



# HOUSE BILL 1053: PED/Military OL & Audiology Interstate Compct.

2019-2020 General Assembly

**Committee:** House Floor  
**Introduced by:** Reps. Horn, Lucas  
**Analysis of:** Fourth Edition

**Date:** June 23, 2020  
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**OVERVIEW:** *House Bill 1053 would implement recommendations from the Program Evaluation Division regarding ways to improve the occupational licensing process for military-trained applicants and military spouses; and make North Carolina a member of the Interstate Compact for Audiology and Speech-Language Pathology.*

[As introduced, this bill was identical to S717, as introduced by Sens. Bryan, Wells, D. Davis, which is currently in House Homeland Security, Military, and Veterans Affairs.]

**BACKGROUND:** In a final report made to the Joint Legislative Program Evaluation Oversight Committee in February 2020 (Report No. 2020-01), the Program Evaluation Division made several recommendations to further ease burdens on military-trained applicants and military spouses in obtaining occupational licensure. The recommendations included:

- Requiring occupational licensing boards to implement an expedited application process for military spouses.
- Requiring occupational licensing boards to promote military licensure provisions so that military-trained applicants and military spouses are aware of the opportunities the legislation provides.
- Requiring occupational licensing boards to annually report on (i) the number of military-trained applicants and military spouses who were licensed pursuant to N.C. Gen. Stat. § 93B-15.1, and (ii) the number of military-trained applicants and military spouses who were denied licensure.

The entire report can be found here:

[https://www.ncleg.net/PED/Reports/documents/Military\\_Licensure/Military\\_Licensure\\_Report.pdf](https://www.ncleg.net/PED/Reports/documents/Military_Licensure/Military_Licensure_Report.pdf)

The Interstate Compact for Audiology and Speech Pathology seeks to improve public access to audiology and speech-language pathology services. To date, the following states have enacted this compact: West Virginia, Utah, Wyoming, and Oklahoma. Currently, four other states have introduced legislation to implement the compact. It is believed that nine other states will introduce legislation related to the compact within the next year.

**CURRENT LAW:** G.S. 93B-15.1 provides occupational licensure for military-trained applicants and military spouses.

## Part I. Military Spouse Occupational Licensure.

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**BILL ANALYSIS:** HB1053 would do all of the following:

- Require a board to issue a license, certification, or registration no later than 15 days to a military-trained applicant or military spouse that has satisfied the requirements for licensure, and would shorten the time period for a board to provide notice to an applicant from 30 days to 15 days if that applicant's training or experience does not satisfy the requirements for licensure, or if a pending complaint in another jurisdiction constituting grounds for denial of licensure in this State exists. Similarly, a board would be required no later than 15 days, issue a temporary practice permit to an applicant who is licensed, certified, or registered in another jurisdiction while they are satisfying the requirements for licensure.
- Expand existing licensure provisions for military-trained applicants and military spouses applicable to occupational licensing boards to include State agency licensing boards to maintain consistency with definitional changes made under S.L. 2019-19.
- Require boards and the Secretary of the Department of Military and Veteran Affairs to publish certain information on their respective websites related to veterans and military spouses and require boards to submit electronically each year, relevant data related to the numbers of applicants, number of licenses granted, and reasons for denial as it pertains to military-trained individuals and military spouses in an annual report.

## Part II. Interstate Compact for Audiology and Speech Pathology

Section 3 creates a new Article to Chapter 90 of the General Statutes to implement the Interstate Compact for Audiology and Speech 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 seeks to preserve the regulatory authority of states to protect public health and safety through the current system of state licensure. The Compact has the following sections:

Purpose—the purpose of the compact is as follows:

- 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.

Definitions—to define the terms as used throughout the compact.

State Participation in the Compact—to explain the requirements that 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

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in a compact state, submit a FBI finger-print based criminal background check, and meet other licensure requirements.

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.
- 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 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;

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- 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.

Compact Privilege—describes the requirements for gaining a privilege to practice.

Compact Privilege to Practice Telehealth—states by accepting the compact the jurisdiction will allow for the practice of telehealth.

Active Duty Military Personnel and Their Spouses—provides 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.

Adverse Actions—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.

Establishment of the Audiology and Speech-Language Pathology Compact Commission—establishes the ruling commission of the compact.

Data System—denotes the requirement of sharing licensee information for all compact states

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

Oversight, Dispute Resolution, and Enforcement—describes the oversight and enforcement of the compact by member states.

Date of Implementation of the Interstate Compact Commission for Audiology and Speech Language Pathology and Associated Rules, Withdrawal, and Amendment—provides 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.

Construction and Severability—the compact must 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.

Binding effect of Compact and Other Laws—the compact is binding among and upon all member states and shall supersede any conflict with state law.

**EFFECTIVE DATE:** Part I of this act becomes effective December 1, 2020, and applies to applications for licensure received on or after that date. Part II of this act becomes effective when at least 10 states have enacted the Interstate Compact for Audiology and Speech Pathology. Part III of this act is effective when it becomes law

*\*Jennifer Bedford, Staff Attorney with the Legislative Analysis Division, substantially contributed to this summary.*