



BOARD MEETING NOTICE AND AGENDA

*Thursday, February 8, 2018 beginning at 1:00 p.m., and continuing on
Friday, February 9, 2018 beginning at 9:00 a.m.*

Hearing Room
2005 Evergreen Street
Sacramento, CA 95815
(916) 263-2666

Board Members

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Rodney Diaz, Otolaryngologist
Karen Chang, Public Member
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member
Patti Solomon-Rice, Speech-Language Pathologist
Vacant, Hearing Aid Dispenser
Vacant, Audiologist

February 8, 2018 - 1:00 p.m. – 5:00 p.m. (or until completion of business)

Speech-Language Pathology Practice Committee Meeting

1. Call to Order / Roll Call / Establishment of Quorum
2. Approval of the May 11, 2017, August 1, 2017, August 28, 2017, and October 9, 2017 Committee Meeting Minutes
3. Public Comment for Items not on the Agenda
The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
4. Presentation by Melissa Jakubowitz, M.A., CCC-SLP, Coordinator of ASHA Special Interest Group 18 (SIG 18), Telepractice, About Speech-Language Pathology Telepractice Issues That Could Have Regulatory Implications
5. Adjournment

Upon Conclusion of the Speech-Language Pathology Practice Committee Meeting:

Hearing Aid Dispensers Committee Meeting

1. Call to Order / Roll Call / Establishment of Quorum

2. Public Comment for Items not on the Agenda
The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
3. Discussion and Possible Recommendations to Full Board Regarding California Code of Regulations 1399.119 – Direct Supervision (Hearing Aid Dispenser Trainees)
4. Adjournment

Upon Conclusion of the Hearing Aid Dispensers Committee Meeting:

Full Board Meeting

1. Call to Order / Roll Call / Establishment of Quorum
2. Swearing-In of Public Board Member Karen Chang and Reappointment of Speech-Language Pathology Board Member Margaret (Dee) Parker

Closed Session

3. Pursuant to Government Code Section 11126(c)(1), the Board Will Meet in Closed Session to Deliberate on the Preparation, Approval, Grading, or Administration of the Examinations.
4. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters Including Petitions, Proposed Decisions, Stipulated Decisions, Defaults, and Any Other Disciplinary Matters.

Open Session

February 9, 2018 Reconvene at 9:00 a.m.

5. Call to Order / Roll Call / Establishment of Quorum

9:30 a.m. – Petition Hearings

6. Petition for Reinstatement of Surrendered License- Taran Crocker, HA, License # 7542
7. Petition for Penalty Relief (Termination of Probation) – Miriam Blanchard, SP, License # 8627

Closed Session

8. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Above Petitions

Open Session

9. Public Comment for Items not on the Agenda
The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

10. Approval of the May 11-12, 2017, August 10-11, 2017, October 26-27, 2017 and December 28, 2017 Board Meeting Minutes
11. Update from Speech-Language Pathology Practice Committee
12. Update from the Hearing Aid Dispensers Committee
 - a. Discussion and Possible Action Regarding California Code of Regulations 1399.119 – Direct Supervision (Hearing Aid Dispenser Trainees)
13. Update on the January 11, 2017 Meeting and Possible Action regarding Communications with California Children’s Services (CCS)
14. Discussion and Possible Action on Board’s Development of Hearing Aid Consumer Fact Sheet
15. Discussion and Possible Action on Audiology Intraoperative Monitoring
16. Executive Officer’s Report
 - a. Administration Update
 - b. Budget Report
 - c. Licensing Report
 - d. Practical Examination Report
 - e. Enforcement Report
17. Proposed Regulations – Discussion and Possible Action
 - a. Title 16, CCR, Section 1399.157 – Speech-Language Pathology and Audiology Fees
 - b. Title 16, CCR, Sections 1399.170.13 and 1399.170.14– Speech-Language Pathology Assistant Application and Requirements for Renewal
 - c. Title 16, CCR, Section 1399.129 and 1399.157.1 – Notice to Consumer
 - d. Title 16, CCR Section 1399.152 – Approved Institutions (Speech and Audiology)
 - e. Title 16, CCR Sections 1399.152.2, 1399.153, 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, and 1399.170.15 – Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech-Language Pathology Assistant Requirements and Qualifications for Registrations
18. Legislation Update, Review, and Possible Action
 - a. AB 1659 (Low) Healing arts boards: inactive licenses.
 - b. SB 198 (Galgiani) Hearing aid dispensers: cerumen: management: tympanometry
 - c. AB 11 (McCarty) Early and Periodic Screening, Diagnosis, and Treatment Program: screening services
19. Future Agenda Items and Future Board Meeting Dates
 - a. May 10-11, 2018 – Bay Area
 - b. August 9-10, 2018 – San Diego
 - c. November 8-9, 2018 – Sacramento
 - d. February 7-8, 2019 Los Angeles
 - e. May 2-3, 2019 TBD
20. Adjournment

Agendas and materials can be found on the Board's website at www.speechandhearing.ca.gov.

