

OSHGAC

HB 252 Proponent Testimony House Health Committee

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo and members of the House Health Committee, thank you for the opportunity to provide proponent testimony on HB 252, which would enact the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC). My name is Dr. Jennell Vick and I am the Chair of the Ohio Speech and Hearing Governmental Affairs Coalition (OSHGAC) representing more than 2,500 speech-language pathologists and audiologists across the state of Ohio. I am also the Executive Director of the Cleveland Hearing & Speech Center. I have devoted my career to the profession of speech-language pathology, working as a scientist and professor for more than 20 years at institutions including MIT, the University of Washington, the University of Texas at Dallas, and Case Western Reserve University. My area of expertise is evidence-based practice, biostatistics, and the development of technology-based treatments for speech sound disorders. My current role as the leader of the nation's oldest freestanding speech and hearing center allows me to focus on the critical and unmet needs of the most vulnerable citizens of Ohio who face endless disparities both in the incidence of communication disorder and in barriers to access to care. HB 252 will help us to reduce some of these disparities, especially in terms of access to care.

The members of OSHGAC support HB 252 because it will allow audiologists and speech-language pathologists to practice interstate while ensuring that individual states maintain control over the practice of these professionals and provide protections to patients. The membership of our group is united in our belief that the citizens of Ohio deserve maximum access to high-quality, evidence-based care for communication disorders and passing HB 252 would help to remove some of the barriers to accessibility for our state's citizens.

In terms of maximizing care accessibility, entering into the ASLP-IC will particularly increase access to care for patients who live in underserved areas of the state, including rural and inner-city locations. As you are hopefully aware, Ohio faces a critical shortage of speech and hearing professionals to serve the needs of some of our state's most vulnerable citizens. In children, diagnosis and treatment of communication disorders is time-sensitive: children's brains are "primed" for learning

language in the first 2000 days of life. Early language development is the single greatest predictor of later success with literacy and, in turn, literacy skills predict academic and later vocational achievements. Without access to care in the short window of early childhood, children in your district will be left behind. In turn, later costs for special education, disability, and unemployment will be costly. The ASLP-IC will increase the number of available providers to children across Ohio. For our state's seniors, the ASLP-IC will ensure access to technology and treatment that prevents social isolation, dementia, and a host of other health conditions that result from being "cut off" from family, friends, and community.

Another benefit of the ASLP-IC is that it will facilitate continuity of care when patients relocate or travel to another compact member state. This continuity of care is critical as family travel or other circumstances force children to live elsewhere for extended periods of time which can disrupt the services our members provide. If Ohio enters the ASLP-IC, it will allow for Ohio-based audiologists and speech-language pathologists to continue offering services to their patients regardless of their travel plans or family situation.

In addition to providing benefits to the patient, the passage of HB 252 will also reduce regulatory barriers for those Ohio-based audiologists and speech-language pathologists who are currently forced to obtain multiple state licenses to practice. The ASLP-IC allows 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. This will encourage these professionals to provide services to underserved or geographically isolated populations through the use of telehealth. Furthermore, this bill will give military personnel and their spouses a means to maintain their profession when they are forced to relocate.

I think it is also important to highlight what HB 252 and the ASLP-IC does NOT do. It does not supersede state law and the state's control over the practices of audiology and speech-language pathology (clearly stated in lines 313-316 of HB 252). Additionally, it does not expand the scope of practice for these professionals, compact members states retain their unique scope of practice and the competency requirements that dictate whether the practitioner may engage in that unique scope of practice. Lines 241-242 of HB 252 explicitly state that the privilege to practice afforded through the ASLP-IC is solely derived from the home state license.

As of April 2021, ten states have enacted the ASLP-IC into law, including our neighboring states of Kentucky and West Virginia. With the ten-state threshold now met, the ASLP Compact Commission can now be established. There are plans for the Commission to convene to establish rules and bylaws, and to implement the shared interstate licensure data system that will allow for instant verification of good standing. While the creation of the Compact Commission has begun, there is still time for Ohio to act to ensure it has a say in the development of the bylaws, which is why HB 252 must be passed quickly to ensure Ohio has a seat at the table.

On behalf of OSHGAC, I would like to thank Representatives Plummer and White for introducing HB 252 and I urge your support for this important legislation. I would be happy to answer any questions at this time.

Sincerely,

Jennell C. Vick, Ph.D., CCC-SLP
Chair, Ohio Speech and Hearing Government Affairs Coalition
Executive Director, Cleveland Hearing and Speech Center