

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 183

(Senators Young and Rosapepe)

Education, Health, and Environmental Affairs

Health and Government Operations

Audiology and Speech-Language Pathology Interstate Compact

This bill enters Maryland into the Audiology and Speech-Language Pathology Interstate Licensure Compact (ASLP-IC) for audiologists and speech-language pathologists. The bill establishes (1) specified procedures and requirements for audiologists and speech-language pathologists to obtain and maintain a compact privilege to practice audiology and speech-language pathology in a member state; (2) the composition, powers, and responsibilities of the Audiology and Speech-Language Pathology Compact Commission; and (3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on similar legislation being enacted in nine other states.

Fiscal Summary

State Effect: The State Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists can likely handle the bill's requirements with existing resources, as discussed below. Any impact on revenues is anticipated to be minimal.

Local Effect: The bill does not directly affect local government operations or finances.

Small Business Effect: Potential minimal.

Analysis

Bill Summary: Generally, the purpose of the compact is to facilitate interstate practice of audiology and speech-language pathology with the goal of improving public access to these services. The compact intends to preserve the regulatory authority of states to protect public health and safety through the current system of state licensure.

State Participation in the Compact

To participate in the compact, a state must:

- participate in the commission's data system;
- have a mechanism in place for receiving and investigating complaints;
- notify the commission of any adverse action or the availability of investigative information regarding a license;
- implement a specified criminal history background check requirement;
- comply with the rules of the commission;
- utilize a recognized national examination as a requirement for licensure; and
- have continuing competence requirements as a condition for license renewal.

A member state must grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules. A member state *may* charge a fee for granting a compact privilege.

Compact Privilege

In order to exercise the compact privilege, a licensee must meet specified requirements, including (1) hold an active license in the home state; (2) have no encumbrance on any state license; (3) be eligible for a compact privilege in any member state; (4) have not had any adverse action against any license or compact privilege within the previous two years; (5) notify the commission that the licensee is seeking the compact privilege within a remote state; (6) pay any applicable fees; and (7) report to the commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

For the purpose of the compact privilege, a licensee may hold only one home state license at a time. The compact privilege is valid until the expiration date of the home license. A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege is subject to that state's regulatory authority. A remote state may, in accordance with due process and the laws of that state, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens. If a home state license is encumbered, the licensee must lose the compact privilege in *any* remote state until (1) the home state license is no longer encumbered and (2) two years have elapsed from the date of the adverse action.

Adverse Actions

A remote state must have the power to impose adverse action against a licensee's privilege to practice within that member state. However, only the home state must have the power to take adverse action against a license issued by the home state. The home state must give the same priority to reported conduct received from a member state as though the misconduct has occurred within the home state. A member state may take adverse action based on the investigative information of a remote state, so long as the member state follows its own procedures for imposing adverse action.

Audiology and Speech-Language Pathology Compact Commission

The commission is an instrumentality of the compact states. Each member state must have two delegates selected by that member state's licensing board. The delegates must be current members of the licensing board; one must be an audiologist and one must be a speech-language pathologist. An additional five delegates who are public members or board administrators must be chosen by the executive committee. The commission must meet at least once during each calendar year and must, among other actions:

- establish bylaws and a code of ethics;
- maintain financial records;
- promulgate uniform rules to facilitate and coordinate implementation and administration of the compact that have the force and effect of law and must be binding in all member states;
- appoint committees;
- establish and elect an executive committee; and
- perform such other functions as may be necessary or appropriate to achieve the purposes of the compact.

The commission may levy a fee on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations of the commission and its staff. The commission has no authority to change or modify the laws of the member states, which define the practice of audiology or speech-language pathology in the respective states.

Data System

The commission must provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states. Notwithstanding any other provision of state law to the contrary, a member state must submit a specified

uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission.

The commission must promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

Oversight, Dispute Resolution, and Enforcement

On request by a member state, the commission must attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states. The commission must reasonably enforce the provisions and rules of the compact and promulgate a rule providing for both mediation and binding disputes as appropriate. By majority vote, the commission may initiate legal action against a member state in default to enforce compliance with provisions, promulgated rules, and bylaws.

Current Law: Generally, in Maryland, an individual must be licensed by the State Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to practice audiology or speech-language pathology. Licenses must be renewed every two years.

Individuals who list their primary residence as an address outside the State must still obtain a license from the board to practice in Maryland. However, the board may waive any of the qualifications for a license to practice audiology in the State for an individual who holds a current license to practice audiology in another state if the board determines that the requirements for licensure in the state are at least equivalent to the requirements of the board.

State Revenues: The board estimates that special fund revenues decrease by approximately \$148,000 on a biennial basis to the extent the 1,190 licensed audiologists and speech-language pathologists who reside in other states elect to become licensed in their home state and work in Maryland under a compact privilege. However, the Department of Legislative Services (DLS) notes that ASLP-IC has been enacted in 7 other states, and compact privileges are dependent upon 10 states approving ASLP-IC legislation. Thus, DLS advises that the compact will likely have a negligible impact on revenues.

Additionally, DLS notes that the bill allows the board to charge a fee for granting a compact privilege, and board revenues may increase minimally from such a fee. Furthermore, individuals not currently licensed in Maryland may seek a compact privilege in order to work across state lines and pay the associated fee. Ultimately, any impact on board special fund revenues is anticipated to be minimal unless a significant number of applications are received.

State Expenditures: After legislation is enacted by nine other states and the compact is adopted, any impact on board expenditures can likely be absorbed with existing resources. If applications for compact privileges increase significantly, any additional administrative impact can likely be covered by the fee established by the board for each compact privilege issued and renewed, as permitted under the bill. Special fund expenditures increase to pay any annual assessment levied by the commission; this analysis assumes the board would pay the assessment and that any such impact could not occur prior to fiscal 2023. The amount of any such assessment cannot be reliably estimated at this time.

Additional Comments: According to the Council of State Governments, legislation to approve ASLP-IC has been enacted in Alabama, Louisiana, North Carolina, Oklahoma, Utah, West Virginia, and Wyoming. Legislation has been introduced in Colorado, Georgia, Indiana, Iowa, Kansas, Kentucky, Nebraska, New Hampshire, New Mexico, Oregon, South Carolina, Texas, and Washington.

Additional Information

Prior Introductions: SB 416 of 2020 received a hearing in the Senate Education, Health, and Environmental Affairs Committee, but no further action was taken. Its cross file, HB 1112, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Designated Cross File: HB 288 (Delegate Charles) - Health and Government Operations.

Information Source(s): Council of State Governments; Maryland Department of Health; Department of Legislative Services

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