Action may be taken on any item on the Agenda. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limited resources. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Board Operations Manager, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



SPEECH-LANAUGE PATHOLOGY PRACTICE COMMITTEE MEETING MINUTES - DRAFT

San Francisco, CA 94132
May 11, 2017

1. Call to Order / Roll Call / Establishment of Quorum

Patti Solomon-Rice, Committee Chair, called the Speech-Language Pathology Practice Committee (Committee) meeting to order at 2:10 p.m. Ms. Solomon-Rice called roll; three members of the Committee were present and thus a quorum was established.

Board Members Present

Patti Solomon-Rice, Committee Chair
Dee Parker, Committee Member
Debbie Snow, Committee Member

Staff Present

Paul Sanchez, Executive Officer
Jennifer Iida, DCA Web Cast
Anita Joseph, Enforcement Coordinator
Norine Marks, Legal Counsel
Karen Robison, Analyst

Guests Present

Rodney Diaz, Board Member
Sean Green, The Speech Pathology Group (SPG)
Alison Grimes, Board Member
Marcia Raggio, Board Member
Amnon Shalev, Board Member
Dennis Van Vliet, California Academy of Audiology (CAA)

2. Review and Approval of the November 6, 2014 Committee Meeting Minutes

M/S/C Snow/Parker

- **Motion to approve the November 6, 2014, Committee Meeting minutes with edits. Motion carried 3-0**

3. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

4. Discussion and Possible Action Regarding Approval Process for Speech-Language Pathology Assistant Training Programs

Ms. Solomon-Rice opened by informing everyone that the Board had been contacted by a school who would like to add a Speech-Language Pathology Assistant (SLPA) training program to the degrees they offer; which brought about the need to revisit the SLPA approval process. The Committee has been tasked with coming up with the end objective and steps necessary to update the school approval process.

A phone discussion with SLPA coordinators, Sue Kidwell and Kristina Zajic, was tentatively scheduled during the Committee meeting but was not possible. Therefore, this discussion is going to be tabled. The Committee is looking into meeting by teleconference between May and August to begin working on the approval process. The Committee is looking forward to working with SLPA coordinators on the update to the SLPA training program approval process. Once a Committee meeting date is set an agenda will be added to the Board website.

Sean Green mentioned that the job market for SLPA's in Northern California is not promising as there are more SLPA graduates than job openings and wondered about the need for more SLPA programs. Ms. Parker mentioned that in Southern California SLPA's are hired upon completion of their program.

5. Adjournment

The Committee adjourned at 2:20 p.m.



SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE MEETING MINUTES - DRAFT

Teleconference Sacramento, CA

August 1, 2017, 12:00p.m. to 1:30p.m.

1. Call to Order/ Roll Call

Patti Solomon-Rice called the Speech-Language Pathology Practice Committee (Committee) meeting to order at 12:00 p.m. Ms. Solomon-Rice called roll; two members of the Committee were present and thus a quorum was established.

Committee Members Present

Patti Solomon-Rice, Chair, Speech-Language Pathologist (SLP)

Dee Parker, SLP

Committee Members Absent

Debbie Snow

Staff Present

Paul Sanchez, Executive Officer

Breanne Humphreys, Program Manager

Karen Robison, Enforcement Analyst

Michael Santiago, Legal Counsel

Casey Triggs, Licensing Analyst

Tim Yang, Licensing Analyst

Guests Present

Jay Griffin

Susan Kidwell, SLP, San Joaquin Delta College

Susan McDonald, SLP, Cerritos College

Rosemary Scott, SLP

Kristina Zajic, SLP, American River College (ARC)

2. Public Comment for Items not on the Agenda

Rosemary Scott asked to have the ethical issue of Speech-Language Pathologists (SLP) and supervision as a discussion item on a future agenda.

3. Discussion on the Development of the Approval Process for new Speech-Language Pathology Assistant Training Programs; Possible Recommendation to Full Board

Ms. Solomon-Rice opened the discussion by giving the background on the need to develop an approval process for new Speech-Language Pathology Assistant (SLPA) training programs. Her discussion

included a general overview of the materials in the meeting packet and the need to adhere to Board statutes and regulations while developing the SLPA training program approval process.

Ms. Scott spoke about the American Speech and Hearing Association (ASHA) SLPA scope of practice and stated that Board regulations were extremely helpful when ASHA was developing the SLPA Scope of Practice (2013). She noted that the definitions ASHA uses are almost verbatim to the Board's regulation.

The Committee was informed by the represented colleges that SLPA competency is assessed during midterms and finals and if the student does not achieve a predetermined competency level they do not pass the class.

The Committee discussed changes to program courses, learning outcomes and objectives, an application for approval of SLPA programs, grandfathering in of current programs, and structuring the approval process around the application.

The Committee came up with a list of action items to bring to the next Committee. Ms. Kidwell is tasked with locating the application San Joaquin Delta College used when they applied for program approval. Staff was delegated the task of summarizing the statutes and regulations specific to SLPA's. Ms. Zajic volunteered to collect information from current approved SLPA programs to complete a table to determine what courses are offered by each program and how many programs offer each course.

The next Committee meeting is scheduled for August 28, 2017 at 12:00p.m.

4. Adjournment

The Committee meeting adjourned at 1:00 p.m.



