



South Dakota Board of Examiners for Speech-Language Pathology

Mailing Address:
810 North Main Street, Suite 298
Spearfish, SD 57783

Phone: (605) 642-1600 E-Mail: proflic@rushmore.com
Home Page: speechpath.sd.gov

DRAFT TELECONFERENCE **BOARD MEETING AGENDA**

TO: All Board Members
FROM: Carol Tellinghuisen
DATE: January 10, 2020
MEETING DATE: January 17, 2020
LOCATION: Teleconference with public access at:

Board Office	Brittany Schmidt
629 Main St.	1105 W. Russell Street
Spearfish, SD	Sioux Falls, SD 57104
605-642-1600	

Persons interested in joining the meeting may do so by appearing in person for the conference call at the locations listed above or by calling 605-642-1600 by January 16, 2020 to arrange for a dial in number for the teleconference.

MEETING TIME: 9:30AM CST / 8:30AM MST

Agenda Item Number

1. Call to Order/Welcome and Introductions-Schmidt
2. Roll Call-Schmidt
3. Corrections or additions to the agenda
4. Approval of the agenda
5. Public Testimony/Public Comment Period at 9:35 a.m. CST
6. Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)
7. Any other business coming in between date of mailing and date of meeting
8. Adjourn



ASHA
American
Speech-Language-Hearing
Association

Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)

ASLP-IC is an occupational licensure compact that:

- Addresses increased demand to provide/receive audiology and speech-language pathology services.
- Authorizes both telehealth and in-person practice across state lines in ASLP-IC states.
- Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.



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

- Audiologists and speech-language pathologists licensed in their home state apply for a privilege to practice under the ASLP-IC. State lines are a barrier no more!
- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions.
- ASLP-IC states retain the ability to regulate practice in their states.

Benefits

- Increasing access to client, patient and student care.
- Facilitating continuity of care when clients, patients, and students relocate, travel.
- Certifying that audiologists and speech-language pathologists have met acceptable standards of practice.
- Promoting cooperation between ASLP-IC states in the areas of licensure and regulation.
- Offering a higher degree of consumer protection across state lines.

Impacts

- Allowing 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.

- Permitting audiologists and speech-language pathologists to provide services to populations currently underserved or geographically isolated.
- Allowing military personnel and spouses to more easily maintain their profession when relocating.

Resources

- Learn more about interstate compacts by visiting CSG's National Center for Interstate Compacts.
- Learn more about the ASLP-IC.
- Find out who the collaborative partners are and see the latest updates.
- ASHA Compacts Presentation: Compacts 101 [PDF] (August 27, 2019)
- ASHA Compact Presentation: ASLP-IC Section by Section [PDF] (September 30, 2019)

For questions, contact Dan Logsdon at dlogsdon@csg.org or ASHA at interstatecompact@asha.org.

© 1997-2020 American Speech-Language-Hearing Association

Audiology & Speech- Language Pathology Interstate Compact (ASLP-IC)

An overview of interstate compacts and in-depth information on the ASLP-IC's process development, requirements to participate, and benefits to states and consumers.

Table of Contents

Interstate Compact Overview.....	1
Congress Approval.....	1
State Constitution's Permit the Creation and/or Joining of Interstate Compacts	1
Interstate Compacts Are Common.....	2
Types of Interstate Compacts	2
Regulatory Interstate Compacts in Health Care are Unique.....	3
Interstate Compacts Provide Many Advantages	3
Interstate Compact Development.....	4
Interstate Compact Components	4
Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)	5
Development Process.....	5
Requirements for Audiologists and Speech-Language Pathologists to Participate.....	6
Impact on States	8
Impact on Audiologists and Speech-Language Pathologists	8
Impact on Consumers	8

FOR ADDITIONAL INFORMATION

Dan Logsdon | dlogsdon@csg.org | 859-244-8226

Interstate Compact Overview

An interstate compact is a powerful, durable, and adaptive tool for ensuring cooperative action among states. It can provide a state-developed structure for collaborative and dynamic action while building consensus among states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action by developing and enforcing stringent standards while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- establishing a formal, legal relationship among states to address common problems or promote a common agenda;
- creating independent, multistate governmental authorities (e.g., Commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally;
- developing uniform guidelines, standards, or procedures for agencies in the compact's member states;
- promoting economies of scale to reduce administrative and other costs;
- responding to national priorities in consultation or in partnership with the federal government;
- retaining state sovereignty in matters traditionally reserved for the states; and
- settling interstate disputes.

