

I am asking you to support HB2375, which would pave the way for Oregon's participation in the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC). Participation includes many positive impacts for our professions and the patients that we serve, including patient's access to care, continuity of care that includes continued work with established and specialized providers, and the ability to meet significant staffing shortages across the state. This will significantly improve services to underserved and geographically isolated areas by increasing access to telehealth providers and the ability to fill professional shortages through travel staffing agencies.

Oregon's participation in the ASLP-IC holds special meaning for my professional practice and the families that I serve. I am a speech-language pathologist at Oregon Health & Science University (OHSU), where I provide specialized rehabilitation services for children with voice, airway, resonance, swallowing, and hearing disorders. Due to the specialized teams and services offered at OHSU, individuals travel from across our state as well as Washington, Idaho, California, Hawaii, and Alaska to receive care at our institution. While I am able to provide services while they are at OHSU, it is often difficult to connect them with a local provider who is able to continue these services once they return home.

While I can think of many patients who would benefit from the continuation of care offered through an interstate compact, I immediately recall a teenager from Alaska who was seen at OHSU for nearly a decade to treat her childhood cancer. She came to our specialized pediatric voice and swallowing clinic while in remission and although her cancer treatment at OHSU had been successful, she experienced cranial nerve injury secondary to one of the chemotherapy agents. This has resulted in deficits in her speech, voice, and resonance. My otolaryngology colleagues and I completed an evaluation and provided treatment recommendations, but I was

unable to serve her once she returned to Alaska. There was not another SLP specialized in this area near her home or even region. She did work with her high school speech-language pathologist who sought my support and acknowledged that they had no previous experience in this type of rehabilitation. Considerable time and resources were invested in helping this professional understand the basic principles of the patient's rehabilitation needs, whereas I could have provided them via telehealth under an interstate compact and believe that my specialized focus and expertise would have improved this patient's outcomes.

Speech-language pathologists and audiologists, like many allied healthcare professionals, hold both a board certification from our national professional association, ASHA, and a state license. State license regulations dictate that a patient must be located in the state where the professional is licensed at the time of service. This requires providers who offer telehealth services or those who serve patients in locations across state lines to hold multiple state licenses, which is time consuming and costly. For example, I live and work in Portland, OR and hold a national board certification and state licenses in both Oregon and Washington. I am required to pay licensing fees and dues to three professional organizations on different timelines and track their varying requirements for license renewal and continuing education. My licensing fees are nearly \$1,000 every two years just to hold the licenses that allow me to practice.

Thank you for your consideration of my request and support of HB2357

Sincerely,

Jana Childes M.S., CCC-SLP

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