**SPEECH-LANGUAGE PATHOLOGY
PRACTICE COMMITTEE MEETING
MINUTES - DRAFT**

**Teleconference
Sacramento, CA**

August 28, 2017 – 12:00 p.m. – 1:30 p.m.

1. Call to Order/ Roll Call

Patti Solomon-Rice called the Speech-Language Pathology Practice Committee (Committee) meeting to order at 12:00 p.m. Ms. Solomon-Rice called roll; two members of the Committee were present and thus a quorum was established.

Committee Members Present

Patti Solomon-Rice, Chair, Speech-Language Pathologist (SLP)

Dee Parker, SLP

Debbie Snow

Staff Present

Breanne Humphreys, Program Manager

Katrina Martinez, Licensing Analyst

Karen Robison, Enforcement Analyst

Michael Santiago, Legal Counsel

Casey Triggs, Licensing Analyst

Guests Present

Susan Kidwell, SLP, San Joaquin Delta College

Kristina Zajic, SLP, American River College (ARC)

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Continued Discussion on the Development of the Approval Process for new Speech-Language Pathology Assistant Training Programs; Possible Recommendation to Full Board

Ms. Solomon-Rice reviewed the Business and Professions Codes (BPC) and the California Code of Regulations (CCR) summaries that staff compiled.

Kristina Zajic spoke about the courses offered by each approved SLPA program and informed the committee that twelve courses are offered by five or more programs. It was noted that to earn a degree, additional requirements, including math and English, must be met and a total sixty semester units earned.

Discussion commenced with curriculum, how to list specific courses, a checklist with instructions, and how to meet requirements without using underground regulations. The Committee was tasked with reviewing the American Speech-Language Hearing Association (ASHA) Guidelines (2013) regarding course expectancy. The Committee tasked staff with creating a checklist of items to be met by new programs as related to current regulations and statutes.

The next Committee meeting is scheduled for October 9, 2017 at 12:00p.m.

4. Adjournment

The Committee adjourned at 1:35p.m.



**TELECONFERENCE SPEECH-LANGUAGE PATHOLOGY PRACTICE
COMMITTEE MEETING MINUTES - DRAFT**

Teleconference
Sacramento, CA

October 9, 2017

1. Call to Order/ Roll Call

Patti Solomon-Rice called the Speech-Language Pathology Practice Committee (Committee) meeting to order at 12:05 p.m. Ms. Solomon-Rice called roll; two members of the Committee were present and thus a quorum was established.

Committee Members Present

Patti Solomon-Rice, Chair, Speech-Language Pathologist (SLP)
Dee Parker, SLP

Committee Members Absent

Debbie Snow

Staff Present

Breanne Humphreys, Program Manager
Katrina Martinez, Licensing Analyst
Karen Robison, Enforcement Analyst
Michael Santiago, Legal Counsel
Casey Triggs, Licensing Analyst

Guests Present

Susan Kidwell, SLP, San Joaquin Delta College
Kristina Zajic, SLP, American River College (ARC)

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Continued Discussion on the Development of the Approval Process for new Speech-Language Pathology Assistant Training Programs; Possible Recommendation to Full Board

The Committee continued their discussion on the approval process for SLPA training programs. The SLPA program checklist created by staff and revised by Ms. Solomon-Rice was reviewed and edits were noted. Edits to the checklist included changing the word Yes to the word Met, ASHA Guideline dates, field work experience hours, the word sponsoring to educational, and changing the acronym SPLA to SLPA. The SLPA program checklist helps SLPA educational institution applicants confirm they meet the SLPA program requirements set forth in regulation. The 1994 ASHA SLPA guidelines addressed in

statutes and regulations were provided to the Committee for review. There was discussion about adding a cover letter to go along with the SLPA training program application and checklist to assist educational institutions in meeting the SLPA training program requirements.

The Committee will present the checklist to the Board for informational purposes only at its October 2017. Ms. Humphreys will work on a cover letters to include with the SLPA program application and checklist and to address those programs that are already approved that want to make modifications to their program. Ms. Humphreys and legal will discuss changes to currently approved programs.

4. Adjournment

The meeting adjourned at 1:15 p.m.



MEMORANDUM

DATE	January 26, 2018
TO	Speech Language Pathology Practice Committee
FROM	Patti Solomon-Rice, Committee Chair
SUBJECT	Presentation by Melissa Jakubowitz, M.A., CCC-SLP, Coordinator of ASHA Special Interest Group 18 (SIG 18), Telepractice, About Speech-Language Pathology Telepractice Issues That Could Have Regulatory Implications

This is a follow-up item to Board discussion at the August, 2017 meeting regarding issues for consideration when providing telehealth services in speech-language pathology. The SLP Practice Committee has invited Melissa Jakubowitz, a speech-language pathologist and coordinator of ASHA Special Interest Group 18 Telepractice, to participate in a phone conference during the SLP Practice Committee meeting. Ms. Jakubowitz will provide the committee with information about regulatory issues to be considered when providing speech-language pathology services via telepractice.