Congressional Approval

Congress typically must first approve an interstate compact. Article I, Section 10 of the U.S. Constitution provides in part that “no state shall, without the consent of Congress, enter into any agreement or compact with another state.” Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states’ ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

State Constitutions Permit the Creation and/or Joining of Interstate Compacts

Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia v. Sims*, 341 U.S.22 (1951).

Interstate Compacts Are Common

Over 200 interstate compacts are in existence today. Typically, a state belongs to more than 20 interstate compacts.

Types of Interstate Compacts

Although there are many types of interstate compacts that are generally divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as “regulatory” or “administrative” compacts. Such compacts are a development of the 20th century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:
 - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
 - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
 - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
 - *Washington Metropolitan Area Transit Regulation Compact:* Regulate passenger transportation by private carrier.
 - *1921 Port Authority of New York-New Jersey Compact:* Provides joint agency regulation of transportation, terminal, and commerce/trade facilities in the New York metropolitan area.

Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** Border compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress’s approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.
- **Advisory Compacts:** Advisory compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state’s boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).

Regulatory Interstate Compacts in Health Care are Unique

Depending on the needs of the profession, interstate compacts addressing regulatory matters within the health care sector can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. For example, in comparing the professions of medicine and nursing, medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Audiology and speech-language pathology has chosen to use the *privilege to practice* model that is currently being used by the physical therapists.

Interstate Compacts Provide Many Advantages

Interstate compacts provide an effective solution to addressing multistate issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states but have regional or national implications.

Compacts afford states the opportunity to develop dynamic self-regulatory systems that participating states can maintain control of through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable, and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states. The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

Interstate compacts may often require a great deal of time to develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive "sameness" prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the 20th century as an out-growth of creating the modern administrative state. However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

Interstate Compact Development

Compacts are contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more additional states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

Interstate Compact Components

The compact should contain the minimum basics upon which it needs to operate, including the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework to build upon. The rules are the actuators of the compact and contain the details of state interaction, including:

- how information will be shared;
- standards and practices to be followed;
- forms that will be used; and
- timelines to be established.

By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.

Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

Development Process

ASLP-IC is an interstate compact designed to allow licensed audiologists and speech-language pathologists to practice across state boundaries and through telepractice both legally and ethically without necessitating that an individual become licensed in every state to practice.

The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. The American Speech-Language-Hearing Association (ASHA), the national professional association for audiologists and speech-language pathologists, was approached by its members to develop a mechanism to assist in the regulation of interstate licensure and telepractice. Given ASHA's financial and operational abilities, ASHA agreed to underwrite the process and engage in a contract with the Council of State Governments, National Center for Interstate Compacts (CSG-NCIC). ASHA partnered with CSG-NCIC and the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology (NCSB) to move forward with the ASLP-IC.

The initial process involved identifying an Advisory Group and Drafting Team.

- **Advisory Group:** The Advisory Group was composed of 16 members including state officials and representatives from state licensing boards, the U.S. Department of Defense, and national stakeholder organizations. They examined the challenges encountered by audiologists and speech-language pathologists providing interstate services, both in-person and through telepractice. The group then reviewed the feasibility of drafting a compact as a way of regulating interstate practice as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met in 2017. Their work culminated in a set of broad recommendations as to what the final compact product should entail.
- **Drafting Team:** The Drafting Team, a subset of the Advisory Group, was tasked with implementing, via a draft compact, the thoughts, ideas, and suggestions of the Advisory Group. The six-member Drafting Team, composed of compact and issue area experts, crafted the recommendations and provided their thoughts and expertise into the draft compact. The document was then open for comment in October 2018 for stakeholders. After the stakeholder feedback period, the Drafting Team made modifications as needed based on the feedback.

