

LICENSURE COMPACT FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

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House Bill 4509 as reported from committee

Sponsor: Rep. Luke Meerman

1st Committee: Health Policy

2nd Committee: Rules

Complete to 10-28-25

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 4509 would amend the Public Health Code to enter Michigan into the Audiology and Speech-Language Pathology Compact, which provides procedures to allow audiologists and speech-language pathologists to practice in states that have joined the compact without having to be licensed in each individual state.¹ A compact is like a contract that states enter into by enacting it. This compact allows health professionals licensed in one state to practice in others under a “compact privilege” obtained through the compact. The compact, included in full in the bill, is briefly described below. The bill also would provide that a compact privilege is equivalent to licensure in Michigan as an audiologist or speech-language pathologist.²

Section 1. Purpose

The compact states that its purpose is to enhance license portability and increase access to medical services. Under the compact, the practice of audiology and speech-language pathology occurs in the state where the patient is located at the time services are provided.

Section 2. Definitions

This section defines terms used in the compact. Notably, ***compact privilege*** means the authorization granted by a state to allow a licensee from another *member state* to practice as an audiologist or speech-language pathologist in the *remote state* under its laws and rules.

Section 3. Participation in the compact

All of the following apply to a state participating in the compact:

- It must comply with the bylaws, rules, and regulations of the compact commission.
- It must require its licensees to meet specified educational and practice requirements (see **Background**, below) and must have procedures for checking the criminal history records and fingerprints of applicants for licensure.
- It must recognize that a license issued to a resident by a state (the licensee’s “home state”) authorizes practice in other member states under a compact privilege.
- It must use the commission’s data system (described below) to check the licensure status of applicants for a compact privilege.
- It may charge a fee for granting a compact privilege.

¹ <https://aslpcompact.com/>

² Audiologists are regulated under Part 168 of the Public Health Code, and speech-language pathologists under Part 176. Generally speaking, audiologists address hearing disorders, such as hearing loss or tinnitus, and other ear-related issues, such as vertigo (dizziness) or other balance problems, and speech-language pathologists address difficulties with communication or swallowing.

An audiologist or speech-language pathologist cannot have been convicted or found guilty, nor have entered into an agreed disposition, of a felony related to their practice under applicable state or federal criminal law. An audiologist or speech-language pathologist must have a valid United States Social Security or National Practitioner Identification number. An audiologist or speech-language pathologist practicing in a member state must comply with the applicable practice laws of the state where the patient is located when the service is provided.

Section 4. Compact privilege

To exercise the compact privilege under the compact, a licensee must do all of the following:

- Hold an active license in their home state that is not subject to any restrictions due to an **adverse action**. (**Adverse action** means any administrative, civil, equitable, or criminal action imposed on a license or practice privilege, such as revocation, suspension, probation, monitoring, or practice restrictions.)
- Have not had any adverse action against a license or compact privilege within the two years before their date of application.
- Notify the commission that they are seeking the compact privilege in a remote state.
- Pay any applicable fees.
- Report to the commission any adverse action taken by a non-member state within 30 days after that action.

A compact privilege is valid until the expiration date of the home state license. To maintain the compact privilege, a licensee must comply with the above requirements. If a home state takes adverse action against a license, the licensee must lose the compact privilege in any remote state until the home state license is no longer restricted and two years have elapsed from the date of the adverse action.

Section 5. Telehealth

Telehealth can be practiced under a compact privilege.

Section 6. Active duty military personnel

Active duty military personnel or their spouses can designate a home state where they are licensed, and can keep that home state designation while the service member is on active duty.

Section 7. Adverse action

A home state has exclusive power to impose adverse action against that license, and a licensee's compact privilege is deactivated while an adverse action is in effect. If appropriate, a home state can take adverse action based on information from a remote state. A remote state can take adverse action against a licensee's compact privilege there and can issue subpoenas for hearings and investigations. Member states can conduct joint investigations, must enforce subpoenas issued by other member states, and must share any investigative, litigation, or compliance materials related to investigations under the compact.

Section 8. Commission

The compact creates the Audiology and Speech-Language Pathology Compact Commission, consisting of two delegates from each member state (one audiologist and one speech-language pathologist) who are licensing board members, and five members selected by the commission's executive committee who are licensing board administrators or public members. The executive committee is appointed by the commission, can act on its behalf, and consists of seven voting

members elected from commission members and three nonvoting members from relevant professional associations and licensing boards. The commission must meet at least annually. Commission meetings must be public, but the commission or executive committee can have closed meetings to discuss the employment, compensation, or discipline of specific employees; current or prospective litigation; member state noncompliance; or other specified topics. Among other listed responsibilities, the commission must establish bylaws; adopt rules; elect officers; appoint committees; conduct its financial affairs and keep records; hire employees or contractors; exchange information with law enforcement; establish fees or annual dues; and take other actions consistent with the compact and its bylaws. The compact provides indemnity from liability for commission members and employees acting in the scope of their duties.

Section 9. Data system

The commission must provide for a coordinated database and reporting system with licensure, adverse action, and investigative information on all licensees in member states. Member states must submit identifying information, licensure data (including denials), adverse actions taken, and other specified information. States can flag information that is not to be publicly shared.

Section 10. Rulemaking

Rules or amendments to rules must be adopted by majority vote, with notice given at least 30 days before consideration. The compact provides procedures for hearings to be requested and held, emergency rules to be adopted, or corrections to be made to adopted rules. If a majority of member states reject a rule within four years of the rule's adoption (by passing a law or resolution in the same way the compact was adopted), the rule has no further effect.

