

**ASHA\_HB288\_SB183\_Support.pdf**

Uploaded by: Adams , Susan

Position: FAV



**ASHA**  
American  
Speech-Language-Hearing  
Association

January 22, 2021

The Honorable Shane Pendergrass  
Chair, Health and Government Operations  
Committee  
Maryland House of Delegates  
Room 241  
House Office Building  
Annapolis, MD 21401

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

RE: HB 288 & SB 183, the Audiology and Speech-Language Pathology Interstate Compact

Dear Chairwoman Pendergrass and Chairman Pinsky:

On behalf of the American Speech-Language-Hearing Association, I write to support HB 288 and SB 183, the Audiology and Speech-Language Pathology Interstate Compact.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 4,050 ASHA members reside in Maryland.<sup>1</sup>

ASHA members often have difficulty obtaining multiple state licenses to practice due to administrative burdens. These burdens hinder their ability to provide quality services and restrict consumer access in underserved and rural communities. ASHA is pleased to support this bill, which will:

- Increase access to care for patients, clients, and/or students; and
- Facilitate continuity of care when patients, clients, and/or students relocate or travel to another state, specifically with members of the military and their spouses.

If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at [sadams@asha.org](mailto:sadams@asha.org).

Sincerely,

A. Lynn Williams, PhD, CCC-SLP  
2021 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2020). *Maryland* [Quick Facts] <https://www.asha.org/siteassets/uploadedfiles/Maryland-State-Flyer.pdf>

**SB183\_Support\_KennedyKrieger\_SLP.pdf**

Uploaded by: Arneson, Emily

Position: FAV



Kennedy Krieger Institute

**DATE:** January 26, 2021      **COMMITTEE:** Education, Health, and Environmental Affairs  
**BILL NO:** Senate Bill 183  
**BILL TITLE:** Audiology and Speech-Language Pathology Interstate Compact  
**POSITION:** Support

## **Kennedy Krieger Institute supports Senate Bill 183 - Audiology and Speech-Language Pathology Interstate Compact**

### **Bill Summary:**

Senate Bill 183 requires certain audiologists and speech-language pathologists to meet certain eligibility requirements to exercise the privilege to practice; requiring member states to recognize the right of an audiologist or a speech-language pathologist to practice via telehealth under certain circumstances; etc.

### **Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs.

**Audiology and Speech-Language Pathology Services:** Kennedy Krieger provides approximately 41,000 Speech-Language Pathology visits and close to 1,000 Audiology visits annually to children, young adults, and their families across Maryland. Additionally, Kennedy Krieger Institute serves patients nationally and internationally. While over ninety percent of the patients seen in these disciplines reside across Maryland, the use of telehealth during the pandemic has been beneficial for our Maryland families residing in Southern Maryland, Western Maryland, and the Eastern Shore and those out of state. Using Telehealth in state as an alternative service delivery model has reduced costs for families related to lost time from work, gas/mileage costs, and other travel-associated expenses. Results of our initial Institute-wide patient experience survey to all families who received telehealth services from March 15, 2020 through end of May 2020, indicate that the majority of patients & families are satisfied or extremely satisfied with the telehealth services, and many indicate a desire to continue receiving telehealth even once in-person services are available again in their specific programs.

### **Out of State Services:**

Audiologists and Speech-Language Pathologists participated in interdisciplinary specialty clinics, i.e., rare genetic disorders, feeding disorders, and more. Whereas pre-pandemic, these patients and their families from out of state sought services, in-person, during COVID-19, many families requested to participate in their appointment via telehealth, similarly to our in state families. There has been and will continue to be extreme struggles in providing care in the absence of an interstate compact.

### **Rationale:**

An interstate compact will allow a formal and legal relationship amongst states that promote a common agenda, to improve the health, wellbeing, and lives of the patients and families that we serve so they can live their lives to the fullest. An interstate compact will allow families across participating states to have access to the highest quality of audiology and speech-language pathology services and providers available while also decreasing the burdens placed on the patient, family, and the system. In addition to improving public access to these therapy services, the interstate compact would increase collaboration that will promote improved training and education for current and future practitioners. Though the need for an interstate compact has existed for many years, the Covid-19 pandemic has pushed this need to the forefront. As states begin to modify their telehealth waivers and remove their expedited licensure policies put into place due to the pandemic, access to care and continuity of care will be reduced and as a result, the full potential of those who need and have been receiving specialized services will be halted. In 2016, the interstate compact for Audiology and Speech-Language Pathology was presented. Today the audiology and speech-language pathology interstate compact is enacted in six states.

