



Kennedy Krieger Institute

DATE: January 26, 2021 **COMMITTEE:** Education, Health, and Environmental Affairs
BILL NO: Senate Bill 183
BILL TITLE: Audiology and Speech-Language Pathology Interstate Compact
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 183 - Audiology and Speech-Language Pathology Interstate Compact

Bill Summary:

Senate Bill 183 requires certain audiologists and speech-language pathologists to meet certain eligibility requirements to exercise the privilege to practice; requiring member states to recognize the right of an audiologist or a speech-language pathologist to practice via telehealth under certain circumstances; etc.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs.

Audiology and Speech-Language Pathology Services: Kennedy Krieger provides approximately 41,000 Speech-Language Pathology visits and close to 1,000 Audiology visits annually to children, young adults, and their families across Maryland. Additionally, Kennedy Krieger Institute serves patients nationally and internationally. While over ninety percent of the patients seen in these disciplines reside across Maryland, the use of telehealth during the pandemic has been beneficial for our Maryland families residing in Southern Maryland, Western Maryland, and the Eastern Shore and those out of state. Using Telehealth in state as an alternative service delivery model has reduced costs for families related to lost time from work, gas/mileage costs, and other travel-associated expenses. Results of our initial Institute-wide patient experience survey to all families who received telehealth services from March 15, 2020 through end of May 2020, indicate that the majority of patients & families are satisfied or extremely satisfied with the telehealth services, and many indicate a desire to continue receiving telehealth even once in-person services are available again in their specific programs.

Out of State Services:

Audiologists and Speech-Language Pathologists participated in interdisciplinary specialty clinics, i.e., rare genetic disorders, feeding disorders, and more. Whereas pre-pandemic, these patients and their families from out of state sought services, in-person, during COVID-19, many families requested to participate in their appointment via telehealth, similarly to our in state families. There has been and will continue to be extreme struggles in providing care in the absence of an interstate compact.

Rationale:

An interstate compact will allow a formal and legal relationship amongst states that promote a common agenda, to improve the health, wellbeing, and lives of the patients and families that we serve so they can live their lives to the fullest. An interstate compact will allow families across participating states to have access to the highest quality of audiology and speech-language pathology services and providers available while also decreasing the burdens placed on the patient, family, and the system. In addition to improving public access to these therapy services, the interstate compact would increase collaboration that will promote improved training and education for current and future practitioners. Though the need for an interstate compact has existed for many years, the Covid-19 pandemic has pushed this need to the forefront. As states begin to modify their telehealth waivers and remove their expedited licensure policies put into place due to the pandemic, access to care and continuity of care will be reduced and as a result, the full potential of those who need and have been receiving specialized services will be halted. In 2016, the interstate compact for Audiology and Speech-Language Pathology was presented. Today the audiology and speech-language pathology interstate compact is enacted in six states.

Kennedy Krieger Institute requests a favorable report on Senate Bill 183.

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