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## FISCAL IMPACT REPORT

**BILL NUMBER:** CS/House Bill 11/HJCS

**SHORT TITLE:** Audiology & Speech-Language Pathology Compact

**SPONSOR:** House Judiciary Committee

**LAST UPDATE:** 1/27/2026      **ORIGINAL 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, and 50

### Sources of Information

LFC Files

#### Agency or Agencies Providing Analysis

Health Care Authority  
Regulation and Licensing Department

## SUMMARY

### Synopsis of HJC Committee Substitute for House Bill 11

The House Judiciary Committee Substitute for HB11 (HB11/HJCS) enters New Mexico into the Audiology and Speech-Language Pathology Interstate Compact (ASLP Compact).

Sections 1 and 2 provide 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 3 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 4 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 5 allows an audiologist or speech-language pathologist to practice via telehealth.

Section 6 allows military licensees to retain their home state designation while on active duty.

Section 7 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 8 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.

Additional sections address qualified immunity for commission delegates and employees acting in the course of administering the compact (Section 9); the compact data system (Section 10); commission rulemaking authority (Section 11); dispute resolution, enforcement, and procedures for member states in default (Section 12); the effective date (Section 13); construction and severability (Section 14); and the binding effect of the compact (Section 15).

Section 16 adds new sections of the Speech-Language Pathology, Audiology and Hearing Aid Practices Act (Act) to prohibit employers in New Mexico from requiring participation in the ASLP compact as a condition for employment. Sections 17 through 19 add additional sections of the act as it relates to reporting duties for delegates from New Mexico serving on the commission, board obligations to publicly post certain compact commission actions, and joint investigations with other participating state boards under certain conditions. Section 20 amends Chapter 61-14B-11 NMSA 1978 to add implementing a criminal history background check requirement for applicants to the ASLP board's powers and duties.

Finally, Section 21 adds another section to the compact for a contingent repeal if a decision of the commission would change the scope of practice or definition of "unprofessional conduct" for an audiologist or speech-language pathologist in a manner that is inconsistent with the compact.

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. RLD believes an amendment may be needed to collect compact licensing fees.

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 it 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, which include allowing the board to promulgate rules to charge fees for compact privileges, delegates serving on the commission, and for taking adverse action against a licensee.

Providers from compact member states would still be required to enroll as a NM Medicaid provider and follow all applicable requirements to be eligible for reimbursement.

## SIGNIFICANT ISSUES

To participate under the compact, this bill cannot be materially altered. The Council of State Governments National Center for Interstate Compacts, in consultation with the ASLP compact commission, has determined there exists substantive deviation from the compact model legislation, which would jeopardize and prevent the state's entry into the compact. In addition to HB11/HJCS, this determination also applies to the following:

- Counseling Compact (HB32)
- Social Work Licensure Interstate Compact (HB50)
- Occupational Therapy Licensure Compact (HB13)
- Physician Assistant Interstate Compact (HB10)
- Dentist and Dental Hygienist Compact (HB14)

As reported in 2025, the 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.

## 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/HJCS, 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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