## **Kennedy Krieger Institute requests a favorable report on Senate Bill 183.**

*707 North Broadway Baltimore, Maryland 21205 (443) 923-9200/Telephone (443)923-9125/Facsimile*

# **SB183\_Audiology and SLP Interstate Compact\_Support**

Uploaded by: Lininger, Brett

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

January 26, 2021

The Honorable Paul G. Pinsky  
Senate Education, Health, and  
Environmental Affairs Committee  
2 West, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 183 – Support**

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente is pleased to support SB 183 – “Audiology and Speech Language Pathology Interstate Compact.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente welcomes this legislation as our organization employs Speech and Language Therapists in Washington, D.C., Maryland and Virginia. While all of our providers are licensed in all three jurisdictions, this bill will make it easier for these professionals to provide care in a variety of locations where and when they are needed. Given the effects of the pandemic and the constant variance of staff available to care for our patients, this allows seamless transition across state lines to practice in areas that are highly concentrated with the need of this facet of care.

We also believe HB 288 will be necessary as we emerge to a post – pandemic state due to the rapidly changing nature of the healthcare industry and the need to address a myriad of diseases. These ailments include but are not limited to hearing loss, neurological disorders, traumatic brain injury, intellectual disabilities, substance abuse, physical impairments such as cleft lip or palate and dysarthria, a motor speech disorder in which the muscles of the mouth, face, or respiratory system may become weak or have difficulty moving. With an aging population, it is essential to establish a sustained means of flexibility for speech and language therapists to practice interstate care.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

Kaiser Permanente  
Comments on SB 183  
January 26, 2021

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in blue ink that reads "Wayne D. Wilson". The signature is written in a cursive style with a large, stylized "W" and "D".

Wayne D. Wilson  
Vice President, Government Programs and External Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

**SB 183 FWA Letter 20210122 v2.pdf**

Uploaded by: Spoor , Dr. Alicia

Position: FWA





Maryland Academy of Audiology

P.O. Box 710

Parkville, MD 21234

<http://maaudiology.org/>

Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

January 22, 2021

Chairman Pinsky, Vice-Chair Kagan, Members of the Education, Health & Environmental Affairs  
Committee Members,

The Maryland Academy of Audiology (MAA) is **favorable with amendment** for the Senate Bill 183/HB 288, the Audiology and Speech-Language Pathology Interstate Compact. The MAA would like an amendment to the "Residing" state of audiologists and speech-language pathologists (SLP) (page 10).

As written, the legislation implies that if any audiologist (or SLP) lives outside of Maryland but works in Maryland, the state where they live **MUST** also be a member of the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC). The states on the East Coast are relatively small and many Maryland providers live in a different state than their place of employment. As a result, the legislation as written would require one of the following untenable conditions:

- 1.) All of the states around Maryland must immediately become members of the ASLP-IC, or
- 2.) Providers working in Maryland and living outside Maryland must move inside the state, or
- 3.) Providers must apply and pay for two separate licenses, one of which they may not use since they do not practice in their state of residence.

Additionally, practices that have multiple locations across different states may not benefit from the ASLP-IC until ALL states pass the Compact. If passed without amendment, the legislation would effectively punish audiologists (and SLPs) for living out of state.

The MAA requests an amendment to the "Residing" state to include the situation when:

- 1.) An audiologist and/or speech-language pathologist lives outside Maryland, and
- 2.) Is employed only in Maryland, and
- 3.) The state where they reside is not part of ASLP-IC, then
- 4.) The provider needs only a license in Maryland.



Maryland Academy of Audiology

P.O. Box 710

Parkville, MD 21234

<http://maaudiology.org/>

Thank you for allowing the MAA to provide information and obtain clarification on the Audiology and Speech-Language Pathology Interstate Compact legislation. Please reach out to the MAA or Bellamy Genn Group if we can be assistance.

Sincerely,

A handwritten signature in black ink that reads "Alicia D.D. Spoor, Au.D.".

