WHAT IS A COMPACT?

An interstate compact is a contract between two or more states. It carries the force of statutory law and allows states to perform a certain action, observe a certain standard, or cooperate in a critical policy area.

Interstate compacts:

- Establish a formal, legal relationship among states to address common problems or promote a common agenda;
- Create independent, multistate governmental authorities (such as commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally; and
- Establish uniform guidelines, standards or procedures for agencies in the compact's member states.

How Many Interstate Compacts Are There?

There are more than 200 active interstate compacts. Twenty-two of them are national in scope, including several with 35 or more member states and an independent commission to administer the agreement. More than 30 compacts are regional, with eight or more member states. Examples of well-known interstate compacts include the New York-New Jersey Port Authority Compact, the Emergency Management Assistance Compact, the Washington Metro Area Transit Authority Compact, the Multistate Tax Compact, and the Southern Dairy Compact.

When Are Interstate Compacts Created?

Historically, interstate compacts have been used for three reasons:

1) to establish state boundaries;

2) to establish advisory commissions to study interstate policy issues and report back to the respective states on their findings; and

3) to create administrative agencies to regulate and manage a variety of interstate policy concerns.

Between 1783 and 1920, states approved 36 compacts, mostly to settle boundary disputes. More recently, especially since the end of World War II, states have created a variety of compacts including conservation and resource management, civil defense, education, emergency management, energy, law enforcement, probation and parole, transportation, and taxes.

How Are Interstate Compacts Created?

The U.S. Constitution (Art. 1, Sec. 10, Clause 3) grants states the right to enter into multistate agreements for their common benefit. Congress must approve any compact that would increase the states' political power in a manner that would encroach upon the federal government's power. When entering compacts, states must adhere to state constitutional requirements, particularly regarding separation of powers, delegation of power, and debt limitations. In 1951, the Supreme Court affirmed in *West Virginia v. Sims* that states have the authority to enter into compacts and to delegate authority to an interstate agency.

Are All Regulatory Interstate Compacts Alike?

No, depending on the needs of the profession, interstate compacts addressing regulatory matters 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.

The professions of medicine, nursing, and physical therapy are good examples. Medicine chose to construct its compact to address expedited licensure; nursing's compact creates a multistate license; and physical therapy's compact creates a privilege to practice. Audiology and speech-language pathology chose to follow the privilege to practice model.

What Are The Benefits Of Interstate Compacts?

Interstate compacts are powerful, durable, flexible tools to promote and ensure cooperation among the states, while avoiding federal intervention and preemption of state powers. Compacts offer the following benefits:

- settling interstate disputes;
- providing state-developed solutions to complex public policy problems unlike federally imposed mandates;
- responding to national priorities in consultation or in partnership with the federal government;
- retaining state sovereignty in matters traditionally reserved for the states; and
- creating economies of scale to reduce administrative costs.

How Can I Get More Information?

For more information on interstate compacts, including news on recent state and federal legislation, a searchable database of compacts, links to relevant state statutes, legal and historical information, and more :

Visit the National Center for Interstate Compacts at **www.csg.org** (keyword: interstate compacts).

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ASLP-IC
Audiology & Speech-Language Pathology
Interstate Compact

ASLP-IC

Audiology & Speech-Language Pathology
Interstate Compact

Compact Myths and Facts

Myth: The ASLP-IC is more powerful than other compacts.

Fact: The ASLP-IC is crafted in the exact same manner as the other healthcare licensure compacts, including the Interstate Medical Licensure Compact (IMLC). In fact, the section of the ASLP-IC that addresses the binding effect of interstate compacts was taken verbatim from the IMLC. The ASLP-IC not only provides a greater means of public protection, it also increases access to care and more effectively facilitates telehealth practice. Additionally, the ASLP-IC benefits licensees such as spouses of military members whose frequent moves often result in significant delays in the ability to obtain licensure upon relocating to another jurisdiction. Audiologists and speech-language pathologists are only seeking the means for borderless practice available to physicians through the Interstate Medical Licensure Compact.

