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**Disclosures**

- Susan Adams, Esq., CAE
  - Financial: Susan is employed by the American Speech-Language-Hearing Association
  - Non-Financial: Susan has no non-financial relationships to disclose
- Nahale Kalfas, Esq.
  - Financial: Nahale serves as Legal Counsel to the National Center for Interstate Compacts of the Council of State Governments
  - Non-Financial: Nahale is a member of the NCSB Board of Directors

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**What is an Interstate Compact**

- Simple, versatile and proven tool
- Binding contract between states
- Effective means of cooperatively addressing common problems
- Allows states to respond to national priorities with one voice
- Retains collective state sovereignty over issues belonging to the states

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**Three Primary Uses**

1. Used to resolve boundary disputes.
2. Used to manage shared natural resources.
3. Used to create administrative agencies which have jurisdiction over a wide variety of state concerns:
  - State transportation
  - Taxation
  - Environmental matters
  - Regulation
  - Education
  - Corrections
  - Public safety
  - **Occupational Licensure**

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**Constitutional Authorization**

Compacts between states are authorized under Art. I, Sec. 10, Clause 3 of the U.S. Constitution:

*“No State shall, without the Consent of Congress . . . enter into any Agreement or Compact with another State . . .”*

The Supreme Court holds, in effect, that “any” does not mean “all,” and consent is not required unless the compact infringes on federal supremacy.

[See U.S. Steel Corp. v. Multi-State Tax Commission, 434 U.S. 452 (1978)]

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**Compacts Today**

- Approximately 215 active compacts
- Territories Eligible
- Precedent for international participation
- On average, states are members of about 25 compacts

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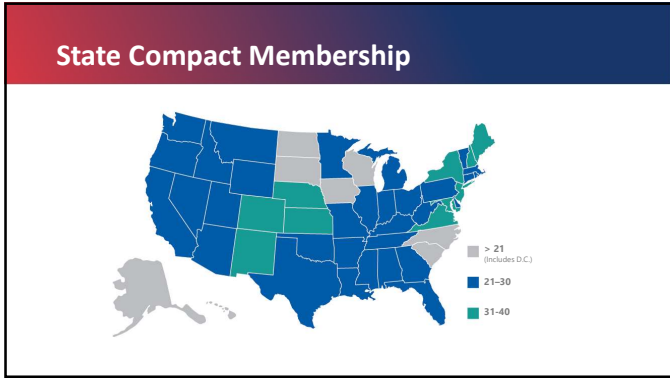
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### Why Occupational Licensure Compacts?

- Threat of a federally mandated solution/Distrust of federal government
- Advances in technology
- Increasingly mobile world
- Proven track record of creating problem solving partnerships among states

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### Benefits of Interstate Compacts

- Effectiveness and efficiency
  - Economies of scale
- Flexibility and autonomy compared to national policy
  - "one size does not fit all"
- Dispute resolution among the states
- Cooperative behaviors leading to "win-win" situations
- State and Federal Partnerships

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**Benefits of Licensure Compacts**

- Agreement on Uniform Licensure Requirements
- A data system adequate to allow electronic processing of interstate licensure information
- Disciplinary issues related to interstate licensure
- FBI fingerprint based criminal background checks
- Compact governance
  - Legal status of interstate compact governing agency
  - Rulemaking authority

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**Why Health Care Licensure Compacts?**

- Mobile society (patients and practitioners)
- Technological advancements
- Deficit/Availability of healthcare professionals
- Practical advancement for current and future generations of practitioners and patients
- Increase public access to healthcare services
- Support of spouses of relocating military members

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**Health Care Licensure Compacts**

- Nurse Licensure Compact – 37 states & Guam (25 to activate)
- EMS Licensure Compact – 22 states (10)
- Medical Licensure Compact – 33 states, DC & Guam (7)
- Physical Therapy Compact – 33 states & DC (10)
- Psychology Interjurisdictional Compact (PsyPact) – 25 states & DC (7)
- ASLP-IC – 15 states (10)
- APRN Compact – 1 state (7)
- OT Compact – 9 states (10)
- Counseling Compact – 2 states (10)

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**Compacts Under Development**

- Physician Associates
- Dentistry & Dental Hygiene\*
- Massage Therapy\*
- K-12 Education\*
- Social Work\*
- Cosmetology & Barbering\*

\*under Cooperative Agreement with Department of Defense

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**State Participation in Licensure Compacts**

- Since January 2016 – 180 separate pieces of legislation enacted
- 43 states, DC and Guam have joined at least one licensure compact
- 33 states and DC have joined at least 3 licensure compacts
- 11 states have joined at least 6 licensure compacts  
AL, CO, GA, MD, NH, NC, OH, KS, NE, UT, WV

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**Occupational Licensure Compact Myths**

