



Hearing Aid Dispenser Committee Meeting Minutes

January 10, 2013
Kensington Park Hotel
450 Post Street
San Francisco, CA
(916) 263-2666

Committee Members Present

Alison Grimes, Au.D., Vice Chairperson
Amnon Shalev, Hearing Aid Dispenser
Deane Manning, Hearing Aid Dispenser
Rodney Diaz, M.D.

Board Members Present

Monty Martin, M.A.
Marcia Raggio, Ph.D.
Patti Solomon-Rice, Ph.D.
Jaime Lee, Esq.

Guests Present

Dennis Van Vleit, Audiologist
Jody Winzelberg, Audiologist, Lucile Packard Children's Hospital
Tricia Hunter, HHP
Cindy Peffers, Hearing Aid Dispenser HHP

Staff Present

Annemarie Del Mugnaio, Executive Officer
Claire Yazigi, Legal Counsel

Committee Members Absent

Marcia Raggio, Ph.D.

I. Call to Order

Chairperson Manning called the meeting to order at 3:55 p.m.

II. Introductions

Those present introduced themselves.

III. Approval of the July 26, 2012 Hearing Aid Dispensers Committee Meeting Minutes

The Committee reviewed the meeting minutes and provided technical edits.

M/S/C: Diaz/Grimes

The Committee voted to approve the July 26, 2012 minutes as amended.

IV. Review Committee Member’s Comments to Proposed Amendments Regarding the Hearing Aid Dispenser’s Advertising Regulations and Related Guidelines (California Code of Regulations Section 1399.127)

Chairperson Manning referenced the proposed text for amending the existing advertising regulations and the comments of each of the Committee members as included in the meeting materials. He stated that the proposed text was developed by Ms. Yazigi at the direction and input of the Committee from prior meetings.

Ms. Del Mugnaio stated that the purpose of the proposed amendments is to provide clarity to the advertising provisions so that providers are aware and may practically comply with statutory and regulatory provisions related to false and misleading advertisements and statements as represented by licensed providers.

The Committee discussed the challenges in regulating advertisements that may be circulated by a corporation and not an individual licensee.

Ms. Grimes inquired whether the proposed language regarding advertising a “hearing test” and the statement that a “*hearing test*” is not a *diagnostic hearing evaluation* is already in law or regulation.

Chairperson Manning stated that the current provisions provide a definition of a “hearing test” as test for the purposes of fitting and selecting a hearing aid; it does not state what a “hearing test” is not.

Ms. Winzelberg commented that the Committee should consider which provisions in the hearing aid advertising regulations applies to hearing aid dispensers and dispensing audiologists as not all of the provisions should apply to dispensing audiologists given the scope of practice distinctions.

Ms. Del Mugnaio stated that all the provisions regarding advertisements for a hearing aid applies to anyone who is licensed and authorized to dispense a hearing aid. If the provisions do not apply to a specific license type based on their authorized scope of practice, e.g., a licensed dispensing audiologist or physician, the provision would not be enforced. She stated that language may be added to the advertising provisions to state, *the following provisions apply to any person licensed or authorized to dispense hearing aids, unless the provision conflicts with another law or regulation authorizing such practices.*

Ms. Yazigi stated that the proposed advertising provisions would apply to, and be enforced in situations where the advertisement is published on behalf of the licensee or where the licensee has control or input into the advertisements. She stated that it would be unfair to hold a licensee accountable for advertisements that were developed and published by a manufacturer or corporation where the licensee has no culpability in terms of the advertisement.

The Committee reviewed each section of the proposed text as follows:

- Licensees may not advertise anything that is in conflict with advertising statutes or the laws and regulations that govern the practice of hearing aid dispensing.
- The name, address, and license number of a licensed dispenser must be listed on an advertisement. The Committee deferred making a decision on this provision and delegated to Ms. Del Mugnaio to research the advertising provisions of Dispensing Opticians
- Advertisements of a degree and field. If using the term “Dr.” for a non-medical degree, the degree must be accompanied by a qualifier.
- Advertising a professional certification. The certification must be issued based upon an validated examination. The full name of the certification must be included along with the name of the certifying organization.
- Restricting misleading statements regarding marketing efforts described as “research projects.”
- Must use the term hearing aid dispenser if using the term “specialist.”
- Advertisements regarding hearing aid pricing and discounts must: be exact and include pertinent variables to advertised price. If representing a price comparison, the comparison must be based on verifiable data. The data must be retained by the hearing aid dispenser for one-year from the date of advertisement. If a discount pertains to a specific population, the population must be identified. If a discounted price is for a limited time, the dates must be identified.
- Prohibits bait and switch.
- All advertisements published in California shall comply with all applicable state and federal laws and regulations.

Ms. Del Mugnaio stated that she will research the provisions for dispensing optometrists and bring the information back to the Committee for further review.

V. Update Regarding the Exemption Request of the Federal Drug Administration on Mail Order and Catalog Sales of Hearing Aids (Business & Professions Code Section 2539.2)

Ms. Del Mugnaio reported that she has been in contact with the Federal Drug Administration (FDA) regarding the Board’s exemption request and has been referred to the FDA legal counsel, who should be in contact with her by late January. Ms. Del Mugnaio stated that she will provide an update to the Board as to her communication with the FDA.

Chairperson Manning adjourned the meeting at 5:30 p.m.

BUSINESS AND PROFESSIONS CODE

655.2. No physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000), nor any audiologist who is not a licensed hearing aid dispenser shall employ any individual licensed pursuant to Article 8 of Chapter 5.3~~Chapter 7.5~~ (commencing with Section ~~2538.10~~~~3300~~) for the purpose of fitting or selling hearing aids. No individual licensed pursuant to Article 8 of Chapter 5.3 (commencing with Section 2538.10) shall employ any physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000) or any audiologist who is not a licensed hearing aid dispenser for the purpose of fitting or selling hearing aids.

This section shall not apply to any physician and surgeon or medical corporation which contracts with or is affiliated with a comprehensive group practice health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

AMENDED IN SENATE MAY 28, 2013

AMENDED IN SENATE APRIL 24, 2013

SENATE BILL

No. 176

**Introduced by Senator Galgiani
(Coauthors: Senators Cannella and Correa)**

February 6, 2013

An act to ~~add Sections 11346.46 and 11346.47 to~~ *amend Section 11346.45* of the Government Code, relating to administrative procedures.

LEGISLATIVE COUNSEL'S DIGEST

SB 176, as amended, Galgiani. Administrative procedures.

Existing law governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law, including procedures relating to increased public participation in the adoption, amendment, and repeal of these regulations. *Existing law specifically requires a state agency proposing to adopt regulations, prior to publication of a notice of proposed adoption, amendment, or repeal of a regulation, to involve parties who would be subject to the proposed regulations in public discussions regarding those proposed regulations, when the proposed regulations involve complex proposals or a large number of proposals that cannot easily be reviewed during the comment period.*

~~This bill would, in order to increase public participation and improve the quality of regulations, require state agencies, boards, and commissions to submit a notice prior to any meeting date or report, provided the meeting or report is seeking public input, as described. The bill would additionally require state agencies, boards, and~~

commissions to submit specified notices to the Office of Administrative Law, for publication in the California Regulatory Notice Register.

This bill would expand that public discussion requirement to require a state agency proposing to adopt regulations, prior to publication of a notice of proposed adoption, amendment, or repeal of a regulation, to involve parties that would be subject to the proposed regulations in public discussions regarding those proposed regulations, without regard to the complexity or number of proposals.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11346.45 of the Government Code is
2 amended to read:

3 11346.45. (a) In order to increase public participation and
4 improve the quality of regulations, ~~state agencies~~ a state agency
5 proposing to adopt ~~regulations shall~~, regulations, prior to
6 publication of the notice required by Section 11346.5, shall involve
7 parties ~~who~~ that would be subject to the proposed regulations in
8 public discussions regarding those proposed regulations, ~~when the~~
9 ~~proposed regulations involve complex proposals or a large number~~
10 ~~of proposals that cannot easily be reviewed during the comment~~
11 ~~period~~ regulations.

12 (b) This section does not apply to a state agency in any instance
13 where that state agency is required to implement federal law and
14 regulations for which there is little or no discretion on the part of
15 the state to vary.

16 (c) If the agency does not or cannot comply with the provisions
17 of subdivision (a), it shall state the reasons for noncompliance with
18 reasonable specificity in the rulemaking record.

19 (d) The provisions of this section shall not be subject to judicial
20 review or to the provisions of Section 11349.1.

21 SECTION 1. Section 11346.46 is added to the Government
22 Code, to read:

23 ~~11346.46. (a) In order to increase public participation in the~~
24 ~~regulation development process and improve the quality of~~
25 ~~regulations, state agencies, boards, and commissions shall submit~~
26 ~~a notice in the California Regulatory Notice Register. The notice~~
27 ~~shall appear in the California Regulatory Notice Register at least~~

1 15 days prior to any meeting date or report, provided the meeting
2 or report is seeking public input.

3 ~~(b) For purposes of this section, meetings and reports seeking~~
4 ~~public input include, but are not limited to, the following formal,~~
5 ~~official, or organized:~~

6 ~~(1) Informational hearings.~~

7 ~~(2) Workshops.~~

8 ~~(3) Scoping hearings.~~

9 ~~(4) Preliminary meetings.~~

10 ~~(5) Public and stakeholder outreach meetings.~~

11 ~~SEC. 2. Section 11346.47 is added to the Government Code,~~
12 ~~to read:~~

13 ~~11346.47. State agencies, boards, and commissions shall submit~~
14 ~~a notice to the Office of Administrative Law for publication in the~~
15 ~~California Regulatory Notice Register, upon issuance or publication~~
16 ~~of the following:~~

17 ~~(a) Any notice required by either subdivision (c) of Section~~
18 ~~11346.8, commonly known as 15-day comment period notice, or~~
19 ~~subdivision (b) of Section 11347.1.~~

20 ~~(b) Any Internet Web site link to informational reports prepared~~
21 ~~for public review that have been posted on the agency, board, or~~
22 ~~commission Internet Web site in connection with proposed~~
23 ~~regulations.~~

BILL ANALYSIS

SENATE RULES COMMITTEE	SB 176
Office of Senate Floor Analyses	
1020 N Street, Suite 524	
(916) 651-1520	Fax: (916)
327-4478	

THIRD READING

Bill No: SB 176
Author: Galgiani (D)
Amended: 5/28/13
Vote: 21

SENATE GOVERNMENTAL ORGANIZATION COMMITTEE : 11-0, 4/9/13
AYES: Wright, Nielsen, Berryhill, Calderon, Cannella, Correa,
De León, Galgiani, Hernandez, Lieu, Padilla

SENATE APPROPRIATIONS COMMITTEE : 7-0, 5/23/13
AYES: De León, Walters, Gaines, Hill, Lara, Padilla, Steinberg

SUBJECT : Administrative procedures

SOURCE : California Association of Realtors

DIGEST : This bill requires a state agency proposing to adopt regulations to involve parties that would be subject to those regulations in public discussions prior to publishing the notice without regard to the complexity or number of proposals.

ANALYSIS :

Existing law:

- 1.Governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by Office of Administrative Law (OAL).
- 2.Specifies that, in order to increase public participation and

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improve the quality of regulations, state agencies proposing to adopt complex or numerous regulations shall involve parties who would be subject to the proposed regulations in public discussions prior to publishing the official notice of proposed regulations.

This bill requires a state agency proposing to adopt regulations to involve parties that would be subject to those regulations in public discussions prior to publishing the notice without regard to the complexity or number of proposals.

Background

In a comprehensive review of the state's rulemaking process, the Little Hoover Commission recently noted that "California's process lacks any requirement to bring in the affected public before a rule is released for public comment. This prevents parties who stand to be impacted by the regulation, regulated and unregulated, from offering their expertise about real world conditions or suggesting better approaches before a proposed regulation is released for public comment."

The Commission also noted that no section of the Administrative Procedure Act specifically requires a department or agency to consult with parties who may be affected by a proposed regulation prior to issuing the official public notice, which is published in the Register.

California Regulatory Notice Register (Register) . The OAL maintains and publishes the Register. It is published every Friday in PDF format. The Register contains all notices of proposed regulatory actions by state regulatory agencies to adopt, amend, or repeal regulations. In addition, OAL publishes an index to the Register that covers all state agency regulatory actions taken over the past 12 months, sorted according to agency name.

Comments

The author's office notes that, although state agencies must publish notices of proposed adoption of regulations in the Register, they are not required to publish notices of informational hearings, workshops, reports and the like in the Register. Consequently, the affected public is not typically

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involved in the regulatory process until the rule is released for public comment. The author's office suggests that California should adopt practices that more closely approximate the federal rulemaking process, which requires federal agencies to additionally publish all public notices of hearings, workshops and the like in the Federal Register, not just notices of proposed regulations.

FISCAL EFFECT : Appropriation: No Fiscal Com.: Yes
Local: No

According to the Senate Appropriations Committee, likely minor ongoing costs to over 200 state agencies to involve interested parties in discussions prior to proposing regulations. (General Fund and Various Special Funds).

SUPPORT : (Verified 5/28/13)

California Association of Realtors (source)
American Council of Engineering Companies
Apartment Association of Greater Los Angeles
California Apartment Association
California Building Industry Association
California Business Properties Association
California Cement Manufactures Environmental Coalition
California Chamber of Commerce
California Independent Oil Marketers Association
California Land and Title Association
California Manufactures and Technology Association
California New Car Dealers Association
California Restaurant Association
California Retailers Association
California Service Station and Auto Repair Association
National Federation of Independent Business
San Diego County Apartment Association
Santa Barbara Rental Property Association
USANA Health Sciences, Inc.
Western States Petroleum Association

ARGUMENTS IN SUPPORT : The supporters and sponsor of the bill note that since the adoption of the Administrative Procedure Act in 1945, the process for developing regulations has evolved substantially, and today a majority of regulations are developed during the pre-rulemaking process. They believe that this bill

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will greatly benefit state agencies when developing regulations by encouraging citizen participation, and that this bill will simplify the state's regulatory notice procedures by providing a single source of information to state agencies' pre-rule making process.

MW:nl 5/29/13 Senate Floor Analyses

SUPPORT/OPPOSITION: SEE ABOVE

**** END ****

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AMENDED IN SENATE APRIL 30, 2013

AMENDED IN SENATE APRIL 23, 2013

AMENDED IN SENATE APRIL 16, 2013

SENATE BILL

No. 129

Introduced by Senator Wright
(Coauthor: Assembly Member Gomez)

January 23, 2013

An act to amend Section 53112 of the Government Code, and to amend Section 2881 of, and to repeal Section 278.5 of, the Public Utilities Code, relating to telecommunications, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 129, as amended, Wright. Deaf and disabled telecommunications program.

(1) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to oversee administration of the state's telecommunications universal service programs, including the deaf and disabled programs, which are funded through the Deaf and Disabled Telecommunications Program Administrative Committee Fund. Existing law, until January 1, 2014, requires the commission to establish a surcharge, not to exceed 0.5%, that is uniformly applied to a subscriber's intrastate telephone service charges to allow providers of the equipment and service provided pursuant to the deaf and disabled programs to recover their costs. Existing law, until January 1, 2016, requires the commission to submit a report on the fiscal status of the programs to the Legislature on or

before December 31 of each year. Existing law requires the report to include, among other things, an evaluation of options for controlling program expenses and program efficiency, as specified.

This bill would extend imposition of the surcharge until January 1, 2020. The bill would extend the reporting requirements until January 1, 2021, and would require the commission to submit the report to the Legislature on or before March 1 of each year. This bill would also require the report to include an evaluation of any modification to the program that would maximize participation and funding opportunities under similar federal programs. As part of the report that is due no later than March 1, 2014, this bill would require the commission to evaluate options for controlling the program costs of providing speech generating devices, and include any information on barriers to participation by eligible subscribers.

(2) Existing law requires the commission to design and implement a program to provide access to a speech-generating telecommunications device to any subscriber who is certified as having a speech disability at no charge additional to the basic exchange rate. Existing law also requires the commission to expand the deaf and disabled program to include assistance to individuals with speech disabilities, including assistance in purchasing speech-generating devices, accessories, and mounting systems, and specialized telecommunications equipment.

This bill would delete the provisions requiring the commission to expand the program to include assistance to individuals with speech disabilities, including assistance in purchasing speech-generating devices, accessories, and mounting systems, and specialized telecommunications equipment.

(3) Existing law states the intent of the Legislature that existing members of the Deaf and Disabled Telecommunications Program Administrative Committee should serve out their current terms of office as members of the committee, but not to exceed July 1, 2003. Existing law requires the committee to develop and submit, not later than October 1, 2002, recommendations to the commission for administration and governance of the deaf and disabled programs, as prescribed.

The bill would repeal these provisions.

(4) Under the Public Utilities Act, a violation of any order, decision, rule, direction, demand, or requirement of the commission by a public utility is a crime.

Because the bill would require an order or decision of the commission to extend the surcharge funding the deaf and disabled programs and

because a violation of these requirements would be a crime, the bill would impose a state-mandated local program by expanding the definition of a crime.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 53112 of the Government Code is
2 amended to read:

3 53112. (a) All systems shall be designed to meet the specific
4 requirements of each community and public agency served by the
5 system. Every system, whether basic or sophisticated, shall be
6 designed to have the capability of utilizing at least three of the
7 methods specified in Sections 53103 to 53106, inclusive, in
8 response to emergency calls. The Legislature finds and declares
9 that the most critical aspect of the design of any system is the
10 procedure established for handling a telephone request for
11 emergency services.

12 (b) In addition, to maximize efficiency and utilization of the
13 system, all pay telephones within each system shall, by December
14 31, 1985, enable a caller to dial "911" for emergency services, and
15 to reach an operator by dialing "0", without the necessity of
16 inserting a coin. At those "911" public safety answering points
17 serving an area where 5 percent or more of the population, in
18 accordance with the latest United States census information, speak
19 a specific primary language other than English, operators who
20 speak each such other language, in addition to English, shall be
21 on duty or available through interagency telephone conference
22 procedures at all times for "911" emergency services.

23 (c) In addition, all systems shall require installation of a
24 telecommunications device capable of servicing the needs of the
25 deaf or severely hearing impaired at the "911" public safety

1 answering point or points. The device shall be compatible with
2 devices furnished by telephone corporations pursuant to Section
3 ~~2834~~ 2881 of the Public Utilities Code.

4 ~~SECTION 4.~~

5 *SEC. 2.* Section 278.5 of the Public Utilities Code is repealed.

6 ~~SEC. 2.~~

7 *SEC. 3.* Section 2881 of the Public Utilities Code is amended
8 to read:

9 2881. (a) The commission shall design and implement a
10 program to provide a telecommunications device capable of serving
11 the needs of individuals who are deaf or hearing impaired, together
12 with a single party line, at no charge additional to the basic
13 exchange rate, to a subscriber who is certified as an individual
14 who is deaf or hearing impaired by a licensed physician and
15 surgeon, audiologist, or a qualified state or federal agency, as
16 determined by the commission, and to a subscriber that is an
17 organization representing individuals who are deaf or hearing
18 impaired, as determined and specified by the commission pursuant
19 to subdivision (h). A licensed hearing aid dispenser may certify
20 the need of an individual to participate in the program if that
21 individual has been previously fitted with an amplified device by
22 the dispenser and the dispenser has the individual's hearing records
23 on file prior to certification. In addition, a physician assistant may
24 certify the needs of an individual who has been diagnosed by a
25 physician and surgeon as being deaf or hearing impaired to
26 participate in the program after reviewing the medical records or
27 copies of the medical records containing that diagnosis.

28 (b) The commission shall also design and implement a program
29 to provide a dual-party relay system, using third-party intervention
30 to connect individuals who are deaf or hearing impaired and offices
31 of organizations representing individuals who are deaf or hearing
32 impaired, as determined and specified by the commission pursuant
33 to subdivision (h), with persons of normal hearing by way of
34 intercommunications devices for individuals who are deaf or
35 hearing impaired and the telephone system, making available
36 reasonable access of all phases of public telephone service to
37 telephone subscribers who are deaf or hearing impaired. In order
38 to make a dual-party relay system that will meet the requirements
39 of individuals who are deaf or hearing impaired available at a
40 reasonable cost, the commission shall initiate an investigation,

1 conduct public hearings to determine the most cost-effective
2 method of providing dual-party relay service to the deaf or hearing
3 impaired when using a telecommunications device, and solicit the
4 advice, counsel, and physical assistance of statewide nonprofit
5 consumer organizations of the deaf, during the development and
6 implementation of the system. The commission shall apply for
7 certification of this program under rules adopted by the Federal
8 Communications Commission pursuant to Section 401 of the
9 federal Americans with Disabilities Act of 1990 (Public Law
10 101-336).

11 (c) The commission shall also design and implement a program
12 whereby specialized or supplemental telephone communications
13 equipment may be provided to subscribers who are certified to be
14 disabled at no charge additional to the basic exchange rate. The
15 certification, including a statement of visual or medical need for
16 specialized telecommunications equipment, shall be provided by
17 a licensed optometrist, physician and surgeon, or physician
18 assistant, acting within the scope of practice of his or her license,
19 or by a qualified state or federal agency as determined by the
20 commission. The commission shall, in this connection, study the
21 feasibility of, and implement, if determined to be feasible, personal
22 income criteria, in addition to the certification of disability, for
23 determining a subscriber's eligibility under this subdivision.

24 (d) (1) The commission shall also design and implement a
25 program to provide access to a speech-generating device to any
26 subscriber who is certified as having a speech disability at no
27 charge additional to the basic exchange rate. The certification shall
28 be provided by a licensed physician, licensed speech-language
29 pathologist, or qualified state or federal agency. The commission
30 shall provide to a certified subscriber access to a speech-generating
31 device that is all of the following:

32 (A) A telecommunications device or a device that includes a
33 telecommunications component.

34 (B) Appropriate to meet the subscriber's needs for access to,
35 and use of, the telephone network, based on the recommendation
36 of a licensed speech-language pathologist.

37 (C) Consistent with the quality of speech-generating devices
38 available for purchase in the state.

39 (2) The commission shall adopt rules to implement this
40 subdivision and subdivision (e) by January 1, 2014.