ASLP-IC becomes operational once 10 states enact ASLP-IC and enter the compact. The Advisory Group determined 10 states would be the critical mass needed to make ASLP-IC a useful and viable instrument to practice under the authority of ASLP-IC across state lines. Coincidentally, other compacts like the Physical Therapy Compact have used 10 states as a benchmark for their compact to become operational.

When an ASLP-IC becomes operational the ASLP-IC Commission is created. The Commission is the governing body of ASLP-IC and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed audiologists and speech-language pathologists in ASLP-IC member state can then apply for a *privilege to practice*.

The role of the ASLP-IC Commission is the governing body of the ASLP-IC and is comprised of two representatives appointed from each ASLP-IC state licensing board; one representing the practice of audiology and one representing the practice of speech-language pathology. The Commission is responsible for implementing the Rules and Bylaws of the ASLP-IC.

The ASLP-IC Commission operates as the free-standing governing body of the ASLP-IC. NCSB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission. A national audiology membership organization and a national speech-language pathology membership organization will also have one ex-officio, nonvoting membership each on the Executive Board of the Commission.

Requirements for Audiologists and Speech-Language Pathologists to Participate

The prevailing standard in the United States for the profession of audiology is for an individual to possess a doctoral degree in audiology. The prevailing standard in the United States for the profession of speech-language pathology is for an individual to possess a master's degree in speech-language pathology.

A licensed audiologist's or speech-language pathologist's participation in the ASLP-IC requires that he or she meet a defined set of criteria as stated in the ASLP-IC. Through a state's participation in the ASLP-IC, an audiology or speech-language pathology licensing board does not conduct the full assessment and review as required when reviewing an individual's application for licensure. Rather, they rely on the ASLP-IC to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in the ASLP-IC will not be reviewed by a board on a case-by-case basis.

An audiologist who has graduated with a master's degree in audiology prior to December 31, 2007, may obtain a *privilege to practice* under the ASLP-IC.

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	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	One license	Privilege to Practice

If an ASLP-IC participating state does not require a separate license to dispense a hearing aid, a practitioner may obtain a *privilege to practice* under the ASLP-IC and will be able to continue to do so. If the remote state does require a separate license to dispense, the practitioner will have to obtain that license.

Home State	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	HAD license required	HAD license required
HAD license required	HAD license required	HAD license required
HAD license required	One license	Privilege to Practice

An individual can no longer practice under the authority of the ASLP-IC if his or her state license is revoked. An individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in the ASLP-IC. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice audiology or speech-language pathology should be granted.

Section 3 – “G. The privilege to practice is derived from the home state license.”

Section 4 – “J. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two years have elapsed from the date of the adverse action.”

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.

An audiologist's or speech-language pathologist's *privilege to practice* is not revoked while an audiologist or speech-language pathologist is in an alternative program.

Section 7: “I. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.”

Continuing Education & the ASLP-IC. A practitioner only needs to maintain their home state license and associated continuing education in order to obtain a *privilege to practice* in a remote state. The practitioner does not need to meet a remote state's continuing education requirements unless it relates to scope of practice issues. For example, if a remote state requires continuing education in supervision in order to supervise, the practitioner would be required to complete that continuing education requirement if they planned to supervise.

ASLP-IC provides an accessible and manageable regulatory structure for the practice of audiology and speech-language pathology across state lines. Advantages to consumers are increased access to care, an avenue for complaints, and a greater degree of public protection. Audiologists and speech-language pathologists also have a means to provide services in other states where they may not currently hold a license. ASLP-IC requires that an

audiologist and speech-language pathologist be licensed in their home state but allows to practice in a remote state through a *privilege to practice*. This allows the home state to continue to regulate while allowing the remote state to know who is practicing in their state and in what capacity without requiring audiologists and speech-language pathologists to obtain and maintain a license in every ASLP-IC state.

Impact on States

Licensing requirements vary state to state.

As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, ASLP-IC serves as mechanism in which states agree to accept audiologists and speech-language pathologists that have met a defined level of standards who are practicing in their state.

The rules of the ASLP-IC are only applicable to states that enact ASLP-IC.

The rules of the ASLP-IC would only supersede any state law pertaining to the interjurisdictional practice of audiology and speech-language pathology.

A state can withdraw from ASLP-IC by repealing the ASLP-IC Model Legislation.

