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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/25/21

SPONSOR HHHC LAST UPDATED \_\_\_\_\_ HB 210/HHCS

SHORT TITLE Audiology & Speech Language Pathology Compact SB \_\_\_\_\_

ANALYST Hanika-Ortiz

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

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>RLD</b>		\$5.0	\$5.0	\$10.0	Recurring	Speech-Language Pathology, Audiology Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Regulation and Licensing Department (RLD)

### SUMMARY

#### Synopsis of Bill

The House Health and Human Services Committee substitute for House Bill 210 proposes to enter New Mexico into the Audiology and Speech-Language Pathology Interstate Compact (Compact).

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

Section 3 is the definitions section; the substitute expands use of the term “telehealth” to allow for audio-visual and future technologies other than telecommunication to deliver services at a distance.

Section 4 lays out requirements for state participation. Member states must recognize the audiologist or speech-language pathologist licenses issued by other member states where the licensee obtains practice privileges; require applicants to submit to a federal background check; determine whether applicants 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. This section also sets out requirements for licensure and qualifications to participate in compact privileges. Member states may grant a single state license without granting a compact privilege, charge a fee for granting a compact privilege, and must comply with rules of the commission.

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

Section 6 allows the practice of telehealth. The substitute adds a new subsection that says a licensee providing services in a remote state shall function within the laws and regulations of the state where that patient or client is located.

Section 7 requires active duty personnel and spouses to designate a home state where the individual currently has a license in good standing, allowing only for change of the designated home state through application for licensure in the new state.

Section 8 sets out the criteria and authority upon which a remote state may impose adverse actions against a privilege to practice in a member state; authorizes joint investigation; and requires member states to prioritize addressing adverse conduct with its own state laws to determine action. All state actions taken must be reported to the administrator of the data system for the compact.

Section 9 recognizes and establishes New Mexico's entry into the Audiology and Speech-Language Pathology Compact commission (commission), and lays out the structure and governance of the commission. Acknowledgment is made that nothing in the compact shall be construed to be a waiver of the sovereign immunity of each state. Each compact state is allotted two delegates; one audiologist and one speech-language pathologist, to serve on the compact commission. The substitute clarifies the commission has no authority to change or modify the laws of the member states that define the practice of audiology and speech-language pathology in the respective states. In Section 10 the substitute requires all open meeting minutes and documents to be made available to the public; and addresses qualified immunity, defense and indemnification of compact commission members, officers, the executive director, employees and representatives.

The remaining sections of the substitute address: the requirements for a data system provided by the compact commission (Section 11); rulemaking powers of the compact commission (Section 12); resolving disagreements between members states, enforcing rules of the compact, addressing member states in default, and relief available (Section 13); date of implementation (Section 14); construction and severability (Section 15); and the binding effect of the compact (Section 16).

The effective date of this bill is July 1, 2021.

## **FISCAL IMPLICATIONS**

The bill requires two delegates; one audiologist and one speech-language pathologist to attend annual meetings of the compact commission. RLD estimates \$5,000 will cover that cost.

## **SIGNIFICANT ISSUES**

The substitute bill provides a smoother transition for applicants licensed in another compact state to practice in New Mexico, while preserving the state’s regulatory authority over licensure.

The substitute bill requires federal background checks to be completed by the board. However, RLD noted the board does not currently have the statutory authority to run background checks.

## **ADMINISTRATIVE IMPLICATIONS**

A rule-making process and public hearing will need to be completed during 2021.

## **TECHNICAL ISSUES**

The substitute bill does not amend Section 61-12B-12(D) and Section 61-12B-12.1 to give the board authority to conduct fingerprint background checks. According to RLD, this is necessary to carry out the requirements to become a member state in the compact. *See* amendment, below.

## **OTHER SUBSTANTIVE ISSUES**

According to the Audiology & Speech-Language Pathology Interstate Compact, six states have enacted the compact so far including Utah, Wyoming, Oklahoma, Louisiana, West Virginia and North Carolina. Fourteen states have pending legislation in 2021 including Washington, Oregon, Colorado, New Mexico, Nebraska, Kansas, Minnesota, Iowa, Wisconsin, Indiana, Kentucky, Georgia, Maryland and New Hampshire. See <https://aslpcompact.com/compact-map/>

## **AMENDMENTS**

RLD said the following amendment for applicants for initial licensure as a speech-language pathologist and audiologist is needed to be required to submit to a federal background check.

Section 61-12B-12: “D. An initial applicant for licensure as a speech-language pathologist shall provide fingerprints, as defined in board rule, to the board to obtain the applicant’s federal bureau of investigation criminal history record. The applicant shall pay the cost of obtaining the federal bureau of investigation criminal history record.”

Section 61-12B-12.1: “C. An initial applicant for licensure as an audiologist shall provide fingerprints, as defined in board rule, to the board to obtain the applicant’s federal bureau of investigation criminal history record. The applicant shall pay the cost of obtaining the federal bureau of investigation criminal history record.”

AHO/al/sb