1 (e) All of the following apply to any device or equipment
2 described in this section that is classified as durable medical
3 equipment under guidelines established by the United States
4 Department of Health and Human Services:

5 (1) It is the intent of the Legislature that the commission be the
6 provider of last resort and that eligible subscribers first obtain
7 coverage from any available public or private insurance.

8 (2) The commission may require the subscriber to provide
9 information about coverage for any or all of the cost of the device
10 or equipment that is available from any public or private insurance,
11 the cost to the subscriber of any deductible, copayment, or other
12 relevant expense, and any related benefit cap information.

13 (3) The total cost of any device or equipment provided to a
14 subscriber under this section shall not exceed the rate of
15 reimbursement provided by Medi-Cal for that device or equipment.

16 (f) Nothing in this section requires the commission to provide
17 training to a subscriber on the use of a speech-generating device.

18 (g) The commission shall establish a rate recovery mechanism
19 through a surcharge not to exceed one-half of 1 percent uniformly
20 applied to a subscriber's intrastate telephone service, other than
21 one-way radio paging service and universal telephone service,
22 both within a service area and between service areas, to allow
23 providers of the equipment and service specified in subdivisions
24 (a), (b), ~~and (c)~~, and (d) to recover costs as they are incurred under
25 this section. The surcharge shall be in effect until January 1, 2020.
26 The commission shall require that the programs implemented under
27 this section be identified on subscribers' bills, and shall establish
28 a fund and require separate accounting for each of the programs
29 implemented under this section.

30 (h) The commission shall determine and specify those statewide
31 organizations representing the deaf or hearing impaired that shall
32 receive a telecommunications device pursuant to subdivision (a)
33 or a dual-party relay system pursuant to subdivision (b), or both,
34 and in which offices the equipment shall be installed in the case
35 of an organization having more than one office.

36 (i) The commission may direct a telephone corporation subject
37 to its jurisdiction to comply with its determinations and
38 specifications pursuant to this section.

39 (j) The commission shall annually review the surcharge level
40 and the balances in the funds established pursuant to subdivision

1 (g). Until January 1, 2020, the commission may make, within the
2 limits set by subdivision (g), any necessary adjustments to the
3 surcharge to ensure that the programs supported thereby are
4 adequately funded and that the fund balances are not excessive. A
5 fund balance that is projected to exceed six months' worth of
6 projected expenses at the end of the fiscal year is excessive.

7 (k) The commission shall prepare and submit to the Legislature,
8 on or before March 1 of each year, a report on the fiscal status of
9 the programs established and funded pursuant to this section and
10 Sections 2881.1 and 2881.2. The report shall include a statement
11 of the surcharge level established pursuant to subdivision (g) and
12 revenues produced by the surcharge, an accounting of program
13 expenses, and an evaluation of options for controlling those
14 expenses and increasing program efficiency, including, but not
15 limited to, all of the following proposals:

16 (1) The establishment of a means test for persons to qualify for
17 program equipment or free or reduced charges for the use of
18 telecommunication services.

19 (2) If and to the extent not prohibited under Section 401 of the
20 federal Americans with Disabilities Act of 1990 (Public Law
21 101-336), the imposition of limits or other restrictions on maximum
22 usage levels for the relay service, which shall include the
23 development of a program to provide basic communications
24 requirements to all relay users at discounted rates, including
25 discounted toll-call rates, and, for usage in excess of those basic
26 requirements, at rates that recover the full costs of service.

27 (3) More efficient means for obtaining and distributing
28 equipment to qualified subscribers.

29 (4) The establishment of quality standards for increasing the
30 efficiency of the relay system.

31 (5) Any modification to the program in order to maximize
32 participation and funding opportunity under similar federal
33 programs.

34 (l) The report described in subdivision (k) that is due no later
35 than March 1, 2014, shall evaluate options for controlling the
36 program costs of providing speech-generating devices and include
37 information on any barriers to participation in the program by
38 eligible subscribers.

39 (m) In order to continue to meet the access needs of individuals
40 with functional limitations of hearing, vision, movement,

1 manipulation, speech, and interpretation of information, the
2 commission shall perform ongoing assessment of, and if
3 appropriate, expand the scope of the program to allow for
4 additional access capability consistent with evolving
5 telecommunications technology.

6 (n) The commission shall structure the programs required by
7 this section so that a charge imposed to promote the goals of
8 universal service reasonably equals the value of the benefits of
9 universal service to contributing entities and their subscribers.

10 (o) (1) The requirement for submitting a report imposed under
11 subdivision (k) is inoperative on January 1, 2021, pursuant to
12 Section 10231.5 of the Government Code.

13 (2) A report submitted pursuant to subdivision (k) shall be
14 submitted in compliance with Section 9795 of the Government
15 Code.

16 ~~SEC. 3.~~

17 *SEC. 4.* No reimbursement is required by this act pursuant to
18 Section 6 of Article XIII B of the California Constitution because
19 the only costs that may be incurred by a local agency or school
20 district will be incurred because this act creates a new crime or
21 infraction, eliminates a crime or infraction, or changes the penalty
22 for a crime or infraction, within the meaning of Section 17556 of
23 the Government Code, or changes the definition of a crime within
24 the meaning of Section 6 of Article XIII B of the California
25 Constitution.

26 ~~SEC. 4.~~

27 *SEC. 5.* This act is an urgency statute necessary for the
28 immediate preservation of the public peace, health, or safety within
29 the meaning of Article IV of the Constitution and shall go into
30 immediate effect. The facts constituting the necessity are:

31 In order to avoid administrative and reporting disruptions with
32 respect to the state’s deaf and disabled telecommunications
33 universal service programs, to maintain compliance with federal
34 telecommunications universal service program requirements, and
35 to encourage continued investments in the development and
36 manufacture of technology and software that advances the
37 communications capabilities of the deaf and disabled, it is
38 necessary for this act to take effect immediately.

O

BILL ANALYSIS

SENATE RULES COMMITTEE	SB 129
Office of Senate Floor Analyses	
1020 N Street, Suite 524	
(916) 651-1520	Fax: (916)
327-4478	

THIRD READING

Bill No: SB 129
Author: Wright (D), et al.
Amended: 4/30/13
Vote: 27 - Urgency

SENATE ENERGY, UTILITIES & COMMUNIC. COMM. : 11-0, 4/2/13
AYES: Padilla, Fuller, Cannella, Corbett, De León, DeSaulnier,
Hill, Knight, Pavley, Wolk, Wright

SENATE APPROPRIATIONS COMMITTEE : 6-1, 5/6/13
AYES: De León, Walters, Hill, Lara, Padilla, Steinberg
NOES: Gaines

SUBJECT : Deaf and disabled telecommunications program

SOURCE : Public Utilities Commission

DIGEST : This bill extends the sunset on the Public Utilities
Commissions (PUC) authority to collect a surcharge on intrastate
telephone service to fund the Deaf and Disabled
Telecommunications Program (DDTP) until January 1, 2020.

ANALYSIS :

Existing law:

1. Requires PUC to design and implement a universal service program to provide a telecommunications device, dual-party relay system, and specialized equipment to enable persons who are deaf, hearing impaired, or disabled to use the

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telecommunications network at no charge additional to the basic exchange rate.

2. Requires PUC to design and implement a program to provide access to a speech-generating device to enable individuals with speech disabilities to use the telecommunications network at no charge additional to the basic exchange rate, and requires PUC to adopt rules for this program by January 1, 2014.
3. Requires PUC to design and implement a program to provide access to a speech-generating telecommunications device to any subscriber who is certified as having a speech disability at no charge additional to the basic exchange rate.
4. Requires PUC to expand the deaf and disabled program to include assistance to individuals with speech disabilities, including assistance in purchasing speech-generating devices, accessories, and mounting systems, and specialized telecommunications equipment.
5. Requires, until January 1, 2014, the PUC to establish a surcharge, not to exceed 0.5%, that is uniformly applied to a subscriber's intrastate telephone service charges to allow providers of the equipment and service provided pursuant to the deaf and disabled programs to recover their costs.
6. Requires the PUC to submit a report on the fiscal status of the programs to the Legislature on or before December 31 of each year, until January 1, 2016.

This bill:

1. Extends the surcharge to fund the DDTP until January 1, 2020.
2. Extends the reporting requirements until January 1, 2021, and requires the PUC to submit the report to the Legislature on or before March 1 of each year.
3. Requires the report to include an evaluation of any modification to the DDTP that would maximize participation and funding opportunities under similar federal programs, and requires the PUC to evaluate options for controlling the DDTP

CONTINUED

costs of providing speech generating devices, and include any information on barriers to participation by eligible subscribers.

4. Deletes provisions requiring PUC to expand the DDTP to include assistance to individuals with speech disabilities, including assistance in purchasing speech-generating devices, accessories, and mounting systems, and specialized telecommunications equipment.
5. Repeals the provisions that states that existing members of the DDTP Administrative Committee should serve out their current terms of office as members of the Committee, but not to exceed July 1, 2003 and requires the Committee to develop and submit, not later than October 1, 2002, recommendations to PUC for administration and governance of the deaf and disabled programs, as prescribed.

Background

The DDTP, first established in 1979, is one of several universal service programs designed to ensure that affordable telecommunications service is ubiquitously available to all Californians. DDTP currently provides service in three general categories: (1) specialized telecommunications devices for deaf and hard-of-hearing individuals; (2) dual-party relay system to connect deaf and hard-of-hearing individuals to hearing parties; and (3) specialized telecommunications equipment to individuals with hearing, vision, mobility, speech and cognitive disabilities. As required by AB 136 (Beall, Chapter 404, Statutes of 2011), the PUC currently is developing rules, to be effective January 1, 2014, for DDTP to provide access to a speech-generating device to individuals with a certified speech disability.

The DDTP is administered by the PUC, with input from two advisory boards, and with program services and equipment provided to eligible persons by contractors. The California Telephone Access Program distributes equipment to individuals who are certified as eligible by specified health care professionals. The California Relay Service is a dual party relay system with operators that connect a user of specialized telecommunications devices with any other telephone user. The PUC, contractors, and advisory committees conduct outreach to increase participation and ensure awareness among veterans and

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non-English speakers, streamline eligibility certification with health care professionals, and incorporate new technologies and services that respond to consumers' telecommunications needs.

Funding of the Program . Existing law effective until January 1, 2014, requires funding of the DDTP through a customer surcharge of not more than one-half of 1% of charges for intrastate telephone service, including landline, wireless, and Voice over Internet Protocol service. PUC is authorized to adjust the surcharge to meet program expenses. It currently is set at 0.20%. PUC reports the following total program expenditures for the past few years:

<u>Fiscal Year</u>	<u>Total Expenditures</u>
2008-09	\$69.5 million
2009-10	\$60.1 million
2010-11	\$66 million
2011-12	\$68.6 million

Comments

According to the author's office, thousands of Californians are challenged using a standard telephone because of difficulty seeing, hearing, speaking, moving or remembering. DDTP enables these citizens to communicate, be reached by friends and loved-ones, and to receive health and safety impacting services connecting them by telephone to emergency, medical, and business entities. In addition, if the surcharge expires California would be out of compliance with the Americans with Disabilities Act requirement to provide relay services.

FISCAL EFFECT : Appropriation: No Fiscal Com.: Yes
Local: Yes

According to the Senate Appropriations Committee, there are annual revenues of \$35 million to \$55 million to the DDTP Administrative Committee Fund (special fund) from rate surcharges.

SUPPORT : (Verified 5/7/13)

Public Utilities Commission (source)
Area 4 Agency on Aging
Association of Regional Center Agencies

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AT&T
California Commission on Aging
California Communications Access Foundation
California Communications Association
California Senior Leaders Alliance
California Senior Legislature
California's Independent Telecommunications Companies
Consumer Federation of California
Disability Rights Education and Defense Fund
Division of Ratepayer Advocates
State Independent Living Council
SureWest Communications

JG:k 5/7/13 Senate Floor Analyses

SUPPORT/OPPOSITION: SEE ABOVE

**** END ****

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AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 186

Introduced by Assembly Member Maienschein
(Principal coauthor: Assembly Member Hagman)
(Coauthors: Assembly Members Chávez, Dahle, Donnelly,
Beth Gaines, Grove, Harkey, Olsen, and Patterson)
(Coauthors: Senators Fuller and Huff)

January 28, 2013

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and

who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements, *except as provided*. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.

This bill would prohibit a temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 115.5 of the Business and Professions
2 Code is amended to read:

3 115.5. (a) ~~A~~ Except as provided in subdivision (d), a board
4 within the department shall expedite the licensure process for an
5 applicant who meets both of the following requirements:

6 (1) Supplies evidence satisfactory to the board that the applicant
7 is married to, or in a domestic partnership or other legal union
8 with, an active duty member of the Armed Forces of the United
9 States who is assigned to a duty station in this state under official
10 active duty military orders.

11 (2) Holds a current license in another state, district, or territory
12 of the United States in the profession or vocation for which he or
13 she seeks a license from the board.

14 (b) (1) A board shall, after appropriate investigation, issue a
15 temporary license to an applicant who is eligible for, and requests,
16 expedited licensure pursuant to subdivision (a) if the applicant
17 meets the requirements described in paragraph (3). The temporary
18 license shall expire 12 months after issuance, upon issuance of the
19 expedited license, or upon denial of the application for expedited
20 licensure by the board, whichever occurs first.

21 (2) The board may conduct an investigation of an applicant for
22 purposes of denying or revoking a temporary license issued
23 pursuant to this subdivision. This investigation may include a
24 criminal background check.

25 (3) (A) An applicant seeking a temporary license issued
26 pursuant to this subdivision shall submit an application to the board
27 which shall include a signed affidavit attesting to the fact that he
28 or she meets all of the requirements for the temporary license and
29 that the information submitted in the application is accurate, to the
30 best of his or her knowledge. The application shall also include
31 written verification from the applicant's original licensing
32 jurisdiction stating that the applicant's license is in good standing
33 in that jurisdiction.

34 (B) The applicant shall not have committed an act in any
35 jurisdiction that would have constituted grounds for denial,
36 suspension, or revocation of the license under this code at the time
37 the act was committed. A violation of this subparagraph may be

1 grounds for the denial or revocation of a temporary license issued
2 by the board.

3 (C) The applicant shall not have been disciplined by a licensing
4 entity in another jurisdiction and shall not be the subject of an
5 unresolved complaint, review procedure, or disciplinary proceeding
6 conducted by a licensing entity in another jurisdiction.

7 (D) The applicant shall, upon request by a board, furnish a full
8 set of fingerprints for purposes of conducting a criminal
9 background check.

10 (c) A board may adopt regulations necessary to administer this
11 section.

12 (d) *This section shall not apply to a board that has established*
13 *a temporary licensing process before January 1, 2014.*

BILL ANALYSIS

ASSEMBLY THIRD READING
AB 186 (Maienschein)
As Amended May 24, 2013
Majority vote

BUSINESS & PROFESSIONS 10-1 APPROPRIATIONS 17-0

Ayes:	Gordon, Jones, Bocanegra, Campos, Eggman, Hagman, Maienschein, Mullin, Ting, Wilk	Ayes:	Gatto, Harkey, Bigelow, Bocanegra, Bradford, Ian Calderon, Campos, Donnelly, Eggman, Gomez, Hall, Ammiano, Linder, Pan, Quirk, Wagner, Weber
Nays:	Dickinson		

SUMMARY : Requires boards under the Department of Consumer Affairs (DCA) to issue a 12-month temporary license to the spouse or domestic partner of a military servicemember on active duty licensed in another state if they are eligible to have their application for a permanent license expedited. Specifically, this bill :

- 1) Requires a board under DCA to issue a 12-month temporary license to an applicant who is a military spouse or domestic partner while the license application is being processed, if:
 - a) The applicant submits an affidavit attesting that the information submitted in the application is accurate;
 - b) The applicant submits written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing;
 - c) The applicant, upon the board's request, submits fingerprints for a background check;
 - d) The applicant has not committed any act in any jurisdiction that constitutes grounds for the denial, suspension, or revocation of the professional license by the respective board under the Business and Professions Code at the time the act was committed; and,

- e) The applicant has not been disciplined by a licensing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.
- 2) Requires the temporary license to expire 12 months after issuance, upon issuance of an expedited permanent license, or upon denial of a permanent license, whichever occurs first.
- 3) Authorizes a board to conduct an investigation or criminal background check on the applicant.
- 4) Exempts boards that have established a temporary licensing process prior to January 1, 2014, from the provisions of this bill.

FISCAL EFFECT : According to the Assembly Appropriations Committee, if the BreEze system is fully implemented prior to the completion of the regulations for the new provisional license type, the cost to DCA would be under \$100,000. However, if there are delays in the implementation of BreEze, one-time costs to DCA would be approximately \$500,000.

COMMENTS :

1) Purpose of this bill . This bill would require a licensing board, bureau, commission or other regulatory entity under DCA to issue a 12-month temporary license to the spouse or domestic partner of a military member on active duty if he or she is eligible to have their application for a permanent license expedited. The intent of this bill is to assist military families who are moving to California from another state by allowing military spouses and domestic partners to begin working in their professional occupations with a temporary license while they work to meet any California licensing requirements. This bill is author-sponsored.

2) Federal efforts to facilitate occupational licensure of military spouses . The U.S. Department of Treasury (Treasury Department) and the U.S. Department of Defense (DOD) issued a joint report in 2012 highlighting the impact of state occupational licensing requirements on the careers of military

spouses who frequently move across state lines. Released in February 2012, the report, "Supporting our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines" revealed that approximately 35% of military spouses work in professions that require state licensure or certification and that military spouses are 10 times more likely to have moved to another state in the last year compared to their civilian counterparts.

3)Professional licensure of military spouses and the effect on military re-enlistment . The Treasury Department and DOD report highlighted the employment problems of military spouses and the correlation to a military member's decision to remain active in the military: "More than half of all active duty military personnel are married, and 91% of employed military spouses indicated that they wanted to work and/or needed to work. Research suggests that [spousal] dissatisfaction with the ability to pursue career objectives may hinder re-enlistment. Not only are military spouses highly influential regarding re-enlistment decisions, but more than two-thirds of married service members reported that their decision to re-enlist was largely or moderately affected by their spouses' career prospects."

The report issued several recommendations, including the authorization of temporary licenses for military spouses if the applicant has met state requirements. That recommendation stated, "Temporary licenses allow applicants to be employed while they fulfill all of the requirements for a permanent license, including examinations or endorsement, applications and additional fees. In developing expedited approaches that save military spouses time and money, DOD does not want to make licensure easier for military spouses to achieve at the expense of degrading their perceived value in their profession."

4)Temporary licenses . Temporary licenses are typically issued to applicants seeking permanent licensure within a professional occupation who meet some - but not yet all - of the qualifications for permanent licensure in that state. For example, applicants who hold an active professional license in another state and have passed a national licensing examination may still have educational requirements to meet in order to become licensed in California.

Licensing boards under DCA have been required to expedite the applications of military spouse and domestic partners since January 1, 2013. DCA has indicated that there are few professional boards or bureaus under their jurisdiction that issue temporary licenses, but the precise number is currently unknown. It is also not known how many military spouses or domestic partners have applied for licensure and have been unable to obtain a license in a timely manner.

5)Expedited licensure for military spouses . AB 1904 (Block), Chapter 399, Statutes of 2012, requires boards under DCA to issue an expedited license to the spouse or domestic partner of a military member on active duty, beginning January 1, 2013. This bill attempts to take the provisions of AB 1904 further by requiring boards to issue a 12-month temporary license to the spouse or domestic partner of a military member on active duty if they are eligible to have their application for a permanent license expedited.

It should be noted that that by requiring boards to issue temporary licenses, as this bill does, the total number of licenses that would need to be processed will increase. Such an increase in workload could delay the processing time for permanent licenses for all other applicants.

Analysis Prepared by : Joanna Gin / B.,P. & C.P. / (916)
319-3301

FN: 0000896

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1003

Introduced by Assembly Member Maienschein

February 22, 2013

An act to amend 13401.5 of the Corporations Code, relating to professional corporations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1003, as amended, Maienschein. Professional corporations: healing arts practitioners.

The Moscone-Knox Professional Corporation Act provides for the organization of a corporation under certain existing law for the purposes of qualifying as a professional corporation under that act and rendering professional services. The act defines a professional corporation as a corporation organized under the General Corporation Law or pursuant to specified law that is engaged in rendering professional services in a single profession, except as otherwise authorized in the act, pursuant to a certificate of registration issued by the governmental agency regulating the profession and that in its practice or business designates itself as a professional or other corporation as may be required by statute. The act authorizes specified listed types of healing arts practitioners to be shareholders, officers, directors, or professional employees of a designated professional corporation, subject to certain limitations relating to ownership of shares.

~~This bill would delete professional employees from that authorization, and, instead, would provide that those provisions do not limit the employment of persons duly licensed under the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act to render professional~~

services, by a designated professional corporation, to the listed licensed professionals specified in the provisions *specify that those provisions do not limit the employment by a professional corporation to only those specified licensed professionals. The bill would authorize any person duly licensed under the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act to be employed to render professional services by a professional corporation.*

Vote: majority. Appropriation: no. Fiscal committee: no.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 13401.5 of the Corporations Code is
 2 amended to read:
 3 13401.5. Notwithstanding subdivision (d) of Section 13401
 4 and any other provision of law, the following licensed persons
 5 may be shareholders, officers, directors, or professional employees
 6 of the professional corporations designated in this section so long
 7 as the sum of all shares owned by those licensed persons does not
 8 exceed 49 percent of the total number of shares of the professional
 9 corporation so designated herein, and so long as the number of
 10 those licensed persons owning shares in the professional
 11 corporation so designated herein does not exceed the number of
 12 persons licensed by the governmental agency regulating the
 13 designated professional corporation. *This section does not limit*
 14 *the employment by a professional corporation designated in this*
 15 *section to only those licensed professionals listed under each*
 16 *subdivision. Any person duly licensed under the Business and*
 17 *Professions Code, the Chiropractic Act, or the Osteopathic Act*
 18 *may be employed to render professional services by a professional*
 19 *corporation designated in this section.*
- 20 (a) Medical corporation.
 - 21 (1) Licensed doctors of podiatric medicine.
 - 22 (2) Licensed psychologists.
 - 23 (3) Registered nurses.
 - 24 (4) Licensed optometrists.
 - 25 (5) Licensed marriage and family therapists.
 - 26 (6) Licensed clinical social workers.
 - 27 (7) Licensed physician assistants.
 - 28 (8) Licensed chiropractors.

