

Legislative Summit 2021

ASLP-IC



Audiology & Speech-Language Pathology
Interstate Compact

Housekeeping

- Please keep your microphone muted at all times unless speaking.
- Questions will be taken throughout, at the discretion of each panelist.
- There will be a longer, open Q&A at the end of the session.
- This session is being recorded.

Agenda

- Compacts 101
- ASLP-IC Deep Dive
- Stakeholder Perspectives – Regulators, Practitioners, Military Spouses
- Enacting ASLP-IC



National Center for Interstate Compacts

THE COUNCIL OF STATE GOVERNMENTS

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

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**

Constitutional Authorization/ Congressional Consent

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 . . .”

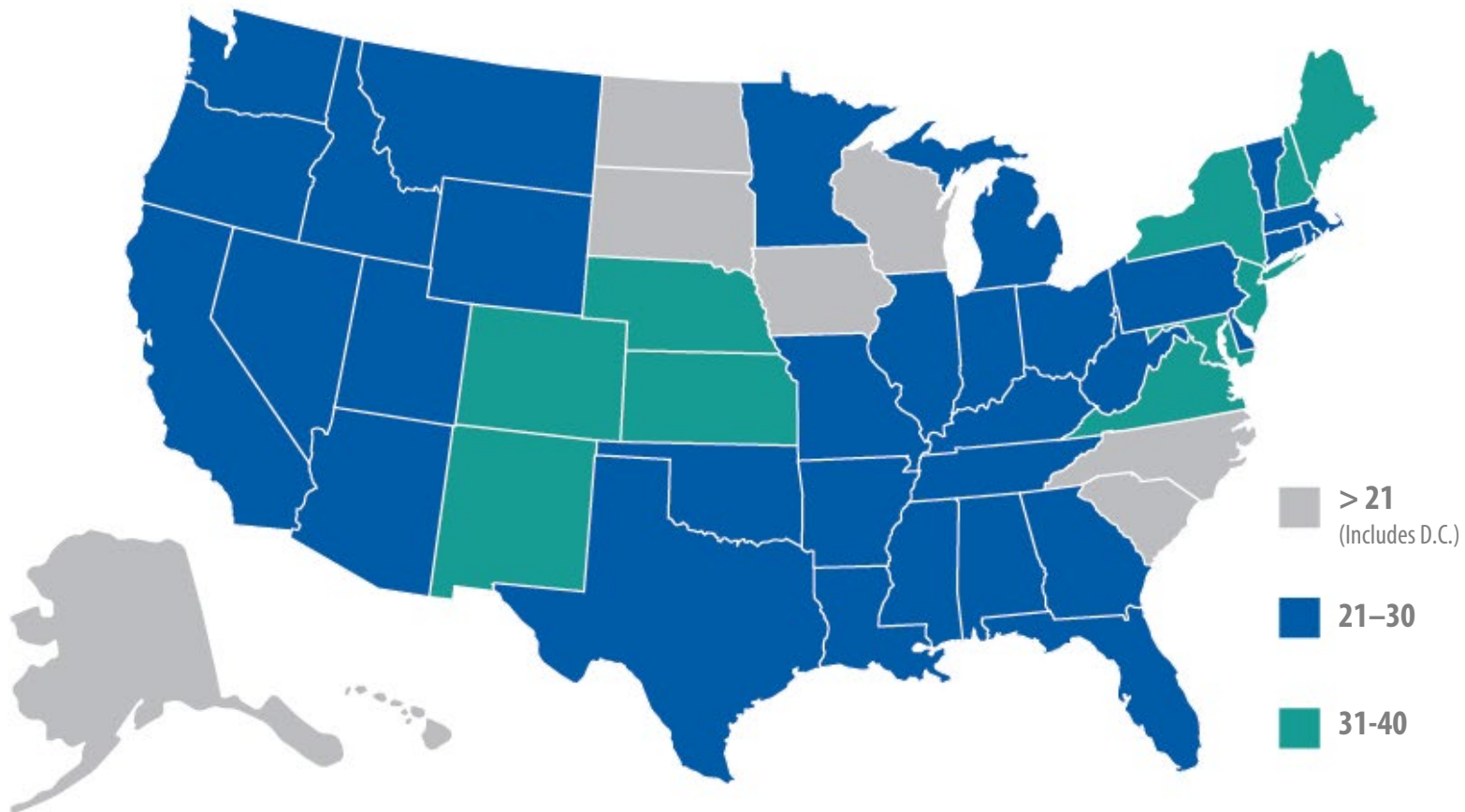
The Supreme Court holds, in effect, that “any” does not mean “all,” and consent is not required unless the compact infringes on federal supremacy.