- Myth #1: Interstate Compacts are a takeover of state licensing
- Myth #2: Commission rules and bylaws thwart state sovereignty
- Myth #3: Interstate compacts are owned or controlled by outside organization

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Developing Interstate Compacts		
Phase I	Phase II	Phase III
<p><b>ADVISORY GROUP</b></p> <ul style="list-style-type: none"> <li>Composed of approx. 20 state officials, stakeholders and issue experts</li> <li>Examines issues, current policy, best practices and alternative structures</li> <li>Establishes recommendations as to the content of an interstate compact</li> </ul> <p><b>DRAFTING TEAM</b></p> <ul style="list-style-type: none"> <li>Composed of 5 to 8 state officials, stakeholders, and issue experts</li> <li>Crafts compact based on recommendations</li> <li>Circulates draft compact to states and stakeholder groups for comment</li> </ul> <p><b>FINAL PRODUCT</b></p> <ul style="list-style-type: none"> <li>Drafting team considers comments and incorporates into compact</li> <li>Final product sent to advisory group</li> <li>Released to states for consideration</li> </ul>	<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>Develop comprehensive legislative resource kit</li> <li>Develop informational internet site with state-by-state tracking and support documents</li> <li>Convene "National Briefing" to educate legislators and key state officials</li> </ul> <p><b>STATE SUPPORT</b></p> <ul style="list-style-type: none"> <li>Develop network of "champions"</li> <li>Provide on-site technical support and assistance</li> <li>Provide informational testimony to legislative committees</li> </ul> <p><b>STATE ENACTMENTS</b></p> <ul style="list-style-type: none"> <li>Track and support state enactments</li> <li>Prepare for transition and implementation of compact</li> <li>Provide requested support as needed</li> </ul>	<p><b>TRANSITION</b></p> <ul style="list-style-type: none"> <li>Enactment threshold met</li> <li>State notification</li> <li>Interim Executive Board appointed</li> <li>Interim Committee's established</li> <li>Convene first Compact meeting</li> <li>Information system development (standards, security, vendors)</li> </ul> <p><b>OPERATION</b></p> <ul style="list-style-type: none"> <li>Ongoing state control and governance</li> <li>Staff support</li> <li>Annual assessment, if necessary</li> <li>Annual business meeting</li> <li>Information system oversight (maintenance, security, training, etc.)</li> <li>Long-term enhancements / up-grades</li> </ul>

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ASLP-IC Development Process
<ul style="list-style-type: none"> <li>October 2017: Advisory group initial meeting</li> <li>November 2017 – March 2018: Advisory group work sessions</li> <li>April 2018: Advisory group presents a set of recommendations to the drafting team</li> <li>May 2018: Drafting team meets for the first time</li> <li>June 2018 – September 2018: Drafting team work sessions</li> <li>October 2018: Drafting team presents draft compact for stakeholder review</li> <li>October 2018 – January 2019: The project team conducts over 60 interactions with state regulatory boards, practitioners, specialty groups, and membership associations</li> <li>February 2019: Drafting team reconvenes to review stakeholder feedback and incorporate changes into draft compact</li> <li>March 2019: Audiology &amp; Speech-Language Pathology Interstate Compact (ASLP-IC) approved by the advisory group</li> </ul>

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What is the ASLP-IC?
<p><u>ASLP-IC</u> is an occupational licensure compact that:</p> <ul style="list-style-type: none"> <li>Addresses increased demand to provide/receive audiology and speech-language pathology services.</li> <li>Authorizes both telehealth and in-person practice across state lines in ASLP-IC states.</li> <li>Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.</li> <li><a href="http://aslpcompact.com/">http://aslpcompact.com/</a></li> </ul>

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## How Does the ASLP-IC Work?

ASLP-IC becomes operational when 10 states enact the legislation for the compact.

- It is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.
- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions – promoting cooperation and a higher degree of consumer protection between states.
- States still retain the ability to regulate practice in their states.
- The rules of the ASLP-IC are only applicable to states that enact ASLP-IC.
- A state can withdraw from ASLP-IC by repealing the ASLP-IC Legislation.

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## Benefits

- Increases access to client, patient and student care.
- Facilitates continuity of care when clients, patients, and students relocate, travel.
- Allows military personnel and spouses to more easily maintain their profession when relocating.
- Allows licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in additional ASLP-IC states.
- Certifies that audiologists and speech-language pathologists have met acceptable standards of practice.
- Promotes cooperation between ASLP-IC states in the areas of licensure and regulation.
- Offers a higher degree of consumer protection across state lines.

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## What Must State Do?

- States must meet the same requirements for licensure to join the compact.
  - Audiologists – Doctoral degree (Masters before 12/31/07); supervised clinical practicum; passage of national exam
  - SLPs – Masters degree; supervised clinical practicum; passage of national exam; clinical fellowship
- States must have or adopt an FBI finger-print based criminal background check system.
- States must allow for the practice of telehealth of privilege holders

*\*Missouri and North Dakota are currently ineligible as they do not require a clinical fellowship for licensure.*

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## How Does A Compact Privilege Work?