- 1 (9) Licensed acupuncturists.
- 2 (10) Naturopathic doctors.
- 3 (11) Licensed professional clinical counselors.
- 4 (b) Podiatric medical corporation.
- 5 (1) Licensed physicians and surgeons.
- 6 (2) Licensed psychologists.
- 7 (3) Registered nurses.
- 8 (4) Licensed optometrists.
- 9 (5) Licensed chiropractors.
- 10 (6) Licensed acupuncturists.
- 11 (7) Naturopathic doctors.
- 12 (c) Psychological corporation.
- 13 (1) Licensed physicians and surgeons.
- 14 (2) Licensed doctors of podiatric medicine.
- 15 (3) Registered nurses.
- 16 (4) Licensed optometrists.
- 17 (5) Licensed marriage and family therapists.
- 18 (6) Licensed clinical social workers.
- 19 (7) Licensed chiropractors.
- 20 (8) Licensed acupuncturists.
- 21 (9) Naturopathic doctors.
- 22 (10) Licensed professional clinical counselors.
- 23 (d) Speech-language pathology corporation.
- 24 (1) Licensed audiologists.
- 25 (e) Audiology corporation.
- 26 (1) Licensed speech-language pathologists.
- 27 (f) Nursing corporation.
- 28 (1) Licensed physicians and surgeons.
- 29 (2) Licensed doctors of podiatric medicine.
- 30 (3) Licensed psychologists.
- 31 (4) Licensed optometrists.
- 32 (5) Licensed marriage and family therapists.
- 33 (6) Licensed clinical social workers.
- 34 (7) Licensed physician assistants.
- 35 (8) Licensed chiropractors.
- 36 (9) Licensed acupuncturists.
- 37 (10) Naturopathic doctors.
- 38 (11) Licensed professional clinical counselors.
- 39 (g) Marriage and family therapist corporation.
- 40 (1) Licensed physicians and surgeons.

- 1 (2) Licensed psychologists.
- 2 (3) Licensed clinical social workers.
- 3 (4) Registered nurses.
- 4 (5) Licensed chiropractors.
- 5 (6) Licensed acupuncturists.
- 6 (7) Naturopathic doctors.
- 7 (8) Licensed professional clinical counselors.
- 8 (h) Licensed clinical social worker corporation.
- 9 (1) Licensed physicians and surgeons.
- 10 (2) Licensed psychologists.
- 11 (3) Licensed marriage and family therapists.
- 12 (4) Registered nurses.
- 13 (5) Licensed chiropractors.
- 14 (6) Licensed acupuncturists.
- 15 (7) Naturopathic doctors.
- 16 (8) Licensed professional clinical counselors.
- 17 (i) Physician assistants corporation.
- 18 (1) Licensed physicians and surgeons.
- 19 (2) Registered nurses.
- 20 (3) Licensed acupuncturists.
- 21 (4) Naturopathic doctors.
- 22 (j) Optometric corporation.
- 23 (1) Licensed physicians and surgeons.
- 24 (2) Licensed doctors of podiatric medicine.
- 25 (3) Licensed psychologists.
- 26 (4) Registered nurses.
- 27 (5) Licensed chiropractors.
- 28 (6) Licensed acupuncturists.
- 29 (7) Naturopathic doctors.
- 30 (k) Chiropractic corporation.
- 31 (1) Licensed physicians and surgeons.
- 32 (2) Licensed doctors of podiatric medicine.
- 33 (3) Licensed psychologists.
- 34 (4) Registered nurses.
- 35 (5) Licensed optometrists.
- 36 (6) Licensed marriage and family therapists.
- 37 (7) Licensed clinical social workers.
- 38 (8) Licensed acupuncturists.
- 39 (9) Naturopathic doctors.
- 40 (10) Licensed professional clinical counselors.

- 1 (l) Acupuncture corporation.
- 2 (1) Licensed physicians and surgeons.
- 3 (2) Licensed doctors of podiatric medicine.
- 4 (3) Licensed psychologists.
- 5 (4) Registered nurses.
- 6 (5) Licensed optometrists.
- 7 (6) Licensed marriage and family therapists.
- 8 (7) Licensed clinical social workers.
- 9 (8) Licensed physician assistants.
- 10 (9) Licensed chiropractors.
- 11 (10) Naturopathic doctors.
- 12 (11) Licensed professional clinical counselors.
- 13 (m) Naturopathic doctor corporation.
- 14 (1) Licensed physicians and surgeons.
- 15 (2) Licensed psychologists.
- 16 (3) Registered nurses.
- 17 (4) Licensed physician assistants.
- 18 (5) Licensed chiropractors.
- 19 (6) Licensed acupuncturists.
- 20 (7) Licensed physical therapists.
- 21 (8) Licensed doctors of podiatric medicine.
- 22 (9) Licensed marriage and family therapists.
- 23 (10) Licensed clinical social workers.
- 24 (11) Licensed optometrists.
- 25 (12) Licensed professional clinical counselors.
- 26 (n) Dental corporation.
- 27 (1) Licensed physicians and surgeons.
- 28 (2) Dental assistants.
- 29 (3) Registered dental assistants.
- 30 (4) Registered dental assistants in extended functions.
- 31 (5) Registered dental hygienists.
- 32 (6) Registered dental hygienists in extended functions.
- 33 (7) Registered dental hygienists in alternative practice.
- 34 (o) Professional clinical counselor corporation.
- 35 (1) Licensed physicians and surgeons.
- 36 (2) Licensed psychologists.
- 37 (3) Licensed clinical social workers.
- 38 (4) Licensed marriage and family therapists.
- 39 (5) Registered nurses.
- 40 (6) Licensed chiropractors.

1 (7) Licensed acupuncturists.

2 (8) Naturopathic doctors.

3 ~~SECTION 1. Section 13401.5 of the Corporations Code is~~
4 ~~amended to read:~~

5 ~~13401.5. (a) Notwithstanding subdivision (d) of Section 13401~~
6 ~~and any other provision of law, the following licensed persons~~
7 ~~may be shareholders, officers, or directors of the professional~~
8 ~~corporations designated in this section so long as the sum of all~~
9 ~~shares owned by those licensed persons does not exceed 49 percent~~
10 ~~of the total number of shares of the professional corporation so~~
11 ~~designated herein, and so long as the number of those licensed~~
12 ~~persons owning shares in the professional corporation so designated~~
13 ~~herein does not exceed the number of persons licensed by the~~
14 ~~governmental agency regulating the designated professional~~
15 ~~corporation:~~

16 ~~(1) Medical corporation:~~

17 ~~(A) Licensed doctors of podiatric medicine.~~

18 ~~(B) Licensed psychologists.~~

19 ~~(C) Registered nurses.~~

20 ~~(D) Licensed optometrists.~~

21 ~~(E) Licensed marriage and family therapists.~~

22 ~~(F) Licensed clinical social workers.~~

23 ~~(G) Licensed physician assistants.~~

24 ~~(H) Licensed chiropractors.~~

25 ~~(I) Licensed acupuncturists.~~

26 ~~(J) Naturopathic doctors.~~

27 ~~(K) Licensed professional clinical counselors.~~

28 ~~(2) Podiatric medical corporation:~~

29 ~~(A) Licensed physicians and surgeons.~~

30 ~~(B) Licensed psychologists.~~

31 ~~(C) Registered nurses.~~

32 ~~(D) Licensed optometrists.~~

33 ~~(E) Licensed chiropractors.~~

34 ~~(F) Licensed acupuncturists.~~

35 ~~(G) Naturopathic doctors.~~

36 ~~(3) Psychological corporation:~~

37 ~~(A) Licensed physicians and surgeons.~~

38 ~~(B) Licensed doctors of podiatric medicine.~~

39 ~~(C) Registered nurses.~~

40 ~~(D) Licensed optometrists.~~

- 1 ~~(E) Licensed marriage and family therapists.~~
- 2 ~~(F) Licensed clinical social workers.~~
- 3 ~~(G) Licensed chiropractors.~~
- 4 ~~(H) Licensed acupuncturists.~~
- 5 ~~(I) Naturopathic doctors.~~
- 6 ~~(J) Licensed professional clinical counselors.~~
- 7 ~~(4) Speech-language pathology corporation.~~
- 8 ~~(A) Licensed audiologists.~~
- 9 ~~(5) Audiology corporation.~~
- 10 ~~(A) Licensed speech-language pathologists.~~
- 11 ~~(6) Nursing corporation.~~
- 12 ~~(A) Licensed physicians and surgeons.~~
- 13 ~~(B) Licensed doctors of podiatric medicine.~~
- 14 ~~(C) Licensed psychologists.~~
- 15 ~~(D) Licensed optometrists.~~
- 16 ~~(E) Licensed marriage and family therapists.~~
- 17 ~~(F) Licensed clinical social workers.~~
- 18 ~~(G) Licensed physician assistants.~~
- 19 ~~(H) Licensed chiropractors.~~
- 20 ~~(I) Licensed acupuncturists.~~
- 21 ~~(J) Naturopathic doctors.~~
- 22 ~~(K) Licensed professional clinical counselors.~~
- 23 ~~(7) Marriage and family therapist corporation.~~
- 24 ~~(A) Licensed physicians and surgeons.~~
- 25 ~~(B) Licensed psychologists.~~
- 26 ~~(C) Licensed clinical social workers.~~
- 27 ~~(D) Registered nurses.~~
- 28 ~~(E) Licensed chiropractors.~~
- 29 ~~(F) Licensed acupuncturists.~~
- 30 ~~(G) Naturopathic doctors.~~
- 31 ~~(H) Licensed professional clinical counselors.~~
- 32 ~~(8) Licensed clinical social worker corporation.~~
- 33 ~~(A) Licensed physicians and surgeons.~~
- 34 ~~(B) Licensed psychologists.~~
- 35 ~~(C) Licensed marriage and family therapists.~~
- 36 ~~(D) Registered nurses.~~
- 37 ~~(E) Licensed chiropractors.~~
- 38 ~~(F) Licensed acupuncturists.~~
- 39 ~~(G) Naturopathic doctors.~~
- 40 ~~(H) Licensed professional clinical counselors.~~

- 1 ~~(9) Physician assistants corporation.~~
- 2 ~~(A) Licensed physicians and surgeons.~~
- 3 ~~(B) Registered nurses.~~
- 4 ~~(C) Licensed acupuncturists.~~
- 5 ~~(D) Naturopathic doctors.~~
- 6 ~~(10) Optometric corporation.~~
- 7 ~~(A) Licensed physicians and surgeons.~~
- 8 ~~(B) Licensed doctors of podiatric medicine.~~
- 9 ~~(C) Licensed psychologists.~~
- 10 ~~(D) Registered nurses.~~
- 11 ~~(E) Licensed chiropractors.~~
- 12 ~~(F) Licensed acupuncturists.~~
- 13 ~~(G) Naturopathic doctors.~~
- 14 ~~(11) Chiropractic corporation.~~
- 15 ~~(A) Licensed physicians and surgeons.~~
- 16 ~~(B) Licensed doctors of podiatric medicine.~~
- 17 ~~(C) Licensed psychologists.~~
- 18 ~~(D) Registered nurses.~~
- 19 ~~(E) Licensed optometrists.~~
- 20 ~~(F) Licensed marriage and family therapists.~~
- 21 ~~(G) Licensed clinical social workers.~~
- 22 ~~(H) Licensed acupuncturists.~~
- 23 ~~(I) Naturopathic doctors.~~
- 24 ~~(J) Licensed professional clinical counselors.~~
- 25 ~~(12) Acupuncture corporation.~~
- 26 ~~(A) Licensed physicians and surgeons.~~
- 27 ~~(B) Licensed doctors of podiatric medicine.~~
- 28 ~~(C) Licensed psychologists.~~
- 29 ~~(D) Registered nurses.~~
- 30 ~~(E) Licensed optometrists.~~
- 31 ~~(F) Licensed marriage and family therapists.~~
- 32 ~~(G) Licensed clinical social workers.~~
- 33 ~~(H) Licensed physician assistants.~~
- 34 ~~(I) Licensed chiropractors.~~
- 35 ~~(J) Naturopathic doctors.~~
- 36 ~~(K) Licensed professional clinical counselors.~~
- 37 ~~(13) Naturopathic doctor corporation.~~
- 38 ~~(A) Licensed physicians and surgeons.~~
- 39 ~~(B) Licensed psychologists.~~
- 40 ~~(C) Registered nurses.~~

- 1 ~~(D) Licensed physician assistants.~~
- 2 ~~(E) Licensed chiropractors.~~
- 3 ~~(F) Licensed acupuncturists.~~
- 4 ~~(G) Licensed physical therapists.~~
- 5 ~~(H) Licensed doctors of podiatric medicine.~~
- 6 ~~(I) Licensed marriage and family therapists.~~
- 7 ~~(J) Licensed clinical social workers.~~
- 8 ~~(K) Licensed optometrists.~~
- 9 ~~(L) Licensed professional clinical counselors.~~
- 10 ~~(14) Dental corporation.~~
- 11 ~~(A) Licensed physicians and surgeons.~~
- 12 ~~(B) Dental assistants.~~
- 13 ~~(C) Registered dental assistants.~~
- 14 ~~(D) Registered dental assistants in extended functions.~~
- 15 ~~(E) Registered dental hygienists.~~
- 16 ~~(F) Registered dental hygienists in extended functions.~~
- 17 ~~(G) Registered dental hygienists in alternative practice.~~
- 18 ~~(15) Professional clinical counselor corporation.~~
- 19 ~~(A) Licensed physicians and surgeons.~~
- 20 ~~(B) Licensed psychologists.~~
- 21 ~~(C) Licensed clinical social workers.~~
- 22 ~~(D) Licensed marriage and family therapists.~~
- 23 ~~(E) Registered nurses.~~
- 24 ~~(F) Licensed chiropractors.~~
- 25 ~~(G) Licensed acupuncturists.~~
- 26 ~~(H) Naturopathic doctors.~~
- 27 ~~(b) This section does not limit the employment of persons duly~~
- 28 ~~licensed under the Business and Professions Code, the Chiropractic~~
- 29 ~~Act, or the Osteopathic Act to render professional services, by a~~
- 30 ~~professional corporation designated in the section, to the licensed~~
- 31 ~~professionals listed under each paragraph of subdivision (a).~~

O

AMENDED IN SENATE MAY 7, 2013
AMENDED IN SENATE APRIL 18, 2013

SENATE BILL

No. 306

Introduced by Senator Price
(Principal coauthor: Assembly Member Gordon)

February 15, 2013

An act to amend Sections 1000, 2530.2, 2531, 2531.75, 2533, 2570.19, 2602, and 2607.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 306, as amended, Price. Healing arts: boards.

The Chiropractic Act, enacted by an initiative measure, provides for the regulation and licensing of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law specifies that the law governing chiropractors is found in the act.

This bill would require that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature. The bill would require that the review of the board be performed as if these provisions were scheduled to be repealed on January 1, 2018.

Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation of speech-language pathologists, audiologists, and hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. The act authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2014, and subjects the board to review by the Joint Committee on Boards, Commissions, and Consumer Protection.

This bill would extend the operation of these provisions until January 1, 2018, and provide that the repeal of these provisions subjects the board to review by the appropriate policy committees of the Legislature. ~~The bill would also rename the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board as the California Speech and Hearing Board. The bill would make conforming changes.~~

The Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act also authorizes the board to refuse to issue, or issue subject to terms and conditions, a license on specified grounds, including, among others, securing a license by fraud or deceit.

This bill would additionally authorize the board to refuse to issue, or issue subject to terms and conditions, a license for a violation of a term or condition of a probationary order of a license issued by the board, as provided.

Existing law, the Occupational Therapy Practice Act, provides for the licensure and regulation of occupational therapists, as defined, by the California Board of Occupational Therapy. Existing law repeals those provisions on January 1, 2014, and subjects the board to review by the Joint Committee on Boards, Commissions, and Consumer Protection.

This bill would extend the operation of these provisions until January 1, 2018, and provide that the repeal of these provisions subjects the board to review by the appropriate policy committees of the Legislature.

Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California. The act authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2014.

This bill would extend the operation of these provisions until January 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1000 of the Business and Professions
- 2 Code is amended to read:
- 3 1000. The law governing practitioners of chiropractic is found
- 4 in an initiative act entitled "An act prescribing the terms upon
- 5 which licenses may be issued to practitioners of chiropractic,
- 6 creating the State Board of Chiropractic Examiners and declaring

1 its powers and duties, prescribing penalties for violation hereof,
2 and repealing all acts and parts of acts inconsistent herewith,”
3 adopted by the electors November 7, 1922. Notwithstanding any
4 other law, the powers and duties of the State Board of Chiropractic
5 Examiners, as set forth in this article and under the act creating
6 the board, shall be subject to review by the appropriate policy
7 committees of the Legislature. The review shall be performed as
8 if this chapter were scheduled to be repealed as of January 1, 2018.

9 SEC. 2. Section 2530.2 of the Business and Professions Code
10 is amended to read:

11 2530.2. As used in this chapter, unless the context otherwise
12 requires:

13 (a) ~~“Board” means the California Speech and Hearing Board.~~
14 ~~As used in this chapter or any other provision of law,~~
15 ~~“Speech-Language Pathology and Audiology and Hearing Aid~~
16 ~~Dispensers Board” or “Speech-Language Pathology and Audiology~~
17 ~~Board” shall be deemed to refer to the California Speech and~~
18 ~~Hearing Board or any successor. *Speech-Language Pathology and*~~
19 ~~*Audiology and Hearing Aid Dispensers Board.*~~

20 (b) “Person” means any individual, partnership, corporation,
21 limited liability company, or other organization or combination
22 thereof, except that only individuals can be licensed under this
23 chapter.

24 (c) A “speech-language pathologist” is a person who practices
25 speech-language pathology.

26 (d) The practice of speech-language pathology means all of the
27 following:

28 (1) The application of principles, methods, instrumental
29 procedures, and noninstrumental procedures for measurement,
30 testing, screening, evaluation, identification, prediction, and
31 counseling related to the development and disorders of speech,
32 voice, language, or swallowing.

33 (2) The application of principles and methods for preventing,
34 planning, directing, conducting, and supervising programs for
35 habilitating, rehabilitating, ameliorating, managing, or modifying
36 disorders of speech, voice, language, or swallowing in individuals
37 or groups of individuals.

38 (3) Conducting hearing screenings.

1 (4) Performing suctioning in connection with the scope of
2 practice described in paragraphs (1) and (2), after compliance with
3 a medical facility's training protocols on suctioning procedures.

4 (e) (1) Instrumental procedures referred to in subdivision (d)
5 are the use of rigid and flexible endoscopes to observe the
6 pharyngeal and laryngeal areas of the throat in order to observe,
7 collect data, and measure the parameters of communication and
8 swallowing as well as to guide communication and swallowing
9 assessment and therapy.

10 (2) Nothing in this subdivision shall be construed as a diagnosis.
11 Any observation of an abnormality shall be referred to a physician
12 and surgeon.

13 (f) A licensed speech-language pathologist shall not perform a
14 flexible fiberoptic nasendoscopic procedure unless he or she has
15 received written verification from an otolaryngologist certified by
16 the American Board of Otolaryngology that the speech-language
17 pathologist has performed a minimum of 25 flexible fiberoptic
18 nasendoscopic procedures and is competent to perform these
19 procedures. The speech-language pathologist shall have this written
20 verification on file and readily available for inspection upon request
21 by the board. A speech-language pathologist shall pass a flexible
22 fiberoptic nasendoscopic instrument only under the direct
23 authorization of an otolaryngologist certified by the American
24 Board of Otolaryngology and the supervision of a physician and
25 surgeon.

26 (g) A licensed speech-language pathologist shall only perform
27 flexible endoscopic procedures described in subdivision (e) in a
28 setting that requires the facility to have protocols for emergency
29 medical backup procedures, including a physician and surgeon or
30 other appropriate medical professionals being readily available.

31 (h) "Speech-language pathology aide" means any person
32 meeting the minimum requirements established by the board, who
33 works directly under the supervision of a speech-language
34 pathologist.

35 (i) (1) "Speech-language pathology assistant" means a person
36 who meets the academic and supervised training requirements set
37 forth by the board and who is approved by the board to assist in
38 the provision of speech-language pathology under the direction
39 and supervision of a speech-language pathologist who shall be

1 responsible for the extent, kind, and quality of the services provided
2 by the speech-language pathology assistant.

3 (2) The supervising speech-language pathologist employed or
4 contracted for by a public school may hold a valid and current
5 license issued by the board, a valid, current, and professional clear
6 clinical or rehabilitative services credential in language, speech,
7 and hearing issued by the Commission on Teacher Credentialing,
8 or other credential authorizing service in language, speech, and
9 hearing issued by the Commission on Teacher Credentialing that
10 is not issued on the basis of an emergency permit or waiver of
11 requirements. For purposes of this paragraph, a “clear” credential
12 is a credential that is not issued pursuant to a waiver or emergency
13 permit and is as otherwise defined by the Commission on Teacher
14 Credentialing. Nothing in this section referring to credentialed
15 supervising speech-language pathologists expands existing
16 exemptions from licensing pursuant to Section 2530.5.

17 (j) An “audiologist” is one who practices audiology.

18 (k) “The practice of audiology” means the application of
19 principles, methods, and procedures of measurement, testing,
20 appraisal, prediction, consultation, counseling, instruction related
21 to auditory, vestibular, and related functions and the modification
22 of communicative disorders involving speech, language, auditory
23 behavior or other aberrant behavior resulting from auditory
24 dysfunction; and the planning, directing, conducting, supervising,
25 or participating in programs of identification of auditory disorders,
26 hearing conservation, cerumen removal, aural habilitation, and
27 rehabilitation, including, hearing aid recommendation and
28 evaluation procedures including, but not limited to, specifying
29 amplification requirements and evaluation of the results thereof,
30 auditory training, and speech reading, and the selling of hearing
31 aids.

32 (l) A “dispensing audiologist” is a person who is authorized to
33 sell hearing aids pursuant to his or her audiology license.