MEMORANDUM

DATE	January 31, 2018
TO	Hearing Aid Dispensers Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Recommendations to Full Board Regarding California Code of Regulations (CCR) 1399.119 – Direct Supervision Hearing Aid Dispenser Trainees (HAD)

Background

At its October 27, 2017, meeting at Dominguez Hills, the Board discussed the issue of HAD trainees and the level of supervision they receive while fitting and selling hearing aids to consumers. Understanding that trainees are currently performing hearing aid dispenser tasks without physical supervision may not be in the best interest of consumers, the Committee has been tasked by the Board to make recommendations for amending the current direct supervision requirements.

Direct Supervision is required for all HAD trainees and is defined in CCR 1399.119.

CCR § 1399.119. Direct Supervision.

A trainee-applicant under Section 2538.28 of the Code shall fit or sell hearing aids only under the direct supervision of the supervising licensed hearing aid dispenser. "Direct supervision" as used in this section means all of the following:

- (a) The supervising dispenser is present within the same work setting a minimum of 20 percent of the time in which the trainee-applicant is providing services.*
- (b) The supervising dispenser shall approve the selection of a hearing aid by a trainee-applicant.*
- (c) The supervising dispenser shall countersign the audiogram and all sales documents prepared and consummated by a trainee-applicant.*
- (d) If a trainee-applicant fails the license examination, the supervising dispenser is required to be physically present at all fittings and sales made by the trainee-applicant regardless of whether these occur in or outside the supervising dispenser's business location.*

Issues for the Committee to consider:

- Current hearing aid regulations do not define the term “direct supervision”.
- Current regulations require hearing aid trainee-applicant to receive 20% supervision from a hearing aid dispenser who has been engaged in the practice of fitting and selling of hearing aids for at least three (3) years, per CCR 1399.116(1).
- The requirement of supervision is defined as requiring the supervising hearing aid dispenser being present within the same work setting as the trainee-applicant a minimum of 20% of the time in which the trainee-applicant is providing services.
- CCR 1399.119 does not require the supervisor to provide a specific number of hours of training in any of the following tasks prior to a trainee being allowed to perform said tasks on a client:
 1. Training with an audiometer;
 2. Training of hearing aid procedures, including:
 - a. ear inspection;
 - b. medical referrals;
 - c. the taking earmold impressions;
 - d. the alteration of earmolds and hearing aids;
 - e. application and fitting techniques;
 - f. procedures for evaluating hearing instruments;
 3. Book and/or visual aid training.
- The Committee may want to review CCR 1399.170.2 for the types of supervision required for duties performed by a speech-language pathology assistant (SLPA) for guidance on the types of immediate and/or direction supervision required for SLPA’s. Furthermore, CCR 1399.170(c) through (e) define the terms “direct supervision”, “immediate supervision” and “indirect supervision for a SLPA.

To obtain licensure as a SLPA, an individual is required to have either an associate of arts or sciences degree from a speech-language pathology assistant program or a bachelor’s degree in speech-language pathology or communication disorders, and completion of a field work program. Once these requirements are met, a SLPA can work with patients under the supervision of a licensed or credentialed speech-language pathologist. In comparison, a hearing aid trainee-applicant is not required by regulation to have any formal education or field work experience before conducting hearing aid dispensing services to clients.



BOARD MEETING MINUTES - DRAFT

May 11-12, 2017
San Francisco, CA

For the sake of clarity, the meeting minutes are organized in numerical order to reflect their original order on the agenda; however, issues were taken out of order during the meeting.

May 11, 2017

1. Call to Order / Roll Call / Establishment of Quorum

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 2:22 p.m. Ms. Grimes called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Alison Grimes, Dispensing Audiologist, Board Chair
Patti Solomon-Rice, Speech-Language Pathologist, Vice Chair
Rodney Diaz, Otolaryngologist, Public Board Member
Marcia Raggio, Dispensing Audiologist
Dee Parker, Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Board Member

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Jennifer Iida, DCA Web Cast
Anita Joseph, Enforcement Coordinator
Norine Marks, Legal Counsel
Karen Robison, Analyst

Guests Present

Sean Green, the Speech Pathology Group (SPG)
Dennis Van Vliet, Dispensing Audiologist

2. Public Comment for Items not on the Agenda

A comment was made inquiring why AB 1601 was not listed in the Legislative Update section of the agenda.

3. Review and Approval of the February 9-10, 2017, and March 30, 2017, Board Meeting Minutes

M/S/C Parker/Raggio

- **Motion to approve the February 9-10, 2017 Board Meeting Minutes, as amended. The motion carried 7-0**

M/S/C Shalev/Diaz

- **Motion to approve the March 30, 2017 Board Meeting Minutes. The motion carried 7-0**

4. Update on Bagley-Keene Open Meetings Act

Norine Marks updated the Board on this year's changes to the Bagley-Keene Open Meetings Act (ACT). She reminded the Board the purpose of the Act is government transparency. Ms. Marks discussed the top ten rules of the Act, teleconference etiquette, closed session, recording of votes, and special accommodation requests.

5. Board Election of Officers

The Board held the election of Board officers for the fiscal year beginning July 1, 2017. Ms. Grimes nominated Dee Parker to the position of Board Chair. Ms. Grimes nominated Marcia Raggio to the position of Board Vice Chair.