- Audiologists and SLPs must be licensed in their *home state* apply for a privilege to practice under the ASLP-IC. No forum shopping.
- Applicants must have an active unencumbered license; have not been convicted or found guilty of felony related to practice within 2 years; have a valid Social Security number or NPI number
- **The privilege to practice is equivalent to a license issued by the remote state**
- The privilege to practice renews at the same time as the home state license.
- Continuing education is based on your home state license, unless it relates to scope of practice.
- Active duty military personnel, or their spouse, may designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty.

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## How Will it Affect School Based Members?

If an ASLP-IC participating state does not require a separate license or certification to work in a school, an individual who works in a school may obtain a privilege to practice under the ASLP-IC. That individual may work in a school in another participating state only if that state does not require a separate license or certification to do so.

Home State Requirement	Remote State Requirement	Privilege to Practice?
One License	One License	Privilege to Practice
One License	DOE License/Certification	DOE License/Certification
DOE License/Certification	DOE License/Certification	DOE License/Certification
DOE License/Certification	One License	Privilege to Practice

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## How Will it Affect Dispensing Audiologists?

If an ASLP-IC participating state does not require a separate license or certification to dispense hearing aids, a dispensing audiologist may obtain a privilege to practice under the ASLP-IC. That individual may dispense hearing aids in another participating state only if that state does not require a separate license to do so.

Home State Requirement	Remote State Requirement	Privilege to Practice?
One License	One License	Privilege to Practice
One License	HAD License	HAD License
HAD License	HAD License	HAD License
HAD License	One License	Privilege to Practice

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**Adverse Actions**

- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions.
- The home state may take adverse actions against an audiologist or SLP license. A remote state may take adverse action on an audiologist or SLP privilege to practice within that remote state.
- If the home state does take adverse action and audiologist SLP license is terminated and the *privilege to practice in all remote states is revoked*.
- If a *privilege to practice* is revoked because of an adverse action, every other state where a *privilege to practice* is held and where the home state license is held will determine if the privilege or license in that state is also revoked.

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**Compact Commission**

- Forms when the threshold of jurisdictions pass compact legislation
- Quasi-governmental entity (authority to issue binding rules)
- Instrumentality of the member states
- Supra-state, sub-federal nature
- Composed of member state officials (NOT a private entity)

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**Compact Commission, cont.**

The Compact Commission is the governing body of ASLP-IC and is responsible for its oversight and the creation of its Rules and Bylaws.

- Consist of two voting delegates (one audiologist and one speech-language pathologist) appointed by each compact state who shall serve as that state's commissioner. The delegates are appointed by each states regulatory Board.
- An additional five (5) delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.
- Each commissioner is granted (1) vote
- Executive Committee is made up of seven voting members and 3 non-voting ex-officios.

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### Compact Commission, cont.

- The commission can form committees, including an executive committee that is responsible for making day-to-day decisions.
- Commissions are frequently granted the authority to hire staff, which is responsible for implementing the policies and procedures established by the commission
- Commissions serve agencies of the member states and are tasked with acting on their behalf and not on the behalf of any particular groups or organizations.

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### Data System

- A coordinated data system will require that compact states submit a uniform dataset on all ASLP-IC audiologists and SLPs to who the compact applies.
- Database will allow for expedited sharing of adverse actions against compact audiologists and SLPs.

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### What happened in 2020?

- Twelve states introduced legislation to adopt the ASLP-IC; 6 states passed.
  - Alabama
  - Georgia - Vetoed
  - Kansas
  - Kentucky
  - Louisiana
  - Maryland
  - Nebraska
  - North Carolina
  - Oklahoma
  - Utah
  - West Virginia
  - Wyoming

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**What happened in 2021?**

- Sixteen states introduced legislation to adopt the ASLP-IC; 9 states passed.
  - Alabama
  - Colorado
  - Georgia
  - Indiana
  - Iowa
  - Kansas
  - Kentucky
  - Maryland
  - Minnesota
  - Nebraska
  - New Hampshire (awaiting Governor's signature)
  - New Mexico
  - Ohio
  - Oregon
  - Washington
  - Wisconsin

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**Next Steps**

- Inaugural ASLP-IC Commission Meeting
  - Week of January 10 - Virtual
  - States who have passed the compact will be represented by an audiologist and a speech-language pathologist.
  - Orientation of seated commissioners; commission by-laws and initial rules (rule on rules to explain rulemaking process and timetable) will be adopted; election of officers; review of any RFPs for secretariat services; coordinated data system will be developed to allow ASLP-IC to operate.
- Introduce bills in state legislatures to increase the number of participating states.

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