

**ALASKA STATE LEGISLATURE  
SENATE LABOR AND COMMERCE STANDING COMMITTEE**

March 8, 2023

1:33 p.m.

**MEMBERS PRESENT**

Senator Jesse Bjorkman, Chair  
Senator Kelly Merrick  
Senator Forrest Dunbar

**MEMBERS ABSENT**

Senator Click Bishop, Vice Chair  
Senator Elvi Gray-Jackson

**COMMITTEE CALENDAR**

SENATE BILL NO. 74

"An Act relating to an interstate physical therapy licensure compact; relating to the licensure of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 75

"An Act relating to an audiology and speech-language interstate compact; relating to the practice of audiology and the practice of speech-language pathology; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 74

SHORT TITLE: PHYSICAL THERAPY LICENSURE COMPACT

SPONSOR(S): SENATOR(S) WILSON

|          |     |                                   |
|----------|-----|-----------------------------------|
| 02/17/23 | (S) | READ THE FIRST TIME - REFERRALS   |
| 02/17/23 | (S) | L&C, FIN                          |
| 03/08/23 | (S) | L&C AT 1:30 PM BELTZ 105 (TSBldg) |

BILL: SB 75

SHORT TITLE: AUD. & SPEECH-LANG INTERSTATE COMPACT  
SPONSOR(s): SENATOR(s) WILSON

02/17/23 (S) READ THE FIRST TIME - REFERRALS  
02/17/23 (S) L&C, FIN  
03/08/23 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)

**WITNESS REGISTER**

SENATOR DAVID WILSON, District N  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Sponsor of SB 74.

DAN LOGSDON, Manager  
National Center for Interstate Compacts  
The Council of State Governments  
Lexington Kentucky

**POSITION STATEMENT:** Offered invited testimony on SB 74.

JASMINE MARTIN, Staff  
Senator David Wilson  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sectional analysis and answered questions on SB 74.

JEFF ROSA, Compact Administrator  
Physical Therapy Compact Commission  
Federation of State Boards of Physical Therapy  
Alexandria, Virginia

**POSITION STATEMENT:** Provided invited testimony on SB 74.

ALEC KAY, President  
Alaska Chapter of the Physical Therapy Association  
Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony on SB 74.

LEEANNE CAROTHERS, Government Affairs Liaison  
American Physical Therapy Association  
Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony on SB 74.

REBECCA BYERLY, Physical Therapist  
Soldotna, Alaska

**POSITION STATEMENT:** Offered invited testimony on SB 74.

KELLY MICHELLE CHICK, representing self  
Ketchikan, Alaska

**POSITION STATEMENT:** Testified in support of SB 74.

MELISSA BUNSELMEIER, representing self  
North Pole, Alaska

**POSITION STATEMENT:** Testified in support of SB 74.

JASMINE MARTIN, Staff  
Senator David Wilson  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sectional analysis and answered questions on SB 75.

DAVID JAMISON, Member  
Alaska Speech and Hearing Association and  
Owner of a Small Outpatient Clinic  
Fairbanks, Alaska

**POSITION STATEMENT:** Answered questions on and testified in support of SB 75.

NAHALE KALFAS, General Counsel  
Audiology and Speech-Language Pathology Interstate Compact  
Commission (ASLP ICC)  
Raleigh, North Carolina

**POSITION STATEMENT:** Gave invited testimony on SB 75.

NANCY LOVERING, Member  
Alaska Speech and Hearing Association and representing self as a  
Private Practice Owner  
Anchorage, Alaska

**POSITION STATEMENT:** Gave invited testimony in support of SB 75.

#### **ACTION NARRATIVE**

[1:33:46 PM](#)

**CHAIR JESSE BJORKMAN** called the Senate Labor and Commerce Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Dunbar, Merrick, and Chair Bjorkman.

#### **SB 74-PHYSICAL THERAPY LICENSURE COMPACT**

and

#### **SB 75-AUD. & SPEECH-LANG INTERSTATE COMPACT**

1:34:28 PM

CHAIR BJORKMAN announced the consideration of:

SENATE BILL NO. 74 "An Act relating to an interstate physical therapy licensure compact; relating to the licensure of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants; and providing for an effective date."

and

SENATE BILL NO. 75 "An Act relating to an audiology and speech-language interstate compact; relating to the practice of audiology and the practice of speech-language pathology; and providing for an effective date."

1:35:09 PM

SENATOR DAVID WILSON, District N, Alaska State Legislature, Juneau, Alaska, sponsor of SB 74. He expressed his intention to present SB 74, the Physical Therapy (PT) Compact, and SB 75 simultaneously because one bill is based on the other. They are slightly different in language, and both bills pertain to interstate compacts.