34 (m) “Audiology aide” means any person meeting the minimum
35 requirements established by the board. An audiology aide may not
36 perform any function that constitutes the practice of audiology
37 unless he or she is under the supervision of an audiologist. The
38 board may by regulation exempt certain functions performed by
39 an industrial audiology aide from supervision provided that his or

1 her employer has established a set of procedures or protocols that
2 the aide shall follow in performing these functions.

3 (n) “Medical board” means the Medical Board of California.

4 (o) A “hearing screening” performed by a speech-language
5 pathologist means a binary puretone screening at a preset intensity
6 level for the purpose of determining if the screened individuals
7 are in need of further medical or audiological evaluation.

8 (p) “Cerumen removal” means the nonroutine removal of
9 cerumen within the cartilaginous ear canal necessary for access in
10 performance of audiological procedures that shall occur under
11 physician and surgeon supervision. Cerumen removal, as provided
12 by this section, shall only be performed by a licensed audiologist.
13 Physician and surgeon supervision shall not be construed to require
14 the physical presence of the physician, but shall include all of the
15 following:

16 (1) Collaboration on the development of written standardized
17 protocols. The protocols shall include a requirement that the
18 supervised audiologist immediately refer to an appropriate
19 physician any trauma, including skin tears, bleeding, or other
20 pathology of the ear discovered in the process of cerumen removal
21 as defined in this subdivision.

22 (2) Approval by the supervising physician of the written
23 standardized protocol.

24 (3) The supervising physician shall be within the general
25 vicinity, as provided by the physician-audiologist protocol, of the
26 supervised audiologist and available by telephone contact at the
27 time of cerumen removal.

28 (4) A licensed physician and surgeon may not simultaneously
29 supervise more than two audiologists for purposes of cerumen
30 removal.

31 SEC. 3. Section 2531 of the Business and Professions Code is
32 amended to read:

33 2531. (a) There is in the Department of Consumer Affairs the
34 ~~California Speech and Hearing Board~~ *Speech-Language Pathology*
35 *and Audiology and Hearing Aid Dispensers Board* in which the
36 enforcement and administration of this chapter are vested. The
37 ~~California Speech and Hearing Board~~ *Speech-Language Pathology*
38 *and Audiology and Hearing Aid Dispensers Board* shall consist
39 of nine members, three of whom shall be public members.

1 (b) This section shall remain in effect only until January 1, 2018,
2 and as of that date is repealed, unless a later enacted statute, that
3 is enacted before January 1, 2018, deletes or extends that date.
4 Notwithstanding any other law, the repeal of this section renders
5 the board subject to review by the appropriate policy committees
6 of the Legislature.

7 SEC. 4. Section 2531.75 of the Business and Professions Code
8 is amended to read:

9 2531.75. (a) The board may appoint a person exempt from
10 civil service who shall be designated as an executive officer and
11 who shall exercise the powers and perform the duties delegated
12 by the board and vested in him or her by this chapter.

13 (b) This section shall remain in effect only until January 1, 2018,
14 and as of that date is repealed, unless a later enacted statute, that
15 is enacted before January 1, 2018, deletes or extends that date.

16 SEC. 5. Section 2533 of the Business and Professions Code is
17 amended to read:

18 2533. The board may refuse to issue, or issue subject to terms
19 and conditions, a license on the grounds specified in Section 480,
20 or may suspend, revoke, or impose terms and conditions upon the
21 license of any licensee for any of the following:

22 (a) Conviction of a crime substantially related to the
23 qualifications, functions, and duties of a speech-language
24 pathologist or audiologist or hearing aid dispenser, as the case may
25 be. The record of the conviction shall be conclusive evidence
26 thereof.

27 (b) Securing a license by fraud or deceit.

28 (c) (1) The use or administering to himself or herself, of any
29 controlled substance; (2) the use of any of the dangerous drugs
30 specified in Section 4022, or of alcoholic beverages, to the extent,
31 or in a manner as to be dangerous or injurious to the licensee, to
32 any other person, or to the public, or to the extent that the use
33 impairs the ability of the licensee to practice speech-language
34 pathology or audiology safely; (3) more than one misdemeanor or
35 any felony involving the use, consumption, or self-administration
36 of any of the substances referred to in this section; or (4) any
37 combination of paragraph (1), (2), or (3). The record of the
38 conviction shall be conclusive evidence of unprofessional conduct.

39 (d) Advertising in violation of Section 17500. Advertising an
40 academic degree that was not validly awarded or earned under the

1 laws of this state or the applicable jurisdiction in which it was
2 issued is deemed to constitute a violation of Section 17500.

3 (e) Committing a dishonest or fraudulent act that is substantially
4 related to the qualifications, functions, or duties of a licensee.

5 (f) Incompetence, gross negligence, or repeated negligent acts.

6 (g) Other acts that have endangered or are likely to endanger
7 the health, welfare, and safety of the public.

8 (h) Use by a hearing aid dispenser of the term “doctor” or
9 “physician” or “clinic” or “audiologist,” or any derivation thereof,
10 except as authorized by law.

11 (i) The use, or causing the use, of any advertising or promotional
12 literature in a manner that has the capacity or tendency to mislead
13 or deceive purchasers or prospective purchasers.

14 (j) Any cause that would be grounds for denial of an application
15 for a license.

16 (k) Violation of Section 1689.6 or 1793.02 of the Civil Code.

17 (l) Violation of a term or condition of a probationary order of
18 a license issued by the board pursuant to Chapter 5 (commencing
19 with Section 11500) of Part 1 of Division 3 of Title 2 of the
20 Government Code.

21 SEC. 6. Section 2570.19 of the Business and Professions Code
22 is amended to read:

23 2570.19. (a) There is hereby created a California Board of
24 Occupational Therapy, hereafter referred to as the board. The board
25 shall enforce and administer this chapter.

26 (b) The members of the board shall consist of the following:

27 (1) Three occupational therapists who shall have practiced
28 occupational therapy for five years.

29 (2) One occupational therapy assistant who shall have assisted
30 in the practice of occupational therapy for five years.

31 (3) Three public members who shall not be licentiates of the
32 board, of any other board under this division, or of any board
33 referred to in Section 1000 or 3600.

34 (c) The Governor shall appoint the three occupational therapists
35 and one occupational therapy assistant to be members of the board.
36 The Governor, the Senate Committee on Rules, and the Speaker
37 of the Assembly shall each appoint a public member. Not more
38 than one member of the board shall be appointed from the full-time
39 faculty of any university, college, or other educational institution.

1 (d) All members shall be residents of California at the time of
2 their appointment. The occupational therapist and occupational
3 therapy assistant members shall have been engaged in rendering
4 occupational therapy services to the public, teaching, or research
5 in occupational therapy for at least five years preceding their
6 appointments.

7 (e) The public members may not be or have ever been
8 occupational therapists or occupational therapy assistants or in
9 training to become occupational therapists or occupational therapy
10 assistants. The public members may not be related to, or have a
11 household member who is, an occupational therapist or an
12 occupational therapy assistant, and may not have had, within two
13 years of the appointment, a substantial financial interest in a person
14 regulated by the board.

15 (f) The Governor shall appoint two board members for a term
16 of one year, two board members for a term of two years, and one
17 board member for a term of three years. Appointments made
18 thereafter shall be for four-year terms, but no person shall be
19 appointed to serve more than two consecutive terms. Terms shall
20 begin on the first day of the calendar year and end on the last day
21 of the calendar year or until successors are appointed, except for
22 the first appointed members who shall serve through the last
23 calendar day of the year in which they are appointed, before
24 commencing the terms prescribed by this section. Vacancies shall
25 be filled by appointment for the unexpired term. The board shall
26 annually elect one of its members as president.

27 (g) The board shall meet and hold at least one regular meeting
28 annually in the Cities of Sacramento, Los Angeles, and San
29 Francisco. The board may convene from time to time until its
30 business is concluded. Special meetings of the board may be held
31 at any time and place designated by the board.

32 (h) Notice of each meeting of the board shall be given in
33 accordance with the Bagley-Keene Open Meeting Act (Article 9
34 commencing with Section 11120) of Chapter 1 of Part 1 of
35 Division 3 of Title 2 of the Government Code).

36 (i) Members of the board shall receive no compensation for
37 their services, but shall be entitled to reasonable travel and other
38 expenses incurred in the execution of their powers and duties in
39 accordance with Section 103.

1 (j) The appointing power shall have the power to remove any
2 member of the board from office for neglect of any duty imposed
3 by state law, for incompetency, or for unprofessional or
4 dishonorable conduct.

5 (k) This section shall remain in effect only until January 1, 2018,
6 and as of that date is repealed, unless a later enacted statute, that
7 is enacted before January 1, 2018, deletes or extends that date.
8 Notwithstanding any other law, the repeal of this section renders
9 the board subject to review by the appropriate policy committees
10 of the Legislature.

11 SEC. 7. Section 2602 of the Business and Professions Code is
12 amended to read:

13 2602. The Physical Therapy Board of California, hereafter
14 referred to as the board, shall enforce and administer this chapter.

15 This section shall remain in effect only until January 1, 2018,
16 and as of that date is repealed, unless a later enacted statute, that
17 is enacted before January 1, 2018, deletes or extends that date.

18 Notwithstanding any other provision of law, the repeal of this
19 section renders the board subject to review by the appropriate
20 policy committees of the Legislature.

21 SEC. 8. Section 2607.5 of the Business and Professions Code
22 is amended to read:

23 2607.5. (a) The board may appoint a person exempt from civil
24 service who shall be designated as an executive officer and who
25 shall exercise the powers and perform the duties delegated by the
26 board and vested in him or her by this chapter.

27 (b) This section shall remain in effect only until January 1, 2018,
28 and as of that date is repealed, unless a later enacted statute, that
29 is enacted before January 1, 2018, deletes or extends that date.

BILL ANALYSIS

SENATE RULES COMMITTEE	SB 306
Office of Senate Floor Analyses	
1020 N Street, Suite 524	
(916) 651-1520	Fax: (916)
327-4478	

THIRD READING

Bill No: SB 306
Author: Price (D), et al.
Amended: 5/7/13
Vote: 21

SENATE BUSINESS, PROF. & ECON. DEVELOP. COMM. : 10-0, 4/29/13
AYES: Price, Emmerson, Block, Corbett, Galgiani, Hernandez,
Hill, Padilla, Wyland, Yee

SENATE APPROPRIATIONS COMMITTEE : 7-0, 5/23/13
AYES: De León, Walters, Gaines, Hill, Lara, Padilla, Steinberg

SUBJECT : Healing arts: boards

SOURCE : Author

DIGEST : This bill extends, until January 1, 2018, the provisions establishing the Board of Chiropractic Examiners (BCE), the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB), the Physical Therapy Board (PTB), and the Board of Occupational Therapy (BOT), and extends the terms of the executive officers of the PTB and the SLPAHADB. Also subjects the boards to be reviewed by the appropriate legislative policy committees.

ANALYSIS :

Existing law:

1. Authorizes the BCE, which was established by initiative act

CONTINUED

and is within the Department of Consumer Affairs (DCA), to license practitioners of chiropractic.

2. Authorizes the SLPAHADB, until January 1, 2014, to license Speech-Language pathologists and aides and assistants, audiologists and hearing aid dispensers and to employ an executive officer.
3. Until January 1, 2014, authorizes the BOT, which is within the DCA, to license occupational therapists and assistants.
4. Until January 1, 2014, authorizes the PTB, which is within the DCA, to license physical therapists and assistants and employ an executive officer.
5. Authorizes the SLPAHADB to refuse to issue, or issue subject to terms and conditions, a license on specified grounds, including, among others, securing a license by fraud or deceit.

This bill:

1. Revises BCE provisions by requiring that the powers and duties of the BCE would be subject to review by the appropriate legislative policy committees and requiring that the review of the BCE be performed as if these provisions were scheduled to be repealed on January 1, 2018.
2. Revises the provisions of the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Act by:
 - A. Extending the operation of the SLPAHADB until January 1, 2018.
 - B. Authorizing the SLPAHADB to appoint an executive officer, and subjecting the SLPAHADB to review by the appropriate policy committees of the Legislature.
 - C. Authorizing the SLPAHADB to refuse to issue, or issue subject to terms and conditions, a license for a violation of a term or condition of a probationary order of a license issued by the SLPAHADB.
1. Revises the provisions of the Physical Therapy Practice Act

CONTINUED

by:

- A. Extending the operation of the PTB until January 1, 2018.
- B. Authorizing the PTB to appoint an executive officer until January 1, 2018.

1.Revises the provisions of the Occupational Therapy Practice Act by extending the operation of the BOT and subjects the BOT to review by the appropriate legislative policy committees.

Background

This bill is one of six "sunset review bills" authored by the Chair of the Senate Business, Professions and Economic Development Committee. Unless legislation is carried this year to extend the sunset dates for the BOT, PTB, and SLPAHADB, they will be repealed on January 1, 2014. Because it was created via initiative act, the BCE does not have a sunset date. This bill will specify that as of January 1, 2018, the BCE will be reviewed consistent with other healing arts boards under the DCA that are subject to a four-year sunset review period.

Note: In 2013, the Committee conducted oversight hearings to review 14 regulatory boards within the DCA. The Committee began its review of these licensing agencies in March and conducted three days of hearings. This bill, and the accompanying sunset bills are intended to implement legislative changes as recommended in the Committee's Background/Issue Papers for all of the agencies reviewed by the Committee this year. For a detailed summary of the issues and recommendations relating to the BCE, BOT, SLPAHADB, and PTB, refer to the Committee's analysis.

Related Legislation

SB 198 (Price) reorganizes, revises, recasts and updates the Physical Therapy Practice Act.

SB 304 (Price) makes various changes to the Medical Practice Act and to the Medical Board of California.

SB 305 (Price) extends, until January 1, 2018, the provisions

CONTINUED

establishing the Naturopathic Medicine Committee and the Respiratory Care Board (RCB), and extends the term of the executive officers of the RCB and the Board of Optometry. Specifies that the Osteopathic Medical Board of California is

subject to review by the appropriate policy committees of the Legislature. Exempts individuals who have performed pulmonary function tests in Los Angeles County facilities for at least 15 years, from licensure as a respiratory care therapist. Specifies that any board under DCA is authorized to receive certified records from a local or state agency to complete an applicant or licensee investigation and authorizes them to provide those records to the board.

SB 307 (Price) extends, until January 1, 2018, the term of the Veterinary Medical Board (VMB), which provides for the licensure and registration of veterinarians and registered veterinary technicians and the regulation of the practice of veterinary medicine by the VMB.

SB 308 (Price) extends, until January 1, 2018, the term of the Interior Design Law. Specifies that a certified interior designer provides plans and documents that collaborates with other design professionals. Requires a certified interior designer to use a written contract when contracting to provide interior design services to a client. Extends, until January 1, 2018, the Board of Guide Dogs for the Blind and extends an arbitration procedure for the purpose of resolving disputes between a guide dog user and a licensed guide dog school. Extends until January 1, 2018, the Board of Barbering and Cosmetology (Board) and requires a school to be approved by the Board before it is approved by the Bureau for Private Postsecondary Education. Also authorizes the Board to revoke, suspend, or deny its approval of a school on specified grounds.

SB 309 (Price) extends the term of the State Athletic Commission, which is responsible for licensing and regulating boxing, kickboxing, and martial arts matches and is required to appoint an executive officer until January 1, 2018.

FISCAL EFFECT : Appropriation: No Fiscal Com.: Yes
Local: No

According to the Senate Appropriations Committee:

CONTINUED

SB 306
Page

5

Ongoing costs of \$1.9 million per year, offset by fees, for the extension of the SLP AHADB (Speech-Language Pathology and Audiology Fund).

Ongoing costs of \$3.2 million per year, offset by fees, for the extension of the PTB (Physical Therapy Fund).

Ongoing costs of \$1.4 million per year, offset by fees, for the extension of the BOT (Occupational Therapy Fund).

SUPPORT : (Verified 5/23/13)

Occupational Therapy Association of California

ARGUMENTS IN SUPPORT : The Occupational Therapy Association of California writes, "Given the complexity of the California health and human services systems in which occupational therapy practitioners provide services, and the rapidly changing landscape in light of health care reform, and fiscal, political, and social influences, it is critical that the Board of Occupational Therapy continues to respond to these changes and trend through regulations and legislation that protect the consume and uphold high standards of practice for OT [occupational therapy] practitioners."

MW:nk 5/23/13 Senate Floor Analyses

SUPPORT/OPPOSITION: SEE ABOVE

**** END ****

CONTINUED



TITLE 16 CALIFORNIA CODE OF REGULATIONS SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Article 3. Qualifications for Licensure-Education and Clinical Experience

1399.152.2. Supervised Clinical Experience

(a) Supervised clinical experience within the meaning of Section 2532.2, subdivision (c) of the code shall be in the area for which licensure is sought. Speech-language pathology clinical experience shall be under the supervision of a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed speech-language pathologist, or if in a setting or state that does not require licensure, holds legal authorization to provide independent services. Audiology clinical experience shall be under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed audiologist or if in a setting or state that does not require licensure, holds legal authorization to provide independent services. "Qualifications deemed equivalent by the board" includes a supervisor who holds the legal authorization to practice in the field for which licensure is sought in the state where the experience is being obtained, if the supervised clinical experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(b) Two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992.

(c) Three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

(d) Twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as provided in subsection (a).

NOTE: Authority cited: Section 2531.95, Business and Profession Code. Reference: Section 2532.2, Business and Profession Code.

Article 4. Qualifications for Licensure-Required Professional Experience

1399.153. Definitions.

As used in this article, the term:

(a) "Required professional experience" or "RPE" means the supervised practice of speech-language pathology or audiology for the purpose of meeting the requirements for licensure in accordance with Sections 2530.5, subdivision (f), and 2532.2, subdivision (d), of the code and these regulations.

(b) "Required professional experience supervisor" or "RPE supervisor" means a person who is licensed as a speech-language pathologist or audiologist in the field for which licensure is sought, or has qualifications deemed equivalent by the board, and who possesses at least two years of full-time experience providing services as a fully licensed practitioner, or if in a setting or state that does not require licensure, holds legal authorization to provide independent services in the field for which licensure is sought. "Qualifications deemed equivalent by the board" include a supervisor who holds legal authorization to practice in the state where the experience is being obtained in the field for which licensure is sought if the required professional experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(c) "Required professional experience temporary license holder" or "RPE temporary license holder" means a person who has complied with Section 1399.153.2 of these regulations.

NOTE: Authority cited for Article 4 (Sections 1399.160 - 1399.168): Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Professions Code.

Article 12. Speech-Language Pathology Assistants

1399.170. Definitions.

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inaction's of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means ~~on-site~~ observation and guidance by the supervising speech-language pathologist provided on-site or via electronic means, while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review, and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b), Business and Professions Code.

1399.170.4. Application for Approval of Speech-Language Pathology Assistant Training Programs.

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as "program"), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, of who must hold a valid and clear license in speech-language pathology or equivalent credentials, of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5. through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.6. Requirements of the Sponsoring Institution.

(a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.

(b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.

(c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.

(d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring ASHA 2004), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.10. Required Curriculum.

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies curriculum defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C B-Speech-Language Pathology Assistant Suggested Competencies Sample Course Work and Field Work for the Speech-Language Pathology Assistant (1996, Spring ASHA 2004) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

(B) A minimum of ~~seventy (70)~~ one-hundred (100) clock hours of field work experience.

(d) The course of instruction shall be presented in semester or quarter units under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Section 2538.1(b)(2), Business and Professions Code.

1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of ~~seventy (70)~~ one-hundred (100)

hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(2) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(3) In lieu of completion of the ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of nine months of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the ~~competencies curriculum~~ in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C B- Speech-Language Pathology Assistant Suggested Competencies Sample Course Work and Field Work for the Speech-Language Pathology Assistant (1996, Spring ASHA 2004).

NOTE: Authority Cited: Sections 2531.95 and 2538.1, Business and Professions Code. Reference Cited: Section 2538.1(b)(2) and 2538.3(a), Business and Professions Code.

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.

(a) The supervising speech-language pathologist is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants. Treatment of the client remains the responsibility of the supervisor.

b) Any person supervising a speech-language pathology assistant registered with the Board on or after April 10, 2001, (hereinafter called "supervisor") shall submit, within thirty (30) days of the commencement of such supervision, the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:

(1) The supervisor shall possess and maintain a current valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing, and must have at least two years of full-time experience providing services as a speech-language pathologist.

(2) The supervisor shall immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure that affects the supervisor's ability or right to supervise.

(3) The supervisor shall ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

(4) The supervisor shall complete not less than six (6) hours of continuing professional development in supervision training ~~in the initial two-year period from prior to~~ the commencement of supervision, and three (3) hours in supervision training of continuing professional development every ~~two years~~ four (4) years thereafter. Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

(A) Familiarity with supervision literature through reading assignments specified by course instructors; and

(B) Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.

(C) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(D) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(E) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

(5) The supervisor shall maintain records of course completion for a period of two years from the speech-language pathology assistant's renewal date.

(6) The supervisor knows and understands the laws and regulations pertaining to supervision of speech-language pathology assistants.

(7) As the professional development advisor, the supervisor shall assist in the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

(8) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled.

(9) Upon written request of the Board, the supervisor shall provide the Board with any documentation which verifies the supervisor's compliance with the requirements set forth in this article.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference Cited: Sections 2530.2(f), 2538.1(b)(5), (6), (7), and (9), Business and Professions Code.



EXCERPTS FROM THE CALIFORNIA BUSINESS AND PROFESSIONS CODE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

2538. A person seeking approval as a speech-language pathology assistant shall make application to the board for that approval.

2538.1. (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article that shall include, but need not be limited to, the following:

(1) Procedures and requirements for application, registration, renewal, suspension, and revocation.

(2) Standards for approval of Associate Degree Speech-Language Pathology Assistant training programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.

(3) Standards for accreditation of a Speech-Language Pathology Assistant training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

(A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.

(B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.

(C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

(D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.

(E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders.

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

2538.3. (a) A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate of arts degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study.