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

Compacts Today

- Approximately 215 active compacts
- Territories Eligible
- Precedent for international participation
- On average, states are members of about 25 compacts
- Port Authority of NY & NJ (1922) signaled a new era in regulatory compacts

State Compact Membership



What drives interest in occupational licensure compacts?

- Threat of a federally mandated solution / distrust of federal government
- Advances in technology (telehealth)
- Increasingly mobile world
- Proven track record – powerful but accountable

Benefits of the Interstate Compact

Interstate Compacts – Key Benefits

1. Effectiveness and efficiency
 - Economies of scale
2. Flexibility and autonomy compared to national policy
 - “One size does not fit all”
3. Dispute resolution among the states
4. State and federal partnership
5. Cooperative behaviors leading to “win-win” situations

Benefits of Occupational Licensure Compacts

1. Agreement on Uniform Licensure Requirements
2. Data System allowing rapid, electronic processing of interstate licensure
3. Disciplinary issues related to interstate licensure
4. FBI Fingerprint-Based Criminal Background Checks
5. Governance:
 - Legal status of interstate compact commission – public, supra-state, sub-federal
 - Rulemaking and other authority

Why Healthcare License Reciprocity?

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

Notable healthcare licensure compacts

- **Nurse Licensure Compact** – 37 states & Guam (25 to activate)
- **EMS Compact** – 22 states (10)
- **Interstate Medical Licensure Compact** – 33 states, DC & Guam (7)
- **Physical Therapy Licensure Compact** – 33 states & DC (10)
- **Psychology Interjurisdictional Compact (PsyPact)** – 25 states & DC (7)
- **Audiology & Speech-Language Pathology Compact** – 15 states (10)
AL, CO, GA, KS, KY, LA, MD, NE, NH, NC, OH, OK, WV, UT, and WY
- **APRN Compact** – 1 state (7)
- **Occupational Therapy Licensure Compact** – 9 states (10)
- **Counseling Compact** – 2 states (10)

Compacts Under Development

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

*under Cooperative Agreement with Department of Defense

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

Development of an Interstate Compact

Licensure Compact Development Process

- Transparent process
- Convene wide range of stakeholders
 - Legislators, regulators, members of profession, industry groups, legal experts
- Solicit public comment & make amendments
- Difficult to revise once enacted → “get it right the first time”

Licensure Compact Development Process

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

Interstate Compact Governance

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)

Compact Commission, cont.

- A commission is comprised of voting representatives from each member state and is responsible for key decisions with respect to the compact.
- 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.

Healthcare Licensure Compacts: Common Misconceptions

The background of the slide features a gradient from red on the left to dark blue on the right. Overlaid on this gradient are several wavy, horizontal lines in varying shades of red and blue, creating a sense of movement and depth.

Myth 1:

“Interstate compacts are a takeover
of state licensing authority”

Myth 2:

“Interstate compacts are owned or controlled by an outside organization”

Myth 3:

“Commission rules and bylaws
thwart state sovereignty”

Contact Information

ASLP-IC website
aslpcompact.com

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licensing.csg.org/compacts

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ASLP-IC Deep Dive

Nahale Freeland Kalfas

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General Counsel, N.C. Board of Examiners for SLPs & Audiologists

ASLP-IC Development Process

- October 2017: Advisory group initial meeting
- November 2017 – March 2018: Advisory group work sessions
- April 2018: Advisory group presents a set of recommendations to the drafting team
- May 2018: Drafting team meets for the first time
- June 2018 – September 2018: Drafting team work sessions
- October 2018: Drafting team presents draft compact for stakeholder review
- October 2018 – January 2019: The project team conducts over 60 interactions with state regulatory boards, practitioners, specialty groups, and membership associations
- February 2019: Drafting team reconvenes to review stakeholder feedback and incorporate changes into draft compact
- March 2019: Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) approved by the advisory group

What is the ASLP-IC?