SENATOR WILSON said the presentation will follow this order:

- overview of information relevant to both pieces of legislation,
- testimony from Daniel Logdson, Director, National Center of Interstate Compacts, The Council of State Governments (CSG)
- presentation and sectional analysis on SB 74, and
- presentation on SB 75.

SENATOR WILSON said both bills allow Alaska to join their interstate licensure compacts. He reiterated that both bills have a similar structure. He intends to present the bills jointly to avoid repetition and use committee time best. He explained that an interstate compact is a compact between two or more states and carries the force of statutory law. It allows participating states to perform certain actions, observe certain standards, and cooperate in a critical policy area. Interstate compacts increase access to quality and care by promoting cooperation and actions among states. Interstate compacts maintain rigorous licensure standards and state sovereignty while decreasing the burdens on the licensure requirements. He said these two state compacts differ from the other ones before

the legislature. He introduced SB 74 and SB 75 for the following reasons:

- to address the workforce shortages,
- to streamline licensing issues,
- to advance telehealth options which would increase access to more nationwide providers that may not be able to practice in Alaska, and
- to address shortages in speech-language pathology and audiology services in school districts.

[1:40:16 PM](#)

SENATOR WILSON said both compacts use a privilege to practice model, which is different from the other compact before the legislature. Persons who obtained a license in their home state of residence can use it to apply for a [privilege to practice] in other compact member states. Persons practicing in a remote state are subject to that state's laws, which include scope of practice. A remote state can take action to revoke a person's privilege to practice in that state and notify all compact member states. The Physical Therapy Licensure Compact (PT Compact) became official in 2017, and 34 states have adopted it. The [Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)] became official in 2019, and 23 states have adopted it. In the bill's supporting documents on BASIS, he referenced various documents that contain a great deal of data on interstate compacts.

SENATOR WILSON drew attention to the National Center for Interstate Compacts housed within CSG. He said the Department of Defense (DOD) partnered with CSG to help fund and support the development of new interstate compacts for occupational licensure. CSG generates a lot of interstate compact material, facilitates state cooperation on complex policy issues, strengthens economies, protects public health and safety, and champions state sovereignty.

[1:45:01 PM](#)

CHAIR BJORKMAN invited Mr. Logsdon to put himself on the record and begin his testimony.

[1:45:10 PM](#)

DAN LOGSDON, Manager, National Center for Interstate Compacts, The Council of State Governments, Lexington, Kentucky, gave a brief overview of interstate compacts. Interstate compacts are agreements between and among states. They are legislatively enacted and are essentially contracts that states enter into

with each other. Interstate compacts are proven simple, versatile tools between states. The best example of an interstate compact is the driver's license compact. States joined together and worked the details out, so licensed drivers could drive between states without stopping at the border for permission. Compacts are a proven method for states to address common problems cooperatively. It allows states to respond to national priorities with one voice and retain their collective state sovereignty over issues. There are 265 active interstate compacts; on average, states belong to about two dozen. Interstate compacts provide states with the benefit of flexible, state-driven solutions. He said that most of the time, the federal government and Congress give states "one-size fits all" solutions that cannot possibly account for vagaries among the states. However, states can account for their different situations when they gather at the table, leading to a win-win situation when they retain sovereignty over issues in the federalist system. He said he has examples of states doing this. Interstate compacts have been around since the founding of the republic. Compacts were mainly used to resolve boundary issues, establish boundaries, and provide access to natural resources like rivers up until the 20th century.

MR. LOGSDON said states began using interstate compacts for administrative functions in the 20th century and to put a check on the federal government to ensure states retain control of issues left explicitly to them. Some of the issues compacts address include:

- Crime control and correction  
Interstate Compact for Adult Offender Supervision
- Interstate Compact on Juveniles
- Child welfare  
Interstate Compact on the Placement of Children
- Education  
Military Children's Compact Commission ensures school districts award students proper credit when moving from station to station and state to state.
- Emergency Management Assistance Compact
- Insurance Product Regulation  
Insurance Compact

MR. LOGSDON said there are a number of occupational licensure compacts, including one for nurses, physicians, physical therapists, psychologists, emergency medical service personnel, audiology and speech-language pathologists, occupational therapists, counselors, and advanced practitioner nurses. He said that compacts for cosmetology, dentists, dental hygienists, massage therapists, social workers, and teachers were just finished under the DOD cooperative agreement. They are working on a compact for school psychologists and dieticians.