(b) On or before June 1, 2003, a person who has in the last five years performed the functions of a speech-language pathology aide on a full-time basis for a minimum of one year, or on a part-time basis equivalent to a minimum of one of year full-time work, may make application for registration as a speech-language pathology assistant based upon the board's recognition of that aide's job training and experience and the performance of functions and tasks similar to the speech-language pathology assistant category. For purposes of this subdivision, "full-time" means a minimum of 30 hours per week.

2538.5. This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of Regulations.

2538.7. (a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology assistant or a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this chapter.

TITLE 16 CALIFORNIA CODE OF REGULATIONS SPEECH-LANGUAGE PATHOLOGY ASSISTANT

1399.170. Definitions.

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inaction's of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means on-site observation and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review, and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

1399.170.1. Responsibilities, Duties, and Functions of a Speech-Language Pathology Assistant

(a) A speech-language pathology assistant shall be limited to the responsibilities, duties, and functions as provided in Section 2538.1 of the Code.

(b) A speech-language pathology assistant shall disclose while working, his or her name and registration status, as granted by the state, on a name tag in at least 18-point type.

1399.170.2. Types of Supervision Required for Duties Performed by a Speech-Language Pathology Assistant

(a) Duties performed by the speech-language pathology assistant that require immediate supervision may include, but are not limited to, any direct client activity involving medically fragile patients. In such instances, the speech-language pathology assistant shall act only under the direction of the supervisor.

(b) Duties performed by the speech-language pathology assistant that require direct supervision may include, but are not limited to, any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the speech-language pathology assistant in direct client care.

(c) Duties performed by the speech-language pathology assistant that require indirect supervision may include, but are not limited to, the following:

(1) Screening or treatment activities where the supervisor has previously given instructions as to how to perform the task, has observed the assistant in the conduct of these activities, and is satisfied that the activities can be competently performed by the speech-language pathology assistant, i.e., repetitive drill exercises, generalization or carryover activities;

(2) Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance; and,

(3) Other non-client care activities.

1399.170.3. Activities, Duties, and Functions Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant.

A speech-language pathology assistant may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist. The speech-language pathology assistant may not perform any of the following functions:

(a) Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising speech-language pathologist or another speech-language pathologist being present;

(b) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;

(c) Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports;

(d) Discharge clients from services;

(e) Make referrals for additional services;

(f) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(g) Represent himself or herself as a speech-language pathologist; and,

(h) Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oropharyngeal swallow therapy with bolus material.

1399.170.4. Application for Approval of Speech-Language Pathology Assistant Training Programs.

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as "program"), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5. through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

1399.170.5. Approval Requirements for Programs

(a) In order for the program to be approved by the Board or to retain its approval, it shall comply with all requirements set forth in this article.

(b) The letter of approval shall be returned to the Board when the program's approval has been revoked.

1399.170.6. Requirements of the Sponsoring Institution.

(a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.

(b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.

(c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.

(d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met.

1399.170.7. Administration and Organization of the Program.

(a) There shall be a written statement of program objectives which serves as a basis for curriculum structure. Such statement shall be nondiscriminatory with respect to race, color, creed, gender, age, or disabling conditions.

(b) The policy and procedures by which the program is administered shall be in writing, shall reflect the objectives of the program, and shall be provided to all applicants. The policy and procedures shall include all of the following:

(1) Completion requirements that are accurately stated and published;

(2) Procedures for processing student and faculty grievances;

(3) Policies and procedures regarding student academic probation, field work suspension, and program dismissal;

(4) Provisions for the health and safety of clients, students, and faculty associated with training activities.

(5) Requirements to become registered by the Board as a speech-language pathology assistant.

(c) The program shall have a written plan for evaluation of the effectiveness and outcomes of the program, including admission and selection procedures, attrition and retention of students, and measurements of student achievements. The results of the evaluation shall be reflected in the curricular changes and other modifications of the program.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment to achieve the program's objectives.

(e) The student/teacher ratio shall:

(1) Permit the achievement of the stated objectives of the program;

(2) Be compatible with accepted practices of the sponsoring institution;

(3) Ensure student and client safety, and quality training in laboratory and field work experiences by adjustment of faculty/student ratios when required; and

- (4) Be consistent with available resources, i.e. faculty, field work sites, materials, and equipment.

1399.170.8. Field Work Experience.

(a) A program shall not utilize agencies and/or community facilities for field work experience without prior program approval by the Board. Each program must submit evidence that it has complied with the requirements of subdivision (b) and (c) of this section.

(b) A program that utilizes agencies and/or community facilities for field work experience shall maintain written objectives for students learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;

(2) Provision for orientation of faculty and students;

(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;

(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;

(5) Provisions for continuing communication between the facility and the program; and

(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

1399.170.9. Compliance With Site Visits.

(a) The Board may, through its Executive Officer, inspect all programs and their respective field work facilities in this state at such time as the Board shall deem necessary.

(1) The program and/or institution shall fully cooperate with Board representatives during site visits, including but not limited to, providing access to all records which the Board deems necessary or appropriate to determine whether the program meets the standards of this chapter.

(2) The program and/or institution shall facilitate the Board's onsite visit including the inspection of records, inspection of all facilities and equipment, observation of class sessions, or interviews with officers, administrators, faculty, or students.

(b) Written reports of the Executive Officer's visits shall be made to the Board which shall thereupon approve the programs that meet the requirements defined in this Article.

1399.170.10. Required Curriculum.

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C – Speech-Language Pathology Assistant Suggested Competencies (1996, Spring) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

(B) A minimum of seventy (70) clock hours of field work experience.

(d) The course of instruction shall be presented in semester or quarter units under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of seventy (70) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(2) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(3) In lieu of completion of the seventy (70) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of nine months of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C – Speech-Language Pathology Assistant Suggested Competencies (1996, Spring).

1399.170.13. Application and Fees.

(a) Each person desiring registration as a speech-language pathology assistant shall file application forms (77A-60 New 10/01 and, if applicable, 77A-61 New 04/01) and any required supporting documentation with the Board as provided in Section 1399.151.1. Upon receipt of the speech-language pathology assistant application, the Board will review the application for registration and notify the applicant of its approval or disapproval.

(b) All applicants shall submit at the time of filing the speech-language pathology assistant application, a non-refundable fee of \$50.00, which includes a non-refundable \$25.00 application fee and a non-refundable \$25.00 registration fee pursuant to Section 2534.2 of the Code.

1399.170.14. Requirements for Renewal.

(a) The renewal fee for registration as a speech-language pathology assistant is \$75.00 every two years pursuant to Section 2534.2 of the Code.

(b) When applying for renewal, a speech-language pathology assistant shall certify in writing, by signing a statement under penalty of perjury that, during the preceding two years, the speech-language pathology assistant has completed twelve (12) hours of continuing professional development through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.

(a) The supervising speech-language pathologist is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants. Treatment of the client remains the responsibility of the supervisor.

(b) Any person supervising a speech-language pathology assistant registered with the Board on or after April 10, 2001, (hereinafter called "supervisor") shall submit, within thirty (30) days of the commencement of such supervision, the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:

(1) The supervisor shall possess and maintain a current valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may

hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing.

(2) The supervisor shall immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, that affects the supervisor's ability or right to supervise.

(3) The supervisor shall ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

(4) The supervisor shall complete not less than six (6) hours of continuing professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training of continuing professional development every two years thereafter. Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

(A) Familiarity with supervision literature through reading assignments specified by course instructors; and

(B) Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.

(C) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(D) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(E) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

(5) The supervisor shall maintain records of course completion for a period of two years from the speech-language pathology assistant's renewal date.

(6) The supervisor knows and understands the laws and regulations pertaining to supervision of speech-language pathology assistants.

(7) As the professional development advisor, the supervisor shall assist in the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

(8) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled.

(9) Upon written request of the Board, the supervisor shall provide the Board with any documentation which verifies the supervisor's compliance with the requirements set forth in this article.

1399.170.16. Maximum Number of Support Personnel.

A supervisor shall not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant. Support personnel includes speech-language pathology assistants and speech-language pathology aides.

1399.170.17. Multiple Supervision.

If a speech-language pathology assistant has more than one supervisor, each supervisor shall submit a Supervisor Responsibility Statement. Of the multiple supervisors, one shall be designated as the lead supervisor for purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement.

1399.170.18. Notice of Termination.

At the time of termination of supervision, the supervisor shall complete the "Termination of Supervision" form (77S-61 New 12/99). This original signed form shall be submitted to the Board by the supervisor within fourteen (14) days of termination of supervision.

1399.170.19. Discipline of a Speech-Language Pathology Assistant Registration

(a) Every registrant, including a registrant whose registration has expired or been placed in an inactive status, may be disciplined as provided in this article. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Board shall have all the powers granted herein.

(b) The Board may deny an application for a speech-language pathology assistant or take disciplinary action against a speech-language pathology assistant for any of the following:

(1) Unprofessional conduct, which includes, but is not limited to, the following:

(A) Incompetence or gross negligence in performing speech-language pathology assistant functions,

(B) Denial of licensure, voluntary surrender, revocation, suspension, restriction, or any other disciplinary action against a health care professional license, certificate, or registration by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

(2) Procuring a license, certificate or registration by fraud, misrepresentation, or mistake.

(3) Making or giving any false statement or information in connection with the application as a speech-language pathology assistant.

(4) Conviction of a misdemeanor or felony substantially related to the qualifications, functions, and duties of a speech-language pathology assistant, in which event a copy of the record of conviction shall be conclusive evidence thereof.

(5) Impersonating another speech-language pathology assistant or licensed health care professional, or permitting or allowing another person to use his or her registration for the purpose of practicing or holding himself or herself out as a speech-language pathology assistant.

(6) Administering to himself or herself any controlled substance or using of dangerous drug specified in Section 4022 of the Code, or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for or holding a registration to conduct with safety to the public the practice authorized by the registration or the conviction of a misdemeanor or felony involving the use, consumption, or self-administration of any of the substances referred to in this subdivision, or any combination thereof.

(7) Violating or conspiring to violate or aiding or abetting any person to violate the provisions of this article or any regulation adopted by the Board.

(8) Misrepresentation as to the type or status of a registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliation to any person or entity.

(9) Intentionally or recklessly causing physical or emotional harm to any client.

(10) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a speech-language pathology assistant.

(11) Engaging in sexual relations with a client, or if the client is a minor, the client's parent.

(12) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(13) Advertising in a manner that is false, misleading, or deceptive.

(c) The Board may refuse to issue any registration whenever it appears that an applicant may be unable to practice his or her profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 of the Code shall apply to any denial of a registration pursuant to this section.

(d) The Board may place a registration on probation under the following circumstances:

(1) In lieu of, or in addition to, any order of the Board suspending or revoking the license or registration of any registrant.

(2) Upon the issuance of a registration to an individual who has been guilty of unprofessional conduct, but who had otherwise completed all education and training and experience required for registration.

(3) As a condition upon the reissuance or reinstatement of any registration that has been suspended or revoked by the Board.

(e) The cost of probation or monitoring may be ordered to be paid by the registrant or applicant.

(f) The Board, in its discretion, may require any registrant who has been placed on probation, or whose registration has been suspended, to obtain additional professional training including, but not limited to, education, clinical work, or field work.

Speech-Language Pathology Assistant Scope of Practice

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About This Document

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill). The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

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Dedication

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

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Executive Summary

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

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Introduction

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the*

Communicative Aide was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

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Statement of Purpose

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

- a. parameters for education and professional development for SLPAs;
- b. SLPAs' responsibilities within and outside the scope of practice;
- c. examples of practice settings;
- d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;
- e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;
- f. supervisory requirements for the SLP and the SLPA.

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Qualifications for a Speech-Language Pathology Assistant

Minimum Recommended Qualifications for a Speech-Language Pathology Assistant

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

- a. an associate's degree in an SLPA program
or
a bachelor's degree in a speech-language pathology or communication disorders program
and
- b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent
and
- c. demonstration of competency in the skills required of an SLPA.

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Expectations of a Speech-Language Pathology Assistant

- a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.
- b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.
- c. Perform only those tasks prescribed by the supervising SLP.
- d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.
- e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.
- f. Actively participate with the SLP in the supervisory process.
- g. Consider securing liability insurance.
- h. Actively pursue continuing education and professional development activities.

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Responsibilities Within the Scope for Speech-Language Pathology Assistants

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

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Service Delivery

- a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.
- c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.
- d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
- e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services (ASHA 2004)*.
- f. Follow documented treatment plans or protocols developed by the supervising SLP.

- g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.
- h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
- i. Program and provide instruction in the use of augmentative and alternative communication devices.
- j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.
- k. Serve as interpreter for patients/clients/students and families who do not speak English.
- l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

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Administrative Support

- a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.
- b. Perform checks and maintenance of equipment.
- c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

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Prevention and Advocacy

- a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.
- b. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.
- c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
- d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
- e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.
- f. Participate actively in professional organizations.

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Responsibilities Outside the Scope for Speech-Language Pathology Assistants

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Scope of Practice for Speech-Language Pathology Assistants* (ASHA, 2007) and the *ASHA Code of Ethics* (ASHA, 2010a) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the

approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

- a. represent himself or herself as an SLP;
- b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
- c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
- d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
- e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
- f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
- g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;
- h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
- i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
- j. select students, patients, or clients for service;
- k. discharge a student, patient, or client from services;
- l. make referrals for additional service;
- m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;
- n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
- o. treat medically fragile students/patients/clients independently;
- p. design or select augmentative and alternative communication systems or devices.

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Practice Settings

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- a. public, private, and charter elementary and secondary schools;
- b. early intervention settings, preschools, and day care settings;
- c. hospitals (in- and outpatient);
- d. residential health care settings (e.g., long-term care and skilled nursing facilities);
- e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
- f. private practice settings;
- g. university/college clinics;
- h. research facilities;

- i. corporate and industrial settings;
- j. student/patient/client's residences.

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Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (2010a) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Since the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities and they shall treat animals involved in research in a humane manner.

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule A: Individuals shall provide all services competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule D: Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule E: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics I, Rule F: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics II, Rule B: Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule D: Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

Principle of Ethics IV, Rule B: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Guidance:

Because the assistant provides services as “an extension” of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

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Liability Issues

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

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Speech-Language Pathologist's Supervisory Role

Qualifications for a Supervising Speech-Language Pathologist

Minimum qualifications for an SLP who will supervise an SLPA include

- a. current ASHA certification and/or state licensure,
- b. completion of at least 2 years of practice following ASHA certification,
- c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

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Additional Expectations of the Supervising Speech-Language Pathologist

- a. Conduct ongoing competency evaluations of the SLPAs.
- b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
- c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
- d. Make all case management decisions.
- e. Adhere to the supervisory responsibilities for SLPs.
- f. Retain the legal and ethical responsibility for all students, patients, and clients served.
- g. Adhere to the principles and rules of the ASHA Code of Ethics.
- h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

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Guidelines for SLP Supervision of Speech-Language Pathology Assistants

It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service

setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

- a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
- b. have an active interest in use of and desire to use support personnel,
- c. have practiced speech-language pathology for at least 2 years following ASHA certification,
- d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

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SLP to SLPA Ratio

Although more than one SLP may provide supervision of an SLPA, an SLP should **not** supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

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Minimum Requirements for the Frequency and Amount of Supervision

First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care

should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP **at least once every 2 weeks.**

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days.**

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory

activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

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Conclusion

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

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Definitions

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

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Index terms: SLPAs, scope of practice

Reference this material as: American Speech-Language-Hearing Association. (2013). *Speech-language pathology assistant scope of practice* [Scope of Practice]. Available from www.asha.org/policy.

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Guidelines for the Speech Language-Pathology Assistants (SLPAs) Duties and the Responsibilities in Early Intervention Services

The following information was obtained from the California Business Code, Title 16, and ASHA Position Statement 2004. Please see Sources listed at the end of this document.

A Speech Language Pathology Assistant (SLPA) has met the requirements set forth by the California Business and Professions Code for Speech-Language Pathology Assistants. To be eligible for registration by the Board as a SLPA, the applicant must possess the following qualifications:

- An associate of arts or science degree from a SLPA program accredited by the Accrediting Commission of Community and Junior Colleges, Western Association of schools and Colleges, and approved by the Board or evidence of completion of a bachelor's degree program in speech pathology or communication disorders. (For further detail on the associate and bachelor degree requirements refer to Title 16 CCR Section 1399.170.11).

All SLPA's working in the field of early intervention shall embrace the Foundational Principles for all Early Intervention Team Members

These foundational principles reflect core beliefs, values and the shared vision and intent of IDEA, Part C and the California Early Start service system.

1. Practices shall be family-centered.
2. Practices shall be relationship-based.
3. Practices shall be culturally responsive.
4. Practices shall be collaborative and interdisciplinary.
5. Practices shall be responsive to child developmental risk and protective factors.
6. Practices shall adhere to professional and ethical standards.

Duties that the SLPA's are able to perform

The SLPA is considered a Specialized Consultant Assistant in the Early Start Personnel Model. The SLPA provides direct treatment assistance to children and families under the supervision of a speech-language pathologist by:

1. Conducting speech-language screening, without interpretation, and using age-appropriate screening protocols developed by the supervising SLP (Speech Language Pathologist).
2. Following and implementing documented treatment plans or protocols developed by a supervising SLP.
3. Documenting progress toward meeting established child and family outcomes and reporting the information to a supervising SLP.
4. Assisting a SLP during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising SLP.
5. When competent to do so, as determined by the supervising SLP, acting as an interpreter for non-English speaking families.

6. Scheduling activities and preparing charts, records, graphs, and data.
7. Performing checks and maintenance on equipment including, but not limited to, augmentative communication devices.
8. Assisting with speech-language pathology research projects, in-service training, and family or community education.

All services will be provided in the child's natural environment to the maximum extent appropriate unless there is a justification in the IFSP stating why the early intervention service will not be provided in the natural environment.

SLPA supervision

The SLPA is supervised by the licensed (and/or credentialed) speech-language pathologist under the following definitions of supervision:

“Direct Supervision” means on-site observation and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant.

“Immediate Supervision” means the supervising speech-language pathologist is physically present during services provided to the child and family by the speech-language pathology assistant.

“Indirect supervision” means the supervising speech-language pathologist is not at the same location or physical space or in close proximity to the speech-language-pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include but are not limited to, demonstration, record review, review and evaluation of audio or video-taped session, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

“Supervision” means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

Early Intervention duties of a SLPA that require specific supervision

Types of supervision required for duties performed by a speech-language pathology assistant in early intervention include:

1. Duties performed by the SLPA that require immediate supervision may include, but are not limited to, any direct activity with the child and family involving medically fragile infants or toddlers. In such instances, the SLPA shall act only under the direction of the supervisor.
2. Duties performed by the SLPA that require direct supervision may include but are not limited to, any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the SLPA in direct care.
3. Duties performed by the SLPA under indirect supervision are provided in the child's natural environment unless a justification is provided. Duties may include, but are not limited to, the following:
 - a. Screening or treatment activities where the supervisor has previously given instruction as to how to perform the task, has observed the assistant in the

conduct of these activities, and is satisfied that the activities can be competently performed by the SLPA, i.e. imitation, turn-taking routines, following directions, labeling, generalization or carryover activities.

- b. Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance, and
- c. Other non-client care activities.

Percentage of supervision

During the initial 90-Days:

The SLP will provide supervision at least 30% direct and indirect weekly of the SLPA's workweek, for the first 90 workdays. Direct supervision should be no less than 20%. Indirect supervision should be no less than 10%.

The supervising SLP will include early intervention modeling and strategies for the SLPA that will support their work with young children and families receiving early intervention services within the SLPA's scope of practice.

After the initial 90-days:

Supervision may be adjusted. The minimum is 20% supervision weekly of the SLPA's workweek, with no less than 10% being direct supervision.

Supervision days and time of day may be alternated to ensure that all children and their families received some direct contact with the SLP at least once every 2 weeks.

The supervising SLP co-signs all formal documentation and informal progress notes.

The supervising SLP will provide continued mentorship and modeling for the SLPA in the principles of providing early intervention services for young children and families.

Activities, duties, and functions outside the scope of responsibilities of a SPLA

A SLPA **may not** conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist

- (a) Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising speech-language pathologist or another speech-language pathologist being present;
- (b) Provide counseling or advice to a family which is beyond the scope of the /infant-toddler's treatment;
- (c) Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports;
- (d) Discharge the infant or toddler from services;
- (e) Make referrals for additional services;

(f) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(g) Represent himself or herself as a speech-language pathologist; and,

(h) Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oropharyngeal swallow therapy with bolus material.

NOTE: Authority Cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference Cited: Section 2538.1(b)(3), Business and Professions Code.

Continuing education

The supervising SLP is required to have 6 hours of continuing education in supervision training prior to commencement of supervision. Following the initial 2-year period, 3 hours in supervision training are required every 2 years.

The SLPA is required to have 12 hours of continuing education every 2-year period (state/regional workshops, formal in-service presentations, and/or independent study).

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2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: September 1, 2014

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology will go into effect for all applications for certification received on or after September 1, 2014. View the [SLP Standards Crosswalk \[PDF\]](#) for more specific information on how the standards will change from the current SLP standards to the 2014 SLP standards.