ASLP-IC is an occupational licensure compact that:

- 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 – licensees receive a privilege to practice **which is equivalent to a license.**
- Increases access to audiology and SLP services for populations currently underserved or geographically isolated.
- Increases continuity of care for clients who relocate or travel.
- Allows military personnel and spouses to more easily maintain their profession when relocating.

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.

What Must States 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 for privilege holders

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

How Does a Compact Privilege Work?

- Audiologists and SLPs must be licensed in their **home state** apply to apply for a privilege to practice in another ASLP-IC member state, known as the **remote state**. “Forum shopping” is not allowed.
- 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, and is satisfied through home-state compliance.
- 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 that home state during the period the service member is on active duty, regardless of relocation.

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

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

How are Adverse Actions Handled?

- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions.
- The home state may take adverse action 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** takes adverse action against an audiologist or SLP **license**, the privilege to practice in all remote states **is revoked**.
- If a **remote state** takes adverse action against an audiologist or SLP **privilege to practice**, the privilege to practice in any other remote state **may be revoked** at the discretion of that remote state.
 - The home state may also take adverse action against the home state license based on the findings of a remote state, provided that the home state follows its own laws and rules in taking the adverse action.

How is it Administered?

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

- Consists 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 or agency.
- 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.

ASLP-IC Activation

- A busy 2021 legislative session brought ASLP-IC to a total of 15 member states, surpassing the activation threshold of 10 states.
- CSG is working with member state licensing boards and agencies to plan for the initial convening of the ASLP-IC commission in late 2021 or early 2022.
- Early tasks of the Commission include:
 - Establishing bylaws, a code of ethics, and a committee on committees to handle preliminary business.
 - Providing for the creation of the licensure data system.
 - Initial rulemaking to implement Compact.
- Roughly yearlong process

ASLP-IC Model Language

Section 1: Purpose

- Increase public access to audiology and speech-language pathology services by providing for the mutual recognition of other member state licenses
- Enhance the states' ability to protect the public's health and safety
- Encourage the cooperation of member states in regulating multistate audiology and speech-language pathology practice
- Support spouses of relocating active-duty military personnel
- Enhance the exchange of licensure, investigative and disciplinary information between member states
- Allow a remote state to hold a provider of services with a Compact privilege in that state accountable to that state's practice standards
- Allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services.

Section 2: Definitions

Key terms are defined to alleviate confusion.

Defined terms are capitalized throughout the model language.

Section 3: State Participation in the Compact

This section explains what requirements must be met by states to join the compact.

To provide the services allowed by this compact the practitioner must hold a home state license in a compact member state.

States must utilize FBI finger-print based criminal background checks in making licensure decisions.

Section 3: State Participation, cont.

Requirements for audiologists:

- Before 2008, have graduated with a master's or doctorate in audiology from an accredited program, or
- Since Jan. 1, 2008, have graduated with a doctorate in audiology from an accredited program
- Have completed a supervised clinical practicum
- Have successfully passed a recognized national examination
- Hold an active, unencumbered license in their home state, a member of the compact
- Have not been found guilty of any felony related to the practice of audiology
- Have a SSN or NPI

Section 3: State Participation, cont.

Requirements for SLPs:

- Have graduated with a master's degree from an accredited speech-language pathology program
- Have completed a supervised clinical practicum
- Have completed a supervised postgraduate professional experience
- Have successfully passed a recognized national examination
- Hold an active, unencumbered license in their home state, a member of the compact
- Have not been found guilty of any felony related to the practice of audiology
- Have a SSN or NPI

Section 4: Privilege to Practice

- This section describes the requirements for gaining a privilege to practice.
- An audiologist or speech-language pathologist may only have one home state license at a time, but may hold privileges to practice in unlimited states.
- A privilege to practice is renewable upon the renewal of the home state license.
- The audiologist or speech-language pathologist must function within the laws and regulations of the remote state.
- If the home state license is encumbered, the licensee shall lose the compact privilege in all remote states until the home state license is no longer encumbered and two years have passed since the adverse action.
- If a privilege to practice is revoked by a remote state, the licensee may lose any other privileges to practice, at the discretion of any other remote state(s) in which the licensee is practicing.