MR. LOGSDON explained interstate compacts differ from a number of other agreements that states have with each other. He emphasized that interstate compacts are binding, legislatively enacted, signed into law, or allowed to become law by the governor and are embedded in statutes. This differs from a memorandum of understanding between the states or uniform law. Uniform laws become less uniform as states enact them, using the parts they like and disregarding the elements they do not like.

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SENATOR DUNBAR suggested he add the Electronic Registration Information Center (ERIC) to his list of compacts. Alaska is a member, and it prevents voter fraud. It is how Alaska knows whether a person is registered in one state and not another. It is another successful example of a compact used in the U.S.A.

[1:51:34 PM](#)

JASMINE MARTIN, Staff, Senator David Wilson, Alaska State Legislature, Juneau, Alaska, presented the sectional analysis available on BASIS under the bill. She highlighted the following sections of the sectional analysis for Senate Bill 74, version S:

**Section 1: Amends AS 08.84.010.**

Adds implementation of the Interstate Physical Therapy Licensure Compact to the list of duties of the State Physical Therapy and Occupational Therapy Board.

**Section 2: Amends AS 08.84.030.**

Adds section (a)(4) which requires an applicant for a physical therapist and a physical therapist assistant license, who is not a graduate of a school located outside of the United States, to be fingerprinted and pay fees for a criminal background check.

Adds section (b)(4) which requires an applicant for an occupational therapist or occupational therapist

assistant license, who is not a graduate of a school located outside of the United States, to be fingerprinted and pay fees for a criminal background check.

[1:52:58 PM](#)

MS. MARTIN noted that SB 74 does not pertain to Occupational Therapy Compact legislation. However, subsection (b)(4) maintains continuity between the two statutes should occupational therapists decide to work on the Occupational Therapy Compact; language is already in place and the pieces of law would match.

**Section 3: Amends AS 08.84.032.**

Adds section (a)(4) which requires an applicant for a physical therapist and a physical therapist assistant license, who is a graduate of a school located outside of the United States, to be fingerprinted and pay fees for a criminal background check.

**Section 4: Amends AS 08.84.050.**

Adds fees for compact privileges to the list of fees the Department of Commerce, Community, and Economic Development may charge.

**Section 5: Amends AS 08.84.150.**

Adds a privilege to practice to the list of exceptions under which someone not licensed in the state may practice physical therapy.

[1:53:11 PM](#)

MS. MARTIN explained that the privilege to practice under this model is not a full license in Alaska. If someone were practicing under the privilege to practice in Alaska, they would [be licensed and have been] practicing in another state.

**Section 6: Amends AS 08.84 to add Article 3.A Interstate Physical Therapy Licensure Compact.**

This section contains the uniform compact language adopted by all states entering the compact.

MS. MARTIN said Section 6 is the compact piece of the bill, the bulk of the legislation, and the contract the state would adopt.

**Compact Section 1. Purpose.**

Defines the purpose of the Interstate Physical Therapy Licensure Compact.

**Compact Section 2. Definitions:**

Definition Section.

**Compact Section 3. State Participation in the Compact:**

Explains requirements the state must meet to participate in the agreement.

**Compact Section 4. Compact Privilege:**

Explains the requirements for obtaining a privilege to practice.

**Compact Section 5. Active Duty Military Personnel or their Spouses:**

Explains what counts as a home state for active duty military members and their spouses.

[1:54:18 PM](#)

MS. MARTIN said these compacts were originally designed in coordination with DOD with a focus on making transitions for military families easier, and it has been expanded. If it is a good idea and works well, it works well for everyone in the profession.

**Compact Section 6. Adverse Actions:**

This section explains how the compact, home, and remote states will conduct and report adverse actions. As well as the consequences for a physical therapist or physical therapist assistant who receives adverse actions.

**Compact Section 7. Establishment of the Physical Therapy Compact Commission:**

This section lays out parameters for the Physical Therapy Compact Commission.

**Compact Section 8. Data System**

This section denotes the requirement of sharing licensee information for all compact states. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all PTC physical therapist and physical therapist assistants to whom this compact is applicable as required by rules of the Commission. This database will allow for the expedited sharing of adverse actions against compact physical therapist and physical therapy

assistants. The coordinated database information will be expunged by the law of the reporting compact state.

[1:55:52 PM](#)

MS. MARTIN noted that this is the same language used in SB 75, Compact Section 9 of the Audiologist and Speech-Language Pathologist Interstate Compact.

**Compact Section 9. Rulemaking:**

This section describes the process for creating rules that will govern compact operations once the compact is accepted by the first ten states.

**Compact Section 10. Oversight, Dispute Resolution, and Enforcement:**

This section details the oversight and enforcement of the compact by member states.