- **The Board voted on the nomination of Ms. Parker to the position of Board Chair. The motion carried 7-0**
- **The Board voted on the nomination of Ms. Raggio to the position of Board Vice Chair. The motion carried 7-0**

6. Executive Officer's Report

a. Administration Update

Paul Sanchez reported that there are two vacancies in the office and the Board management is recruiting for a licensing analyst and an administrative assistant. Mr. Sanchez updated the Board on licensing and stated that staff are working on continuous improvements in licensing that are resulting in reduced processing times. Mr. Sanchez informed the Board that staff are exploring online license renewal and would provide future updates as this project progresses.

b. Budget Report

Mr. Sanchez reported on the Board's expenditure and revenue reports. He then covered the Board's current fund condition and discussed the characteristics of the report and factors that can change the condition of the fund. He pointed out that although there is enough money to sustain the Board, without an increase in revenue, the Board will start to dip into its reserves. A question was posed about legislation to increase fees in which Mr. Sanchez responded the Board is considering conducting a fee study to help justify the fee increase that was already approved by the Board.

c. Licensing Report

Mr. Sanchez discussed licensing timeframes and reported that current Speech and Audiology processing times are one to three weeks and slightly longer for Hearing Aid Dispensers.

d. Practical Examination Report

Mr. Sanchez reported that the next practical examination will be held in a few weeks.

e. Enforcement Report

Mr. Sanchez gave an overview of the enforcement statistics. Ms. Grimes requested the Audiology complaints be separated from the Speech complaints so she knows specifically what is happening in her profession as opposed to the other professions. Mr. Sanchez noted that, occasionally, a report which breaks down complaints received by profession can be brought before the Board; but, at this time resources are not available to provide this information on a consistent basis. Ms. Raggio agreed with Ms. Grimes request so that knowledge of how many complaints are received and what the subjects of the complaints are so educators can address those issues during school coursework or professional associations can address them with continuing education courses. Mr. Sanchez agreed to provide the requested breakdowns in a summary report at the end of each fiscal year.

7. Update on Board's Sunset Review

Mr. Sanchez reported that the Board submitted its responses to the Sunset Review Committee and an update from the Legislature has not been received at this time.

Closed Session

The Board entered into closed session at 3:40 p.m.

8. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate on Disciplinary Matters

D1-2009-29

Proposed Decision – Adopted

1C-2012-29

Stipulated Settlement – Adopted

1C-2012-40

Stipulated Settlement – Adopted

Return to Open Session

The Board returned to open session and immediately went into recess until May 12, 2017.

May 12, 2017

Call to Order / Roll Call / Establishment of Quorum

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:21 a.m. Ms. Grimes called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Alison Grimes, Dispensing Audiologist, Board Chair
Patti Solomon-Rice, Speech-Language Pathologist, Vice Chair
Rodney Diaz, Otolaryngologist, Public Board Member
Marcia Raggio, Dispensing Audiologist
Dee Parker, Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Board Member

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Jennifer Iida, DCA Web Cast
Anita Joseph, Enforcement Coordinator
Norine Marks, Legal Counsel
Karen Robison, Analyst

Guests Present

Sean Green, SPG
Isaac White, Hearing Aid Dispenser
Dennis Van Vliet, Dispensing Audiologist

Closed Session

The Board entered into closed session at 9:21 a.m.

1C-2015-31
Stipulated Settlement – Non Adopt

Return to Open Session

The Board returned to open session at 10:52 a.m.

9. Speech-Language Pathology Practice Committee Report
Speech-Language Pathology & Audiology
& Hearing Aid Dispensers Board Meeting Minutes
May 11-12, 2017

a. Approval Process for Speech-Language Pathology Assistant Training Programs

Ms. Solomon-Rice reported to the Board the discussion of the Speech-Language Pathology Practice Committee (Committee). The Committee discussed holding a teleconference meeting to work towards updating the approval process for SLPA training programs. The meeting will be scheduled between June and August.

10. Update on Speech-Language Pathology Services Credential Variable Term Waiver Granted by the Commission on Teacher Credentialing and Supervision of Speech-Language Pathology Assistants

Ms. Parker briefed the Board on the meeting between the Commission on Teacher Credentialing (CTC) and the Department of Education (DOE) regarding the Variable Term Waiver (VTW). She noted that the meeting addressed the requirements for the VTW and compliance with the 2014 agreement. An emphasis was placed on CTC and DOE working together with school districts to ensure compliance with SLPA supervision requirements and other laws that govern SLPs and SLPAs.

11. Update on the Federal Trade Commission Hearing on Over-the-Counter Hearing Aids

Ms. Grimes provided a brief overview of the Federal Trade Commission's (FTC) hearing on over-the-counter (OTC) hearing aids which looked at the pros and cons of hearing aids being purchased at retail places of business for mild/moderate hearing loss. Other items of discussion on this topic included: that the bill is not for children; hearing aids are not typically covered by insurance; and that licensed dispensing audiologists and hearing aid dispensers will be able to sell both OTC hearing aids and hearing aids for all degrees of hearing loss.