Myth: The proposed compact creates a Commission with the power to override state laws. The participating states have the ability to expand scope of practice.

Fact: Licensure Compact Commissions in general, and the ALSP-IC, do not have the ability to override state scopes of practice acts. On the contrary, the ASLP-IC explicitly states in Section 3(h) that "[a]n 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."

Myth: Disorders of hearing, balance and speech are medical problems that deserve a medical diagnosis and treatment plan. Audiologists and speech language pathologists are not trained to make these diagnoses.

Fact: By virtue of training and practice, audiology is a unique profession that specializes in and provides comprehensive diagnostic and nonmedical treatment services for hearing and balance disorders, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; these individuals include persons of different races, genders, religions, national origins, and sexual orientations.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

Myth: There is inadequate oversight of the Commission required by the compact. In fact, in Section 11 entitled "Oversight, Dispute Resolution and Enforcement", the section on "Oversight" is conspicuously missing. Further, in 24 states, physicians are required members of the Boards of Audiology and Speech-Language Pathology. The compact and the Commission do not provide for these important oversight positions, thus eliminating the critical role physicians currently serve on these Boards.

Fact: Audiology and speech-language pathology are independent autonomous professions. Twenty-six states do not have a physician member on the state licensing boards. State licensing boards have the sole authority to appoint members to the ASLP-IC interstate commission, which physician members in those states can and do influence. The compact has robust provisions for transparency and public participation as it requires notice to the public and the opportunity to be heard prior to consideration by the Compact governing body as well as requirements for public participation at the meetings of the Commission.

Myth: This compact will force school systems to hire SLPs with a compact privilege. This will disproportionately affect rural school districts where school employees do not always have the level of licensure required in the compact.

Fact: The ASLP-IC clearly does not require school districts to hire only those who qualify through the compact licensure requirements. The proponents have consistently maintained in their advocacy for the legislation that if states require an additional certification for SLPs to practice in a school setting, the compact will not override that requirement. This is because the compact leaves scope of practice issues to the individual member states and requires that the licensees utilizing the compact abide by each state's scope of practice requirements or they will not be allowed to retain their authorization to practice in any of those compact member states. Moreover, the compact does not prevent school certified SLP's to continue in their current positions. The compact merely creates an alternative pathway to licensure, not a replacement of any existing path. The ASLP-IC deals exclusively with licenses issued by state professional licensing boards, not Departments of Education. The compact will, however, expand a school district's ability to recruit qualified personnel by leveraging a robust marketplace that borderless practice has created for other professions. *This serves one of the compact's principal purposes of creating greater access to care.*

Myth: Unlike the medical licensure compact where a physician must already be licensed to practice in a state, this compact creates and dictates initial universal licensure for two very different professions. bypassing the more rigorous review of credentials and training approved at the individual state level.

Fact: **The privilege to practice afforded through the ASLP-IC is solely derived from the home state license. (See Section G.)** Although the compact affects two professions, these professions are regulated by the same licensing board in almost all states. In addition to basic requirements for accessing the compact, an audiologist and SLP must hold a license in good standing in their state of residence. The differences between states' entry into practice requirements are minimal due to program accreditation and standardized testing requirements. Compact member states retain their unique scope of practice and the competency requirements that dictate whether the practitioner may engage in that unique scope of practice. If practitioners are granted a compact privilege to practice in a compact member state, they must abide by that state's scope of practice competency requirements and may be disciplined for failing to meet those requirements. The compact does not infringe upon a state's ability to mandate continuing education for the maintenance of a practitioner's home state license. It is simply a tool to provide relief to audiologists and speech-language pathologists from burdensome, redundant requirements for interstate practice.