Citation

cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

[Standard I—Degree](#)

[Standard II—Education Program](#)

[Standard III—Program of Study](#)

Standard IV—Knowledge Outcomes

Standard V—Skills Outcomes

Standard VI—Assessment

Standard VII—Speech-Language Pathology Clinical Fellowship

Standard VIII—Maintenance of Certification

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language

- **swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)**
- **cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)**
- **social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)**
- **augmentative and alternative communication modalities**

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. **Evaluation**
 - a. Conduct screening and prevention procedures (including prevention activities).
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
 - d. Adapt evaluation procedures to meet client/patient needs.
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
 - f. Complete administrative and reporting functions necessary to support evaluation.
 - g. Refer clients/patients for appropriate services.
2. **Intervention**
 - a. Develop setting-appropriate intervention plans with measurable and achievable goals

that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).

c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.

d. Measure and evaluate clients'/patients' performance and progress.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

f. Complete administrative and reporting functions necessary to support intervention.

g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.

b. Collaborate with other professionals in case management.

c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice of Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

LAWS AND REGULATIONS OUTLINING ACADEMIC EQUIVALENCY

- Current provisions in the Board's laws and regulations do not specify that academic equivalency is intended only for internationally trained students. This may result in graduates from unaccredited U.S. programs petitioning for equivalency, which defeats the intent of the law.
- Terminology used in the laws and regulations is not consistent with international professional training. Terms such as "graduate courses" or "semester units" may not apply. However, transcript evaluation services provide for a conversion of credits awarded at foreign institutions into U.S. academic units.
- Work to define equivalency based on completion of specified content areas or a total number of units awarded within a professional degree program. *Should any undergraduate coursework be identified here?*

Business & Professions Code [Law] (Bold =emphasis added)

2532.2. Qualifications for Licensure

Except as required by Section 2532.25, to be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:

(a) Possess at least a master's degree in speech-language pathology or audiology from an educational institution approved by the board **or qualifications deemed equivalent by the board.**

(b) Submit transcripts from an educational institution approved by the board evidencing the successful completion of at least 60 semester units of courses related to the normal development, function, and use of speech, hearing, and language; and courses that provide information about, and training in, the management of speech, hearing, and language disorders. At least 24 of the required 60 semester units shall be related to disorders of speech, voice, or language for speech-language pathology applicants or to disorders of hearing and the modification of communication disorders involving speech and language resulting from hearing disorders for audiology applicants. These 60 units do not include credit for thesis, dissertation, or clinical practice.

(c) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed 300 clock hours, of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an educational institution approved by the board.

(d) Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board.

This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a), (b), and (c). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

(e) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails his or her examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.

A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in subdivision (d).

(f) As applied to licensure as an audiologist, this section shall apply to applicants who graduated from an approved educational institution on or before December 31, 2007.

California Code of Regulations

[Proposed changes are shown in underline and strikeout; Emphasis added to existing regulation language shown in bold]

1399.152. Approved Institutions.

(a) For the purposes of this Section, the term "institution" means the facility where a student attends and receives his or her primary academic and clinical preparation including the institution's satellite sites or campuses. The term "joint program" means a program wherein each of the member institutions is a separate degree-granting entity.

(b) An "institution approved by the board" as used in Section 2532.2 of the code is defined as:

(1) An educational institution (or in the case of a joint program, educational institutions) that is accredited by a regional or national accrediting body recognized by the United States Department of Education, and

(2) Has program accreditation in the area for which licensure is sought by an accrediting body recognized by the United States Department of Education or the Council on Higher Education Accreditation (CHEA) or its predecessor, the Council on Postsecondary Accreditation (COPA), or a comparable accrediting body recognized by the Board.

(c) A graduate speech-language pathology or audiology program shall be accredited or shall be designated as a program in candidacy by the accrediting body authorized by the American Speech-Language-Hearing Association at the time of the applicant's graduation.

(d) A post-baccalaureate audiology doctoral program shall be accredited or shall be designated as a program in candidacy by the accrediting body authorized by the American Speech-Language-Hearing Association or shall be accredited or shall be designated as a program in candidacy by another accrediting body as specified in subsection (b) above.

(e) In its discretion the board may approve after its review any educational program, with academic and clinical requirements equivalent to an accredited graduate or doctoral training program as provided for above, but, which is not accredited under one of the above mentioned criteria and is not within the United States.

1399.152.1. Academic Requirements.

(a) As used in Section 2532.2, subd. (a) of the code, "**qualifications deemed equivalent by the board**" means in lieu of a master's degree an applicant may present evidence of completion of coursework equivalent to *** academic units or credits at least 30 semester units acceptable towards a master's degree while registered as a graduate student in a degree program in speech-language pathology and/or audiology located outside the United States. At least 24 of the required semester units shall be completed at a single educational institution and shall be in speech-language pathology or audiology. *[Not sure why 24 units at a single educational institution???*

(b) Credits for extension courses shall be accepted toward the unit requirements of Section 2532.2, subd. (b) of the code only if they are a part of the regular graduate curriculum and are accepted toward a graduate degree by the educational institution attended.

(c) The "successful completion" of a course as these terms are used in Section 2532.2, subd. (b) of the code means the student earned a grade of "C" or better or its equivalent.

(d) If the content of a course is not adequately depicted within its title, the board in its discretion may require additional course descriptions.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Professions Code.

LICENSING REPORT
Fiscal Year 2012 - 2013

LICENSES ISSUED	FY09/10	FY10/11	FY11/12	QTR 1	QTR 2	QTR 3
				Jul-Sep	Oct-Dec	Jan-Mar
AU	43	57	55	20	16	17
AUT	0	2	1	0	1	0
DAU	0 *	78	20	3	3	13
SLP	691	734	911	273	199	258
SPT	0	1	0	0	0	0
SLPA	290	312	346	129	92	95
RPE'S	568	513	667	335	168	116
AIDES	53	52	44	19	8	8
CPD PROVIDERS	15	15	16	3	2	3
HAD Permanant **	89	50	91	4	27	24
HAD Trainees	94	77	94	16	32	18
HAD Licensed in Another State	16	12	6	0	0	3
HAD Branch Office	192	205	192	47	49	36
TOTAL LICENSES ISSUED	2051	2108	2443	849	597	591

* FY 09/10 - 946 AU licenses converted to a DAU license.

** Delay due to waiting to pass exam.

CURRENT LICENSE POPULATION**AS OF 03/31/13**

AU / DAU	
Active AU	1,545
Active DAU	NA
Inactive	134
Delinquent	238

HAD	
Active	938
Inactive	41
Delinquent	111

SLP	
Active	12,473
Inactive	987
Delinquent	1,738

HAD TEMP TRAINEES	
Active	97
Inactive	1
Delinquent	8

SLP ASSISTANTS	
Active	1,724
Inactive	987
Delinquent	350

HAD TEMPORARY	
Active	7

RPE TEMP	
Active	748
Delinquent	73

HAD BRANCH OFFICE	
Active	634
Delinquent	140

AIDES	
Active	123
Delinquent	155

HAD Practical Exam - April 20, 2013

Candidate Type		Passed	Percentages	Failed	Percentages
HAD Applicants	23	17	74%	6	26%
AU	13	10	77%	3	23%
P/RPE	4	4	100%		
Aide	0				
M.D.	1	1	100%		
TOTAL	41	32		9	

PASSED

HAD Applicants	2 candidates passed 1st time 2 candidates took 2 times to pass 1 candidate took 3 times to pass
HT (trainee)	8 candidates passed 1st time 4 candidates took 2 times to pass
AU	5 candidates passed 1st time (2 were HTs) 4 candidates took 2 times to pass (3 were HTs) 1 candidate took 3 times to pass
M.D.	1 candidates passed 1st time
P/RPE	3 candidates passed 1st time 1 candidate took 2 times to pass

FAILED

HAD Applicants	5 candidates failed 1st time 1 candidate failed 2nd time
AU	2 candidates failed 1st time 1 candidate failed 2nd time

ENFORCEMENT STATISTICS

FISCAL YEAR JULY 1, 2012 - JUNE 30, 2013

QTR 1	QTR 2	QTR 3	QTR 4
HAD / SP-AU	HAD / SP-AU	HAD / SP-AU	HAD / SP-AU
Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun

COMPLAINTS/CONVICTIONS**Total**

Complaints Received	24	7	16	5	22	7	81
Convictions Received	2	11	3	1	2	10	29
Closed	15	6	19	3	42	54	138
Pending	126	73	126	75	113	20	
Average Days to Intake	1	2	2	4	2	2	

Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator.

INVESTIGATIONS**DESK**

Assigned	26	17	19	7	24	18	111
Closed	14	5	17	3	39	51	129
Average Days to Complete*	296	325	251	5	429	243	
Pending	102	65	98	68	82	16	

Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.

NON SWORN

Assigned							
Closed	1				3		4
Average Days to Complete*	316				648		
Pending	8	2	8	2	2	2	

Average Days to Complete Non Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

SWORN

Assigned	8		6		7		21
Closed		1	2			3	6
Average Days to Complete*		260	668			630	
Pending	16	5	20	5	29	2	

Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

Average Days to Close

No Discipline

251	188	303	439	248
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CITATIONS**Total**

Citations Issued			4		
Average Days to Complete			774		

Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.

ATTORNEY GENERAL CASES

Referred to the Attorney Gen	3	1	2	3	5		14
Pending at the AG	11	13	12	15	10	15	
Accusations Filed		1	1			3	5
Accusations							
Withdrawn/Dismissed/Decline		1				3	4
Statement of Issues (SOI) File		1			1		2
SOI							
Withdrawn/Dismissed/Decline							
Closed Without Discipline				1	2		3

ATTORNEY GENERAL OUTCOMES

Probation			1		1		2
Public Letter of Reprimand							
Surrender of License		1					1
Suspension of License							
License Revoked							
License Denied							
Conditional License							
SOI - Licensed Declined				1			1
Withdrawn - Case Resolved				1			1
Average Days to Close		603		2147	606	769	

Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.

VIOLATION TYPE

Substance Abuse		1					1
Aiding or Abetting			1				1
Incompetence/Gross Negligence					1		1
Insurance Fraud				1			1
Cite and Fine was Resolved				1			1

PROBATION

New Probation Cases			1		2		3
Probation Completed					2		2

IX. Enforcement

Active Cases	2	13	2	14	2	13	
Tolled	1	9	1	9	1	9	
Conditional License		4		4		2	

[EM 10, 91, 92 details](#), [95, 96 details](#)

**CLOSED COMPLAINTS FOR FISCAL YEAR 2012-2013
QUARTER 3 (Jan - Mar)**

HEARING AID DISPENSING

Incompetence/Negligence	5	Cite and Fine (2) No Violation (1) No Response from Complainant (1) Mediated (1)
Fraud	1	No Violation
Unprofessional Conduct	1	Cease and Desist Issued
Exam Subversion	1	Insufficient Evidence
Song Beverly	5	Refund Issued (3) Withdrawn (1) Insufficient Evidence (1)
Advertising	4	No Violation (3) Out of Business (1)
Criminal Charges/Convictions	1	Referred to Attorney General

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

Incompetence/Negligence	2	No Violation Insufficient Evidence
Fraud	2	Insufficient Evidence Out of State
Unprofessional Conduct	8	License Hold (1) Info on File (2) No Response From Complainant (2) Insufficient Evidence (1) No Violation (2)
Song Beverly	1	Refund Issued
Advertising	3	Subject Educated
Disciplined by Another State	1	License Hold
Criminal Charges/Convictions	2	Awaiting Criminal Disposition

IX. Enforcement - Closed Complaints

Unlicensed Practice	2	Insufficient Evidence No Violation
In Custody	1	Referred to Attorney General (AG)
Substance Abuse	33	Multiple DUIs - Referred to AG (5) Info on File (28)

SP - Speech-Language Pathologist

DAU - Dispensing Audiologist



FULL BOARD MEETING MINUTES

January 10-11, 2013

Kensington Park Hotel
450 Post Street
San Francisco, CA
(916) 263-2666

Board Members Present

Alison Grimes, Au.D., Vice Chairperson
Amnon Shalev, Hearing Aid Dispenser
Deane Manning, Hearing Aid Dispenser
Monty Martin, M.A.
Carol Murphy, M.A.
Patti Solomon-Rice, Ph.D.
Jaime Lee, Esq.
Rodney Diaz, M.D.

Staff Present

Annemarie Del Mugnaio, Executive Officer
Claire Yazigi, Legal Counsel

Board Members Absent

Marcia Raggio, Ph.D.

Guests Present

Dennis Van Vleit, Audiologist
Jody Winzelberg, Audiologist, Lucile Packard Children's Hospital
Tricia Hunter, HHP
Cindy Peffers, Hearing Aid Dispenser HHP

I. Call to Order

Chairperson Grimes called the meeting to order at 1:50 p.m.

II. Introductions

Those present introduced themselves.

III. Election of Officers and Appointments to Committees

Chairperson Grimes appointed Amnon Shalev, to the Hearing Aid Dispensers Practice Committee and appointed Marcia Raggio to the Audiology Practice Committee and the Hearing Aid Dispensers Committee.

IV. Ethical Decision Making for Board Members- Claire Yazigi, Legal Counsel

Ms. Yazigi provided an overview of a board member's responsibilities in terms of both compliance with the Open Meetings Act, and Conflict of Interest guidelines. She explained the provisions of the Open Meetings Act and provided specific examples of when it would be appropriate for a board to conduct business in closed session. Ms. Yazigi further provided guidance regarding potential conflicts of interest and used hypothetical situations to further educate the Board on potential conflicts.

V. Discussion Regarding Sunset Review Report, Review Process, and Spring Hearings

Ms. Del Mugnaio stated that the Board's Sunset Review Report is available on the Board's website for review. She explained that the report explains the Board's operational mandates and program responsibilities and is a form of an audit report. Ms. Del Mugnaio stated that the Board will receive questions/issues from the Senate Business Professions and Economic Development Committee (BP&ED) and will be asked to testify on such issues before the BP&ED at a public Sunset Review hearing to be held in March 2013.

Chairperson Grimes inquired whether interested parties may raise issues not covered in the report at the public hearing.

Ms. Del Mugnaio stated that the hearings are open to the public and public comments are welcome.

Mr. Manning pointed out an error in the operative dates of legislation as outlined in the report. The dates of the first three legislative actions should reflect 1999, instead of 2009.

Ms. Del Mugnaio stated that she would make the necessary corrections.

Chairperson Grimes adjourned the meeting at 3:28 p.m., to be reconvened following the conclusion of the Hearing Aid Dispensers Committee.

Chairperson Grimes reconvened the meeting at 5:30 p.m.

VI. Approval of Meeting Minutes:

- A. July 26-27, 2012 Board Meeting Minutes**
- B. October 4-5, 2012 Board Meeting Minutes**
- C. November 26, 2012 Teleconference Board Meeting Minutes**

The Board discussed minor edits to the minutes.

M/S/C: Murphy/Lee

The Board voted to approve the July 26-27, 2012 Board Meeting Minutes, October 4-5, 2012 Board Meeting Minutes, and the November 26, 2012 Teleconference Board Meeting Minutes as amended.

VII. Executive Officer's Report

Ms. Del Mugnaio provided an update on the following:

A. Status of Proposed Regulations

- 1. Consumer Protection Enforcement Initiative (California Code of Regulations 1399.150.3, 1399.151, 1399.156, & 1399.156.5)**

Ms. Del Mugnaio stated that as directed by the Board, she has resubmitted the disapproved rulemaking file regarding the Consumer Protection Enforcement Initiative to the Department of Consumer Affairs for review and will subsequently transmit the file to the Office of Administrative Law for approval.

2. Continuing Education Amendments for Hearing Aid Dispensers (California Code of Regulations 1399.140-1399.14)

Ms. Del Mugnaio reported that she has not noticed the continuing education amendments for hearing aid dispensers as previously approved by the Board to date, but will do so following the meeting. She requested the Board to change the operative date to the proposed continuing education regulations to January 31, 2015 to provide for ample time for licensees to comply with the new provisions once adopted.

M/S/C: Manning/Lee

The Board approved the motion to change the operative date of the continuing education amendments for hearing aid dispensers to January 1, 2015.

B. Project Plan for Reviewing the English Language International Testing System (IELTS) Examination

Ms. Del Mugnaio stated that the Office of Professional Examination Resources is in the process of interviewing the Board's subject matter experts who took the IELTS examination to prepare data for a standard setting study.

C. Administrative Updates- BreEze/ Staff Recruitment/ Operational Updates

- The Board's new target date for implementation of BreEze has been delayed due to programming issues that have surfaced with boards currently undergoing implementation. A new date will be provided at the next Board meeting.
- An employment offer has been extended to a candidate for the Board's Office Technician position. The Board is currently recruiting for its Special Investigator position.
- The Board is holding a hearing aid dispensing practical examination on Saturday, January 12, 2013. Approximately 40 candidates will be examined. Based on the recent Hearing Aid Dispensers Validation Report as adopted by the Board, both the written and practical examinations will be modified to reflect the outcome of the study. Examination workshops with subject matter experts are currently being held to incorporate the relevant changes.

January 11, 2013 - 9:00 a.m. Continuation of the Speech-Language Pathology & Audiology Board & Hearing Aid Dispensers Board

Chairperson Grimes reconvened the meeting at 9:21 a.m.

VIII. Practice Committee Reports

Hearing Aid Dispensers Committee Report on the Exemption Request of the Federal Drug Administration and Recommendations on Amendments to the Hearing Aid Dispenser's Advertising Regulations

Mr. Manning provided an overview of the Committee discussion.

M/S/C: Diaz/Murphy

The Board voted to approve the report of the Hearing Aid Dispensers Committee.

IX. Licensing the Internationally Trained Applicant – Discussion Regarding Application Review Process and English Language Competency as a Prerequisite to Licensure

Ms. Del Mugnaio stated that she was contacted by a member of the California Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) who inquired about the Board's process for evaluating the academic and clinical merit of internationally trained students. She stated that at least two members of the CAPCSD had planned to attend the Board meeting and discuss the issue of internationally trained students approaching university personnel requesting them to review the person's international transcripts to determine the eligibility for licensure and credentialing. Ms. Del Mugnaio stated that the CAPCSD representatives were unable to attend the January meeting. However, she wanted to provide the Board with an overview of the current process which is as follows:

- The applicant must submit the official international transcripts to a transcript evaluation service approved by the Board. The transcripts must include both didactic and clinical training.
- The transcript evaluation service provides a detailed course-by-course evaluation of the transcripts and verifies the authenticity of the documents and the conferred degree.
- The Board sends the transcripts and the evaluation report to a Board-appointed subject matter expert who analyzes the information and recommends to the Board whether the applicant has met the academic and clinical equivalency standards provided for in the laws and regulations.

Ms. Del Mugnaio commented that the Board's regulations need to be amended as they are not specific to internationally trained students and therefore, the terminology in the regulations is unclear.

Ms. Solomon-Rice commented that she is aware of internationally trained students approaching university program chairs to request transcript evaluation assistance. She stated that the CAPCSD is concerned about its university personnel providing such services as they are not commissioned to do so, on behalf of the Board. She further stated that many internationally trained applicants have completed the required coursework, but may not have been awarded an actual graduate degree as the course sequencing in other countries is not necessarily consistent with that in the United States. Ms. Solomon-Rice requested that Ms. Del Mugnaio provide the Board with a sample packet of information as reviewed by the Board's subject matter expert for internationally trained applicants.

Ms. Murphy explained that an added layer to the equivalency issue is that credential waivers are issued to individuals who do not possess master's degrees and therefore, internationally trained students may qualify for credential waivers, but not licenses.

Ms. Del Mugnaio stated that the issue regarding evaluation of internationally trained applicants will be revisited at the next meeting and agreed to provide sample evaluation materials. She also stated that she will invite members of the CAPCSD to further discuss the matter with the Board.

X. Review Proposed Amendments to the Uniform Standards Related to Substance Abuse and Disciplinary Guidelines for Speech-Language Pathologists, Audiologists, & Hearing Aid Dispensers (California Code of Regulations Sections 1399.131 & 1399.155)

Ms. Del Mugnaio distributed a revised document for the proposed amendments to the Uniform Standards and the Disciplinary Guidelines and a document containing statistical information on complaints and administrative discipline where the underlying violations involved substance abuse.

The Board discussed the statistical data and the triage process the staff employs to determine whether violations involving substance abuse are elevated to discipline.

Ms. Del Mugnaio provided information on other healing arts board's enforcement policies and what violations trigger formal or informal action. She reported that there are a few boards that have been successful in adopting the Uniform Standards and others that are in process of submitting regulatory amendments. Ms. Del Mugnaio reported that the Board of Pharmacy has requested an independent legal opinion from the Attorney General's Office regarding the Board's discretion in adopting the Uniform Standards Related to Substance Abuse as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs. She commented that Ms. Yazigi suggested an option of adopting the Disciplinary Guidelines separate from the Uniform Standards; however, she stated that several of the Uniform Standards are captured in the Board's Disciplinary Guidelines and therefore, it seems prudent to adopt the document under one regulatory action.

Ms. Yazigi commented on the Board's discretion in applying the separate provisions of the Uniform Standards in that, the provisions include binary terminology where the Board determines whether certain conditions exist and if they do, the provisions of the Uniform Standards must be applied.

The Board reviewed the specific drug testing standards as provided in the Uniform Standards.

Ms. Del Mugnaio reviewed the changes to the proposed document since the Board last approved the proposal:

- The document includes a listing of standard terms and conditions (1-15) as well as those terms that are optional (16-30) in disciplinary cases.
- A provision regarding restricting licensees from supervising other personnel.
- Updated minimum and maximum penalties for speech-language pathologists, speech-language pathology assistants, audiologists, dispensing audiologists, and hearing aid dispensers.
- Reordered probationary sections for clarity.

M/S/C: Shalev/Manning

The Board voted to approve the proposed text and notice the document for a forty-five (45) day public comment period; hold a hearing if requested by the public; delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period; delegate to the Executive Officer the authority to make any technical or non-substantive changes that may be required in completing the rulemaking file.

XI. Professional Corporate, General Corporate & Other Entity Employment Practices for Licensees (Business & Professions Code Sections 655.2 & 2538.20, Corporation Code Section 13400 et seq.)

Ms. Del Mugnaio explained that she receives questions regularly regarding employment practice for licensees regarding which professionals may employ professionals of other healing arts' professions and

under which corporate structure. She referenced a document outlining the laws and regulations as provided by Ms. Yazigi.

Ms. Yazigi stated that speech-language pathologists and audiologists may employ one another in a professional corporation setting, but other healing arts professionals may not work for a speech-language pathologist or audiologist. She further explained that the only corporate structure that a speech-language pathologist and audiologist may own is a professional corporation, whereas as hearing aid dispenser may work in, and own, a general law corporation. Ms. Yazigi stated that the law has been in effect since the mid-60's. She stated that the law was written to prevent prohibited referrals from one health care provider to another where the referral would be based on the financial benefit of the providers. She stated that in Business and Professions Code Section 2538.20, hearing aid dispensers are authorized to practice under a general law corporation.

The Board discussed recent proposed legislation that would have authorized physical therapists to practice under a medical corporation. The legislation was unsuccessful.

Ms. Yazigi explained that the Moscone-Knox Act is an exception to common law and general rule as it provides for a professional corporate structure permissible for individuals who practice a regulated profession.