Section 11. Enforcement and dispute resolution

The commission must enforce the compact and rules. The commission can sue a member state that is in default of its obligations for injunctive relief and damages. If judicial enforcement is necessary, the prevailing party must be awarded all litigation costs. The commission also may pursue any other remedies available under state or federal law. Upon a member state's request, the commission must try to resolve compact-related disputes between states. The commission must issue a rule providing for both mediation and binding dispute resolution for disputes.

Section 12. Implementation date, withdrawal, and amendment

The compact took effect in 2021 when it was enacted by the tenth member state. A state can withdraw from the compact by repealing it, with the withdrawal taking effect six months later. An amendment to the compact is effective and binding only if enacted by all member states.

Section 13. Construction and severability

The compact must be liberally construed to effectuate its purposes. Its provisions are severable. If any part of it is held invalid, the applicability of the rest of it is not affected. If it is held to violate the constitution of a member state, it stays in effect in the other member states.

Section 14. Binding effect of compact

If a law in a member state conflicts with the compact, the compact supersedes the state law. Commission rules and bylaws are binding on member states. Agreements between member states and the commission are binding in accordance with their terms.

MCL 333.16801 and 333.17601 and proposed MCL 333.16187, 333.16804, and 333.17603a

BACKGROUND:

As of June 2025, legislation to join the Audiology and Speech-Language Pathology Compact has been enacted by 36 states and the U.S. Virgin Islands.³

Member state license requirements under the compact

Under the Audiology and Speech-Language Pathology Compact, member states must require audiologists to meet the following in order to be licensed:

- One of the following educational requirements:
 - On or before December 31, 2007, have graduated with a master's degree or doctorate in audiology, or equivalent degree regardless of degree name, from a program accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the U.S. Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the state licensing board.
 - On or after January 1, 2008, have graduated with a doctoral degree in audiology, or equivalent degree, regardless of degree name, from a program accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the U.S. Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the state licensing board.
 - Have graduated from an audiology program housed in an institution of higher education outside the United States that meets both of the following:
 - The program and institution have been approved by the authorized accrediting body in the applicable country.
 - The program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.
- Have completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the Audiology and Speech-Language Pathology Compact Commission.
- Have successfully passed a national examination approved by the Audiology and Speech-Language Pathology Compact Commission.

Under the Audiology and Speech-Language Pathology Compact, member states must require speech-language pathologists to meet the following in order to be licensed:

- Either of the following educational requirements:
 - Have graduated with a master's degree from a speech-language pathology program accredited by an organization recognized by the U.S. Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the state licensing board.
 - Have graduated from a speech-language pathology program housed in an institution of higher education outside the United States that meets both of the following:
 - The program and institution have been approved by the authorized accrediting body in the applicable country.

³ <https://aslpcompact.com/compact-map/>

- The program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.
- Have completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Audiology and Speech-Language Pathology Compact Commission.
- Have completed a supervised postgraduate professional experience as required by the Audiology and Speech-Language Pathology Compact Commission.
- Have successfully passed a national examination approved by the Audiology and Speech-Language Pathology Compact Commission.

Other compacts

Michigan is currently a member of one other interstate health licensure portability compact, the Psychology Interjurisdictional Compact.⁴

In 2019, Michigan became a member state of the Interstate Medical Licensure Compact, a health licensure portability compact for physicians. However, the provisions implementing for the state's membership were repealed on March 28, 2025. Michigan has begun its withdrawal from membership, a process that takes 12 months.⁵

Other recently proposed health licensure compacts include the Nurse Licensure Compact,⁶ the Physician Assistant Licensure Compact,⁷ the Occupational Therapy Licensure Compact,⁸ the Physical Therapy Licensure Compact,⁹ the Counselors Licensure Compact,¹⁰ and the Dentist and Dental Hygienist Compact.¹¹

FISCAL IMPACT:

House Bill 4509 could have a significant fiscal impact on the Department of Licensing and Regulatory Affairs (LARA), although a precise estimate of the magnitude of the impact is currently unavailable. Under this bill, LARA would incur costs for investigating complaints against licensees and for the general administration and implementation of the compact's requirements. Such costs would include any incurred expenses for integrating Michigan's current licensing systems for audiologists and speech-language pathologists (which are licensed separately) with the compact commission's data system, which LARA estimates would require up to \$200,000. The Audiology and Speech-Language Pathology Compact Commission could also levy an annual assessment on Michigan to cover the costs of the commission's activities and operations. The state could also be responsible for paying damages if it defaulted on the compact. The magnitude of the costs is presently unknown, as the costs would be dependent on several factors, including the volume of compact licensees that practice within Michigan.

⁴ <https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-333-16190>

⁵ <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/medical>

⁶ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4246>

⁷ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4309>

⁸ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4103>

⁹ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4101>

¹⁰ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4591>

¹¹ <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2025-HB-4935>

The bill would allow LARA to recover costs related to the investigations and disposition of adverse action cases. LARA has indicated that additional legislation would be required to allow the department to collect fees from compact privilege holders and to sanction compact privilege holders. It is unclear how revenues under the bill would compare to the costs that LARA and the state would incur.

Furthermore, traditional licensure revenues in the state would likely decline, as out-of-state licensees would be able to practice via the compact, instead of securing licensure through the state.

POSITIONS:

Representatives of the following entities testified in support of the bill (6-25-25):

- Michigan Audiology Coalition
- Michigan Speech-Language Hearing Association

The following entities indicated support for the bill:

- Michigan Association of Health Plans (9-3-25)
- Michigan Health and Hospital Association (9-18-25)
- Memorial Healthcare (9-3-25)
- Fix SLP (6-25-25)
- AARP Michigan (9-18-25)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.