**[Compact] Section 11. Date of Implementation of the Interstate Commission for Physical Therapy Practice and Associated Rules, Withdrawal, and Amendment:**

This section details when the Compact and rules become effective.

MS. MARTIN noted that this is the same language used in SB 75, Compact Section 12 of the Audiologist and Speech-Language Pathologist Interstate Compact.

[1:56:40 PM](#)

MS. MARTIN continued with Compact Section 12 of the sectional analysis.

**[Compact] Section 12. Construction and Severability:**

This section states that the compact shall be liberally construed to effectuate the purpose thereof. If this Compact is contrary to the constitution of any state member, the compact shall remain in full force and effect as to the remaining compact states.

MS. MARTIN said this section concludes the compact language in the bill. She noted that this is the same language used in SB 75, Section 13 of the Audiologist and Speech-Language Pathologist Interstate Compact.

**Section 7: Amends AS 12.62.400.**

Adds section (a)(23), adding physical therapists, physical therapist assistants, occupational

therapists, and occupational therapy assistants to the list of fingerprints that may be submitted to the FBI for a national criminal history check.

**Section 8: Amends uncodified law.**

Sets transition language for physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants who are currently licensed who have not been fingerprinted. Allows them to continue to practice.

**Section 9: Effective date.**

Sets an effective date for this legislation of July 1, 2024.

[1:57:53 PM](#)

SENATOR DUNBAR directed attention to Section 7 about fingerprints and the national background check. He asked whether fingerprinting is a new requirement for physical therapist licensure in Alaska or whether this is a requirement for communicating with the national compact organization.

MS. MARTIN answered that it is not a requirement right now.

SENATOR DUNBAR asked whether physical therapy organizations know the compact will impose this requirement on them and their thoughts on the subject.

MS. MARTIN answered that Senator Wilson's Office has worked closely with them. Those who want licensure under the compact are subject to fingerprint requirements. The legislation does not intend to require every physical therapist in the state to go through a criminal background check. The same goes for audiologists and that legislation's language. It is not the intention for all of them to go through the criminal background check; only people who want eligibility for the compact privilege.

[2:00:17 PM](#)

SENATOR WILSON said he would like the invited testifiers for SB 74 to begin if it is the will of the committee.

[2:00:28 PM](#)

CHAIR BJORKMAN invited Jeff Rosa to put himself on the record.

[2:00:43 PM](#)

JEFF ROSA, Compact Administrator, Physical Therapy Compact Commission, and The Federation of State Boards of Physical Therapy, Alexandria, Virginia, gave invited testimony on SB 74. He said the purpose of the compact is to facilitate the interstate practice of physical therapy to improve access to physical therapy services while enhancing public protections. The compact is an alternate way for physical therapy providers to meet eligibility requirements to obtain the privilege to practice in other states within minutes through the compact commission website. Benefits of the PT Compact include:

- Member states can charge a fee for people who purchase a compact privilege in their state. State revenues lost from no longer needing endorsement applications are offset by the ability of states to generate revenue through compact privilege purchases.
- The process is much faster and more efficient than the traditional licensure process for physical therapists and physical therapist assistants.
- Improved access to a choice of physical therapy providers for all Alaskans, especially those living in underserved areas.
- The process also preserves the state-based licensure system while providing an alternate mechanism for physical therapists and physical therapy assistants to obtain the legal authority to practice in Alaska.
- Improved public protections by requiring the full participation of member states in the essential licensure and disciplinary database, including a regular reporting requirement of disciplinary actions through the centralized data system, and
- The compact supports the military since it greatly improves the speed and ease for military spouses to obtain the ability to practice physical therapy while stationed in Alaska. The same applies to military families that call Alaska home but are stationed in other states.

MR. ROSA said physical therapists and physical therapist assistants widely supported the compact, including those who live and practice in Alaska.

[2:03:53 PM](#)

CHAIR BJORKMAN asked Alec Kay and LeeAnne Carothers, invited testifiers, to put themselves on the record.

[2:04:08 PM](#)

ALEC KAY, President, Alaska Chapter of the American Physical Therapy Association, Anchorage, Alaska, gave invited testimony and spoke in support of SB 74. The association has been educating and consulting members on this concept for three years. He said the association has the support of the membership. He said there are no concerns regarding the additional security clearance and Federal Bureau of Investigation (FBI) background check. The PT Compact is important for Alaska at this time. There is a significant workforce shortage across the state, and physical therapy is no exception. There is a shortage nationally as well. The PT Compact would decrease the administrative burden for applicants. He spoke as a private practice owner, reflecting on the challenges and delays of getting therapists licensed. It affects the economy and the industry's ability to care for the community. He said about 450 association members in the state support SB 74.

