

March 5, 2021

Re: Testimony in support of SB 77

From: Kris Pedersen, Speech-Language Pathologist and Clinical Associate Professor at the University of Kansas

Dear Chair Landwehr and members of the Committee on Health and Human Services,

Thank you for the opportunity to address SB 77, enacting the **Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)**. The Interstate Compact would provide increased access to and continuity of care for Kansans who need speech, language and hearing services in all settings. Kansas is one of several states that have introduced legislation to become part of the Interstate Compact. Oklahoma has already passed the Compact, and the Compact has been introduced in Nebraska and Colorado.

Across the nation we face shortages of Speech-Language Pathologists (SLPs) and Audiologists. According to the Bureau of Labor Statistics, an additional 40,500 SLPs will be needed to fill the demand by 2029, which is a 25% increase in job openings. In 2018, more than half (54%) of school-based SLPs responding to the ASHA Schools Survey reported that job openings exceeded job seekers. Data from a survey of Kansas school administrators (n=46) and SLPs (n=229) shows a need for 26% more SLPs in Kansas schools. There were a reported 60 unfilled positions (5-year average) and an additional 51 positions needed to adjust for high caseload size in districts/cooperatives. Of 229 school SLPs surveyed thus far, 42% report caseloads higher than the national median of 47 (ASHA, 2020). Nationally, SLPs in schools report high workload/caseload size as the 2nd biggest challenge at 56.5%. There is a similar demand for SLPs in the health care field and this will only increase as our aging population needs to access health care that is harder to find. Nationally, 27% of SLPs reported openings in health care facilities (ASHA, 2019).

Our rural communities, where it is harder to find and keep professionals, are most affected. Shortages result in higher caseloads, decreased quality and quantity of services, and programs having to make tough decisions about student services based on available staff.

• One SLP in western Kansas reported her typical caseload has been 45 students but due to the nationwide shortages she now serves 80 students. Her cooperative has worked diligently and provided incentives to hire more SLPs but cannot fill the vacancies. She stated, "Please, our students need help now. The children need to learn how to talk now, not years from now. I work in a low-income rural area. Our families depend upon the public school." One program director from Northwest Kansas reported they have not had an Audiologist.
"We desperately needed assistance and ran into many roadblocks due to state line issues.
We finally had to have families use whatever audiologist they could and then accepted their results via IEPs."

Programs, schools and consumers may have access to providers living in neighboring states, taking the burden off of programs and shifting the focus to service quality. As a former Early Intervention Program Coordinator, I experienced first-hand the challenges of finding providers in rural northeast Kansas communities. This was a chronic problem that resulted in difficult decisions such as reducing frequency of services, overworking staff or dealing with loss of productivity as providers would have to drive hours to reach families. When mandated programs under the Individuals with Disabilities Education Act (IDEA) cannot have waiting lists, the pressure falls on administrators and providers to "make ends meet" at the expense of service quality and staff burnout. Kansans have a right to speech, language and hearing services that are accessible and of high quality. And we can keep and attract more providers to Kansas when workload conditions allow them to focus on quality. We can do better for all by making it easier to access providers.

ASLP-IC would improve access, increase quality, and reduce barriers both geographic and administrative. It would preserve state licensure regulations/authority for those practicing/serving consumers in our state and any additional costs would be offset by fees charged for privilege to practice. Thank you for considering this important legislation that helps Kansans with speech, language and hearing disorders, their families and the providers that serve them.

Sincerely,

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References:

American Speech-Language-Hearing Association. (2020). 2020 Schools survey. Survey summary report: Numbers and types of responses, SLPs. Available from www.asha.org.

American Speech-Language-Hearing Association. (2019). 2019 SLP health care survey: Survey summary report: Number and type of responses. Available from www.asha.org.

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Speech-Language Pathologists