

Additional questions about proposed interstate licensing compacts

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

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**Please fill out this form in addition to the applicable Questionnaire A or B.*

Bill Number: SF 2656 (Boldon)/ HF 2738 (Carroll, Acomb, Nadeau)

- Who would be affected by the compact? Are any of these practitioners unionized? If so, which unions represent these practitioners?

This Compact was created for audiologists and speech-language pathologists with the goal of increasing access to care for patients, clients and students with communication disorders while ensuring heightened consumer protection. These professions are not unionized.

Currently there are approximately 425 licensed audiologists practicing in the State, and approximately 14,000 nationwide. There are no unionized Audiologists in MN.

Ultimately the public will be the beneficiaries of improved access to care.
The ASLP-IC:

Improves continuity of care
Improves portability for military spouses
Improves access to audiology and speech-language pathology providers
Increases choice of audiology and speech-language pathology providers
Facilitates alternate delivery methods (Telehealth)
Simplifies/speeds up the current process
Addresses portability & barriers to access

- How will practitioners who are not represented by the advocates learn about the bill?

Through their affiliations with National Audiology/Speech Language pathology organizations and/or reviewing state licensing information.

The Minnesota Speech-Language-Hearing Association and the American Speech-Language-Hearing Association are sharing information about the bill and the benefits to Minnesota consumer, practitioners, and the state.

- Do standards for practice and/or licensing vary throughout the country? How?

The Compact requires that each state meet the same requirements to join the Compact. These requirements are already harmonized among state licensing boards.

Most states require a doctoral degree in Audiology or related hearing science from a nationally accredited program for licensure. Some states require a minimum number of hours of supervised clinical experience, the licensee to pass a national examination, and possess a credential verification such CCC or ABA-C. Many states require state practical and/or written examinations for hearing instrument dispensing, knowledge of state laws, and ethics requirements. Most states require a specific number of continuing education hours to be maintained and reported each year.

Most states require a master's degree in communication disorders, speech and hearing science, speech language pathology, etc. to become licensed. This compact will not change what is required in Minnesota to attain a license and practice as a speech language pathologist.

Each state that participates in the compact will continue to regulate the actual practice of audiology and speech-language-pathology and maintain their individual scopes of practice; states will not cede any regulatory autonomy. States that participate in the compact will also be able to share provider disciplinary actions, providing an additional layer of consumer protection.

To qualify for Compact privileges the practitioner must have:

An active, unencumbered license in their home state.

Earned an accredited degree,

Completed a supervised practicum and approved national examination.

Completed a supervised post graduate professional experience (applicable to speech-language pathologists only).

No disqualifying criminal history.

A valid Social Security Number or National Practitioner Identifier.

- Does the compact already exist? When did it become active? Which states are members of the compact? If not, when will it become active?

The Compact became operational when the 10th state passed legislation in 2021. There are currently 30 member states: 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, Wisconsin and Wyoming. The Compact has not yet issued privileges to practice as the

Compact Commission is currently working with a vendor to create the data system by which the Compact will operate.

The ASLP-IC Commission is the interstate administrative body created by the Compact. The Commission is composed of two Delegates from each member state's licensing board/agency and is tasked with implementing the Compact's provisions for interstate practice of audiology and SLP.

The ASLP-IC Commission held its first meeting in January 2022 to establish rules and bylaws to implement the compact. Committees are now meeting monthly.

Once the commission is fully operational and the member states are fully integrated in the compact's data system, compact privileges to practice will become available. We currently anticipate that applications for compact privileges will open in late 2024 – early 2025.

- How many of the affected occupation are currently working in MN? How many are expected to work in Minnesota if the compact is approved?

According to the Department of Health website, there are over 2,400 licensed audiologists and SLPs in the state, including over 300 who currently live outside of the state. This compact will allow in-state practitioners to practice in other compact member states more easily, while allowing out-of-state practitioners to practice in the state more easily. It is unknown how many additional practitioners may choose to practice in the state if the compact is passed.

- Will Minnesota's regulatory authority be notified when an out-of-state practitioner begins practice in Minnesota? What process, if any, will be followed?