The withdrawal shall not take effect until six (6) months after enactment of the repealing Statute. Withdrawal will not affect the continuing requirement of the withdrawing State's Audiology and Speech-Language Pathology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

Section 12 – "C. Any member state may withdraw from this Compact by enacting a statute repealing the same."

ASLP-IC does not impact a state's right or ability to issue a license.

It is applicable only to the interjurisdictional practice of audiology and speech-language pathology precedence over state laws regarding this type of interjurisdictional practice.

Impact on Audiologists and Speech-Language Pathologists

Once the ASLP-IC becomes operational, audiologists and speech-language pathologists can apply for the *privilege to practice* in ASLP-IC states.

By already being licensed in the home state and remote state, an individual has already established full rights to practice in these states and, therefore, an individual would not receive a *privilege to practice* through the ASLP-IC.

An audiologist or speech-language pathologist would need to cancel the license in the remote state and apply for a *privilege to practice* through the ASLP-IC.

Impact on Consumers

ASLP-IC is a mechanism that can ensure public protection and improve access to care

while easing the barriers for competent and qualified audiologists and speech-language pathologists through the following:

- All audiologists and speech-language pathologists must hold an active license in their home state.
- Although audiologists and speech-language pathologists are not required to have a license in the remote state, they must meet established criteria and have had no disciplinary sanctions in order to receive a *privilege to practice*.
- States will have access to a real-time, searchable database that provides information about where audiologists and speech-language pathologists are intending to practice within their state.
- ASLP-IC provides a structure for the remote state to revoke the audiologist's or speech-language pathologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. ASLP-IC allows the home state to impose discipline regarding the practice in other states.

Through ASLP-IC, states can be assured that the consumers will be receiving care from qualified audiologists and speech-language pathologists and have improved access to care. States will now have a means to identify audiologists and speech-language pathologists providing services in their state as well as have a procedure to address disciplinary sanctions.

Through the ASLP-IC, consumers will have greater access to care.

ASLP-IC will allow licensed audiologists and speech-language pathologists to provide continuity of care as clients, patients, and/or students relocate. Audiologists and speech-language pathologists will also be able to reach populations that are currently underserved, geographically isolated, or lack specialty care.

Additionally, states will have an external mechanism that accounts for all audiologists and speech-language pathologists who may enter their state to practice; thus, indicating audiologists and speech-language pathologists have met defined standards and competencies to practice in other states. ASLP-IC will also help states ensure the public will be better protected from harm.

Section-by-Section



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; and
- Allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services.

SECTION 2 DEFINITIONS

This section is used to define the terms as used throughout the compact. This was done in an effort to alleviate confusion on the part of the states and practitioners.

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 professional must hold a home state license in a compact state. Section B. Requires a FBI finger-print based criminal background check. Section E. & F. set out licensure requirements that states must meet.

For an audiologist:

- Must meet one of the following educational requirements:
 - On or before, Dec. 31, 2007, has graduated with a Master's or Doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
 - On or after, Jan. 1, 2008, has graduated with a Doctoral degree in audiology, or equivalent degree regardless of degree, name from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
 - Has graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

For an audiologist (continued):

- Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the Board;
- Has successfully passed a national examination approved by the Commission;
- Holds an active, unencumbered license;
- Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law;
- Has a valid United States Social Security or National Practitioner Identification number.

For a speech-language pathologist:

- Must meet one of the following educational requirements:
 - Has graduated with a Master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
 - Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.
- Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Commission;
- Has completed a supervised postgraduate professional experience as required by the Commission
- Has successfully passed a national examination approved by the Commission;
- Holds an active, unencumbered license;
- Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law;
- Has a valid United States Social Security or National Practitioner Identification number.

SECTION 4 COMPACT PRIVILEGE

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.
- 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.

SECTION 5 COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

By accepting the compact the jurisdiction will allow for the practice of telehealth.

SECTION 6 ACTIVE DUTY MILITARY PERSONNEL OR THEIR 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 during the period the service member is on active duty.

SECTION 7 ADVERSE ACTIONS

This section explains how the compact, home and remote states will conduct and report adverse actions. As well as the consequences for an audiologist or speech-language pathologist who receives adverse actions.

