

HOUSE BILL REPORT

HB 1043

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the audiology and speech-language pathology interstate compact.

Brief Description: Concerning the audiology and speech-language pathology interstate compact.

Sponsors: Representatives Leavitt, Rude, Dufault, Kloba, Ryu, Ortiz-Self, Dolan, Wylie, Harris, Simmons, Goodman, Bronoske, Kirby and MacEwen.

Brief History:

Committee Activity:

Health Care & Wellness: 1/31/22, 2/2/22 [DPS].

Brief Summary of Substitute Bill

- Enacts the audiology and speech-language pathology interstate compact.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

Staff: Jim Morishima (786-7191).

Background:

An audiologist is a person licensed to apply principles, methods, and procedures related to hearing and the disorders of hearing and related language and speech disorders that impede the normal process of human communication. A speech-language pathologist is a person

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licensed to treat human communication disorders affecting speech, language, and swallowing. The Board of Hearing and Speech is the disciplining authority for both audiologists and speech-language pathologists.

The Audiology and Speech-Language Pathology Interstate Compact (Compact) is an agreement between member states to facilitate the interstate practice of audiologists and speech-language pathologists. The Compact became effective when enacted by 10 states (as of January 2022, 15 states have enacted the Compact).

Summary of Substitute Bill:

Compact Establishment.

The Audiology and Speech-Language Pathology Interstate Compact (Compact) is enacted. An audiologist or speech-language pathologist (collectively "practitioner") licensed in one member state is authorized to practice, under a privilege to practice, in all other member states. The privilege to practice is derived from the practitioner's home state license. Member states must recognize a practitioner's right to practice via telehealth, which includes audio-visual and other technologies that meet the applicable standard of care.

Audiology and Speech-Language Pathology Compact Commission.

The Audiology and Speech-Language Pathology Compact Commission (Commission) is a joint public agency established by the Compact's member states. The membership of the Commission consists of an audiologist and a speech-language therapist selected from each state plus an additional five public members. The Commission must establish an executive committee to act on behalf of the Commission consisting of seven voting commission members and three nonvoting members representing professional and membership organizations.

Most meetings of the Commission and the executive committee must be open to the public. Minutes, recordings, and documents for open meetings must be available to the public at the requestor's expense. The Commission may, however, close meetings to the public to discuss certain matters, including noncompliance by member states, employment matters, litigation, disclosure of trade secrets, law enforcement investigative records, and matters specifically exempt from disclosure by federal or state law.

The Commission's enumerated powers include:

- establishing bylaws;
- establishing a code of ethics;
- adopting uniform rules to facilitate and coordinate implementation and administration of the Compact, which are binding on all member states; and
- performing other functions necessary or appropriate to achieve the purposes of the

Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

The Commission may adopt rules subject to public notice requirements, which are effective to the extent and manner provided in the Compact. At least 30 days prior to adopting a rule, the Commission must file a notice of proposed rulemaking and allow the submission of written input. The Commission must conduct a public hearing if such hearing is requested by at least 25 people, a state or federal subdivision or agency, or an association with at least 25 members. The Commission may enact emergency rules that must undergo the full rule-making process no later than 90 days after their effective dates. Rules adopted by the Commission may be rejected within four years of enactment by a majority of the legislatures of the Compact states through statute or resolution.

The Commission does not have the authority to change or modify the laws of member states that define the practice of audiology or speech-language pathology.

The Commission may levy an annual assessment on Compact states to cover the costs of operations and activities.

Data System.

The Commission must establish a data system containing information regarding licensure, adverse actions, and investigations on all practitioners in member states. Member states must submit a uniform data set to the data system. The Commission must notify all member states where a practitioner holds a practice privilege of any adverse action taken against the practitioner. Compact states may designate information that may not be shared without the states' permission. Any information that is subsequently required to be expunged by the laws of the Compact state must be removed from the system.

Exercising the Compact Privilege.

In order to exercise the Compact's practice privilege, a practitioner must:

- hold an active, unencumbered license in his or her home state;
- have no adverse actions against his or her license within the previous two years;
- notify the Commission of his or her intention to seek the Compact privilege;
- pay applicable fees; and
- report any adverse actions taken by any non-Compact state within 30 days of the action.

In addition, an audiologist must meet one of the following three educational requirements: (1) on or before December 31, 2007, graduation from an accredited master's or doctoral degree program in audiology; (2) on or after January 1, 2008, graduation from an accredited doctoral degree program in audiology; or (3) graduation from an audiology program housed outside of the United States that is approved by the authorized accrediting body in the

applicable country and verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

A speech-language pathologist must meet one of the following two educational requirements: (1) graduation from an accredited master's degree program; or (2) graduation from an audiology program housed outside of the United States that is approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency to be comparable to a state licensing board-approved program. The speech-language pathologist must also complete a supervised postgraduate professional experience.

In addition both audiologists and speech-language pathologists must:

- complete a supervised clinical practicum experience;
- pass a national examination;
- have not been convicted or found guilty, and not entered into an agreed disposition, of a felony related to the practice of audiology or speech-language pathology; and
- have a valid United States social security number or national practitioner identification number.