12. Discussion and Possible Action regarding the Board's Development of Telecoil Fact Sheet for Consumers

The Board reviewed and discussed the draft of the consumer fact sheet including input from the Hearing Loss Association of America (HLAA). The Board delegated the task of developing the consumer fact sheet to a subcommittee of Ms. Raggio and Mr. Shalev. The consumer fact sheet will be placed on the Board website once it has been approved by the Board.

M/S/C Diaz/Shalev

- **Motion to delegate the continued work on the consumer fact sheet by the committee. The motion carried 7-0**

13. Discussion and Possible Action to Consider Amending Title 16, California Code of Regulations, Section 1399.127 - Hearing Aid Dispenser Advertising

The Board discussed the edits to the text of the Hearing Aid Dispenser Advertising regulation. A decision was made to have Mr. Shalev and Ms. Raggio continue to work on edits to the text.

14. Discussion and Possible Action to Consider adding Language to Title 16, California Code of Regulations on General Rules Regarding Fingerprints Requirement

Mr. Sanchez provided an overview of the regulation regarding the fingerprinting requirement. Ms. Marks updated the Board regarding the changes in the proposed text. The Board discussed the text of the regulation including the effective date and increasing amount of traffic infractions.

M/S/C Grimes/Diaz

- **Move to approve the proposed text for a 45 day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 6-0 with Mr. Shalev absent**

15. Legislation Update, Review, and Possible Action

- AB 12 (Cooley) State government: administrative regulations: review
- AB 77 (Fong) Regulations: effective dates and legislative review
- AB 241 (Dababneh) Personal information: privacy: state and local agency breach
- AB 349 (McCarty) Department of Consumer Affairs: applicants for licensure: special immigrant visas
- AB 387 (Thurmond) Minimum wage: health professionals: interns

Ms. Solomon-Rice presented an overview of the impact AB387 would have on hospitals, school districts, and other businesses that supervise interns, if passed.

M/S/C Solomon-Rice/Parker

- **Motion to have Mr. Sanchez and Ms. Grimes draft an “oppose as written” letter to the Legislature. The motion carried 7-0**
- AB 492 (Grayson) Public records: Department of Consumer Affairs: solicitation fees
 - AB 508 (Santiago) Health care practitioners: student loans
 - AB 612 (Rubio) Newborns and infants: hearing screening

Ms. Grimes presented an overview of AB 612. The Board chose to take a watch position.

- AB 703 (Flora) Professions and vocations: licensees: fee waiver
- AB 827 (Rubio) Department of Consumer Affairs: high-skill immigrants: license information
- AB 1005 (Calderon) Department of Consumer Affairs
- AB 1707 (Assembly Committee on Business and Professions) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

M/S/C Parker/Snow

- **Motion to take a support position on AB1707. The motion carried 7-0**
- SB 27 (Morrell) Professions and vocations: licensees: military service
 - SB 198 (Galgiani) Hearing aid dispensers: cerumen management

The Board was updated on the status of this bill after taking an oppose position at the February Board Meeting.

- o. SB 247 (Moorlach) Professions and vocations: license requirement: business: surety bond requirement

The Board was informed about the status of SB247. The Board was informed that it may take a position if it so chooses and the Board can direct Mr. Sanchez to draft a letter to the Legislature.

M/S/C Shalev/Raggio

- **Move to oppose SB247.**

The Board was informed that SB247 failed in committee wherein Mr. Shalev withdrew his motion.

16. Future Agenda Items and Future Board Meeting Dates

Items to be considered for future agendas are Hearing Aid Dispenser advertising regulation, Telehealth, Notice to Consumer regulation, Disciplinary Guideline receipt disclosure, SLP practice, SLPA training programs, and Sunset Review update.

- a. August 10-11, 2017 – Sacramento
- b. October 26-27, 2017 Southern CA
- c. February 8-9, 2018 – TBD

The Board chose to hold the February 2018 Board meeting in Sacramento.

- d. May 10-11, 2018 - TBD

The Board chose to hold the May 2018 Board meeting in the Bay Area.

17. Adjournment

The Board thanked Ms. Grimes for her work as the Board Chair for so many years. The meeting adjourned at 1:30p.m.



BOARD MEETING MINUTES - DRAFT

August 10-11, 2017
Sacramento, CA 95815

For the sake of clarity, the meeting minutes are organized in numerical order to reflect their original order on the agenda; however, issues were taken out of order during the meeting.

August 10, 2017

1. Call to Order / Roll Call / Establishment of Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) meeting to order at 1:09 p.m. Ms. Parker called roll; five members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Alison Grimes, Dispensing Audiologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Board Member
Patti Solomon-Rice, Speech-Language Pathologist

Board Members Absent

Rodney Diaz, MD, Otolaryngologist, Public Board Member
Jaime Lee, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Cesar Victoria, Department of Consumer Affairs (DCA) Web Cast Team
Breanne Humphreys, Program Manager
Marti Shaffer, Enforcement Coordinator
Sabina Knight, Legal Counsel
Karen Robison, Analyst

Guests Present

Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers of California (HHP)
Gloria Castro, Senior Assistant Deputy Attorney General (SDAG)
Nicole Dragoo, DCA Budget Office
Fernando Galli, DCA Legal
Sean Green, California Speech-Language-Hearing Association (CSHA)
Marina O'Conner, DCA Budget Office
Megan O'Carroll, Deputy Attorney General (DAG)
Isaac White

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Review and Approval of the May 11-12, 2017 Board Meeting Minutes

The Board reviewed the May 11-12, 2017, meeting minutes and recommended amendments to sections of the text. The amended May 2017 Board meeting minutes will be brought back to the Board for approval at the October 2017 Board meeting.

