 3.4A/B, (2) the Centers for Medicare & Medicaid Services (CMS) decision to redefine speech-language pathologists in a way that excludes clinical fellows, and (3) CFCC's modifications to the 2020 Audiology and Speech-Language Pathology Certification Standards.

NBASLH was founded to meet the unique and urgent needs of Black professionals, students, and individuals with communication disorders. Our mission has always been and remains rooted in combating the anti-Blackness that has shaped and continues to affect our professions, and the care provided to Black communities. These proposed changes represent a direct threat to that mission and to the progress made by NBASLH and seen in our profession.



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Standard 3.4A/B is the only accreditation standard that explicitly affirms our professional and ethical commitment to nondiscrimination, diversity, equity, and inclusion. Its removal or dilution would be a devastating step backward, particularly for those who already face systemic barriers: Black clients and communities who depend on culturally responsive care, Black students who often feel isolated in academic spaces, Black faculty committed to equity-centered scholarship, and Black professionals striving to transform the discipline from within. This negative impact would also spread to other marginalized individuals we serve, professionals, and students.

Replacing this standard with vague language such as a “family-centered and person-centered approach” significantly weakens its intent and clear purpose. It fails to align with the ASHA Code of Ethics and undermines efforts to prepare professionals who can address the inequities that plague our healthcare and educational systems. Based on feedback from our members, this ASHA standard is the only factor protecting the teaching of culturally responsive service-delivery to graduate and undergraduate students in audiology and speech-language pathology.

Similarly, the CFCC’s proposal to change the DEI continuing education requirement to “person-centered care” is equally alarming. Like the proposed revisions to Standard 3.4A/B, this change removes essential language that holds our profession accountable for developing cultural competence and equity-centered clinical judgment.



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“Person-centered care” without an explicit equity framework is incomplete. It lacks the necessary focus on structural barriers, systemic disparities, and the lived experiences of marginalized communities especially Black, Brown, LGBTQIA+, disabled, and immigrant populations.

Simultaneously, CMS’s decision to exclude clinical fellows from the definition of a licensed speech-language pathologist further marginalizes early-career professionals, while also limiting access to critical services in underserved communities. This exclusion erodes workforce development, restricts service delivery, and devalues the training and expertise of Clinical Fellows at a time when equitable access to communication services is more essential than ever.

Together, these changes are not isolated policy adjustments; they are part of a larger, systemic retreat from equity. They undermine clinical competence, jeopardize patient outcomes, and betray the ethical standards our profession claims to uphold. Culturally responsive care is not optional. It is central to ethical, effective, and equitable practice. NBASLH will not stand for the removal of diversity and equity standards from our field. We are actively preparing to engage with both CAA and ASHA to challenge these decisions and advocate for policies that reflect the needs of all populations, particularly those who have been historically excluded.



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We remain committed to:

- Upholding culturally responsive care as a non-negotiable standard in both accreditation and certification.
- Advocating for the reinstatement and protection of Standard 3.4A/B in its full, equity-centered form.
- Demanding recognition of Clinical Fellows as integral members of the SLP workforce with the right to serve and be reimbursed under Medicare Part B.
- Supporting students and professionals negatively impacted by these decisions.
- Collaborating with our partners and allies to ensure our profession reflects the diversity and humanity of those we serve.

As ASHA celebrates 100 years and NBASLH nears its 50th anniversary, we call on our colleagues, institutions, and communities to choose progress over regression. The NBASLH Leadership is prepared and ready to engage in discussion and action to support ASHA in upholding the standard as worded and not succumb to changing the wording for fear of a negative impact to the association. Now is the time to boldly affirm that diversity, equity, and inclusion are not threats. They are the foundation of excellence in our field.

Respectfully submitted,

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Chair, Board of Directors

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