

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- ***New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.***
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other changes to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Occupation: Speech-Language Pathology and Audiology

Subject: Audiology and Speech-Language Pathology Interstate Compact

2) Briefly describe the proposed change.

The Audiology and Speech-Language Pathology Interstate Compact (Compact) is an occupational licensure compact that:

- Allows licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in additional Compact states – licensees receive a privilege to practice which is equivalent to a license.
- Increases access to audiology and speech language pathology (SLP) services for populations currently underserved or geographically isolated.
- Increases continuity of care for clients who relocate or travel.
- Allows military personnel and spouses to more easily maintain their profession when relocating.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

2023-2024 – SF 2656 (Boldon)/ HF 2738 (Carroll, Acomb, Nadeau)

2021-2022 – SF 3364 (Nelson)/ HF 3537 (Boldon)

4) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

There continues to be a severe shortage of speech language pathologists (SLPs) and audiologists in Minnesota, which is causing an emergency shortage of professionals with expertise in providing care to those with communication disorders. To help address this shortage and to ensure that Minnesotans of all ages require trained services provided by SLPs, we need to engage in an interstate compact with other states to expand access to qualified SLPs.

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Audiologists – an individual who is licensed by a state to practice audiology.

Speech-language pathologists – an individual who is licensed by a state to practice speech-language pathology.

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

MN Speech Language Hearing Association (MNSHA), which has a membership of 362 total members - 345 Speech-Language Pathologist and 17 Audiologists.

MN Academy of Audiology (MAA), which has a membership of 191 Audiologists.

U.S. Department of Defense.

According to MDH licensing lookup, there are 2006 licensed speech-language pathologists and 481 licensed audiologists in Minnesota.

- c. Describe the work settings, and conditions for practitioners of the occupation, including

any special geographic areas or populations frequently served.

Speech-language pathologists treat individuals with a wide variety of communication disorders including disorders that are acquired (for example, from stroke, traumatic brain injury, and ALS), degenerative (for example, from dementia), or developmental (for example, articulation disorders, language delays, stuttering, autism spectrum disorder).

Audiologists evaluate, diagnose, manage, and treat hearing, tinnitus, and balance disorders in individuals of all ages from infants and teens to adults and the elderly.

SLPs and audiologists provide care in acute care and rehabilitation hospitals, outpatient clinics, schools, nursing homes, private pediatric practices, private practice, autism programs and other medical facilities.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Speech-language pathologists treat individuals with a wide variety of communication disorders including disorders that are acquired (for example, from stroke, traumatic brain injury, and ALS), degenerative (for example, from dementia), or developmental (for example, articulation disorders, language delays, stuttering, autism spectrum disorder).

Audiologists diagnose and treat individuals with hearing and vestibular disorders, counsel patients and loved ones about the need for treatment, provide fitting, programming and rehab for individuals with hearing aids and cochlear implants, evaluate and manage children and adults with central auditory processing disorder, perform assessment and nonmedical management of tinnitus, collaborate with educators regarding communication management and educational implications of hearing loss, educate the public on prevention of hearing loss, tinnitus and falls, implement hearing conservation programs and newborn hearing screening programs.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

[M.S. 148.515](#) provides for the qualifications for speech-language pathology licensure. State law requires that an applicant for speech-language pathology must possess a master’s or a doctoral degree from an institution that was accredited by the Educational Standards Board of the Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner.

[M.S. 148.513](#) requires that a person must be licensed as a speech language pathologist (SLP) to practice as a speech language pathologist.

[M.S. 148.515](#) provides for the qualifications for audiology licensure. State law requires that an applicant for audiology must possess a master's degree or doctoral degree that meets the following requirements:

1) if graduate training is completed prior to August 30, 2007, an audiology applicant must possess a master's or doctoral degree in audiology from an accredited educational institution; or

(2) if graduate training is completed after August 30, 2007, an audiology applicant must possess a doctoral degree with an emphasis in audiology, or its equivalent as determined by the commissioner, from an accredited educational institution.

(b) All of the audiology applicant's graduate coursework and clinical practicum required in the professional area for which licensure is sought must have been initiated and completed at an institution whose program meets the current requirements and was accredited by the Educational Standards Board of the Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner, in the area for which licensure is sought.

Subd. 6.Dispensing audiologist examination requirements.

(a) Audiologists are exempt from the written examination requirement in section [153A.14, subdivision 2h](#), paragraph (a), clause (1).