4. Disciplinary Process Overview - Megan O'Carroll, Deputy Attorney General Liaison and Gloria Castro, Senior Assistant Attorney General, Department of Justice

Mr. Sanchez stated that the Board is a consumer protection agency and our partnership with the Attorney General's Office (AGO) is a large part of our success. He introduced SDAG Gloria Castro, with the Office of the Attorney General (OAG) and DAG Megan O'Carroll, the Board's OAG liaison.

Ms. O'Carroll spoke to the Board about consumer protection, its primary objective; about the difference between criminal, civil, and administrative proceedings; and she informed the Board that fifth amendment rights do not apply during administrative proceedings. Ms. O'Carroll spoke about the role the AGO plays in helping the Board carry out its disciplinary mandate and that the AGO does not get involved in the day to day businesses of the Board.

Ms. Castro provided an overview of the AGO including representation of Board members or Subject Matter Experts (SME) in court, and assist with Public Records Act (PRA) Requests. She spoke about SB 467 which requires the AGO to gather and submit information regarding accusations referred to the AGO. The performance measure statistics tracks, in part, the number of accusations referred to the AGO, how many are adjudicated.

5. Update from Speech-Language Pathology Practice Committee

Patti Solomon-Rice updated the Board about the SLP Practice Committee meetings that were held on August 1, 2017 and will be held on August 28, 2017. The Committee discussed developing a process for new programs to apply for approval and developed an action plan at the August 1, 2017 meeting. Ms. Solomon-Rice informed the Board that for the August 28, 2017 meeting staff will compile a list of the statutes and regulations pertaining to Speech-Language Pathology Assistants (SLPA) and will provide a summary of them. Susan Kidwell with Delta College will present a SLPA program application from the early 2000's to the Committee for review. Kristina Zajic with America River College will gather required curriculum from currently approved SLPA programs and will create a rubric that the Committee will evaluate for similarity of content.

6. Discussion and Possible Action on Board's Development of Hearing Aid Consumer Fact Sheet

Marcia Raggio presented the most recent draft of the Hearing Aid Consumer Fact Sheet (Fact Sheet) after incorporating comments from Board members and Toni Barrient from the Hearing Loss Association of America (HLAA). HLAA requested the addition of types of hearing loss, degrees of hearing loss, a glossary of terms associated with hearing, and links to support groups and associations to

the Fact Sheet. Alison Grimes stated that this is beyond the scope of the Board's responsibility. Ms. Grimes remarked to the Board that this project began with t-coils and that the information listed on the Fact Sheet is already available to consumers. Amnon Shalev requested changing the degrees of hearing loss from numbers to descriptions so consumers are better able to understand the levels of hearing loss. Ms. Grimes suggested that the Fact Sheet be put on the website. Mr. Shalev agreed and noted that the Fact Sheet could be amended as needed once it is on the website. Ms. Raggio requested Committee members review the Fact Sheet and let her know if there is information that should be included.

7. Update on California Children's Services Data Management System Changes

The electronic reporting system took the data from newborn hearing screenings and electronically uploaded the information to the Children's Services Data Management System. Ms. Grimes reminded the Board that the vendor contract for the electronic reporting system ended and that the data had to be manually reported which caused delays and errors. After five months, the vendor turned the electronic reporting system back on. Beginning January 1, 2018, the state is supposed to have written procedures and a new reporting system installed.

The Board recessed until August 11, 2017

August 11, 2017

8. Call to Order / Roll Call / Establishment of Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:05 a.m. Ms. Parker called roll; five members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Rodney Diaz, MD, Otolaryngologist, Public Board Member
Alison Grimes, Dispensing Audiologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Board Member
Patti Solomon-Rice, Speech-Language Pathologist

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Cesar Victoria, DCA Web Cast
Breanne Humphreys, Program Manager
Marti Shaffer, Enforcement Coordinator
Sabina Knight, Legal Counsel
Karen Robison, Analyst

Guests Present

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Nick Brokaw, Sacramento Advocates
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers of California (HHP)
Gloria Castro, Supervising Deputy Attorney General (SDAG)
Nicole Dragoo, DCA Budget Office
Silvio Ferrari, Sacramento Advocates
Beryl Fogel, California Speech-Language-Hearing Association (CSHA)
Fernando Galli, DCA Legal
Melanie Gilbert
Dean Grafilo, DCA Director
Sean Green, CSHA
Christine Lally, DCA Deputy Director
Shawn Talbot, CSHA
Isaac White

9. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

10. Department of Consumer Affairs Update - Dean R. Grafilo, Director

Dean Grafilo, Director of DCA introduced himself to the Board and proceeded to talk about his background before being appointed Director. Ms. Raggio asked if he knew why there has been a delay in filling the vacancy on the Board. Mr. Grafilo replied he was not sure but he would look into the cause for delays and report back to the Board. Mr. Shalev suggested that there may be a prioritization for Boards that do not have enough members being unable to hold meetings due to lack of a quorum.