Alicia D.D. Spoor, Au.D.  
Legislative Chair  
Maryland Academy of Audiology

Greg Snyder  
Government Relations Associate  
Bellamy Genn Group

## **9 - SB183 - Health Occupations - Audiology and Spe**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: UNF



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary*

**Board of Examiners for Audiologists, Hearing  
Aid Dispensers & Speech-Language Pathologists**  
4201 Patterson Avenue  
Baltimore, MD 21215  
Phone: 410-764-4723

January 26, 2021

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

**RE: SB 183- Health Occupations – Audiology and Speech-Language Pathology Interstate Compact - Letter of Concern**

Dear Chair Pinsky and Committee Members:

The Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists (the “Board”) is submitting this Letter of Concern for Senate Bill 183 (SB 183) – Audiology and Speech-Language Pathology Interstate Compact.

SB 183, as written, serves to enter the professions of Audiology and Speech-Language Pathology into an Interstate Compact (“Compact”). Participation in this Compact facilitates the goal of improving public access to Audiology and Speech-Language Pathology services by providing for mutual recognition of other member state licenses. In doing so, the bill helps to regulate multistate Audiology and Speech-Language Pathology services, enhancing the ability of states to protect the public’s health and safety. Additionally, the bill strengthens the support of telehealth technology and lessens the burden on relocating active duty military personnel and/or their spouses, ultimately facilitating increased public access to Audiology and Speech-Language Pathology services.

The bill addresses the critical need for providing telehealth services to those outside of a licensee’s home state by doing away with the need to obtain additional licenses. In essence, by removing the requirement to obtain a license outside of an individual’s home state, the compact enables public citizens residing in rural areas with limited clinic access, to receive more immediate care.

The concerns that the Board have include the following:

**1. Lack of clarity on which laws would supersede in the event of disciplinary action against a Maryland licensee.**

In Section 7 it states: “ADVERSE ACTIONS, (3), ONLY THE HOME STATE SHALL HAVE THE POWER TO TAKE ADVERSE ACTION AGAINST AN AUDIOLOGIST’S OR A SPEECH-LANGUAGE PATHOLOGIST’S LICENSE ISSUED BY THE HOME STATE.” Additionally, in (3)(B) it says: “...THE HOME STATE SHALL APPLY ITS OWN STATE LAWS TO DETERMINE APPROPRIATE ACTION.” Conversely, in Section 14(B), it states: “BINDING EFFECT OF COMPACT AND OTHER LAWS, ALL LAWS IN A MEMBER STATE IN CONFLICT WITH THE COMPACT ARE SUPERSEDED TO THE EXTENT OF THE CONFLICT.”

**2. Lack of clarity regarding acceptable forms of criminal records history requirements.**

The compact language requires that a home state issuing licenses recognized by the Compact should implement “procedures for considering criminal history” of an applicant. We do not know if these would comport with Maryland’s procedures or priorities. Maryland requires live scanned fingerprint data only, which is the most complete data to use for the purpose of obtaining a comprehensive criminal records history. All states are required to use “biometric data” which may or may not include fingerprints. (Presumably, a state could require only a check of a DNA database) Ultimately, even though an FBI check is required, another state may have different ideas about what to do with the results of that check.

**3. Sharing investigative materials and “adverse action” information.**

The requirement that any investigation (as opposed to just public discipline) be shared with compact member states violates several provisions of the Public Information Act. Due to the superseding clause, the Compact would override State law.

**4. Commission’s database.**

Similarly, the provision that the Commission shall keep a database that includes Adverse Actions and investigations violates the Public Information Act. The bill’s definition of “adverse actions” could be read (broadly) to include letters of admonishment, which our Board does not make public.

**5. Supersedes Maryland law.**

Finally, as the compact is written, the Board’s biggest concern is that the compact supersedes Maryland law in many ways (including the Public Information Act and hiring of non-violent ex-offenders’ provisions, for example), and may operate to waive sovereign immunity.

For these reasons, the Board respectfully requests the Committee consider the applicability of

SB 183 in relation to the Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists. If you would like to discuss this matter further, please contact the Board of Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists Executive Director, Candace Robinson, at (443) 915-7981 or [candace.robinson@maryland.gov](mailto:candace.robinson@maryland.gov).

Sincerely,

A handwritten signature in black ink that reads "Candace G. Robinson, Au.D." The signature is written in a cursive style.