(b) After July 31, 2005, all applicants for audiologist licensure under sections [148.512](#) to [148.5198](#) must achieve a passing score on the practical tests of proficiency described in section [153A.14, subdivision 2h](#), paragraph (a), clause (2), within the time period described in section [153A.14, subdivision 2h](#), paragraph (c).

(c) In order to dispense hearing aids as a sole proprietor, member of a partnership, or for a limited liability company, corporation, or any other entity organized for profit, a licensee who obtained audiologist licensure under sections [148.512](#) to [148.5198](#), before August 1, 2005, and who is not certified to dispense hearing aids under chapter 153A, must achieve a passing score on the practical tests of proficiency described in section [153A.14, subdivision 2h](#), paragraph (a), clause (2), within the time period described in section [153A.14, subdivision 2h](#), paragraph (c). All other audiologist licensees who obtained licensure before August 1, 2005, are exempt from the practical tests.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

No, the proposal would still require that a speech-language pathologist holds a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and an audiologists must hold a Doctor of Audiology degree or a masters in audiology from an audiology program that is accredited by an organization recognized in the United States Department of Education. And it requires that the college or university is accredited by a regional or national accrediting organization. The Compact would also require an individual to already hold an

active, unincumbered licensure.

The proposal provides that a license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

States communicate and exchange information including verification of licensure and disciplinary sanctions – promoting cooperation and a higher degree of consumer protection between states.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Twenty-nine states have adopted this interstate compact since 2020. The current member states are Alabama, Arkansas, Colorado, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia and Wyoming.

The American Speech-Language-Hearing Association has put together draft language, which it has shared with states. This language can be found [here](#).

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

Not applicable. This proposal would still require SLPs and Audiologists to be licensed and meet the licensure requirements to obtain a privilege to practice in the states participating in the Interstate Compact. Most SLP licenses are consistent from state to state in their requirements, which is why we are pursuing a compact in health care settings only.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

New entrants would still have to meet the requirements for licensure in their state. This proposal only allows licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in compact member states.

3) **Supervision of practitioners**

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Licensed speech language pathologists and Audiologists are overseen by the

Commissioner of the Minnesota Department of Health and are required to renew their licenses every two years.

The Speech-Language Pathologist and Audiologist Advisory Council, appointed by the commissioner of health, is charged with advising the commissioner on licensure standards, enforcement, and whether to accept or deny licensure applications or renewal. See the next section for more information about the Council.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

The Speech-Language Pathologist and Audiologist Licensing Program under the Health Regulation Division's Health Occupations Program Department the Minnesota Department of Health oversees Speech-Language Pathologist and Audiologist licensing.

[M.S. 148.5196](#) establishes the Speech-Language Pathologist and Audiologist Advisory Council, which is a 12-member council appointed by the commissioner of health and charged with advising the commissioner on issues related to speech-language pathologist and audiologist licensure, standards, licensure applications, and disciplinary action.

The proposal would establish a joint public agency, the Audiology and Speech-Language Pathology Compact Commission, which will be charged with establishing rules to facilitate and coordinate implementation and administration of the compact. The Commission is the governing body of Compact and is responsible for its oversight and the creation of its Rules and Bylaws. It:

- Consists of two voting delegates (one audiologist and one speech language pathologist) appointed by each compact state who shall serve as that state's commissioner. The delegates are appointed by each states regulatory Board or agency.
 - An additional five (5) delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.
- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

Minnesota licensed speech language pathologists and Audiologists are overseen by the Commissioner of the Minnesota Department of Health and are required to renew their licenses every two years. Nothing in this proposal would change that requirement.

Continuing Education Requirements. [M.S. 148.5193](#) provides for continuing education requirements and says that an applicant for licensure renewal must meet the requirements for continuing education stipulated by the American Speech-Language-Hearing Association or the American Board of Audiology. Applicants must provide

evidence of 30 contact hours of continuing education obtained within the two years immediately preceding licensure expiration. 20 hours must be directly related to the licensee's area of licensure and 10 hours can be in general areas related to licensure.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

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- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

There continues to be a severe shortage of speech language pathologists (SLPs) and audiologists in Minnesota, which is causing an emergency shortage of professionals with expertise in providing care to those with communication disorders. To help address this shortage and to ensure that Minnesotans of all ages who require trained services provided by SLPs and Audiologists, we need to engage in an interstate compact with other states to expand access to qualified SLPs and Audiologists.