Section 5: Telehealth

A privilege to practice in a remote state also confers authorization to practice via telehealth in that state.

Section 6: Active-Duty Military and Spouses

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 throughout the service member's active duty.

Section 7: Adverse Actions

- This section clarifies that only a practitioner's home state may take adverse action against a home state license.
- However, remote states may take adverse action against an audiologist's or SLP's privilege to practice and may issue enforceable subpoenas for witnesses and evidence from other member states.
- Home states must take reported adverse action from any member state into account, in accordance with the home state's laws.
- Nothing overrides a member state's right to require participation in an alternative program in lieu of adverse action.

Section 7: Adverse Actions, cont.

- Member states may initiate joint investigations of licensees and are required to share investigative materials in furtherance of any joint or single-state investigation of a licensee.
- Member states must report any adverse action to the compact data system, which then promptly alerts the home state of this adverse action.
- Any member state may take adverse action based on the factual findings of a remote state.
- If a licensee changes their home state during an active investigation by their former home state, the former home state completes the investigation, takes appropriate action under its laws, and then reports its findings to the compact commission's data system.

Section 8: Establishment of the ASLP-IC Commission

This section establishes the ruling commission of the compact. The compact is not a waiver of sovereign immunity.

- The commission shall consist of two voting delegates (one audiologist and one speech-language pathologist) from each member state.
- The delegates are appointed by each state's regulatory board/agency
- 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.
- Vacancies of Commissioners must be filled in accordance with the laws of the member state in question.
- Each commissioner is granted (1) vote in regard to creation of rules and bylaws.

Section 9: Data System

- This section denotes the requirement of sharing licensee information for all compact states.
- Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all ASLP-IC audiologists and speech-language pathologists to whom this compact is applicable, as required by the Commission.
- This database allows for the expedited sharing of adverse action against compact audiologists and speech-language pathologists.
- Adverse action information is available to all member states.
- Member states may designate information that may not be shared with the public.
- Information that must be expunged from the records of the contributing state must also be expunged from the data system.

Section 10: Rulemaking

- Rules carry the force of law in all member states.
- A simple majority of member state legislatures may veto a rule of the commission.
- Changes to the rules require a 30-day notice of proposed rulemaking, with an opportunity for a public hearing if one is requested by 25 people, by an organization with 25+ members, or by a government agency.
- If the commission issues a rule that exceeds its authority under the compact, such a rule shall be void and have no force or effect.

Section 11: Oversight, Dispute Resolution, Enforcement

- The Commission shall attempt to resolve disputes related to the Compact that arise among member states or between member states and nonmember states.
- The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- If a member states fails to discharge its duties under the Compact, the Commission may take action, including:
 - Technical assistance in resolving the issue
 - Dispute resolution processes
 - Termination from Compact if all other remedies are exhausted

Section 12: Date of Implementation, Withdrawal, and Amendment

- The compact takes effect on the date of enactment by the tenth state.
- States that join after this date are subject to the rules of the commission as they exist on the date when the compact becomes law in that state.
- Member states may enact a law to repeal their membership in the compact. A state's withdrawal takes effect 6 months after enactment of such a law.
- The member states may amend the compact, but changes do not take effect until enacted into the laws of all member states.

Section 13: Construction and Severability

- The compact is to be liberally construed so as to effectuate its purposes.
- The compact's provisions are severable, meaning that:
 - If a provision of the compact is declared to conflict with the United States Constitution, all other provisions remain valid for all member states, and
 - If a provision is held contrary to a member state's constitution, the compact retains its full force in all other states, and all other provisions remain valid in the affected state.

Section 14: Binding Effect of Compact and Other Laws

- Reiterates that the compact and all lawful actions of the Commission are binding on the member states.
- All laws of a member state in conflict with the compact are superseded to the extent of the conflict.
- In the event that any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict and shall remain in force in all other member states.

Questions?

Raise your hand or use the chat!