- The home state may take adverse actions against an audiologist or speech-language pathologist license. A remote state may take adverse action on an audiologist or speech-language pathologist privilege to practice within that remote state.
- If the home state does take adverse action and audiologist or speech-language pathologist license is terminated and the privilege to practice in all remote states is revoked.
- All adverse actions taken should be reported to the Commission, in accordance to the rules of the Commission.
- If discipline is reported against an audiologist or speech-language pathologist, the audiologist or speech-language pathologist will not be eligible for a privilege to practice in accordance with the rules of the Commission.
- Other actions may be imposed as determined by the rules promulgated by the Commission.
- A home state's audiology or speech-language pathology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a remote state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against an audiologist or speech-language pathologist license.
- A license revoked, surrendered in lieu of discipline or suspended following investigation of all services granted through the compact would be terminated.
- Nothing in the compact will override a compact state's decision that an audiologist or speech-language pathologist participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the compact state's law.

SECTION 8 ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY COMPACT 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) 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.
- Vacancies of Commissioners must be filled in accordance of the laws of the compact state.
- Each commissioner is granted (1) vote in regard to creation of rules and bylaws and shall otherwise have the opportunity to participate in the business and affairs of the Commission.

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 rules of the commission. This database will allow for the expedited sharing of adverse action against compact audiologists and speech-language pathologists. The coordinated database information will be expunged by the law of the reporting compact state.

SECTION 10 RULEMAKING

This section describes the process for creating rules that will govern compact operations once the compact accepted by the first ten states.

SECTION 11 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

This section details the oversight and enforcement of the compact by member states.

SECTION 12 DATE OF IMPLEMENTATION OF THE INTERSTATE COMPACT COMMISSION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

The compact becomes effective on the date of enactment in the tenth state. States that join after the adoption of the rules shall be subject to the rules as they exist on the date which the compact becomes law in that state. This section further describes the process for withdrawal from the compact and notes that amendments to the compact must be unanimous.

SECTION 13 CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

SECTION 14 BINDING EFFECT OF COMPACT AND OTHER LAWS

This compact shall be binding among and upon all member states and shall supersede any conflict with state law.

FOR ADDITIONAL INFORMATION

Dan Logsdon | dlogsdon@csg.org | 859-244-8226

ASLP-IC 

Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)

Approved by Project Advisory Group on March 31, 2019

SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate practice of audiology and speech-language pathology with the goal of improving public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient/client/student is located at the time of the patient/client/student encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

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

SECTION 2: DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- A. **"Active duty military"** means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.
- B. **"Adverse action"** means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

- C. **“Alternative program”** means a non-disciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.
- D. **“Audiologist”** means an individual who is licensed by a state to practice audiology.
- E. **“Audiology”** means the care and services provided by a licensed audiologist as set forth in the member state’s statutes and rules.
- F. **“Audiology and Speech-Language Pathology Compact Commission” or “Commission”** means the national administrative body whose membership consists of all states that have enacted the Compact.
- G. **“Audiology and speech-language pathology licensing board,” “audiology licensing board,” “speech-language pathology licensing board,” or “licensing board”** means the agency of a state that is responsible for the licensing and regulation of audiologists and/or speech-language pathologists.
- H. **“Compact privilege”** means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules. The practice of audiology or speech-language pathology occurs in the member state where the patient/client/student is located at the time of the patient/client/student encounter.
- I. **“Current significant investigative information”** means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.
- J. **“Data system”** means a repository of information about licensees, including, but not limited to, continuing education, examination, licensure, investigative, compact privilege and adverse action.
- K. **“Encumbered license”** means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).
- L. **“Executive Committee”** means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

- M. **“Home state”** means the member state that is the licensee’s primary state of residence.
- N. **“Impaired practitioner”** means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.
- O. **“Licensee”** means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.
- P. **“Member state”** means a state that has enacted the Compact.
- Q. **“Privilege to practice”** means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.
- R. **“Remote state”** means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.
- S. **“Rule”** means a regulation, principle or directive promulgated by the Commission that has the force of law.
- T. **“Single-state license”** means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.
- U. **“Speech-language pathologist”** means an individual who is licensed by a state to practice speech-language pathology.
- V. **“Speech-language pathology”** means the care and services provided by a licensed speech-language pathologist as set forth in the member state’s statutes and rules.
- W. **“State”** means any state, commonwealth, district or territory of the United States of America that regulates the practice of audiology and speech-language pathology.
- X. **“State practice laws”** means a member state’s laws, rules and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.
- Y. **“Telehealth”** means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention and/or consultation.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