Ms. Yazigi requested the Board to review Business and Professions Code Section 655.2 which explains that a non-dispensing audiologist or a physician, who is not licensed to dispense hearing aids, may not employ a hearing aid dispenser. Ms. Yazigi explained that the provision does not provide for the alternate employment arrangement where a hearing aid dispenser employs a non-dispensing audiologist or non-dispensing physician, although, it would appear from her legislative research that the intent of the statute was to prohibit such employment of dispensing and non-dispensing practitioners to avoid prohibited referrals.

The Board discussed the inclusion of the language *or medical corporation* in Section 655.2 and how the language is confusing as neither hearing aid dispensers nor audiologists may be employed in a medical corporation pursuant to Corporation Code Section 13401.5.

Mr. Shalev made a motion, seconded by Mr. Manning to amend Section 655.2 but retain the language "*or medical corporation*" so that it does not appear that the Board has intent in changing provisions related to medical corporation practices or employment.

Ms. Del Mugnaio further explained the enforcement concerns and clarity issues with retaining the "*or medical corporation*" language.

Mr. Shalev withdrew his previous motion.

M/S/C: Manning/Martin

Oppose: Shalev

The Board voted to remove the language in Business and Professions Code Section 655.2 regarding "*or medical corporation.*"

M/S/C: Lee/Shalev

The Board voted to amend Business and Professions Code Section 655.2 to make the employment prohibition between hearing aid dispensers, non-dispensing audiologists, and non-dispensing physicians bi-directional.

Ms. Del Mugnaio indicated that she would discuss the legislative change with the Senate Business Professions and Economic Development Committee.

Mr. Shalev asked Ms. Yazigi to discuss the motion of removing the language regarding the *medical corporation* in Section 655.2 with her peers to obtain input on whether there is a risk in removing the language.

XII. Licensing / Enforcement/Examination Statistical Data

The Board reviewed the statistical data as provided by staff.

XIII. Public Comment on Items Not on the Agenda/ Future Agenda Items- [Attached Pending Issues Before the Board]

Ms. Del Mugnaio referenced a document outlining the pending issues before the Board.

The Board prioritized the issues listed and discussed which issues should be placed on 2013 agendas.

Ms. Hunter expressed the concern of the Hearing Healthcare Providers that the Board has yet to draft regulations regarding audiology aides and there have been report of audiology aides providing hearing aid dispensing services without the proper license to dispense.

XIV. Announcements- Future 2013 Board Meetings- April 4-5, 2013- Sacramento, July 25-26, 2013-Los Angeles, October 10-11, 2013- TBD

The Board changed the meeting date from April 4-5, 2013 meeting to March 27-28, 2013, to be held in Sacramento. All remaining 2013 dates will remain as posted.

XV. Adjournment

Chairperson Grimes adjourned the meeting at 12:47 p.m.



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

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Draft TELEPHONIC MEETING MINUTES
March 12, 2013

Department of Consumer Affairs
Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen Street, Ste. 2100 Sacramento, CA 95815
(916) 263-2909

200 UCLA Medical Plaza, Suite 540, Rm. 21
Los Angeles, CA 90095
(310) 267-4650

700 S. Flower Street, Suite 1100
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(213) 232-1173

1600 Holloway Ave, Burk Hall, Rm 101
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(415) 338-7652

6322 Fallbrook Ave, Suite 102
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(818) 712-0001

200 Babe Thompson Road
La Selva Beach
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28071 Bradley Rd.
Sun City, CA
(951) 679-1139

400 Hoover Lane
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1600 Holloway Avenue, Burk Hall, Rm 104.
San Francisco, CA
(415) 338-7653

2521 Stockton Boulevard, Suite 7200
Sacramento, CA 95817
(916) 734-8190

Participating Board Members:

Alison Grimes, AuD, Audiologist- Chairperson
Patti Solomon-Rice, PhD., Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Deane Manning, Hearing Aid Dispenser
Carol Murphy, MA, Speech-Language Pathologist
Jaime Lee, JD Public Member
Monty Martin, MA Public Member
Rodney Diaz, MD, Public Member
Marcia Raggio, PhD, Audiologist

Staff Present

Annemarie Del Mugnaio, Executive Officer
Claire Yazigi, Staff Counsel

I. Call to Order

Ms. Del Mugnaio called the meeting to order at 12:35 p.m.

II. Introductions

Those participating introduced themselves

III. Review of Background/Issue Document Prepared by the Senate Business, Professions, & Economic Development Committee in Response to the Board's 2012 Sunset Review Report
A. Discussion of Oral Testimony at the March 18, 2013 Sunset Review Hearing

Ms. Del Mugnaio reported that the Joint Oversight Hearing for the Board were rescheduled to March 19, 2013.

The Board discussed the process for presenting oral testimony and Chairperson Grimes agreed to testify on behalf of the Board and provide the introductory summary regarding the regulatory oversight of the professions. Mr. Manning and Ms. Murphy agreed to attend the hearing and be prepared to address any specific scope of practice issues that may surface.

Ms. Del Mugnaio stated that there will be specific questions extracted from the Background Paper prepared by the Senate Business, Professions, and Economic Development Committee (BP&ED) and the Assembly Committee on Business, Professions, and Consumer Protection that the Board will be asked to respond to at the Joint Oversight Hearing. Ms. Del Mugnaio commented that while she has not received word as to which questions will be raised at the hearing, it is likely the Board will be asked to address the licensing and enforcement backlog issues. She stated that Committee staff will be notifying her of the specific questions to address at the hearing within the next few days.

B. Preparation of Written Response to Issues Raised by the Committee

Ms. Del Mugnaio reviewed the questions posed by the Committee staff in the Background Paper and explained that written responses are due to the Committees thirty (30) days following the hearing.

The Board discussed the questions posed and the draft responses.

Ms. Del Mugnaio reported that the Background Paper is posted on the Board's website.

IV. Announcement of 2013 Board Meeting Schedule as Revised – March 27-28, 2013 Sacramento; July 25-26, 2013 Los Angeles; October 10-11, 2013 Location to be Determined.

Ms. Del Mugnaio suggested that the March 27-28, 2013 meeting be rescheduled pending the release of sunset legislation so that the Board may review and comment on the language as necessary.

The Board agreed to cancel the March 27-28, 2013 meeting.

Ms. Del Mugnaio stated that she would schedule another meeting date once she received an email from each of the board members regarding their availability in April or May.

V. Public Comments on Items Not on the Agenda

There were no public comments.

VI. Adjournment

The meeting was adjourned at 1:13 p.m.

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**Title 16, Chapter 13.3
Hearing Aid Dispensers Regulations
Article 7. Continuing Education
Proposed Language**

Amend Sections 1399.140 – 1399.143 of Article 6 of Division 13.3 of Title 16 as follows:

Section 1399.140 - Continuing Education Required.

(a) Any hearing aid license that expires on or after January 31, 2014. Each dispenser is required to complete at least six (6) twelve (12) hours of continuing education from a provider approved under Section 1399.141 below during each calendar year preceding one-year renewal period. For all licenses which expire on and after January 1, 1997, all holders of licenses shall complete nine (9) hours of continuing education per year, and n.

(1) Not more than three (3) hours of continuing education may be credited in any of the following areas related to hearing aids: related, or indirect client care courses as provided in Section 1399.140.1 ethics (including the ethics of advertising and marketing) or business practices.

(2) Not more than three (3) hours of the required continuing education may be credited for self-study or correspondence-type coursework, e.g., recorded courses, home study materials, or computer courses. Self-study does not include live courses. A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course affords participants the opportunity to interact with an instructor and/or other course participants.

(b) Records showing completion of each continuing education course shall be maintained by the dispenser for ~~three (3)~~ two (2) years following the renewal period. Records shall be provided to the Board in response to a compliance audit conducted.

(~~b~~) (c) Each dispenser renewing his or her license under the provisions of Section 3451 of the code shall be required to submit proof satisfactory to the board of compliance with the provisions of this article.

(~~e~~) (d) Such proof shall be submitted at the time of license renewal on a form provided by the board.

(~~d~~) Any dispenser who cannot complete the minimum hours required under subsection (a) may have his or her license renewed, but shall make up any deficiency during the following year. If the dispenser does not complete the deficient hours in addition to the minimum hours for the current year, he or she shall be ineligible for the next renewal of his or her license unless such dispenser applies for and obtains a waiver pursuant to Section 1399.144 below.

(~~e~~) (f) This article shall not apply to any dispenser who is renewing a license for the first time following was issued the issuance of an initial permanent license for the first time within the preceding calendar year.

(~~f~~) (g) Any person whose hearing aid dispenser's license has been expired for two years or more shall complete the required hours of approved continuing education for the prior two years before such license may be restored.

Note: Authority and reference cited: Section 3327.5, Business and Professions Code.

Section 1399.140.1 - Continuing Education Course Content

(a) The content of a continuing education course shall pertain to direct, related, or indirect patient/client care.

(1) Direct client care courses cover current practices in the fitting of hearing aids.

(2) Indirect patient/client care courses cover practical aspects of hearing aid dispensing (e.g., legal or ethical issues (including the ethics of advertising, and marketing, consultation, record-keeping, office management, managed care issues, ~~business practices~~).

(3) Courses that are related to the discipline of hearing aid dispensing may cover general health condition or educational course offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, service delivery models, interdisciplinary case management issues, or medical pathologies ~~related to neurological disorders~~ that also result in hearing difficulties.

1399.141. Approval of Continuing Education Providers.

(a) In order to be approved by the board as a continuing education provider the following information shall be submitted with an application, incorporated herein by reference, forms () provided by the board:

(1) Description of course content of all courses to be offered. The course content for all courses, including ethics and business practices, shall be current practices related to the fitting of hearing aids for aiding or compensating for impaired human hearing or any of the subjects listed in subsection (a) of section 1399.140, and within the scope of practice for a dispenser as defined by the Code and generally shall be for the benefit of the consumer. The course content shall be information related to the fitting of hearing aids, and this information shall be at a level above that basic knowledge required for licensure as set forth in Section 3353 of the Code, except that basic knowledge which would serve as a brief introduction to the course. The phrase “at a level above that basic knowledge” means any subjects, issues, topics, theories, or findings that are more advanced than the entry level of knowledge described in those basic subjects listed in subdivision (b) of Section 3353. Examples of courses that are considered outside the scope of acceptable course content include: personal finances and business matters; marketing and sales, and office operations that are not for the benefit of the consumer.

(2) Method of instruction for course(s) offered. Teaching methods for each course or program shall be described, e.g., lecture, seminar, audiovisual, simulation, etc.

(3) Education objectives. Each course or program shall clearly state the educational objective that can be realistically accomplished within the framework of the course or program, and the number of hours of continuing education credit which may be obtained by completion of a specified course.

(4) Qualifications of instructors. Instructors shall be qualified to teach the specified course content by virtue of their prior education, training and experience. A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications: (a) a license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by the Board or any other health care regulatory agency; (b) training, certification, or experience in teaching courses in the subject matter; or (c) at least two years’ experience in an area related to the subject matter of the course. A resume of each instructor shall be forwarded with the application for approval.

(5) Evaluation. Each course or program shall include an evaluation method which documents that educational objectives have been met, such as, but not limited to, a written evaluation or written examination by each participant.

(6) Open to Licensees. Only those courses or programs which are open to all licensed hearing aid dispensers shall be approved by the board.

(b) Providers shall maintain a record of attendance of each participant who is licensed as a hearing aid dispenser ~~and submit that record to the board no later than December 31 of each calendar year~~ for a period of four (4) years, and shall provide such record to the board upon request. The record shall indicate those dispensers who have complied with the requirements of the course or program offered.

(c) Applications for approval of a continuing education provider shall be submitted to the board at its Sacramento office ~~at least 45 days before the date of the first course or program offering to be approved~~ allowing for sufficient time for review and prior approval as follows. The Board will inform the provider within 30 days of receipt of the application whether the application is complete or deficient. The provider shall cure any deficiency within 30 days of such notice. The Board will approve or deny the application within 30 days of the date that the application is complete, or the last date to cure the deficiency. A provider may appeal to the Executive Officer of the Board the denial of approval of any course. Such appeal shall be filed with the Executive Officer of the Board not more than 30 days after the date of notice of such denial. The Executive Officer shall notify the provider within ten (10) days of the final decision of the appeal.

(d) Any change in the course content or instructor shall be reported to the board on a timely basis.

(e) The board may withdraw the approval of any provider for failure to comply with the provisions of this section.

(f) Each provider shall submit to the board on an annual basis a description or outline of each approved course to be offered the following year and a resume of any new instructor who will be presenting the course. This information shall be submitted prior to the re-offering of the course within the ~~time limit~~ timeframe set forth in subsection (c).

Note: Authority cited: Section 3327.5, Business and Professions Code. Reference: Section 3327.5, Business and Professions Code.

1399.142. Sanctions for Noncompliance.

(a) Any dispenser who does not complete the required number of hours of continuing education will be required to make up any deficiency during the next calendar year and renewal cycle. Such dispenser shall document to the board the completion of any deficient hours. Any dispenser who fails to make up the deficient hours and the hours of required continuing education for the current year shall be ineligible for the next renewal of his or her license to dispense hearing aids until such time as the deficient hours of continuing education are documented to the board.

(b) ~~Fraudently~~ In addition to any other sanction, fraudulently misrepresenting compliance with the continuing education requirements of Section 3327.5 of the code and this article shall constitute “obtaining a license by fraud or deceit” as those terms are used in Section 3401, subd. ~~(e)~~ (e), of the code.

Note: Authority cited: Sections 3327.5 and 3328, Business and Professions Code. Reference: Section 3327.5, Business and Professions Code.

1399.143. Repetition of Courses.

Credit will not be given toward approved continuing education coursework which is substantially similar to coursework which was successfully completed within the preceding ~~three (3)~~ two (2) years and used to meet the continuing education requirements of this article and Section 3327.5 of the code.

Note: Authority and reference cited: Section 3327.5, Business and Professions Code.

1399.144. Waiver of Requirement.

(a) The board, may, in its discretion exempt from the continuing education requirements, any dispenser who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted to the board for its consideration.

(b) Any dispenser who submits an application for a waiver which is denied by the board, shall otherwise comply with the provisions of this article or be subject to the sanctions for noncompliance set forth in Section 1399.142.

Standard of Care for Licensed Hearing Aid Dispensers

Purpose: The document should capture the acceptable level of professional services and ethical expectations of a licensed hearing aid dispenser. The document may be relied upon by professional experts to determine whether a deviation from the standard of care for hearing aid dispensers has occurred in a particular case and the degree of the deviation. *This document may also be relied up in developing a supervisory training manual.*

Task: Consult experts within the professional community to develop a comprehensive standard of care document. Compile input from the professional community and present a final document before the Board for adoption.

Principles of Professional Ethics:

- 1) *Shall be licensed in California and be of sound moral character, and must comply with all state and federal laws and regulations.*
- 2) *Shall be ethical in all business practices and shall refrain from: perpetrating the false representation of products or services; exploiting clients for the purpose of financial gain; and committing any acts of fraud.*
- 3) *Shall provide safe and efficacious services to their client.*
- 4) *Shall be knowledgeable regarding testing procedures, hearing aid technology, verification and validation methods, and the laws and regulations governing the practices of hearing aid dispensing.*
- 5) *Shall remain current in the knowledge and skills in all aspects of the profession. (Continuing Education)*

I. Client Assessment

- Patient History
 - Prior medical conditions related to ears and hearing, ear-or ear-related surgeries, mental health or substance-abuse issues
 - Prior experience with hearing instruments/devices
 - Family/social considerations regarding hearing problems
 - Ear/hearing-specific history (e.g., onset of hearing loss)
 - Communication needs/requirements (e.g., work safety)
- Identify Conditions Requiring a Referral for Medical Evaluation/Treatment (FDA/State Law)
- Communication needs/requirements
- HIPPA Disclosures

II. Ear Inspection

- Perform Safe Support Technique- Otoscopic Examination
 - Assess size, length, and formation of ear canal
 - Examine the tympanic membrane
 - Assess external ear
 - Determine whether any blockage or cerumen is present
 - Presence of blood, foreign object, PE tube, pus/drainage

- Deformities
 - Refer client to physician or audiologist

III. Testing Procedures

- Audiometric Assessment (Check Equipment for Proper Functioning)
 - Pure tone air conduction (masking)
 - Pure tone bone conduction (masking)
 - Speech discrimination
 - Speech reception threshold
 - Speech stimuli/Threshold of discomfort
- Audiometric Interpretation
 - Evaluate test results
 - Advise client of results
 - Check prior test results to determine reliability/validity

IV. Candidacy & Section

- Determine type and degree of loss and appropriate amplification
- Candidacy based on physical/life style/client functionality
- Select technology including client preferences for features and price
- Inform Client of legal obligations regarding purchase, return policies, refunds, replacements, exchanges, & expectations regarding adjustments

V. Ear Impression

- Evaluate ear for placement of otoblock
- Placement and verification of proper placement otoblock
- Insert impression material using proper safe-support technique
- Remove impression
- Post-impression otoscopy to ensure no remaining material or abrasion

VI. Evaluating Hearing Instrument

- Determine proper equipment/mold received is correct and functioning

VII. Fitting

- Verify physical fit
- Adjustments (electroacoustic characteristics)
- Instruction/Demonstration to client
 - Ensure information provided about safe battery use and disposal
- Counsel client on expectations
- Fitting verification measurements (Mapping/RealEar?)
- If using wireless devices, query patient regarding pacemaker

VIII. Hearing Aid Orientation/Expectations

- Frequency of use
- How to manage ear pain
- Becoming accustomed to hearing aid use
- Limitations of amplification/Hearing in Noise

IX. Postfitting

- Assess performance of hearing instrument – testing
- Service or repair
- Follow-up and assistance with client needs

Parking Lot

- Sanitation

Title 16 California Code of Regulations

Division 13.3

Proposed changes to Section 1399.127 ("Advertising")

5/15/13 - Draft

*Bold indicates language currently in Section 1399.127

- (a) A person licensed to dispense hearing aids ~~aid dispenser~~ may advertise any goods or services authorized to be provided by such license in a manner authorized by Section 651 of the code so long as such advertising does not promote the unnecessary or excessive use of such goods or services.
- (b) False or misleading advertising includes but is not limited to advertising which violates any provision of Article 8 of Chapter 5.3 of Division 2 of the Business and Professions Code or which does not comply with any one of the following requirements. Advertisement on behalf of a licensee must do all of the following:
- (1) Include the following information:
 - (A) The dispenser's name and address as they appear on the hearing aid dispenser license;
 - (B) License number, including the letters 'HAD' or 'DAU', as appropriate; ~~and~~
 - ~~(C) Licensee telephone number. If a telephone number appears in an advertisement or on an advertising sign, this number shall be the same number as that listed for the dispenser's firm name and address in the telephone directory, or in the telephone company records if such number is assigned to the dispenser subsequent to the publication of such telephone directory.~~
 - (2) For hearing aid dispensers, ~~if~~ advertising a hearing test, state that such test is being performed not diagnostic but only to properly fit and sell hearing aids;
 - (3) If including an educational degree, specify the **degree and field**. The use of the title "Dr." is not sufficient for purposes of specifying the degree where the degree is a non-medical doctorate;
 - ~~(4)-(4)~~ If including to a job title or dispenser's certification by a professional organization, include the entire, fully-spelled name of the job title or certification and certifying organization. Any job title,

certification, or words of like import listed in an advertisement must represent an actual job title, credential, or certification, and must not be misleading. ~~[Possible additional language:—Any certifications claimed must be those issued upon successful completion of an oral and written examination based on psychometric principles; and training and experience subsequent to such examinations, to assure competent practice in the dispensing of hearing aids as determined by the professional organization granting the certification — or list the organizations whose certifications the Board will recognize];~~

~~(5)~~ **(5) Not utilize a business name that is so broad as to connote comprehensive and diagnostic hearing services.** Advertisements and business names must not include the word 'Hearing' without being immediately followed by the word 'Aid,' unless the dispenser is also licensed as a physician and surgeon or audiologist;

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~~(6)~~ **(6)** Not include information that suggests that the offer of new technology is part of a research project when it is not;

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~~(7)~~ **(7) For a licensed hearing aid dispenser, Not include the term "specialist" when referencing licensure without including the title "hearing aid dispenser"; and**

~~(8)~~ **(8) Not include sending to a consumer preset appointment information or "rebate coupons" that resemble checks as part of a direct mail solicitation.**

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(c) An advertisement of price must do all of the following:

(1) Be **exact**, and disclose **any conditions or other variables to an advertised price; and**

(2) If including price comparison, base such comparison on **verifiable data**. Such data must be retained by the licensee for one year after the advertisement is published.;

~~(3) Specify whether the hearing aids are one-size-fits-all or will be made to conform to an ear mold; and~~

~~(4) Not have the capacity to mislead the public as to the extent that anticipated goods or services are included in the advertised price. If consumers will likely need to purchase additional related goods or services, the advertisement must disclose this fact. [Possible additional language: Any such disclosure statement shall indicate that many instances of performance of the service involve extra cost and, if the dispenser reasonably expects that the extra cost will be more than 25% of the advertised costs, that the extra cost may~~

~~be substantial. The type size of the disclosure statement shall be at least 1/2 the type size used in the advertised price, but no smaller than 8 point font, and the statement shall either be shown near the price or shall be prominently footnoted through use of an asterisk or similar reference. The advertisement must also disclose any additional services not part of the procedure but for which the consumer will be charged, together with the fees for such services.~~

- (d) An advertisement of discount must:
- (1) List either the dollar amount of the non-discounted fee for the hearing aid or provide consumers with a method to ascertain the actual price, like Manufacturer's Suggested Retail Price;
 - (2) List either the dollar amount of the discount fee or the percentage of the discount for the specific device;
 - (3) Inform the public of the **dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer**; and
 - (4) Identify specific groups who qualify for the discount or any other terms and conditions or restrictions for qualifying for the discount.
- (e) An advertisement shall not be used to entice the consumer into a more costly transaction than the advertised item or service at the advertised price.
- (f) **Any national advertisement published in California shall comply with all applicable state and federal laws and regulations.**

NOTE: Authority Cited: Section 651, 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 651 and 17500, Business and Professions Code.