When a practitioner applies for the Compact practice privilege, the licensing board in the member state must ascertain whether the applicant holds or has held a license issued by any other state and whether there are any encumbrances or adverse actions on the applicant's license. Member states must also implement criminal background checks, which must include both state and federal biometric checks. Communications between member states, or the member states and the Commission, may not include information received from the Federal Bureau of Investigation.

A practitioner may hold only one home state license at a time. For purposes of the Compact, an active-duty member of the military or the member's spouse must designate a home state where the individual has a current license in good standing. A practitioner may change home states, but if the new home state is not a Compact member, the privilege is deactivated and the license becomes a single-state license.

Discipline.

A practitioner practicing in a member state must comply with the state practice laws of the state in which the client is located at the time services are provided. The practitioner is subject to the licensing board, the courts, and the laws of the state where the client is located. A member state may, in accordance with due process and the state's laws, remove the practitioner's Compact privileges, impose fines, or take any other action necessary to protect the health and safety of its citizens.

Only the practitioner's home state may take action against the practitioner's license. The home state may take actions based on the investigations and factual findings of another

member state. If a practitioner's license is encumbered by the home state, the practitioner loses Compact privileges in all other states. A disciplinary order must include a statement that the practitioner's privilege to practice is deactivated in all member states during the pendency of the order. The Compact privilege may be restored only if the home state license is no longer encumbered, two years have passed since the adverse action, and the practitioner meets all of the other conditions of Compact participation. The Compact does not override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

Conflict Resolution.

The Commission, in the reasonable exercise of its discretion, must enforce the Compact. By majority vote, the Commission may initiate legal proceedings against a state that is not in compliance with the Compact. The Commission must attempt to resolve disputes between Compact states and adopt rules regarding mediation and binding arbitration.

Joining and Withdrawing from the Compact.

States may join the Compact by enacting the Compact's provisions into law. States that join after the Compact has been established are subject to the rules in place at the time. The Compact may be amended by enactments in all member states. A state may withdraw from the Compact by repealing its enacting statute, but the withdrawal is not effective until six months after the statute's repeal.

State Rulemaking Authority.

The Board of Hearing and Speech may adopt rules to implement the Compact.

Substitute Bill Compared to Original Bill:

The substitute bill:

- specifies that the definition of telehealth includes audio-visual and other technologies that meet the applicable standard of care;
- clarifies that a practitioner must obtain the practice privilege in order for a member state being required to recognize the privilege;
- changes the entity that must approve an audiologist's practicum from the licensing board to the Compact Commission (Commission), making the approving entity consistent with speech-language pathologists;
- deactivates a practitioner's practice privilege if the practitioner moves to a state that is not a member of the Audiology and Speech-Language Pathology Interstate Compact (Compact);
- requires a practitioner exercising the practice privilege via telehealth to function within the laws and regulations of the state where the patient, client, or student is located;

- requires the administrator of the data system, upon receiving notice of an adverse action, to notify any remote state where the practitioner has the privilege to practice, in addition to the home state;
- specifies that the rules adopted by the Commission are effective to the extent and manner provided for in the Compact;
- specifies that the Commission has no authority to change or modify the laws of a member state that define the practice of audiology and speech-language pathology;
- clarifies that meetings of the executive committee are open to the public;
- requires minutes, recordings, and documents for open meetings be available to the public upon request at the requestor's expense; and
- authorizes the Board of Hearing and Speech to adopt rules to implement the Compact.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Washington residents can face long waits for providers. Patients are having to cross state lines to get the services they need. There is a dearth of services for families that need them. These services are critical to many types of patients, including children with hearing loss. The temporary suspension of federal requirements on telehealth helped increase the availability of providers, but that suspension has ended, which means telehealth providers must now get licensed in every state where their patients are located. Many of these remote states do not have the right type of provider available. Getting providers licensed in multiple states is time-consuming.

This bill is important to active duty military personnel and their spouses. Military spouses move often, which leads to them being unemployed or underemployed. Military spouses face difficulties when transferring their professional licenses. Compacts allow military personnel and their spouses to maintain their professional licenses when they relocate and help eliminate some of the barriers to employment that they face.

The Audiology and Speech-Language Pathology Interstate Compact (Compact) will allow providers to obtain a privilege to practice in other Compact states. This will reduce barriers, increase access, and increase patient safety. It will also help increase access in rural areas via telehealth. This bill will allow Washington to join the 15 other states already in the Compact. Compacts are the gold standard for moving licenses from state to state and protecting patient safety in those states.

(Opposed) None.

(Other) The Council of State Governments has been working on this effort and is working to get legislation filed in Oregon and Idaho.

Persons Testifying: (In support) Representative Mari Leavitt, prime sponsor; Tammie Perreault, Department of Defense; Susan Adams, American Speech-Language-Hearing Association; Olivia Burley, Washington State Department of Veterans Affairs; Maria Tobin, South Sound Military and Communities Partnership; Bethany Davis and Melissa Johnson, Washington Speech-Language-Hearing Association; and Terra Bourse-Archaro, Seattle Children's Hospital.

(Other) Daniel Logsdon, The Council of State Governments.

Persons Signed In To Testify But Not Testifying: None.