



Virginia Department of Planning and Budget **Economic Impact Analysis**

18 VAC 30-21 Regulations Governing the Practice of Audiology and Speech-Language Pathology

Department of Health Professions

Town Hall Action/Stage: 6293 / 11056

March 24, 2026

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007.04 of the Code of Virginia (Code) and Executive Order 19. The analysis presented below represents DPB’s best estimate of the potential economic impacts as of the date of this analysis.¹

Summary of the Proposed Amendments to Regulation

Chapter 337 of the 2023 *Acts of Assembly* entered Virginia into the Audiology and Speech-Language Pathology Interstate Compact (Compact).² Pursuant to the legislation the Board of Audiology and Speech-Language Pathology (Board) proposes to amend 18 VAC 30-21 *Regulations Governing the Practice of Audiology and Speech-Language Pathology* to implement the Compact in the Commonwealth.

Background

The Compact is an interstate agreement that provides a pathway by which audiologists and speech-language pathologists can obtain the authorization to practice in other Compact states and territories (including through telehealth³) without needing multiple licenses. As of the date of this report, Ohio, Louisiana, and West Virginia have begun issuing Compact privileges to

¹ Code § 2.2-4007.04 requires that such economic impact analyses determine the public benefits and costs of the proposed amendments. Further the analysis should include but not be limited to: (1) the projected number of businesses or other entities to whom the proposed regulatory action would apply, (2) the identity of any localities and types of businesses or other entities particularly affected, (3) the projected number of persons and employment positions to be affected, (4) the projected costs to affected businesses or entities to implement or comply with the regulation, and (5) the impact on the use and value of private property.

² See <https://aslpcompact.com/>.

³ The legislation defines telehealth as “the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention, and/or consultation.”

practice, and 36 additional states and the U.S. Virgin Islands are actively completing the steps needed to begin issuing and receiving privileges.⁴ Virginia is one of the 36 states that is a Compact member but has not yet begun issuing and receiving privileges.⁵

Estimated Benefits and Costs

The proposed amendments to the regulation are necessary for Virginia's participation in the Compact. The Commonwealth's participation in the Compact appears to be beneficial for Virginia consumers of audiology and speech-language pathology services in that it increases the number of qualified audiologists and speech-language pathologists available to provide these services. This may reduce the difficulty some Virginians have finding these services. According to an August 2025 report from the Virginia Healthcare Workforce Data Center, less than one percent of audiologists in the Commonwealth are involuntarily unemployed, which suggests that openings for audiology services may be limited.⁶ According to another August 2025 report from the Virginia Healthcare Workforce Data Center, no speech-language pathologist survey respondents indicated involuntary unemployment, which also suggests that openings for speech-language pathology services may be limited.⁷ Clients of audiologists and speech-language pathologists who move between Compact states could also potentially benefit from not having to change service provider due to the move.

The Commonwealth's participation in the Compact can also be potentially beneficial for Virginia audiologists and speech-language pathologists who are interested in adding patients, because they could legally provide services to potential patients in any Compact state or jurisdiction rather than just Virginia. On the other hand, Virginia audiologists and speech-language pathologists could face increased competition in providing services due to audiologists and speech-language pathologists licensed in other Compact states being enabled to provide services to Virginians. Audiologists and speech-language pathologists who move between Compact states can also benefit by not necessarily needing to get a new license due to the move.

To the extent that there are differences in states concerning openings for new clients, the Compact can also help increase matching of individuals looking for audiologists and speech-

⁴ See <https://aslpcompact.com/compact-map/>.

⁵ See [Ibid.](#)

⁶ See <https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/aslp/2201Audiologist2025.pdf>.

⁷ See <https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/aslp/2202SLP2025.pdf>.

language pathologists, and audiologists and speech-language pathologists who have openings for new clients.

Businesses and Other Entities Affected

The 639 audiologists and 5,477 speech-language pathologists licensed in Virginia,⁸ employers of audiologists and speech-language pathologists, and consumers of audiology and speech-language pathology services are all potentially affected.

According to survey data from the Virginia Healthcare Workforce Data Center report titled *Virginia's Audiologist Workforce: 2025*, the primary types of employers for audiologists by establishment type in the Commonwealth are distributed as follows:⁹

Primary Employers of Audiologists by Type	Percentage
Private Practice, Group	27%
Hospital, Outpatient Department	22%
Physician Office	15%
Private Practice, Solo	14%
School (Providing Care to Clients)	7%
Community-Based Clinic or Health Center	4%
Administrative/Business Organization	2%
Academic Institution (Teaching Health Professions Students or Research)	2%
Hospital, Inpatient Department	1%
Other Practice Setting	6%

According to survey data from the Virginia Healthcare Workforce Data Center report titled *Virginia's Speech-Language Pathology Workforce: 2025*, the primary types of employers for speech-language pathologists by establishment type in the Commonwealth are distributed as follows:¹⁰

Primary Employers of Speech-Language Pathologists by Type	Percentage
School (Providing Care to Clients)	40%
Private Practice, Group	11%
Hospital, Inpatient Department	8%
Skilled Nursing Facility	7%
Hospital, Outpatient Department	7%
Private Practice, Solo	6%
Home Health Care	6%
Rehabilitation Facility	3%

⁸ Data source: <https://www.dhp.virginia.gov/about/stats/2026Q2/04CurrentLicenseCountQ2FY2026.pdf>

⁹ See footnote 6, *supra*.

