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## FISCAL IMPACT REPORT

<b>SPONSOR</b>	Matthews/Armstrong/Jaramillo/Thomson	<b>LAST UPDATED</b>	02/27/2023
	Audiology & Speech-Language	<b>ORIGINAL DATE</b>	02/17/2023
<b>SHORT TITLE</b>	Pathology Compact	<b>BILL NUMBER</b>	House Bill 391/aHHHC
		<b>ANALYST</b>	Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	General Fund

Parentheses ( ) indicate expenditure decreases.  
 \*Amounts reflect most recent version of this legislation.

Relates to House Bills 247 and 248 and Senate Bill 67

### Sources of Information

LFC Files

Responses Received From  
 Regulation and Licensing Department (RLD)  
 Human Services Department (HSD)  
 Department of Health (DOH)

## SUMMARY

### Synopsis of HHHC Amendment to House Bill 391

The House Health and Human Services Committee amendment to House Bill 39 amends language in the original bill to conform more precisely to the language of the interstate compact, thus avoiding any possible challenge to New Mexico’s participation in the compact. One larger change is the removal of several paragraphs in Section 4E and 4F of the bill, which spelled out educational requirements for participation in the compact for audiologists and speech-language pathologists, respectively.

### Synopsis of the Original House Bill 391

House Bill 391 would adopt a compact among states, allowing audiologist and Speech-Language Pathologists to more easily practice in other states within the compact, obtaining licenses from other participating states considerably more easily than if applying without the compact. Section 1 establishes the name of the compact. Subsequent sections come from the compact itself.

**Section 2, Purpose** – To facilitate interstate audiology and speech-language pathology (SLP) practice across state lines and to increase the public’s access to audiology and SLP services, both in person and by telehealth, and to bolster each state’s requirements for licensure and continued practice.

**Section 3 – Definitions** – Defines terms used in the compact. Included is the definition of “compact privilege” as the authorization to practice in another compact state according to that state’s rules.

**Section 4 – State Participation in the Compact** – Licenses issued in one member state will be honored in other member states. Each state will do a criminal background check and will ascertain status of any information recovered. Training requirement minimums are set. Applicants must comply with the practice laws in the state in which they are practicing. Member states must comply with the compact’s provisions and can charge a fee of applicants for compact privileges.

**Section 5 – Compact Privilege** – Applicants for compact privileges must have an active license in a home state that is a member of the compact, notify the compact of applications to other states, notify the compact of any adverse actions on his/her license. Provisions for changing the home state of record are detailed.

**Section 6 – Compact Privilege to Practice Telehealth** – Granted to audiologists and SLPs in any member state.

**Section 7 – Active Duty Military Personnel and Spouses** – Active duty military may designate their home state, changing it only after licensure in a new state.

**Section 8 – Adverse Actions** – Any compact state may initiate adverse action against a compact licensee, but only the home state may take action against that state’s license, but if a home state license is encumbered, all other compact states will encumber it similarly.

**Section 9 – Audiology and Speech-Language Pathology Compact Commission – Created** – establishes the commission and its membership, including two members from each compact state. The commission will meet at least annually. Powers of the commission and of its seven-member executive committee are established. Meetings of the commission, the executive committee and other committees unless dealing with confidential personnel and other matters. Operations can be funded by grants, contracts, and/or fees assessed on member states. Annual audits are required.

**Section 10 – Qualified immunity, defense and indemnification** – Commission members, staff and other commission representatives are immune from related prosecution, except in the cases of intentional misconduct. The commission will defend staff and commissioners against allegations not stemming from intentional misconduct.

**Section 11 – Data System** – An appropriate data system is accounted for. Among its capabilities is to notify member states of any adverse action taken against a compact licensee.

**Section 12 – Rulemaking** – Rules and regulation established by the board can be overturned if a majority of member states pass legislation to do so. Final rules must be preceded by

publication and thirty-days' notice, and appeal methods are spelled out. Procedures for emergency rules are made.

**Section 23 – Oversight, Dispute Resolution and Enforcement** – The commission is to attempt to adjudicate disputes among member states. The commission may instigate legal action against a member state if a majority approves it.

**Section 14 – Date of Implementation...** -- Compact goes into effect when the tenth state enacts it into law (i.e., it is already in force). Any state [such as New Mexico] joining after the effective date is subject to rules already determined. Any member state can have side-contracts with non-member states.

**Section 15 – Construction and Severability** – The compact is severable; its provisions are active in all member states except for provisions which may violate a member state's constitution.

**Section 16 – Binding Effect of Compact and Other Laws** – All of each member state's laws remain in force unless they conflict with the compact.

**Section 17** -- The effective date of this bill is July 1, 2023.

## FISCAL IMPLICATIONS

There is no appropriation in House Bill 391. The only likely expense would be an assessment made on compact states by ASLP-IC.

## SIGNIFICANT ISSUES

RLD initially raised the issue of differences between the actual compact as adopted by other states and that reproduced within this bill. The agency raises the question as to whether these differences might not allow New Mexico to participate in the compact, even if this law were passed. These concerns appear to have been averted by the amendment.

New Mexico faces shortages of virtually all types of health professionals. Interstate compacts may be partial solutions to this problem, easing movement of practitioners into the state or allowing them to practice part-time and/or via telehealth in New Mexico.

As of February 16, 2022, 23 states had adopted the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC), and another nine (including New Mexico) had legislation pending to join the compact, according to the Audiology and Speech Language Interstate Compact ([aslpcompact.com](http://aslpcompact.com)).

ASLP continues:

The **Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)** facilitates the interstate practice of audiology and speech-language pathology while maintaining public protection.

The ASLP-IC Commission held its first meeting in January 2022 to establish rules and bylaws to implement the compact. Committees are now meeting on a monthly basis to continue these meetings on a monthly basis. The meetings are open to the public.

The process of standing up the commission can last a year or longer. Once the commission is fully operational and the member states are fully integrated in the compact's data system, compact privileges to practice will become available. We currently anticipate that applications for compact privileges will open in 2023.

The American Speech-Language-Hearing Association (asha.org) supports ASLP-IC, writing of its impact on audiologists and speech-language pathologists: “The ASLP-IC will certify that audiologists and speech-language pathologists (SLPs) have met acceptable standards of practice, promote cooperation between compact states in the areas of licensure and regulation, and offer a higher degree of consumer protection across state lines. Licensed audiologists and SLPs will be able to practice in person or through telepractice across state lines via a privilege to practice. The ASLP-IC will increase access to client, patient, and student care and will facilitate continuity of care when clients, patients, and students relocate/travel. Audiologists and SLPs will be able to provide services to populations currently underserved or geographically isolated as well as allow military personnel and spouses to maintain their profession when relocating.”

## RELATIONSHIP

Related to similar interstate compact bills, including the following:

- HB247/SB67, Interstate Medical Compact.
- HB248 Physical Therapy Licensure Compact.

## OTHER SUBSTANTIVE ISSUES

DOH points out two possible consequences of passage of this bill, one positive and the other negative:

There is a national shortage of healthcare professionals in rural areas, so many residents in rural communities could benefit from increasing availability and access to audiologists and speech-language pathologists.

One potential unintended consequence of New Mexico's participation in the Compact may be that New Mexico audiologists and speech-language pathologists could find it easier to obtain licenses to provide services in other states. This may be a particular issue in border communities, or if NM audiologists and speech-language pathologists were to provide their services in other states, such that NM therapists may reduce their work in New Mexico to work in other states if salary/reimbursement is better. As a result, HB391 could have the effect of reducing access to care.