Business and Professions Code: Section 2530.2 (m) Audiology Aide:

(m) "Audiology aide" means any person meeting the minimum requirements established by the board. An audiology aide may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

Title 16 Division 13.4 Article 5. Speech-Language Pathology & Audiology Aides

1399.154. Definitions.

As used in this article, the term:

- (a) "Speech-language pathology aide" means a person who
 - (1) assists or facilitates while a speech-language pathologist is evaluating the speech and/or language of individuals or is treating individuals with a speech-language and/or language disorder and
 - (2) is registered by the supervisor with the board and the registration is approved by the board.
- (b) "Audiology aide" means a person who
 - (1) assists or facilitates while an audiologist is evaluating the hearing of individuals and/or is treating individuals with hearing disorders, and
 - (2) is registered by the supervisor with the board and the registration is approved by the board.
- (c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist who supervises an audiology aide.
- (d) "Industrial audiology aide" means an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.

1399.154.1 Supervision of Audiology Aide.

For the purposes of the supervision of an audiology aide, the following supervision terms shall apply:

(a) "Direct supervision" means on-site observation and guidance by the audiology supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervising audiologist may include, but is not limited to, the following: observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, and modeling for the aide.

(b) "Indirect supervision" means the supervising audiologist is not at the same facility or in close proximity to the audiology aide, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising audiologist may include, but are not limited to, demonstration, record review, review and evaluation of recorded sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail. Indirect supervision may be provided to an industrial audiology aide, if all of the following conditions are met:

- (1) An alternative plan of supervision has been approved by the board.
- (2) The supervisor includes the proposed plan with his or her application form.
- (3) The only activity the industrial audiology aide performs outside the physical presence of the supervisor is puretone air conduction threshold audiograms.
- (4) Following the conduction of any puretone air conduction threshold audiograms, the

supervisor reviews the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.

(c) “Immediate supervision” means the supervising audiologist is physically present during services provided to the patient or client by the audiology aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.2. Responsibilities of Aide's Supervisor.

A supervisor of a speech-language pathology or audiology aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.
(b) Have legal responsibility for the acts and services provided by the speech-language pathology or audiology aide, including compliance with the provisions of the Act and these regulations.

~~(c) Be physically present while the speech-language pathology or audiology aide is assisting with patients, unless an alternate plan of supervision has been approved by the board. A supervisor of an industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make the necessary referrals for evaluation and treatment. Provide the appropriate level of supervision to the speech-pathology or audiology aide when he or she is engaged in direct client or patient care or assisting with patients.~~

(d) Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the speech-language pathology or audiology aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for a speech-language pathology or audiology aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services which may be provided by the speech-language pathology or audiology aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.3. Maximum Number of Aides.

A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.

1399.154.4. Training of Aides.

Before a speech-language pathologist or audiologist allows an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a speech-language pathology or audiology aide shall complete a training program established by the supervisor. The training program shall include, but is not limited to:

(a) Instruction in the skills necessary to perform any acts or services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code. The supervisor is not required to repeat any training which may have already been received by the aide because of any prior education, training and experience.

(b) A supervisor shall require a speech-language pathology or audiology aide to demonstrate his or her competence to perform any acts or provide any services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow a speech-language pathology or audiology aide only to perform those acts or to provide those services for which he or she has been provided training and has demonstrated competency.

(c) A supervisor shall instruct a speech-language pathology or audiology aide as to the limitations imposed upon his or her duties, acts or services by these regulations, by his or her training and skills and by the evaluation and treatment plan for any patient.

(d) In addition to the requirements of this section, an industrial audiology aide shall be provided training in the use of an audiometer and in the necessary techniques for obtaining valid and reliable audiograms.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the board, in writing, of such termination and the date thereof.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.6. Noncompliance With Article.

Failure of a supervising licensee to comply with the provisions of this article may result in a forfeiture of the privilege to supervise an aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6, Business and Professions Code.

1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology or audiology aide shall not be creditable toward the supervised clinical experience required in Section 2532.2(c) of the code or the required professional experience required in Section 2532.2(d) of the code.

1399.154.8. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide

An audiology aide may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising audiologist. The audiology aide may not perform any of the following functions:

- (1) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
- (2) Sign any documents in lieu of the supervising audiologist i.e., treatment plans, client reimbursement forms, or formal reports;
- (3) Discharge clients from services;
- (4) Make referrals for additional services;
- (5) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
- (6) Represent himself or herself as an audiologist;

(7) Dispense a hearing aid without possessing a valid hearing aid dispensers license, and;

(8) Perform procedures that require a high level of clinical acumen and technical skill, i.e.,



March 19, 2013

Andrew T. Kugler
Mayer Brown LLP
350 South Grand Avenue
25th Floor
Los Angeles, CA 90071-1503

Re: ***AARP/HearUSA and Applicability of Business and Professions Code Section 650***

Mr. Kugler:

The California Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board ("Board") is in receipt of your correspondence dated December 10, 2012. The matter has been referred to this office for a response.

It is our understanding that HearUSA is the network administrator of the AARP program that offers services to AARP members. In 2009, this office responded to HearUSA's proposal to charge Board-licensed audiologists and hearing aid dispensers ("licensees") an annual fee of \$500 plus a credentialing fee of \$100 every three years in order to be added to a national directory of providers who offer a discounted hearing test evaluation for \$90 as well as other certain products to AARP members. The 2009 opinion from this office concluded that such an arrangement would violate Business and Professions Code ("BPC") section 650, in that it would constitute an unlawful fee for referral.

Since then, HearUSA has made a significant change to its proposed AARP program: it eliminated the afore-mentioned payments from licensees to the program. Participation of licensees in the program is now free. All licensees (holding a valid and current license, we assume) may participate as long as they honor HearUSA's discounted rates. HearUSA will not be referring AARP members to any specific licensee or network of licensees. The benefit of discounted rates on hearing aid devices and services will pass directly and solely to AARP members.

We ask whether, in providing discounted hearing services to AARP members, licensees make AARP more marketable and attractive to potential new or renewing fee-paying members and whether this, in turn, is tantamount to consideration from the licensee for inclusion on AARP's list of discounted providers. The analysis of such a question is heavily fact-based.

We agree with your assertion that on the present facts, the availability of discounted hearing services alone is not likely to induce an individual to become an AARP member when AARP membership includes a host of other benefits, discounts, and perks. In a January 20, 1999 opinion, the Office of the Attorney General addressed a situation where a health care service plan sought to refer its enrollees to a roster of cosmetic procedure providers that would offer discounted services to the enrollees for services not covered by the health plan. The plan would charge an 'administrative fee' to the cosmetic providers for inclusion on the roster. The Attorney General concluded that the proposal ran afoul of Section 650 not only because the providers paid a fee to the plan for inclusion on the roster, but because the discount offered to enrollees by a cosmetic provider was itself consideration to the referring entity. As stated in the opinion, "... [It] would enhance the entity's economically advantageous relationship with the enrollee." 82 Ops. Cal. Atty. Gen. 1, 3 (1999). In other words, the cosmetic

Andrew T. Kugler
March 19, 2013
2 of 2

providers' discount to patients would materially benefit the health plan in promoting its plan to consumers.

The very purpose of subscribing to a health plan is to obtain coverage (or help paying) for health-related and medical procedures. The discount provided by the cosmetic procedure providers, then, goes to the core of why a consumer would choose to enroll in a health plan, namely, to obtain more competitive rates for procedures that would not otherwise be covered under the plan. As such, a causal link between the discount and a consumer's decision to enroll in the health plan is more likely to exist, thus materially benefitting the plan as consideration. In the AARP situation, discounts are but one facet of AARP membership.

It is our understanding that benefits of AARP membership include: a lobby advocating for senior issues in legislation in Washington and each of the states; education and outreach on senior issues like healthy living, financial planning, consumer protection, and caring for elderly parents; and community service courses like driver safety and opportunities for volunteerism. Benefits and discounts are perks offered to AARP in addition to these other components, of which the HearUSA plan will be but one of many. It is this office's understanding that AARP discounts and competitive rates exist on things like travel, online services, phone services, and insurance.

For these reasons, the present situation is more akin to the situation addressed in *People v. Duz-Mor Diagnostic Laboratory, Inc.* (1998) 68 Cal.App.4th 654. The California Second District Court of Appeal addressed a situation where physicians had negotiated lab work discounts for their private-pay patients who did not have the assistance of Medicare. There, the court found "...no evidence that private-pay patients choose their doctors based on the price of lab fees, or that any doctor who negotiated discounts found private-pay patients particularly lucrative." Here, the causal link between the availability of discounted hearing services and a consumer's decision to become an AARP member is likely more tenuous.

Based on the facts as set forth in your correspondence of December 10, 2012, HearUSA's updated program proposal does not appear to violate BPC 650 as being an unlawful fee for referral. Please keep in mind that this discussion is limited to the applicability of BPC 650 and is not a business plan approval.

I hope you find the foregoing helpful.

Sincerely,

DOREATHEA JOHNSON
Deputy Director
Legal Affairs


By CLAIRE YAZIGI, Attorney

cc: Annemarie Delmugnaio, Executive Officer, SPLAHADB



April 11, 2013

Annemarie Del Mugnaio, Executive Officer
Speech-Language Pathology & Audiology Bureau
2005 Evergreen St, Suite 2100
Sacramento, CA 95815

Dear Ms. Del Mugnaio,

I'm writing you today with regard to a letter recently sent by the California Department of Consumer Affairs (DCA), Legal Affairs Division, to Mr. Andrew Kugler of Mayer Brown LLP, dated March 19, 2012; a copy of which was sent to your attention. Audiology Distribution d/b/a HearUSA (HearUSA) retained Mayer Brown to seek guidance from the DCA after making significant changes to its proposed AARP/HearUSA hearing aid program ("Program").

HearUSA sought this advice in light of the DCA's memorandum issue to the Speech-Language Pathology & Audiology Board (Board), dated January 19, 2009, pertaining to an earlier proposed version of the Program. In that January 2009 opinion the DCA concluded that an audiologist who participated in the proposed Program, as it was designed at that time, would violate California's Business & Professions Code §650. The Board disseminated the January 2009 opinion to its licensees and posted on the California Academy of Audiology website. Since then, significant change were made to the Program to address these issues, including eliminating participation fees for audiologists, and opening the Program up to all California licensed audiologists who desire to participate.

HearUSA believes that its program and services are of value to California residents and that they should be able to obtain the services of a licensed audiologist for their hearing needs, including those who choose to avail themselves of the Program's discounts and value added benefits. Board licensed audiologists should be able to participate in the Program if they choose. In light of the DCA's opinion that participation in the new Program would not constitute a violation of BPC 650, we write to you today asking for the Board's support for those audiologists who choose to participate in the Program.

Attached you will find the original email and communication dated January 12, 2009. Please refer to the DCA most recent communication dated March 19, 2013. We would very much appreciate the Board's response within 30 days. Thank you for your consideration.

Regards,

Cynthia Beyer, Au.D.
Vice President, HearUSA
cbeyer@hearusa.com
561.478.8770/113

cc: Troy Cascia, President of the California Academy of Audiology

Advice on Treatment

Sound Therapies are not devices. They are methods using sound from special devices, set in precise ways and used for specific amounts of time. The overall purpose is to induce habituation or symptom reduction from reactions to and perception of tinnitus and/or disturbing sound. This occurs by retraining the brain, the conditioned attention process, and the auditory system using controlled sound exposure and supportive thinking. Combinations of treatments sometimes produce better results. We recommend treatments based on medical evidence and known results, the ability to follow protocols, and personal preference.

The treatments we use follow published clinically validated or leading experimental protocols used by other specialty programs for individuals with comparable conditions. Progress occurs gradually in stages, with maximum benefit usually occurring later. Patience helps. Individual results may vary. There is no guarantee of specific benefits however. The success rate of professionally-managed care used with FDA-cleared Sound Therapy devices is considerably higher than by self-directed care.

Randall Bartlett, FAAA, Executive & Clinical Director, Tinnitus Audiologist

- Practicing Audiologist since 1978 • Tinnitus specialization since 1999
- Certified as a TRT specialist by Dr. Pawel Jastreboff (1999)
- Certified Neuromonics specialist by Dr. Paul Davis & staff (2006)
- Certified Tinnitus Specialist by Tinnitus Practitioners Association
- Masters Degree in Audiology from California State University Northridge
- Fellow American Academy of Audiology (FAAA)
- Member: American Academy of Audiology, Academy of Doctors of Audiology, American Tinnitus Association, the American Academy of Rehabilitative Audiology, and Misophonia Practitioners



The Tinnitus Audiologist

Think of Tinnitus Audiology as a sub-specialty, much like cardiology or gastroenterology. Primary care physicians can indeed treat minor digestive disorders. However, when the problem is serious, you see a gastroenterologist. Similarly, when tinnitus or sound sensitivity is serious, you should consult with a specialist in Tinnitus and Sound Sensitivity Audiology.

Tinnitus Audiologists are expertly trained and/or certified in all leading treatment methods, including up to 7 for tinnitus and 5 for hyperacusis and misophonia, and specialized counseling. Only Tinnitus Audiologists perform both diagnostic and evidence-based rehabilitation assessments. They also integrate care directly with medical professionals in sleep medicine, cognitive psychotherapy, biofeedback, otolar-yngology and otology, and psychiatry.

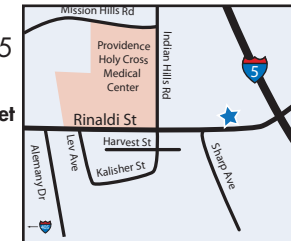
Hallmarks of qualifications as a Tinnitus Audiologist include certifications in Tinnitus and Hyperacusis Retraining Therapy (by Dr. Jastreboff), in Neuromonics and Sound Cure, and by the Tinnitus Practitioners Association. Tinnitus Audiologists should be experienced in both tinnitus and hyperacusis and dedicate a significant portion of their practice to these areas. Randall Bartlett meets every qualification.

Tinnitus and Audiology Center of Southern California, Inc.

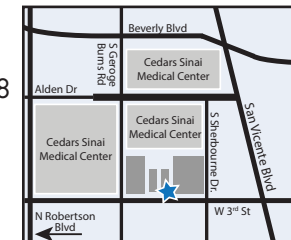
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Parking: street level



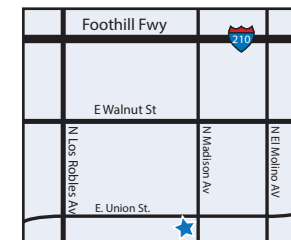
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888-479-2116
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Branch Office: Independently practicing at the Neurology offices of Southern California Movement Disorders Specialists
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**Specializing in Tinnitus,
Hyperacusis & Misophonia
Personal Treatment, Management
& Medical-Legal Services**

Our Therapeutic Approaches Use Evidence-Based, Clinically-Proven Protocols. Services include:

Tinnitus Diagnostics • Counseling & Management • Individual Treatment Planning • Neuromonics • Masking Therapy
Tinnitus & Hyperacusis Retraining Therapies (using *the Jastreboff Method*) • Misophonia Therapy • Sound Cure • Second Opinions

Your Tinnitus Solution

You may have experienced frustration and anger after being told “nothing can be done about your tinnitus” and “you will just have to live with it.” Fortunately, THIS IS NO LONGER TRUE! Clinically proven treatments have been available at a few specialty facilities for over 15 years, but not in Southern California. Now, these treatments are all available here, at **Tinnitus & Audiology Center of Southern California!**

In most instances, there is no medical or surgical cure for tinnitus or sound intolerance. But therapies we employ, which are virtually identical to those offered by the 3 leading tinnitus treatment centers in America, provide significant relief in over 80 percent of cases. We offer 7 forms of Sound Therapy for tinnitus and 5 approaches to treat sound intolerance.

The primary method we use for tinnitus is called *Progressive Audiologic Tinnitus Management*, which was developed by the Veterans Administration and is considered a “gold standard” of treatment. This, combined with validated protocols, such as *Tinnitus Retraining Therapy* (TRT), *Neuromonics*, and *Hyperacusis Retraining Therapy*, reduce distress and awareness of tinnitus and sound sensitivity, as well as many of the physical and emotional discomforts you may be experiencing due to your condition. The objective is for the Tinnitus Audiologist to select the best combination of treatments based on clinically-validated medical evidence, and the unique needs, capacity and preferences of each individual patient.

Benefits of Proper Treatment



- Reduction in magnitude of disturbance and distress from tinnitus and sound sensitivity
- Increased ability to focus attention away from tinnitus or sounds to restore concentration
- Lessening of anxiety, stress and annoyance over tinnitus or sound
- Reduction or elimination of the need for medications used to cope with tinnitus or sound
- Restoration of ability to relax and sleep when caused by tinnitus
- Increased sense of control over tinnitus or sounds

Tinnitus Center of Southern California's Multiple Levels of Service

Tinnitus Counseling

We offer a 60 and 90 minute counseling sessions to answer your questions based on medical records you provide. During this consult, we will clarify confusing points about your condition and answer your questions. If you are a patient under treatment elsewhere, we can review your treatment instructions, present a qualified second opinion and make an initial set of recommendations for you.

Comprehensive Misophonia Consultation

This 2-hour interview and counseling session concerning hyperacusis and sound sensitivity includes a discussion of treatments, methods and options, and the development of an individual treatment plan.

Level 2: Tinnitus Sound Sensitivity & Auditory Diagnostic Testing

This 60-75 minute test battery is more comprehensive than a standard hearing test and covers 23-35 measurements of tinnitus, sound sensitivity and auditory functions. We test ultra-high frequency hearing, measure tinnitus and sound sensitivity, test hearing in noise, evaluate tinnitus masking potential and screen for other related conditions. This allows

us a more complete view of auditory conditions, magnitude of problems, and to begin making rehabilitative recommendations. Level 2 includes a 15-minute counseling session.

Level 3: Tinnitus Rehabilitation Planning & Comprehensive Patient Consultation

Our most comprehensive consultation includes a 2½-hour interview, discussion and counseling, review of medical records, history of symptoms and treatment, demonstration and discussion of treatment devices, methods, options, and development of an Individual Treatment Plan. Our Tinnitus Audiologist will address all of your concerns and answer your questions. Level 3 covers 34-56 components, includes an hour of counseling and incorporates a summary report prepared separately.

Treatment

Currently, we offer *7 forms of Sound Therapy for tinnitus, 4 for hyperacusis, 2 for misophonia*, treatment for hearing loss, and counseling. Referrals are also made to outside psychologists, physicians and other healthcare providers for additional forms of specialized care and medical treatment. Some types of treatment may be more effective, producing quicker results, or long term benefit. Individual results may vary.

3/11/13

Allison Grimes, Au.D, Board Chair
2005 Evergreen St. Suite 2100
Sacramento CA 95815

Dear Dr. Grimes:

I have been directed to ask you several questions regarding Song-Beverly Act as may relate to tinnitus treatment devices, purchase agreements for those devices, regulation of those devices in California as Assistive Devices, and related matters. Board representatives so far have not satisfactorily clarified compliance terms and requirements. My business consultant, Kim Cavitt has expressed some concerns about wording she has viewed in California regulations posted online. I had retained her to create a legally qualified and appropriate tinnitus and or decreased sound sensitivity Agreement form to be used in cases where the patient/consumer is purchasing bundled or unbundled tinnitus related services and devices, such as :

- Tinnitus Retraining Therapy counseling sessions or program series
- Misophonia Therapy counseling and assessment services
- Sound Therapy devices sales agreement, where tinnitus or various forms of decreased sound tolerance are the only or primary treatments
- Any tests related to the evaluation and monitoring or the above

The Board has previously rendered some time ago several opinions:

- 1) That hearing aid dispensers are not allowed under scope of practice to treat tinnitus
- 2) That tinnitus devices are not regulated by the Hearing Aid Dispensing Board (at that time) and are therefore not required to use the hearing aid purchase Agreement form, or are providers obliged to be subjected to “full refund” terms or trial use provisions as apply specifically to hearing aids.
- 3) They did not indicate any further regulations regarding these treatments or devices, or if regulation by another Board would potentially be involved

Kim Cavitt observed separate wording on a State site that discussed the general category of “assistive devices”, and expressed an opinion that there did appear to be conflicting position statements to what the board had previously said. Therefore, she expressed an opinion that it was probably required that Song Beverly wording was probably required to be on agreements for tinnitus devices and services, and or all terms similar to those regulating hearing aids, including terms requiring full refund similar to hearing aids and professional services as are regulated in California. Therefore I would ask if you can provide guidance or direction on these matters.

Of particular concern to me professionally, is any potential requirements to refund monies paid for obtaining any tinnitus or decreased sound tolerance evaluation, assessments, counseling and rehabilitative treatments rendered if the patient/consumer so demands or chooses, within any specific time period. The fact is that in clinically well managed cases, patients will have received many hours of high cognitive level evaluation and management services from an audiologist with specializations in tinnitus and decreased sound tolerance before, during and following the use of any devices in treatment. In addition, as most of the treatments are associated with long-term habituation Sound Therapies, with therapeutic treatment timelines of 6-24 months, it is impossible to demonstrate valid clinical outcomes, benefit, lack of benefit, or nearly any criterion associated with "specifically- - meeting your needs" within 30, 60 or even 90 days. I would draw a parallel to our work in this area to other medical practices such as a program of physical therapy using certain therapeutic devices, a program of psychotherapy which may extend for months or well beyond a year, to substance abuse rehabilitation programs.

I do realize that I may be asking these questions for the first time in California. However, as an audiologist with a high level of specialization in this area for now over 10 years, and with a developing interest by some colleagues in this area now, I am aware that that State and Board have not yet had a call to action to determine the regulatory needs in this area. So on behalf of we who work in tinnitus and decreased sound tolerance rehabilitation, and the patients and consumers we serve, I would request your direction regarding these matters.

I will be reporting your determinations to Kim Cavitt as well, who then will assist me in preparation of any agreements so that I can pro-actively comply with regulatory terms. Obviously the Boards position in these matters could influence the delivery of care, for better or worse, in California. I am hoping that California will apply a reasonable view which preserves the gold standard of clinical care, comparably applied to speech pathology, psychology, and behavioral medicine services and equipment used by patients/consumers in treatment.

Sincerely,

Randall Bartlett, Clinical Audiologist
Tinnitus & Audiology Center of Southern California