[2:06:37 PM](#)

SENATOR DUNBAR asked what factors influenced the association to believe the PT Compact would be a net importer of physical therapists rather than a net exporter.

[2:07:23 PM](#)

MR. KAY answered that is a good question; it has come up. There is no way to measure outcomes. He said he could only speak to the frustration of licensure in Alaska. He has received unsolicited letters from potential licensees who said it is easier to work in states that are part of compacts. Alaska's licensure system and process are antiquated and burdensome. He said that in his experience recruiting employees and, as chapter president, receiving unsolicited complaints, therapists are not considering employment in Alaska. Many people are interested in making it easier to work in Alaska. He expressed that the state has much to offer and is a good place economically to practice physical therapy. He said that though he had no data, he believed the PT Compact would benefit Alaska. Nothing prevents physical therapists from leaving Alaska; he suggested a subject expert with data speak to this piece.

[2:09:16 PM](#)

LEEANNE CAROTHERS, Government Affairs Liaison and Immediate Past President, Alaska Physical Therapy Association, Anchorage,

Alaska, gave invited testimony on SB 74. She said that her day job is Assistant Dean in the School of Allied Health at the University of Alaska Anchorage (UAA), which represents about 21 different health care providers in the state. The primary function of her job is to decrease workforce shortages throughout Alaska. She has a bird's eye view of obstacles graduates face getting licensed in Alaska. She is aware of at least a several-month wait from graduation to the time the board processes the license. Licensing boards are relatively short-staffed, so getting the job done takes time. She expressed her belief that decreasing the administrative burden of licensure would:

- help the people that live here,
- help the people that apply for the privilege to practice,
- help health care providers get from the point of application to seeing patients more rapidly.

MS CAROTHERS advised that therapists must maintain their home state license to participate in the PT Compact. This means the privilege to practice requires an additional license; Alaskan therapists would not lose their license to practice in Alaska by participating in the PT Compact. It is not either or, but both.

[2:11:56 PM](#)

CHAIR BJORKMAN invited Rebecca Byerly to put herself on the record and begin her testimony.

[2:12:06 PM](#)

REBECCA BYERLY, Physical Therapist, Soldotna, Alaska, gave invited testimony on SB 74. She stated that she had been a physical therapist in Alaska for 27 years as a department director on the Kenai Peninsula and in private practice. There have been challenges in recruiting therapists. The healthcare industry has recruiting challenges statewide. The state needs additional therapists. Time considerations, application processes, and the expense to employers limit individuals who may opt out of coming to Alaska to work. She said the PT Compact would provide the industry with reduced licensure wait times and decreased employer costs.

MS. BYERLY said currently, licensure is a complicated process. She explained the patient population has increased, and there are vulnerable populations with multiple co-morbidities. When the industry lacks the staffing to fulfill the patient population's care needs, it creates additional medical

compromises. The PT Compact will make it easier for therapists to come to Alaska and provide care.

MS. BYERLY advised that the privilege to practice and security are huge pluses. The background check provides stronger security. She supports SB 74.

[2:15:22 PM](#)

CHAIR BJORKMAN asked how many physical therapist positions are vacant on the Central Kenai Peninsula.

MS. BYERLY replied almost every facility has at least one position open. There are probably 10 to 15 vacancies from Seward down to Homer.

CHAIR BJORKMAN asked what the turnover rate is on the Kenai Peninsula.

MS. BYERLY answered that once a physical therapist comes to Alaska, they do not leave. She said applicants are employment opportunities, education, and professional and career development. She said the benefits of the Alaska outdoors are tremendous and many therapists remain in the state.

[2:17:14 PM](#)

CHAIR BJORKMAN opened public testimony on SB 74.

[2:17:56 PM](#)

KELLY MICHELLE CHICK, representing self, Ketchikan, Alaska, testified in support of SB 74. She came to Alaska as a traveling physical therapist in the 1990s and decided to stay. She has been in private practice for 20 years, operates her own business, and has employed up to seven physical therapists at one time. The industry took a big hit during COVID. She agreed with previous testimony regarding recruitment, licensure issues, and the state of the industry. Administrative burdens and delays peaked during the last two years.

MS. MICHELLE CHICK said there is a Physical Therapist Assistant School of Allied Health at UAA, but not one for physical therapy. Physical therapists practicing in Alaska obtained their education elsewhere. They go elsewhere for continuing education credits. Physical therapists can now train in advanced certifications. She enrolled in an electromyography (EMG) residency program. Nobody in Ketchikan provides this training, so she travels out of state for mentorship. She explained that as a physical therapist, compact licensure offers her an amazing

option. It opens up the ability to get mentoring in other states, return with skills, and provide that service in Ketchikan.