The ALSP-IC will alert the state regulatory authority. The Compact data system will allow the MN Department of Health to know how many out of state practitioners hold a privilege to practice in the state.

- States will have access to a real-time, searchable database that provides information about where audiologists and speech-language pathologists are intending to practice within their state.
- ASLP-IC provides a structure for the remote state to revoke the audiologist's or speech language pathologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. ASLP-IC allows the home state to impose discipline regarding the practice in other states.
 - Through ASLP-IC, states can be assured that the consumers will be receiving care from qualified audiologists and speech-language pathologists and have improved access to care. States will now have a means to identify audiologists and speech-language pathologists providing services in their state as well as having a procedure to address disciplinary sanctions.

- How will out-of-state practitioners be regulated while in MN? Will Minnesota's regulatory agency accept and investigate complaints regarding out-of-state licensees? If not, what is the process for a patient to make a complaint?

Out-of-state practitioners will be regulated in the same way that those holding a MN license are currently regulated. Each member state will investigate complaints alleged to have occurred in their state. Loss of a license in the home state would immediately remove the privilege-to-practice in all member states. Further, discipline will be handled in accordance with the acting member states due process requirements and joint investigations can occur between member states. Discipline must be reported to the Compact data system.

The home state may take adverse actions against an audiologist or speech-language pathologist license. A remote state may take adverse action on an audiologist or speech-language pathologist privilege to practice within that remote state.

- If the home state does take adverse action and audiologist or speech-language pathologist license is terminated and the privilege to practice in all remote states is revoked.
 - All adverse actions taken should be reported to the Commission, in accordance to the rules of the Commission.
 - If discipline is reported against an audiologist or speech-language pathologist, the audiologist or speech-language pathologist will not be eligible for a privilege to practice in accordance with the rules of the Commission.
 - Other actions may be imposed as determined by the rules promulgated by the Commission.
 - A home state's audiology or speech-language pathology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a remote state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against an audiologist or speech-language pathologist license.
 - A license revoked, surrendered in lieu of discipline, or suspended following investigation of all services granted through the compact would be terminated.
 - Nothing in the compact will override a compact state's decision that an audiologist or speech-language pathologist participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law.
- Does the regulator body have capacity/how will it increase capacity to handle additional complaints? Will out-of-state practitioners pay a fee to increase regulatory capacity?

The cost of a compact privilege is set by each state. Once states are ready to issue privileges, more information will be available. The member state boards may assess any fee, including renewal fee, they determine appropriate from practitioners wishing to obtain a privilege to practice. A Minnesota practitioner wishing to join the Compact, would need to maintain their Minnesota state license, and would be able to obtain a privilege to practice, and pay a fee, to other member states. Out of state applicants would pay the privilege fee set by the state of Minnesota.

Separately, the Compact Commission will have the ability to levy and collect an annual assessment from each member state to cover the cost of operations. The amount will be formulated by the

Commission and will be binding upon all member states. At the present time, the amount that will be imposed upon each state's budget is unknown. At this time, the Nursing Compact and the Psychology Compact are the only compacts that levy an annual assessment. The Nursing Compact assesses \$6,000 and the Psychology Compact assesses states on a sliding scale (with a cap of \$6,000). The ASLP-IC member states have indicated that they will seek grants from the Health Resources & Services Administration, the Department of Defense, and other relevant funders. Additionally, the American Speech-Language-Hearing Association and the American Academy of Audiology have committed to financial support with the interstate commission during its initial operational period.

The ASLP-IC does not handle complaints. They will continue to be heard by the state board where the complaint is made. The fiscal note on the previously introduced bill stated: "the department conducts one to four speech language pathologist and audiologist complaint investigations per year. Due to the low number of complaint investigations with these two licensing programs, the department does not anticipate additional costs due to complaint investigations by compact privileged speech language pathologists and audiologists as those costs will be de minimus and can be handled through current department operations. The department may participate in joint investigations with other member states, but the department does not anticipate diverting from its standard operating investigatory procedures."