



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

2019-2020 General Assembly

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<b>Committee:</b>	House Rules, Calendar, and Operations of the House	<b>Date:</b>	June 8, 2020
<b>Introduced by:</b>	Reps. Horn, Lucas	<b>Prepared by:</b>	Tawanda F. Artis
<b>Analysis of:</b>	Second Edition		Staff Attorney

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**OVERVIEW:** *House Bill 1053 amends current law to expedite occupational licensure for military spouses, publicize licensure information, report data regarding applicants who are military spouses and applicants that have military training, and establishes the Interstate Compact for the Practice of Audiology and Speech Pathology. The modifications related to occupational licensure for military applicants and spouses were recommended by the Joint Legislative Program Evaluation Committee.*

[As introduced, this bill was identical to S717, as introduced by Sens. Bryan, Wells, D. Davis, which is currently in an unknown committee.]

**CURRENT LAW:** Chapter 93B of the General Statutes governs occupational licensure. G.S. 93B-15.1 specifies procedures for use for licensure of individuals with military training or experience. G.S. 93B-2 sets requirements for annual reporting by occupational licensing boards.

## BILL ANALYSIS:

### Part I. Military Spouse Occupational Licensure.

**Section 1** divides Chapter 93B of the General Statutes governing occupational licensing boards into two separate Articles.

**Section 2** does the following:

- Clarifies current law to provide if a military trained applicant has a pending complaint the occupational licensing board must notify the applicant within 30 days of receipt of the disposition of the pending complaint.
- Requires an occupational licensing board to notify an applicant who is a military spouse within 30 days of the receipt of their application when their training and experience does not satisfy the requirements of licensure, certification, or registration and specify the criteria or requirements the applicant failed to meet.
- Requires an occupational licensing board must also notify an applicant who is a military spouse with a pending complaint of the disposition of that complaint within 30 days of receipt of the disposition.
- Requires each occupational licensing board and The Secretary of the Department of Military and Veterans Affairs to publish on their websites a document that includes a summary of the opportunities available to veterans and military spouses.

Karen Cochrane-Brown  
Director



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**Section 3(a)** amends the current law on annual reports to be submitted by each occupational licensing board to add annual reports on the following:

- The number of applicants with military training, the number granted a license, the number denied a license for any reason, and a summary of the reasons for denial, without disclosing any identifying information of any applicant.
- The number of applicants who are military spouses, the number granted a license, the number denied a license for any reason, and a summary of the reasons for denial without disclosing any identifying information of any applicant.

This section also requires the same reports to be filed electronically with the Secretary of the Department of Military and Veterans Affairs by October 31 of each year.

**Section 3(b)** requires the data specified in this section to be reported to the Secretary of State, the Attorney General, and the Joint Legislative Administrative Procedure Oversight Committee by October 31, 2021.

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

**Section 4** adds a new Article to Chapter 93B 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 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:

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- 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;
- 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.

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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 it becomes law.

**BACKGROUND:** [Session Law 2019-201](#) directed the Program Evaluation Division, in consultation with the Department of Military and Veterans Affairs, to study the extent to which the provisions of G.S. 93B-15.1 have improved the ability of military-trained applicants and military spouses to become licensed by occupational licensing boards in North Carolina. PED's study concluded the State could begin providing expedited licensure for military spouses and boards could better disseminate information on military licensure provisions. Other potential legislative actions suggested in the report included directing licensing boards to collect and report information on military-trained applicants and military spouse applicants. The complete report can be found here:

[https://www.ncleg.gov/PED/Reports/documents/Military\\_Licensure/Military\\_Licensure\\_Report.pdf](https://www.ncleg.gov/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

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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.