FOR ADDITIONAL INFORMATION

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Fact Sheet

ASLP-IC
Audiology & Speech-Language Pathology
Interstate Compact

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

THE ASLP-IC:

- is a cooperative agreement enacted into law by participating states;
- becomes operational when 10 states enact ASLP-IC into law;
- ensures that participating states communicate and exchange information including verification of licensure and disciplinary sanctions; and
- requires audiologists and speech-language pathologists who wish to practice under the ASLP-IC to obtain a privilege to practice in the participating states.

BENEFITS OF ASLP-IC INCLUDE:

- improving consumer protection across state lines;
- increasing access to care for patients, clients, and/or students;
- facilitating continuity of care when patients, clients, and/or students relocate or travel to another compact member state;
- promoting cooperation between ASLP-IC member states on interstate licensure and regulation requirements; and
- ensuring that audiologists and speech-language pathologists have met acceptable standards of practice.

THE ASLP-IC SUPPORTS AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS BY:

- allowing licensed audiologists and speech-language pathologists to obtain a privilege to practice across state lines without having to become licensed in additional ASLP-IC member states;
- permitting audiologists and speech-language pathologists to provide services to underserved or geographically isolated populations through telepractice;
- facilitating continuity of care when patients, clients, and/or students relocate or travel to another compact state.

FOR ADDITIONAL INFORMATION
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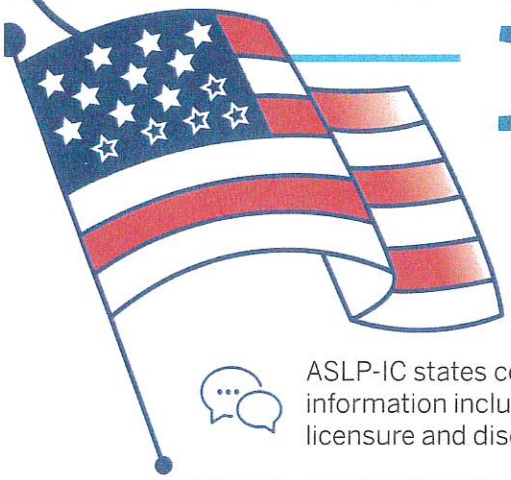
ASLP-IC

What is the ASLP-IC

Audiology & Speech-Language Pathology
Interstate Compact

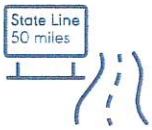
ASLP-IC is an occupational licensure compact that:

- 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.



10 states

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 barier 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

Certifying that audiologists and speech-language pathologists have met acceptable standards of practice.

Increasing access to client, patient, and student care.

Promoting cooperation between ASLP-IC states in the areas of licensure and regulation.

Facilitating continuity of care when clients, patients, and students relocate, travel.

Offering a higher degree of consumer protection across state lines.

Impacts

For more information:

aslpic.org

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.