¹⁰ See footnote 7, *supra*.

Academic Institution (Teaching Health Professions Students or Research)	2%
Community-Based Clinic or Health Center	2%
Residential Facility/Group Home	1%
Administrative/Business Organization	1%
Other Practice Setting	6%

The Code requires DPB to assess whether an adverse impact may result from the proposed regulation.¹¹ An adverse impact is indicated if there is any increase in net cost or reduction in net benefit for any entity, even if the benefits exceed the costs for all entities combined.¹² As noted above, Virginia audiologists and speech-language pathologists could face increased competition in providing services through Compact participation. However, participation in the Compact results from the legislation, and not the proposed amendments to the regulation. Thus, no adverse impact is indicated for the proposed amendments to the regulation.

Small Businesses¹³ Affected:¹⁴

Types and Estimated Number of Small Businesses Affected

The Board regulates individual practitioners, but not their employers. Thus, data on the number of small businesses affected is not available. The types of businesses that are potentially affected and may qualify as small are described in the tables above.

¹¹ Pursuant to Code § 2.2-4007.04(D): In the event this economic impact analysis reveals that the proposed regulation would have an adverse economic impact on businesses or would impose a significant adverse economic impact on a locality, business, or entity particularly affected, the Department of Planning and Budget shall advise the Joint Commission on Administrative Rules, the House Committee on Appropriations, and the Senate Committee on Finance.

¹² Statute does not define “adverse impact,” state whether only Virginia entities should be considered, nor indicate whether an adverse impact results from regulatory requirements mandated by legislation. As a result, DPB has adopted a definition of adverse impact that assesses changes in net costs and benefits for each affected Virginia entity that directly results from discretionary changes to the regulation.

¹³ Pursuant to § 2.2-4007.04 of the Code of Virginia, small business is defined as “a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.”

¹⁴ If the proposed regulatory action may have an adverse effect on small businesses, Code § 2.2-4007.04 requires that such economic impact analyses include: (1) an identification and estimate of the number of small businesses subject to the proposed regulation, (2) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the proposed regulation, including the type of professional skills necessary for preparing required reports and other documents, (3) a statement of the probable effect of the proposed regulation on affected small businesses, and (4) a description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation. Additionally, pursuant to Code § 2.2-4007.1, if there is a finding that a proposed regulation may have an adverse impact on small business, the Joint Commission on Administrative Rules shall be notified.

Costs and Other Effects

Some small providers of audiology or speech-language pathology services may be worse off through increased competition from firms based out of state. Others may be better off through increased access to out-of-state clients.

Alternative Method that Minimizes Adverse Impact

As the Compact is required by statute, there is no alternative method that reduces adverse impact.

Localities¹⁵ Affected¹⁶

All Virginians, regardless of location within the Commonwealth, could potentially choose to receive audiology or speech-language pathology services from a professional licensed in another Compact state. Nevertheless, it may be more likely in practice that residents of localities near the border of neighboring Compact states or the District of Columbia would receive recommendations for audiologists and speech-language pathologists in the nearby jurisdictions. Similarly, Virginia-licensed audiologists and speech-language pathologists who practice near the border may be more likely to be recommended to potential clients in neighboring states. Also, patients who prefer in person services versus telehealth and are located near state or district borders would be more likely to be affected given their proximity to out-of-state practitioners. Thus, localities on or near Virginia's borders with other states and the District of Columbia may be particularly affected, once Virginia and the neighboring jurisdictions start issuing Compact privileges. West Virginia is now issuing Compact privileges. Virginia and the other bordering states have enacted the necessary Compact legislation but have not yet completed all of the steps needed to begin issuing and receiving privileges. The District of Columbia has not yet passed Compact legislation.

Virginians living in medically underserved areas, which are predominately rural, may also disproportionately benefit from improved access.¹⁷

The proposed amendments do not appear to introduce costs for local governments

¹⁵ "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulatory change are most likely to occur.

¹⁶ § 2.2-4007.04 defines "particularly affected" as bearing disproportionate material impact.

¹⁷ See <https://www.vdh.virginia.gov/health-equity/shortage-designations-and-maps/>

Projected Impact on Employment

As discussed earlier, the proposed amendments enable the Commonwealth's participation in the Compact, which (once all jurisdictions that have passed Compact legislation start issuing privileges) greatly increases the population of patients who may be legally served by Virginia-licensed audiologists and speech-language pathologists, but also allows audiologists and speech-language pathologists licensed in other Compact states to serve Virginia patients. The former may have a positive impact on employment for Virginia licensed audiologists and speech-language pathologists, while latter may have a negative impact. Information is not available to determine the net impact.

Effects on the Use and Value of Private Property

By enabling Virginia's participation in the Compact, the proposed amendments would increase the potential supply of labor for those businesses that employ audiologists or speech-language pathologists. With more potential qualified employees to choose from, these firms may be able to find more productive and/or less costly people to hire. Also, participation in the Compact increases the potential number of clients that businesses that provide audiology or speech-language pathology services may serve. These two factors may moderately increase the value of some businesses. On the other hand, participation in the Compact introduces potential competition from firms in other Compact states that provide audiology or speech-language pathology services, which may have a moderate negative impact on the value of some firms. However, no information is available to determine the net impact.

The proposed amendments do not appear to affect real estate development costs.