

Testimony in Support of VT H.86: An act relating to Vermont's adoption of the Audiology and Speech-Language Pathology Interstate Compact

Good afternoon. I would like to express my gratitude for your willingness to learn about the immense relief H.86 would offer to both residents in need of our services as well as our dedicated service providers.

My name is Sierra Downs; my pronouns are she/they. I am a Medical Speech Language Pathologist and small business owner in Burlington.

I own and operate a private practice in Vermont which offers mobile diagnostic imaging and therapy for voice and swallowing disorders. I provide gender affirming voice training and treatment for various upper airway disorders. When not seeing private clients in their home or at my office, I provide specialized services to patients virtually for Northeastern Vermont Regional Hospital, a critical access hospital in the Northeast Kingdom, and work virtually with head and neck cancer patients through Dartmouth Hitchcock.

I am honored to be here on behalf of my dedicated colleagues to testify in support of H.86.

First, the demand for services from Speech Language Pathologists and Audiologists is continually on the rise. The estimated projections for SLP job growth is currently at 21% through 2024, with Audiology not far behind at 13% through 2029.

To consider this demand through a more local lens, I would like to offer a humbling quote from our past VSHA President, Danielle Kent:

“Early Intervention Services are in Crisis [here in Vermont].”

In fact, there are so few available providers to refer to for early intervention speech language therapy services, that waitlists are often months long. And although teletherapy is a possibility for older children, teletherapy is not appropriate for direct intervention for infants and toddlers ages birth to three years of age. These caregivers are often left in the dark in terms of how best to support their child's communication development.

These barriers to accessing services continue throughout the lifespan, as our adult and geriatric patients struggle to locate Vermont-licensed providers during crucial periods for rehabilitation. My practice, for example, currently has a growing waitlist for patients who have experienced traumatic brain injury or stroke.

Second, barriers to accessing health care are especially common in rural areas. Per a recent survey from ASHA, the American Speech Language and Hearing Association, ***44% of SLPs in rural areas were more likely to report funded, yet unfilled positions*** when compared to SLPs elsewhere in the state. Although access to services is a known difficulty across our state, enacting H.86 would offer a solution - by allowing more licensed providers to offer services in a cost-effective, sustainable manner. In terms of success with the ASLP-IC enactment, our neighbor to the East (New Hampshire) became the 15th state to adopt the ASLP-IC with Governor Sununu's signing of SB 133 in 2021; if H.86 is enacted, we would see positive effects almost immediately.

On a more hopeful note, removing these barriers to accessing quality care through passing H.86 can prevent substantial developmental delays for our younger populations, and can reduce medical risks and socioemotional complications for our adult and geriatric patients. Among our professionals and the people we serve, there is growing urgency to remove these arbitrary barriers as soon as we possibly can.

Thank you for your time and consideration.

Sierra C. Downs, MA CCC-SLP
Speech Language Pathologist