Many Minnesotans are unable to, or have difficulty accessing care for their hearing loss, balance and communication disorders. Minnesota has many rural areas currently considered to be in desert healthcare zones*. The ability to receive telehealth from an expanded pool of qualified providers will significantly improve access. Numerous studies have demonstrated that untreated hearing loss and/or communication disorders can lead to increased medical comorbidities, isolation, loss of independence, cognitive decline and falls. The quality of life of all Minnesotans would improve with the introduction of an interstate compact to ensure expanded access to qualified SLPs and AuDs.

*Nguyen, A., Meijgaard, J.V., Kim, S., & Marsh, T. (Sep 2021) Mapping Healthcare Deserts, Whitepaper retrieved online [Healthcare Deserts \(ctfassets.net\)](https://ctfassets.net)

The clients working with a speech-language pathologist have varying communication impairments and may range in age from birth to elderly adults. Because of their age or disability, individuals being served by a speech-language pathologist are potentially vulnerable without access to treatment and licensing ensures that individuals may not practice as an assistant without adequate professional training.

The clients working with Audiologists have varying degrees of hearing and balance impairments and may range in age from birth to elderly adults. Because of their age or disability, individuals being served by an Audiologist are potentially vulnerable without access to treatment and licensing ensures that individuals may not practice as an assistant without adequate professional training.

The recent combination of increased mobility of patients and practitioners, changes to the health care system, and the rise of telehealth—especially in response to the COVID-19 pandemic—has highlighted the need for clinicians to have the ability to practice across state boundaries with minimal barriers. Occupational licensure compacts, like this compact, address this need for Minnesotans who, currently, are struggling to find access to these services. Further, this compact will allow Minnesota and other states to assist one

another during emergencies and disasters with no need for a Governors' emergency decree or state licensing board action.

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

We do not believe criminal or civil procedures apply in our desire to establish an interstate compact for speech-language pathologists and audiologists.

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

This proposal would not change the level of regulation – it maintains current law and ensures audiologists and speech language pathologists (SLPs) meet acceptable standards of practice.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

There is a critical shortage of speech-language pathologists and audiologists in Minnesota. This proposal would allow those in health care settings to put qualified, highly trained people in front of those with communication, hearing, and balance disorders and would expand access to telehealth services around the state by expanding the number of providers who can provide services. This compact would remove the barriers between Minnesotans and the health care they need.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

We estimate that about 30% of the speech-language pathology positions in MN went unfilled last year and there is a need to find alternative solutions to address this shortage. This shortage is felt across all parts of Minnesota.

The prevalence of hearing and balance disorders are increasing as the population ages which directly impacts the need for Audiology care, particularly in Greater Minnesota, where the population tends to be older than metro areas. Currently, Greater Minnesota residents have longer commute times and wait times to seek care for their balance, hearing aid, and cochlear implant care due to the shortage of Audiology services.

[A New Analysis of the Audiology Workforce, Benchmarked to Other Healthcare Professions](https://www.audiologypractices.org/A-New-Analysis-of-the-Audiology-Workforce-Benchmarked-to-Other-Healthcare-Professions)
([audiologypractices.org](https://www.audiologypractices.org))

<https://www.sciencedirect.com/science/article/abs/pii/S0277953619300152?via%3Dihub>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9183796/>

<https://www.ncoa.org/adviser/hearing-aids/hearing-loss-america/>

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

No.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

This proposal would continue to expand services provided to patients by telehealth.

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

We have not had the chance to request a fiscal note yet, but there was a fiscal note provided for the 2021 proposal (found [here](#)). The fiscal note includes one-time and ongoing costs. One-time costs include software and IT updates, and ongoing costs include funding for a .25 FTE and regular IT service and maintenance.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

The bill does not include such provisions.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

MN Speech Language Hearing Association, which has a membership of 362.
MN Academy of Audiology (MAA), which has a membership of 191 Audiologists.

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

MN Speech Language Hearing Association
American Speech-Language-Hearing Association (ASHA)
Minnesota Academy of Audiology (MAA)

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

There has been no opposition to the proposal and no testimony against the 2021 proposal.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

There has been no opposition to the proposal and no testimony against the 2021 proposal. Should opposition arise, supporters of the legislation will work to address concerns.