Candace G. Robinson, Au.D.  
Board Executive Director

cc: Senator Ronald N. Young  
Senator Jim Rosapepe

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*

# **Maryland Society of Otolaryngologists - SB183 - Au**

Uploaded by: Brocato, Barbara

Position: UNF

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# MARYLAND SOCIETY OF OTOLARYNGOLOGISTS

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**SUBJECT:** Senate Bill 183 – Audiology and Speech-Language Pathology Interstate Compact  
**COMMITTEES:** Senate Education Health and Environmental Affairs Committee  
The Honorable Paul Pinsky, Chairwoman  
**DATE:** Tuesday, January 26, 2021  
**POSITION:** Unfavorable

**The Maryland Society of Otolaryngologists (MSO)** represents more than 300 physicians who live and practice in Maryland. Otolaryngologists are physicians who treat the ear, nose, throat, and related structures of the head and neck; most commonly referred to as ear, nose, and throat specialists (ENTs). The medical disorders treated by our physicians are among the most common that afflict all Americans, young and old. They include chronic ear infection, sinusitis, snoring and sleep apnea, hearing loss, allergies and hay fever, swallowing disorders, nosebleeds, hoarseness, dizziness, and head and neck cancer. Otorhinolaryngologists diagnose and treat disorders of the ears, nose, throat, and related structures of the head and neck. Our foremost commitment is to deliver the best patient care.

**Senate Bill 183** as introduced “*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.*”

As we review the proposed actions in the bill, we are concerned that the proposed Interstate Compact for Audiology and Speech-language Pathology will create unintended consequences such as:

- undoing the established licensure process in Maryland and create a compact that puts the protection of the public in the hands of a Multi-State Commission that can override state laws;
- becoming a vehicle for expansion of scope of practice in least restrictive states or seeking state jurisdictions that are the most favorable to actions they would like to take (corporate and otherwise); and
- Unlike the medical licensure compact where a physician must already be licensed to practice in a state, this compact attempts to create and allow for initial universal licensure for two very different professions. We feel a multistate compact is an inappropriate vehicle to use to establish initial licensure, and such licensure should begin within a particular state.
- Language needs to be clearer with respect to Maryland law superseding “Compact Law”, and how conflicts are resolved between Compact States and Maryland State law that protects the health safety and welfare of Marylanders.

The MSO appreciates efforts to increase access to care and ensure sufficient numbers of providers to treat Maryland patients. We ask that the MSO be included in ongoing discussions to ensure Maryland’s Board retains their critically important regulation and oversight of their licensees and of those who may come to practice in Maryland under a compact arrangement.

**For further information please contact:**

Brian A. Kaplan, MD, FACS, President  
Maryland Society of Otolaryngologists  
c/o 6565 North Charles Street, Suite 601  
Baltimore, MD 21204  
[bak5e@hotmail.com](mailto:bak5e@hotmail.com) / 410-269-1503



# **SB0183\_UNF\_MedChi\_ Audiology & Speech Language Int**

Uploaded by: Wise, Steve

Position: UNF

# MedChi

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*The Maryland State Medical Society*

1211 Cathedral Street  
Baltimore, MD 21201-5516  
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1.800.492.1056

www.medchi.org

TO: The Honorable Paul G. Pinsky, Chair  
Members, Senate Education, Health and Environmental Affairs Committee  
The Honorable Ronald N. Young

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman

DATE: January 26, 2021

RE: **OPPOSE** – Senate Bill 183 – *Audiology and Speech-Language Pathology Interstate Compact*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** Senate Bill 183.

Senate Bill 183 enters Maryland into the Audiology and Speech-Language Pathology Interstate Compact. Like other Compacts, this would allow audiologists and speech-language pathologists to become licensed in a “home state” that is a member of the Compact, but to also practice in other “member states”. Physicians, namely otolaryngologists, work as a team with audiologists and are concerned about the impact this could have on the qualifications of audiologists and speech pathologists allowed to practice in the State. Unlike the Interstate Medical Licensure Compact, which provides an expedited process for a physician to become licensed in a State and subjects the physician to the scope of practice in each state, joining this Compact grants the privilege to practice in all states by being licensed in one state. The General Assembly should be certain that this significant difference in structure does not cede Maryland’s control over the scope of practice to the Compact Commission.

Similarly, the General Assembly last year adopted telehealth legislation. That legislation made clear that a provider is subject to the “appropriate standard of care” as determined by the governing board in this State. The proposed Compact, on the other hand, mandates that a provider may “practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.” See Section 5.A. This apparent conflict also needs to be considered thoroughly before the Compact is adopted.

Finally, MedChi believes that there should be a physician member of the Compact Commission under Section 8.B of the Compact.

For these reasons, MedChi opposes Senate Bill 183.

**For more information call:**

J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
410-244-7000