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Children's National®

Legislative Summit - Audiology & Speech-Language Pathology Interstate Compact

Tracey Ambrose, AuD, CCC-A, F-AAA



Children's National®

	Initial Cost	Renewal	CEU	Additional Training	Background Check	Certifications
DC	\$264	\$179 - 12/31	20 hours biennial	1 hour Ethics; 2 hours LGBTQ	Criminal \$50	ASHA or ABA/praxis
MD	\$150	\$250 biennial- 5/31	30 hours (2 year)		Criminal \$50	ASHA or praxis
VA	\$135	\$75 annual - 12/31	10 hours/ year			ASHA or ABA/praxis
VA HA	\$30	5 years				AuD/ Pass Written Exam
USVI		Annual		3 hour HIV/ STD course		ASHA

August 23, 2021

Barriers To Care...

- Extended time to onboard new providers causes backlog in scheduling/ access to care
- Expensive
- Confusing/ Difficult to keep track of renewals
- Duplicate efforts/ waste of resources
- Most affected patients are those with limited resources/ options for care

Thank You!

Tracey Ambrose, AuD

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Military Families and ASLP-IC

Lesley Edwards-Gaither, PhD, CCC-SLP
Practitioner and Military Spouse



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Location. Location. Location.



Assignment	State License	Renewal Cycle	Continuing Ed	Date	\$\$\$\$\$\$\$\$\$
Wright Patterson, OH	Ohio Indiana	2 years 2 years	20 hours 36 hours	December 31 even year December 31	\$120 \$150
Ellsworth AFB, SD	South Dakota Ohio	3 years 2 years	30 hours 20 hours	Original licensure date December 31 even year	\$250 \$120
Wilford Hall Med Center, TX	Texas Ohio	2 years 2 years	20 hours 20 hours	Birth month December 31 even year	\$150 \$120
Ramstein AFB, Germany	Texas	2 years	20 hours	Birth month	\$150
Wright Patterson, OH	Ohio	2 years	20 hours	December 31 even year	\$120
Nellis AFB, NV	Nevada Texas California	1 year 2 years 2 years	15 hours 20 hours 24 hours	December 31 Birth month Last day of birthday month	\$250 \$150 \$110
Maxwell AFB, AL	Alabama Florida	1 year 2 years	12 hours 30 hours	December 31 December 31 of odd year	\$100 \$200
National Capital Region DC/MD/VA	Virginia California Florida	2 years 2 years 2 years	30 hours 24 hours 30 hours	December 31 Last day of birthday month December 31 of odd year	\$135 \$110 \$200
Air Force Academy, CO	Colorado California	1 year 2 years	10 hours 30 hours	November 30 Last day of birthday month	\$145 \$110



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Military Families and ASLP-IC

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Enacting ASLP-IC: Colorado

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ENACTING THE ASLP- IC IN ALABAMA

Lawrence F. Molt, Ph.D., CCC-SLP, CCC-A, FASHA, FAAA

Professor, Auburn University Speech, Language, Hearing Sciences Department
Chair, Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA)
Secretary, National Council of State Boards of Examiners for Audiology and
Speech-Language Pathology (NCSB)

Alabama's Process and Timeline

Fall 2018

- Former ABESPA Chair Florence Cuneo appointed to ASLP-IC Writing Committee

Spring 2019

- ABESPA reviews proposed ASLP-IC and submits suggestions for changes in wording/composition

Fall 2019

- **September** – Alabama Governor Kay Ivey publicly states support of Interstate Compacts
- **October** – 5 ABESPA Board members attend NCSB San Antonio Conference, learning more about interstate compacts and the ASLP-IC (*a positive selling point!*)
- **November** – ABESPA Board begins reviewing ASLP-IC Model Bill from CSG, developing formal concerns and questions to be investigated
- **December** – Molt presents information about ASLP-IC to *Speech and Hearing Association of Alabama (SHAA)* at Fall Board of Directors Meeting – and a decision to vote on support for ASLP-IC at Spring 2020 SHAA BOD Meeting
- **December** – ABESBA Chair Molt attends Council of State Governments "Summit of the States", learning much more about interstate compacts

Alabama's Process and Timeline

2020

- **January** – ABESPA Board reviews existing ICs in state (Medicine, Nursing, EMTs)
- **February** – SHAA Board of Directors votes to support passage of ASLP-IC, and gave responsibility to Advocacy Committee
- **February** – ABESPA Board presentation about ASLP-IC to SHAA membership at Spring 2020 SHAA Convention yields significant interest/support from the membership
- **February** – at SHAA convention received information from Susan Adams (ASHA) that there was an ASLP-IC Bill (SB 245) in the current Alabama Legislative session! *Big questions: who sponsored bill and why; and how to assist in passage*
- **March** – problems noted in SB 245 when reviewed by CSG/ASHA, attempts to revise falter, and COVID 19/SARS 2 pandemic shuts down legislative session
- **March** – ABESPA Board votes to support ASLP-IC
- **May** – Legislative session resumes – but only to pass Pandemic-related legislation. SB 245 is dead.
- **Fall 2020** – discussions begin with Lt. Governor's office about an ASLP-IC Bill for 2021 Legislative session and corrections to problematic section in SB 245.