- A. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.
- B. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records
 - 1. A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.
 - 2. Communication between a member state, the Commission and among member states regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.
- C. Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or privilege to practice held by the applicant, whether any adverse action has been taken against any license or privilege to practice held by the applicant.
- D. Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws.
- E. For an audiologist:
 - 1. Must meet one of the following educational requirements:
 - a. On or before, Dec. 31, 2007, has graduated with a master's degree or doctorate in audiology, or equivalent degree regardless of degree name, from a program

- that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
- b. On or after, Jan. 1, 2008, has graduated with a Doctoral degree in audiology, or equivalent degree, regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
 - c. Has graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.
- 2. Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the board;
 - 3. Has successfully passed a national examination approved by the Commission;
 - 4. Holds an active, unencumbered license;
 - 5. Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law;
 - 6. Has a valid United States Social Security or National Practitioner Identification number.
- F. For a speech-language pathologist:
- 1. Must meet one of the following educational requirements:
 - a. Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

- b. Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.
 2. Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Commission;
 3. Has completed a supervised postgraduate professional experience as required by the Commission
 4. Has successfully passed a national examination approved by the Commission;
 5. Holds an active, unencumbered license;
 6. Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law;
 7. Has a valid United States Social Security or National Practitioner Identification number.
- G. The privilege to practice is derived from the home state license.
- H. An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology shall include all audiology and speech-language pathology practice as defined by the state practice laws of the member state in which the client is located. The practice of audiology and speech-language pathology in a member state under a privilege to practice shall subject an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.
- I. Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice audiology or speech-language pathology in any other

member state. Nothing in this Compact shall affect the requirements established by a member state for the issuance of a single-state license.

- J. Member states may charge a fee for granting a compact privilege.
- K. Member states must comply with the bylaws and rules and regulations of the Commission.

SECTION 4. COMPACT PRIVILEGE

- A. To exercise the compact privilege under the terms and provisions of the Compact, the audiologist or speech-language pathologist shall:
 - 1. Hold an active license in the home state;
 - 2. Have no encumbrance on any state license;
 - 3. Be eligible for a compact privilege in any member state in accordance with Section 3;
 - 4. Have not had any adverse action against any license or compact privilege within the previous 2 years from date of application;
 - 5. Notify the Commission that the licensee is seeking the compact privilege within a remote state(s);
 - 6. Pay any applicable fees, including any state fee, for the compact privilege;
 - 7. Report to the Commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.
- B. For the purposes of the compact privilege, an audiologist or speech-language pathologist shall only hold one home state license at a time.
- C. Except as provided in Section 6, if an audiologist or speech-language pathologist changes primary state of residence by moving between two-member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the Commission.
- D. The audiologist or speech-language pathologist may apply for licensure in advance of a change in primary state of residence.
- E. A license shall not be issued by the new home state until the audiologist or speech-language pathologist provides satisfactory evidence of a change in primary state of

residence to the new home state and satisfies all applicable requirements to obtain a license from the new home state.

- F. If an audiologist or speech-language pathologist changes primary state of residence by moving from a member state to a non-member state, the license issued by the prior home state shall convert to a single-state license, valid only in the former home state.
- G. The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of Section 4A to maintain the compact privilege in the remote state.
- H. A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege shall function within the laws and regulations of the remote state.
- I. A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens.
- J. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:
 - 1. The home state license is no longer encumbered; and
 - 2. Two years have elapsed from the date of the adverse action.
- K. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Section 4A to obtain a compact privilege in any remote state.
- L. Once the requirements of Section 4J have been met, the licensee must meet the requirements in Section 4A to obtain a compact privilege in a remote state.

SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Section 3 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall 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. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

SECTION 7. ADVERSE ACTIONS

- A. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:
1. Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.
 2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.
 3. Only the home state shall have the power to take adverse action against a audiologist's or speech-language pathologist's license issued by the home state.
- B. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
- C. The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of the investigations to the administrator of the

data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

- D. If otherwise permitted by state law, recover from the affected audiologist or speech-language pathologist the costs of investigations and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.
- E. Take adverse action based on the factual findings of the remote state, provided that the home state follows its own procedures for taking the adverse action.
- F. Joint Investigations
 - 1. In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.
 - 2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.
- G. If adverse action is taken by the home state against an audiologist's or speech language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an audiologist's or speech language pathologist's license shall include a statement that the audiologist's or speech-language pathologist's privilege to practice is deactivated in all member states during the pendency of the order.
- H. If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.
- I. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

SECTION 8. ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY COMPACT COMMISSION

- A. The Compact member states hereby create and establish a joint public agency known as the Audiology and Speech-Language Pathology Compact Commission:
 - 1. The Commission is an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting and Meetings

1. Each member state shall have two (2) delegates selected by that member state's licensing board. The delegates shall be current members of the licensing board. One shall be an audiologist and one shall be a speech-language pathologist.
2. 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.
3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.
4. The member state board shall fill any vacancy occurring on the Commission, within 90 days.
5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.
6. A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;
2. Establish bylaws;
3. Establish a Code of Ethics;
4. Maintain its financial records in accordance with the bylaws;

5. Meet and take actions as are consistent with the provisions of this Compact and the bylaws;
6. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
7. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;
8. Purchase and maintain insurance and bonds;
9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
10. Hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
11. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
12. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
13. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
14. Establish a budget and make expenditures;
15. Borrow money;
16. Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;
17. Provide and receive information from, and cooperate with, law enforcement agencies;
18. Establish and elect an Executive Committee; and

19. Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

D. The Executive Committee

The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact:

1. The Executive Committee shall be composed of ten (10) members:
 - a. Seven (7) voting members who are elected by the Commission from the current membership of the Commission;
 - b. Two (2) ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and
 - c. One (1) ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

E. The ex-officio members shall be selected by their respective organizations.

1. The Commission may remove any member of the Executive Committee as provided in bylaws.
2. The Executive Committee shall meet at least annually.
3. The Executive Committee shall have the following duties and responsibilities:
 - a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;
 - b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
 - c. Prepare and recommend the budget;
 - d. Maintain financial records on behalf of the Commission;
 - e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
 - f. Establish additional committees as necessary; and

- g. Other duties as provided in rules or bylaws.
4. Meetings of the Commission
- All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 10.
5. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:
- a. Non-compliance of a member state with its obligations under the Compact;
 - b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;
 - d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
 - e. Accusing any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigative records compiled for law enforcement purposes;
 - i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or
 - j. Matters specifically exempted from disclosure by federal or member state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

7. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
 8. Financing of the Commission
 - a. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
 - b. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
 - c. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.
 9. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
 10. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 9. DATA SYSTEM

- A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.
- B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Adverse actions against a license or compact privilege;
 - 4. Non-confidential information related to alternative program participation;
 - 5. Any denial of application for licensure, and the reason(s) for denial; and
 - 6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.
- C. Investigative information pertaining to a licensee in any member state shall only be available to other member states.
- D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.
- E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.
- F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

SECTION 10. RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

- B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule shall be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 - 1. On the website of the Commission or other publicly accessible platform; and
 - 2. On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
 - 1. The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;
 - 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 - 3. A request for comments on the proposed rule from any interested person; and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least twenty-five (25) persons;
 - 2. A state or federal governmental subdivision or agency; or
 - 3. An association having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 3. All hearings shall be recorded. A copy of the recording shall be made available on request.
 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
 - J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
 - K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
 - L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or member state funds; or
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
 - M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical

errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.
2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

B. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 12. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

- A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the 10th member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- C. Any member state may withdraw from this Compact by enacting a statute repealing the same.
 - 1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 - 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.
- E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 13. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision

of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

SECTION 14. BINDING EFFECT OF COMPACT AND OTHER LAWS

- A. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.
- B. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.
- C. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.
- D. All agreements between the Commission and the member states are binding in accordance with their terms.
- E. In the event 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 with the constitutional provision in question in that member state.