[2:21:50 PM](#)

SENATOR DUNBAR asked her to elaborate on the lack of education opportunities for physical therapists in Alaska.

MS. MICHELLE CHICK answered mentors are unavailable in Alaska for the EMG residency program. Many continuing education and certifications can be done online, but in-person training is primarily done in the Lower 48 because that is where the expertise resides.

[2:23:44 PM](#)

At ease.

[2:24:39 PM](#)

CHAIR BJORKMAN reconvened the meeting and invited Melissa Bunselmeier to put herself on the record.

[2:24:50 PM](#)

MELISSA BUNSELMEIER, representing self, North Pole, Alaska, testified in support of SB 74. She is the clinical manager at North Pole Physical Therapy. She agreed with the testimony of previous witnesses. The administrative burden of potential Alaska licensees hurts the industry's healthcare delivery by limiting services. North Pole Physical Therapy cannot effectively take care of the community. Due to the labor shortage, there are more patients than the clinic can see. She offered the following story to illustrate her frustration. The clinic hired a physical therapist who started his license application in January; he is still without his license and is scheduled to start work next week. The clinic cannot begin his contract without his license; meanwhile, clients are waiting to see him. The PT Compact would eliminate this problem. This happens regularly. She said the clinic interviewed contract therapists who declined the position because Alaska is not a PT Compact member state. Another struggle is that the clinic cannot start credentialing for TRICARE until licensure is complete and the clinic has the applicant's license. North Pole has a huge military clientele, dependent veterans, and active-duty personnel. TRICARE credentialing takes up to 120 days. This further compounds the delay from the point of hire to providing care. There are many challenges to staffing a rural clinic in Alaska. Allowing the state to join the PT Compact would alleviate many of these challenges.

[2:27:12 PM](#)

CHAIR BJORKMAN held public testimony open on SB 74.

CHAIR BJORKMAN held SB 74 in committee.

[2:27:16 PM](#)

At ease.

[2:29:13 PM](#)

CHAIR BJORKMAN reconvened the meeting and asked Senator Wilson to present SB 75.

[2:29:34 PM](#)

SENATOR DAVID WILSON, District N, Alaska State Legislature, Juneau, Alaska, sponsor of SB 75, said the presentation for SB 75 is similar to that for SB 74, Physical Therapy (PT) Compact. Workforce shortages are an issue among many professions. However, the state needs qualified audiologists and speech-language pathologists, which are crucial for young people in Alaska. Medicaid data show that most Medicaid recipients are between the ages of 0 and 24. If complex issues are dealt with early before they become chronic care issues, the state's financial burden is less, and those individuals have a better quality of life. He said that physical therapists, speech-language pathologists, and audiologists are crucial professions in Alaska, but more so for speech-language pathologists and audiologists.

[2:30:58 PM](#)

JASMINE MARTIN, Staff, Senator David Wilson, Alaska State Legislature, Juneau, Alaska, presented the sectional analysis on SB 75, version B. She said the bill allows Alaska to join the Audiology and Speech-Language Interstate Compact. The sectional analysis is available in BASIS under the bill. She highlighted the following sections of the sectional analysis:

**Section 1: Amends AS 08.11.010.**

Adds section (5) which requires an applicant for an audiologist license to be fingerprinted and pay fees for a criminal background check.

**Section 2: Amends AS 08.11.015.**

Adds section (6) which requires an applicant for a speech-language pathologist license to be fingerprinted and pay fees for a criminal background check.

**Section 3: Amends AS 08.11.050.**

Allows the Department of Commerce, Community, and Economic Development to charge fees for a compact privilege.

**Section 4: Amends AS 08.11.100.**

Allows a person granted a compact privilege to practice as an audiologist or speech language pathologist in Alaska.

**Section 5: Amends AS 08.11 to add Article 2. Audiologist and Speech-Language Interstate Compact.**

This section contains the uniform compact language adopted by all states entering the compact.

[2:31:24 PM](#)

MS. MARTIN said Section 5 is the compact piece of this legislation. States that enacted this compact adopted the uniform language in this section.

**Compact Section 1. Purpose:**

Defines the purpose of the Interstate Audiology and Speech Language Pathology Compact.

**Compact Section 2. Definitions:**

Definition section.

**Compact Section 3. State Participation in the Compact:**

This section explains what requirements 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.

**Compact Section 4. Compact Privileges:**

Explains the requirements the state must meet to participate in the agreement.