Alabama's Process and Timeline

2021

- **January** – Bills filed for ASLP-IC (SB 130 – Sen. Linda Coleman-Madison as sponsor) as well as Psychology and Physical Therapy ICs – Lt. Governor's office is responsible for language of bill and sponsors. Molt sends copy of SB 130 to ASHA/CSG for review – who request changes in wording of the bill
- **February** – Bill moves to Senate Veteran's and Military Affairs committee. SHAA leadership asks members to contact VMAC members, indicating support. SB 130 passes VMAC and passes Senate. Bill moves to Health Committee of the House of Representatives with another SHAA led e-mail campaign
- **March** – With Rep. Wes Kitchens as House Sponsor, House votes approval of Bill with revisions/amendments requested by CSG on 3/4/21. Senate approves House amended version on 3/9/21. Governor Kay Ivey signed the Bill on 3/18/21, making Alabama the 7th state to pass the ASLP-IC, and the first state to pass it in 2021



Governor Kay Ivey signs SB 130, the ASLP-IC, accompanied by Senator Linda Coleman-Madison (sponsor of SB 130) and Dr. Larry Molt, ABESPA Chair.

Key Aspects Assisting Alabama's Passage

- Governor Kay Ivey's stated support of interstate compacts
- Department of Defense letter to States encouraging passage of interstate compacts as fastest way to assist military spouses (Alabama has a large number of military installations)
- Lieutenant Governor Will Ainsworth spearheading the effort to pass Interstate Compacts (got the bills written and located key sponsors)
- Support of the state professional association (Speech and Hearing Association of Alabama/SHAA) in supporting the ASLP-IC, encouraging members to contact their legislative representatives and key committee members, and providing lobbyist support
- Efforts by the Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) to study and investigate implications of the ASLP-IC for Alabama, its consumers, and its practitioners/licenses and explain the implications to the above mentioned groups (*Education efforts by NCSB were pivotal here!*)
- Education efforts for practitioners, licensing boards, state associations, and state legislators provided by the Council of State Governments (CSG), American Speech-Language-Hearing Association (ASHA), American Academy of Audiology (AAA), and the National Council of State Boards of Examiners for Speech Pathology and Audiology (NCSB).
- Finally, a special shout-out to Charles "CJ" Hincy, one of our Auburn University Lobbyists who spent way too much time educating me and assisting in the passage of the ASLP-IC. When the original bill was filed, he immediately contacted our department to get our position on it, and he quickly became an invaluable counsel, mentor, and friend.



Effective on September 30th 2021
Unanimously passed the House and Senate



Representative Andrea White
The Ohio House of Representatives OH-41



Our Strategy: Passing Ohio's Audio and Speech- Language Pathology Interstate Compact Legislation

Start Nationally	Connect with national stakeholders, to understand the compact requirements and best practices for passing this legislation
Connect	Connect with the key state stakeholders holders and interested parties. (Including licensing boards, associations, Executive Branch, etc)
Recruit	Recruit a legislator or legislators to sponsor your Audio and Speech- Language Pathology Compact Legislation – either as companion or stand-alone bill
Involve	Engage key stakeholders in helping you find and give testimony for committee hearings
Resolve Upfront	Work to resolve any potential road blocks for your legislation prior to introduction - while ensuring compliance with compact requirements
Communicate	Keep in touch with your legislator(s) to offer support. As sponsor, I communicated regularly with my Health Committee chair and members, and Senate counterparts in addition to key stakeholders / interested parties.
Keep It Moving	Work with the leadership in both Chambers to keep the bill moving, as well as the Executive Branch.

Questions for the panel?

Raise your hand, or put it in the chat!