

Submitter: Wendy Gunter
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2357

I am writing in support of passing HB 2357 as a speech-language pathologist (SLP) and 5th generation Oregonian. I know if Oregon joins the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) it will increase public access to speech-language pathology services by providing for the mutual recognition of other member state licenses. For example, as the ASHA (American Speech-Language-Hearing Association) SEAL (State Education Advocacy Leader) for Oregon during the COVID-19 pandemic, I was asked to assist in cases of SLPs who lived in the Vancouver area and were unable to commute to Portland for in-person service delivery. It was a hardship and delayed services during a time of uncertainty that those SLPs were required to obtain a Washington State license before being able to serve public school students via telepractice. By enacting legislation to join the compact, HB 2357 will allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services in situations such as this.

Because our neighboring states of Washington and Idaho have joined ASLP-IC, it will exacerbate the shortage of SLPs providing services to Oregonians if Oregon does not join the compact as well, given the flexibility it allows practitioners. In addition to Oregon, I have held SLP licenses in Alaska, Washington, Maine, and California throughout my career. It would be tempting to move from the Portland Metro area to Washington, continue to be licensed in Washington State, and then use compact privileges to be able to practice in 34 states and 1 territory. There would be little incentive, besides love for my home state, to remain in Oregon with the cost and paperwork of a license that would be so limiting.

As a former two-term board member of Oregon's Board of Examiners for Speech-Language Pathology & Audiology (BSPA), I understand the positive implications for the states' ability to protect the public's health and safety, to encourage the cooperation of member states in regulating multistate audiology and speech-language pathology practice, and enhance the exchange of licensure, investigative and disciplinary information between member states. Particularly with regards to the emergence of telepractice in our profession and an increasingly mobile population, being part of the the ASLP-IC will advance BSPA's ability to fulfill its mandate to safeguard the public health, safety and welfare and regulate the profession.