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FISCAL IMPACT REPORT

BILL NUMBER: House Bill 11

SHORT TITLE: Audiology & Speech-Language Pathology Compact

SPONSOR: Thomson

LAST ORIGINAL
UPDATE: _____ **DATE:** 1/20/2026 **ANALYST:** Hanika-Ortiz

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
RLD/Speech-Language Pathology, Audiology and Hearing Aid Dispensers Practice Board	No fiscal impact	Up to \$75.0	Indeterminate but minimal		Nonrecurring	Other state funds
	No fiscal impact	Indeterminate but minimal	Indeterminate but minimal		Recurring	Other state funds

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 10, 12, 13, 14, 31, 32, 33, 44, 45, 50

Sources of Information

LFC Files

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has requested but has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

SUMMARY

Synopsis of House Bill 11

House Bill 11 (HB11) enters New Mexico into the Audiology and Speech-Language Pathology Interstate Compact (ASLP Compact).

Sections 1 and 2 outline the objectives of the ASLP Compact. These include mutually recognizing other member state licenses; enhancing the exchange of licensure, investigative and disciplinary information among member states; allowing a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards; and allowing for the use of telehealth technology to facilitate increased access to speech-language pathology services.

Section 3 provides definitions for key terms, including home state, the licensee's primary state of

residence; member state, a state that has enacted the compact; remote state, a member state other than the home state where the licensee provides services under a compact privilege; and telehealth, the use of technology to deliver services across state lines.

Section 4 lays out requirements for state participation. Member states must recognize licenses issued by other member states; require applicants to submit to a federal background check; determine whether licensees have any adverse actions on their licensure record; require applicants to obtain licensure in their home state; grant compact privileges to qualified licensees holding a valid license in another state; and recognize the right to practice in a member state via telehealth. Section 4 also requires licensees to meet certain criteria, including meeting specific educational requirements and holding an active, unencumbered license. Member states may grant a single state license without granting a compact privilege and may charge a fee for granting a compact privilege.

Section 5 provides the basis upon which compact privileges may be exercised by licensees, and how member states must monitor and regulate those licensees with compact privileges. If a licensee moves to a non-member state, the license is converted to a single state license, valid only in the former member state, and the privilege to practice in any member state is deactivated.

Section 6 allows an audiologist or speech-language pathologist to practice via telehealth.

Section 7 allows military licensees to retain their home state designation while on active duty.

Section 8 establishes the circumstances under which a remote state may take adverse action against a licensee practicing in that state and authorizes joint investigations among member states. The section specifies that only a home state may take adverse action against a license it issued and requires member states to address adverse conduct under their own laws. All state actions taken must be reported to the administrator of the data system for the compact.

Section 9 lays out the structure and governance of the ASLP Compact's commission. Acknowledgment is made that nothing in the compact shall be construed to be a waiver of the sovereign immunity of each compact state. Each compact state is also allotted two delegates: one audiologist and one speech-language pathologist to serve on the commission.

The remaining sections address qualified immunity and indemnification for commission delegates and employees acting in the course of administering the compact (Section 10); the compact data system (Section 11); commission rulemaking authority (Section 12); dispute resolution, enforcement, and procedures for member states in default (Section 13); the effective date (Section 14); construction and severability (Section 15); and the binding effect of the compact (Section 16).

Finally, Section 17 amends Chapter 61 Article 14 B, powers and duties of the board, to include proposing procedures, forms, and manner for submitting fingerprints for criminal history reports for the purpose of evaluating qualification for licensure, and requires an applicant, as a condition of licensure, to submit fingerprints to the Department of Public Safety to obtain criminal history.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

FISCAL IMPLICATIONS

The Audiology, Speech-Language Pathology and Hearing Aid Dispenser Practice Board (board) facilitates and oversees licensing of these practitioners. Practicing speech therapists and audiologists will most likely be responsible for the payment of any increased licensure fees, and any other fees required under the ASLP Compact. Fees associated with these licensing privileges would need to be sufficient to cover the additional administrative burden for the Board.

The commission may also recover operational costs with an annual assessment for states.

The board will likely incur costs to implement changes to its NM Plus licensing system in order to integrate with the commission's database. LFC scores this cost in the additional operating budget table at about \$75 thousand in FY27. There will also be ongoing expenses related to rulemaking, delegates serving on the commission, and for taking adverse action against a licensee.

SIGNIFICANT ISSUES

As reported in 2025, the New Mexico Commission for Deaf and Hard-of-Hearing said the compact would improve continuity of care for a person with a hearing loss or need for speech related services, improve access to providers, and enable telehealth services with the provider of choice regardless of residence. Hearing loss impacts 1 in 10 people worldwide. Screening and detection are a critical part of the care needed when there is a suspected hearing loss. Continued care can improve outcomes for a person with hearing loss over their lifetime. The benefits can mean offsetting cognitive decline, reducing depression, and addressing the increased risk of dementia.

To join a compact, a state must enact compact model legislation via its legislative process. The compact is now operational and issuing compact privileges. However, states must both enact the compact and complete onboarding to the shared data system before they can issue privileges.

PERFORMANCE IMPLICATIONS

To participate under the compact, this bill cannot be materially altered.

ADMINISTRATIVE IMPLICATIONS

An administrative rulemaking process, including a public hearing and required publication of notices and proposed rules, would also be required. RLD may need to help absorb these costs.

Administrative staff that support the board will require training on how to report and obtain licensing and disciplinary action information using the compact's shared data system.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

In addition to HB11, the Legislature is also considering other workforce compacts:

House Bill 10 Physician Assistant Interstate Compact
House Bill 12 Physical Therapy Licensure Compact
House Bill 13 Occupational Therapy Licensure Compact
House Bill 14 Dentist and Dental Hygienist Compact
House Bill 31 EMS Personnel Licensure Interstate Compact
House Bill 32 Counseling Licensure Compact
House Bill 33 Psychology Interjurisdictional Compact
House Bill 44 Dentist and Dental Hygienist Compact
House Bill 45 Physician Assistant Licensure Compact
House Bill 50 Social Work Licensure Interstate Compact

OTHER SUBSTANTIVE ISSUES

New Mexico faces shortages of virtually every type of healthcare practitioner. Interstate compacts may be partial solutions to this serious problem, easing movement of practitioners into the state or allowing them to practice part-time and/or via telehealth in the state of their choice.

As of 2025, 36 states plus the U.S. Virgin Islands have joined the ASLP Compact, according to the Audiology and Speech-Language Compact commission.

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