**Compact Section 5. Compact Privilege to Practice Telehealth:**

By accepting the compact the jurisdiction will allow for the practice of telehealth.

**Compact Section 6. Active Duty Military Personnel or Their Spouses:**

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.

[2:32:24 PM](#)

**Compact Section 7. Adverse Actions:**

This section 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.

**Compact Section 8. Establishment of the Audiology and Speech Language Pathology Compact Commission:**

This section establishes the ruling commission of the compact. The compact is not a waiver of sovereign immunity.

**Compact Section 9. Data System:**

This section denotes the requirement of sharing licensee information for all compact states. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all ASLP-IC audiologists and speech-language pathologists to whom this compact is applicable as required by rules of the Commission. This database will allow for the expedited sharing of adverse actions against compact audiologists and speech-language pathologists. The coordinated database information will be expunged by the law of the reporting compact state.

[2:32:57 PM](#)

MS. MARTIN noted that this is the same language used in SB 74, Compact Section 8 of the Physical Therapy Licensure Compact.

**Compact Section 10. Rulemaking:**

This section describes the process for creating rules that will govern compact operations once the compact is accepted by the first ten states.

**Compact Section 11. Oversight, Dispute Resolution, and Enforcement:**

This section details the oversight and enforcement of the compact by member states.

**Compact Section 12. Date of Implementation of the Interstate Commission for Audiology and Speech-Language Pathology Practice and Associated Rules, Withdrawal, and Amendment:**

This section details when the Compact and rules become effective.

[2:33:23 PM](#)

MS. MARTIN noted that this is the same language used in SB 74, Compact Section 11 of the Physical Therapy Licensure Compact.

**Compact Section 13. Construction and Severability:**

This section states that this compact shall be liberally construed so as to effectuate the purpose 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 states.

[2:33:27 PM](#)

MS. MARTIN noted that this is the same language used in SB 74, Compact Section 12 of the Physical Therapy Licensure Compact.

**Compact Section 14. Binding Effect of Compact and Other Laws:**

States that this compact shall be binding among and upon all members states and shall supersede any conflict with state law.

MS. MARTIN said that Compact Section 14 concludes the compact language of SB 75.

**Section 6: Amends AS 12.62.400.**

Adds section (a)(23), adding audiologists and speech-language pathologists to the list of fingerprints that may be submitted to the FBI for a national criminal history check.

**Section 7: Amends uncodified law.**

Sets transition language for audiologists and speech-language pathologists who are currently licensed who have not been fingerprinted. Allows them to continue to practice.

**Section 8: Effective Date.**

Sets an effective date for this legislation of July 1, 2024.

[2:34:31 PM](#)

SENATOR DUNBAR prefaced his question by noting these professions do not have prescribing authority. Many professions have access to relatively sensitive data or work with sensitive populations and do not have to have a criminal background check. He asked why this legislation requires a background check and fingerprints.

MS. MARTIN answered this legislation allows people to move and practice between state lines quickly. Licensees have not necessarily practiced in a remote state for the length of their license, so requiring background checks offers more assurance that the privilege to practice is granted to quality, safe individuals.

[2:35:40 PM](#)

SENATOR WILSON answered that this is similar to when Alaska instituted some of the Medicaid Barrier Crime Laws. He spoke about federal background checks and that states practicing within the compact have those statutes. States are uniformly up to the highest level to practice within compacts.

[2:36:13 PM](#)

SENATOR DUNBAR said both answers have valid points. The issue of barrier crimes is interesting. He said it is problematic in that, in many cases, it prevents people from practicing their profession after fulfilling their debt to society. He asked about barrier crimes and whether member states with them affected member states without them.

SENATOR WILSON answered no, saying he may have used a bad example. It would be a federal crime. An individual would register as part of that background check. He deferred the question to David Jamison.

[2:37:53 PM](#)

DAVID JAMISON, Member, Alaska Speech and Hearing Association and, Owner of a Small Outpatient Clinic, Fairbanks, Alaska. He deferred the question to Nancy Lovering. He explained that most people who receive speech-language pathologists' services have communication issues. They are often vulnerable populations who cannot advocate for themselves or functionally communicate, and it is important to lower the threshold for risk and adverse effects from people who should not be offering them services.

[2:38:54 PM](#)

CHAIR BJORKMAN advanced to invited testimony on the agenda for SB 75. He asked Nahale Kalfas to put herself on record.

