

SB416 - Audiology and Speech-Language Pathology Interstate Compact - Rick Masters, JD – Support

February 13, 2020

The Honorable Paul Pinsky
Chair
Education, Health, and Environmental Affairs Committee
Maryland General Assembly
2 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: SB 416

Dear Senator Pinsky:

My name is Rick Masters and I am the Special Counsel to the National Center for Interstate Compacts for the Council of State Governments and a co-author of the largest compilation of legal authorities on the subject of interstate compacts published by the American Bar Association in 2016 entitled “The Evolving Law and Use of Interstate Compacts.” I am submitting this written testimony in support SB 416.

I also served as one of the primary drafters of the model compact legislation on which the proposed statute is based as well as all of the other existing interstate health occupational licensure compact including the Medical Licensure Compact, the Nurse Licensure Compact, and the Physical Therapy Licensure Compact, all of which have been enacted by the Maryland Legislature.

This compact was developed under the auspices of CSG, the American Speech-Language-Hearing Association and the National Council of State Boards of Examiners of Speech-Language Pathology and Audiology all of which organizations worked with its members and special experts to study the feasibility of an interstate compact model to support speech-language pathology and audiology license portability nationwide, while simultaneously ensuring state regulatory authority in the protection of the public. Among the issues driving the need for the Compact are speech-language pathologist and audiologist shortages, the influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of telehealth practice as permitted by state or territorial law.

The legislation before you today, like the other health occupational licensure compacts which Maryland has enacted, is an alternative pathway for licensure that will expand access to care, streamline the licensing process for speech-language pathologists and audiologists, and facilitate multi-state practice and telehealth practice for those speech-language pathologists and

audiologists and states that voluntarily choose to participate, benefiting both practitioners and patients in the State of Maryland.

As mentioned, the Compact was drafted by representatives of speech-language pathology and audiology board representatives themselves, with the assistance of CSG, ASHA and NCSB. Throughout the two-year drafting process, input and feedback was received and incorporated from a multitude of stakeholders, including state licensure boards, patient advocacy organizations, hospitals and health systems, and the telehealth industry.

In addition to ASHA and NCSB the Compact is supported nationally by the Academy of Doctors of Audiology, the American Academy of Audiology and numerous other national organizations. Locally the Compact's supporters include the Maryland Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists, the Maryland Speech-Language Hearing Association and Towson University, among others.

Among the clarifications about the Compact to ensure that the Committee has a thorough understanding of what the Compact is, and what it is not, I submit the following for consideration:

1. The Compact does not supersede the State's autonomy and control over the practice of Speech Language Pathology & Audiology. On the contrary, it is the ultimate expression of state or territorial authority. States will maintain control through a coordinated legislative and administrative process. The Compact thwarts the ongoing efforts of several federal policymakers and powerful interest groups that seek to nationalize the health care licensure system. In the Compact, the practice of speech-language pathology and audiology is defined as where the patient is located, not where the speech-language pathologist or audiologist is located. As such, all initial disciplinary actions will be handled by the Board of the state or territory where the patient is located, just as it is conducted today.
2. While there has been an erroneous contention that the ASLP-IC is more powerful than its sister compacts, this statement represents a fundamental misunderstanding of compact law as well as the provisions of this legislation. The ASLP-IC has similar provisions and language included in each of the existing occupational licensure compacts. It does not expand scope, it does not place a burden or obligation on school districts, and it is no more nor less powerful than the existing three occupational licensure compacts to which Maryland is a member, including the Interstate Medical Licensure Compact, Nurse Licensure Compact and Physical Therapy Licensure Compact.
3. The Compact is entirely voluntary for speech-language pathologists and audiologist to utilize. The Compact's language does not change the existing scope of practice for a licensee under a state or territory's existing Practice Act, nor does it change the basic requirements for state speech-language pathology or audiology licensure of a speech-language pathologist or audiologist seeking only one license within a state or territory, or who chooses to become licensed in additional states through existing processes.
4. In order to obtain a license through the Compact, a speech-language pathologist and audiologist must meet the eligibility requirements, including an FBI finger-print based

criminal background check and having no disciplinary actions. It has been falsely alleged by some of the opponents that unlike the Interstate Medical Licensure Compact, that licensure is established through the compact rather than through a home state license. The compact explicitly provides, **“The privilege to practice is derived from the home state license.” (See Section G.)** Although the compact affects two professions, these professions are regulated by the same licensing board in almost all states. In addition to basic requirements for accessing the compact, a speech-language pathologist and audiologist must hold a license in good standing in their state of residence. The differences between states’ entry into practice requirements are minimal due to program accreditation and standardized testing requirements. Compact member states retain their unique scope of practice and the competency requirements that dictate whether the practitioner may engage in that unique scope of practice. If practitioners are granted a compact privilege to practice in a compact member state, they must abide by that state’s scope of practice competency requirements and may be disciplined for failing to meet those requirements. The compact does not infringe upon a state’s ability to mandate continuing education for the maintenance of a practitioner’s home state license. It is simply a tool to provide relief to speech-language pathologists and audiologists from burdensome, redundant requirements for interstate practice. Once issued a license by a Compact Member State, the speech-language pathologist or audiologist must comply with existing state rules, regulations, and standards.

5. The Compact creates a Compact Commission that is comprised of two representatives from each member state or territory. This Commission serves as an administrative clearinghouse of licensing and disciplinary information among participating member states and territories. The Commission does not have regulatory control over speech-language pathologists or audiologists or the practice of Speech-Language Pathology or Audiology. It does not issue licenses, nor does it revoke licenses. Its only purpose is to facilitate interstate cooperation and the transfer of information between member states and territories. Regulatory control remains with the respective speech-language pathology and audiology licensing boards.
6. The Commission is not a new layer of bureaucracy, but rather an innovative modality that will enhance information sharing between state licensure boards, thereby expediting the licensing process and better protecting patients. The Commission has the ability to accept federal or private grants to fund its operation.
7. State participation in the Compact is, and will remain, voluntary. States are free to withdraw from the Compact at any time and may do so by repealing the enacted statute. The withdrawal provisions of the Interstate Compact are consistent with interstate compacts currently in place for a variety of purposes throughout the country.

The Audiology & Speech-Language Pathology Interstate Compact is a testament to the work of regulatory boards, speech-language pathology and audiology practitioners, and other key stakeholders to reach consensus in support of a state-based solution that will simultaneously expedite state license portability while ensuring the protection of the public.

Again, I thank you for the opportunity to comment on SB 416 and urge you to support this legislation. As has been the case with the other health occupational licensure compacts we are confident that you will look at the long-range benefits that this legislation will have on expanding access to care and streamlining the licensing process for speech-language pathologists and audiologists in the State of Maryland.

Sincerely,

Rick Masters

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