Audiology and Speech-Language Pathology														
State	License Required	Minimum Education Aud	Minimum Education SLP	Clinical Practicum	Clinical Fellowship	National Exam	CCC Required	Renewal Timeframe	Continuing Education Hours	Additionally Required Exams	Additionally Required Courses	Cost of Initial Licensure	Cost of Licenure Renewal	Reciprocity Provisons
Alabama	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Annual	12	No	No	$ 275	$ 100	Yes
Alaska	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	None	No	No	$ 300	$ 150	Yes
Arizona	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 300	$ 200	Yes
Arkansas	Yes	Masters	Masters	Yes	Yes	Yes	No	Annual	10	No	No	$ 140	$ 80	Yes
California	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	24	No	No	$ 60	$ 110	Yes
Colorado	Yes	Doctoral	Masters	Yes	Yes	Yes- SLP; No- Aud	No	Annual	20	No	No	$ 145	?	Yes
Connecticut	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 200	$ 205	Yes
Delaware	Yes	Doctoral	Masters	Yes	Yes	Yes	Yes	Bienniel	30	No	No	$ 125	?	Yes
District of Columbia	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 264	$ 179	Yes
Florida	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	30	No	Yes	$ 280	$ 80	Yes
Georgia	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 110	$ 60	Yes
Hawaii	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	None	No	No	$ 264	?	Yes
Idaho	Yes	Masters	Masters	Yes	Yes	Yes	No	Annual	10	No	No	$ 100	$ 100	Yes
Illinois	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 145/100	?	Yes
Indiana	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	36	Yes	No	$ 150	$ 50	Yes
Iowa	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	30	No	No	$ 120	$ 96	Yes
Kansas	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 135	$ 135	Yes
Kentucky	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	30	No	No	$ 150	$ 100	Yes
Louisiana	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Annual	10	No	No	$ 125	?	Yes
Maine	Yes	Masters	Masters	Yes	Yes	Yes	No	Annual	10	No	No	$ 181	$ 110	Yes
Maryland	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	30	Yes	No	$ 150	$ 100	Yes
Massachusetts	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 68	$ 68	Yes
Michigan	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	Yes (SLP)	$ 280.85/98.50	$ 300.85/118.80	Yes
Minnesota	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	30	No	No	$ 510/208	$ 510/200	Yes
Mississippi	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 200	$ 100	Yes
Missouri	Yes	Masters	Masters	Yes	No	Yes	No	Bienniel	30	No	No	$ 25	$ 50	Yes
Montana	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Annual	10	Yes	No	$ 192	$ 110	Yes
Nebraska	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	Recommended	No	$ 140	$ 140	Yes
Nevada	Yes	Masters	Masters	Yes	No	Yes	No	Annual	15	No	No	$ 250	$ 100	Yes
New Hampshire	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20/30	No	No	$ 300/?	?	Yes
New Jersey	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	No	Yes	$ 245	?	Yes
New Mexico	Yes	Masters	Masters	Yes	Yes	Yes	Yes	Bienniel	20	Yes	No	$ 100	$ 170	No
New York	Yes	Masters	Masters	Yes	Yes	Yes	No	Trienniel	30	No	No	$ 294	?	Yes
North Carolina	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Trienniel	30	No	No	$ 90	$ 60	Yes
North Dakota	Yes	Masters	Masters	Yes	No	Yes	No	Annual	10	No	No	$ 100	$ 75	Yes
Ohio	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 200	$ 120	Yes
Oklahoma	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 85	$ 85	Yes
Oregon	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	30	Yes	No	$ 329.50	$ 210	Yes
Pennsylvania	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 50	$ 46	Yes
Rhode Island	Yes	Doctoral	Masters	Yes	Yes	Yes	Yes - SLP; Aud may show ABA	Bienniel	20	No	No	$ 65/145	?	Yes
South Carolina	Yes	Masters	Masters	Yes	Yes	Yes	No	Annual	16	No	No	$ 220	$ 160	Yes
South Dakota	Yes	Masters	Masters	Yes	Yes	Yes	No	Annual/Bienniel	12/20	No	No	$ 200/100	$ 200/150	Yes
Tennessee	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Annual	10	No	No	?	?	Yes
Texas	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	Yes	No	$ 150	$ 100	Yes
Utah	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	No	No	$ 70	$ 47	No
Vermont	Yes	Masters	Masters	Yes	Yes	Yes	No	Trienniel	30	No	No	$?/100	?	No
Virginia	Yes	Doctoral	Masters	Yes	Yes	Yes	Yes	Annual	10	No	No	$ 135	?	Yes
Washington	Yes	Masters	Masters	Yes	Yes	Yes	No	Trienniel	30	No	Yes	$ 205/221	$ 75/91	Yes
West Virginia	Yes	Masters	Masters	Yes	Yes	Yes	No	Bienniel	20	Yes	Yes	$ 200	$ 175	Yes
Wisconsin	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Bienniel	20	Yes - Aud	No	$ 170	$ 170	Yes
Wyoming	Yes	Doctoral	Masters	Yes	Yes	Yes	No	Annual	12	No	No	$ 300	$ 100	Yes