2:39:05 PM

NAHALE KALFAS, General Counsel, Audiology and Speech-Language Pathology Interstate Compact Commission (ASLP ICC), Raleigh, North Carolina, gave invited testimony on SB 75. The compact is in 23 states, soon to be 24. It has been introduced in another 13 or 14 states. She is the co-primary drafter of this piece of legislation and legal counsel for The Council of State Governments.

MS. KALFAS expressed her belief that most of the public assumes people who come into their homes to provide speech-language pathology to their children or other vulnerable populations have had a background check. She clarified that the language of this compact does not dictate the terms by which a previous criminal conviction would exclude an individual. That is left to the member states to determine. There is no outright ban regarding a particular crime because member states trust that their sister member states determined whether or not there is a nexus between the crime and the ability to competently practice the profession. She spoke to whether a state would be precluded from participation based on another state's discretionary determination. She said that would only be true in the individual's home state. She explained the home state license punches an individual's ticket to participate with the privilege to practice in every member state an individual chooses. So, if an individual loses their home state license, they lose their privilege to practice under the compact unless they move to another home state and requalify with an application. It is a state sovereignty issue, and the determination is left to the states. Practicing beyond borders requires a higher standard of public protection and an enhanced level of trust for interstate travel. Compacts, like state licensing boards, protect the public. It is incumbent upon all member states to protect their sister states when allowing practitioners across borders. It is important that member states properly vet their practitioners before allowing them to have this sort of licensure portability.

2:42:39 PM

MS. KALFAS said this does not mean that a person who might not otherwise qualify cannot get a single-state license; they can. This only speaks to the compact, which is another pathway for licensure. It does not preclude or subsume any sort of reciprocity or uniform licensure. It is just another pathway to licensure but with its own criteria. Compacts are contractual;

each state agrees not to act unilaterally. However, each state's scope of practice is preserved and respected, and the terms of the compact are what member states agree to uphold.

[2:43:55 PM](#)

CHAIR BJORKMAN invited the next invited testifier, Nancy Lovering, to put herself on the record.

[2:44:07 PM](#)

NANCY LOVERING, Member, Alaska Speech and Hearing Association (AKSHA), and representing self as a private practice owner, Anchorage, Alaska, gave invited testimony in support of SB 75. AKSHA provided members with opportunities for education and input regarding the compact. The Alaska Speech and Hearing Association members support the interstate compact. She said that as a small business owner working with children with disabilities, she wanted to discuss military families relocated to other states during COVID. Some families wanted to continue their children's therapeutic relationship with her. She continued to see those children in other states through teletherapy. The problem as a small business owner is that without the compact, she was required to license in multiple states to serve those children who had moved. She said that it was something she was willing and happy to do to help the families, but at the same time, it was a big expense for a small business owner. She agreed with previous speakers who testified about the difficulty of recruiting and retaining.

MS. LOVERING noted that Alaska does not have a licensing board for speech pathology and audiology. Those who process applications and work for the State of Alaska licensing agency address consumer complaints or concerns. She said she had been consulted many times regarding licensing and consumer complaints. She does her best to represent the association and answer questions. She said that she also refers questions to the national association. She said Alaska would benefit from the compact and member states.

[2:47:15 PM](#)

CHAIR BJORKMAN opened public testimony on SB 75.

[2:47:47 PM](#)

DAVID JAMISON, Member, Alaska Speech and Hearing Association and, Owner of a Small Outpatient Clinic, Fairbanks, Alaska, said his clinic has been in operation for 20 years, and there has been a six to twelve-month waiting list for that entire time. The clinic cannot serve all the community's needs. This is a

common occurrence for all the school districts, other private practices in town, and a handful of providers that work privately. He supports the compact because one of the primary barriers to getting new employees is licensing. Individuals get their degrees and licenses, and then they must get credentialed by each insurance company before they can begin practicing. He said when interviewing applicants, he often has to tell them the wait will be two to three months before they can start working. Most people who take these positions are new graduates from the Lower 48. There is a program in Alaska that snaps up new graduates who do their internships in the state. Two or three months to start work is too long for these new graduates to wait. Streamlining the licensing process through this compact would not solve all the problems, but it would reduce the processing time to one to two months.

MR. JAMISON expressed concern about the military community's Exceptional Family Member Program (EFMP). He explained that the military often refuses to move a military family with a special needs child to a station that does not have services to support that child. Alaska needs to put itself in the position of providing the infrastructure that supports military populations and to avoid losing military families and investments.

[2:50:50 PM](#)

CHAIR BJORKMAN held public testimony open.

CHAIR BJORKMAN held SB 75 in committee.

[2:51:08 PM](#)

There being no further business to come before the committee, Chair Bjorkman adjourned the Senate Labor and Commerce Standing Committee meeting at 2:51 p.m.