11. Discussion and Possible Action regarding Communications with California Children's Services (CCS)

Ms. Grimes spoke on the continuing problems audiologists face working with CCS and presented a document that addressed confusion about the provider application process, service delays, poor or delayed reimbursements with proposed resolutions to address each concern. Mr. Sanchez stated that this is a consumer protection issue for children in underserved areas and poor or disadvantaged children with hearing problems.

Silvio Ferrari and Nick Brokaw with Sacramento Advocates offered to assist the Board with solutions to engage the Department of Health Care Services in conversation and lobby for statutory revisions. Mr. Ferrari mentioned that there are three (3) to four (4) months to get facts and figures together bring before the legislature and finance for the next fiscal year.

M/S/C Grimes/Raggio

- **Motion to delegate the continued work on the CCS communication concerns to the Audiology Practice Committee. The motion carried 7-0**

12. Discussion and Possible Action on proposed Locked Hearing Aids Disclosure

The discussion on locked hearing aids disclosure has been tabled.

13. Discussion Regarding the Provision of Telehealth Services within the Parameters of the Licensure Act and Business and Professions Code 2290.5

Ms. Grimes spoke on the issues of telehealth services, how consumers access medical information electronically to screen or diagnose their own problems, and where we are now and where we are going as it relates to telehealth. Ms. Grimes opined that with technology being so far advanced she is not sure where to begin with legislation since what we work on today may be very different from what we work on in the next six to twelve months.

Ms. Solomon-Rice noted that schools are the largest providers of Telehealth SLP services partially due to the shortage of SLPs in rural areas. Telehealth concerns cover the types of services provided, privacy issues, and security issues. Ms. Solomon-Rice mentioned that Medicare does not reimburse for telehealth services and Medicaid will reimburse for some telehealth services.

Melanie Gilbert informed the Board that services can be provided remotely when a device is hooked up to a computer. Current remote services include troubleshooting and mapping, however in the future sound booth simulation may be replicated.

Ms. Parker noted that in addition to rural locations telehealth services would benefit the population segment that has difficulty getting to and from a physical location due to age or mobility.

The Board discussed ways to address telehealth issues including looking into what is currently being provided, what can be provided, and finding a balance between accessibility to services and providing no services.

14. Proposed Regulations – Discussion and Possible Action

- a. Title 16, CCR, Section 1399.127 - Hearing Aid Dispenser Advertising

M/S/C Shalev/Raggio

- **Move to approve the proposed text as amended for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

- b. Title 16, CCR, Section 1399.170 - Speech-Language Pathology Assistant
 - i. 15-day Comment Recommended Responses

M/S/C Solomon-Rice/Grimes

- **Move to approve the recommended responses to comments submitted during the 15-day comment period for resubmission to the Office of Administrative Law (OAL) and delegate to the EO the authority to make any technical and**

**non-substantive changes that may be required to complete the rule making file.
The motion carried 7-0**

- c. Title 16, CCR, Sections 1399.112 and 1399.151.2 - Fingerprints Requirement

M/S/C Grimes/Snow

- **Move to approve the proposed text as amended for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

- d. Title 16, CCR, Section 1399.120 - Hearing Aid Dispenser Examinations Proposed Language

The Board discussed the hearing aid dispenser examination proposed language. The Board recommended changes to the proposed text and will bring the revised text to the October 2017 Board Meeting.

- e. Title 16, CCR, Sections 1399.129 and 1399.157.1 - Notice to Consumers Proposed Language

M/S/C Grimes/Raggio

- **Move to approve the proposed text as amended for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

15. Executive Officer's Report

a. Administration Update

Mr. Sanchez reported that two new staff members, Katrina Martinez and Brian Erwin, will be starting work on Monday, August 14, 2017.

b. Budget Report

Marina O'Conner and Nicole Dragoo from the DCA Budget Office gave a presentation on the budget process. The presentation included an explanation of appropriations, expenditure projections, the fund condition, and months in reserve. The Board inquired into what a healthy reserve consists of and was informed that a healthy reserve consists of between three (3) months and 24 months of expenses. Mr. Sanchez remarked that the current fund condition is where it needs to be presently; however, to prevent a fiscal structural imbalance in the future licensing fees need to be increased. He noted that the Board is working on a fee increase regulation. Mr. Sanchez extended his appreciation to the Budget Office as they have been a great help to him with Budget Change Proposals (BCP) over the past few years.

c. Licensing Report

d. Practical Examination Report

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The Board made changes to the practical examination which streamlined the examination. Proposed regulation language is under review because the practical examination currently limits the number of candidates to fifty for each exam. Also, current filing requirements are outdated and restrictive.

e. Enforcement Report

The Board requested that the report separate the SLP and AU disciplinary actions so each profession can find enforcement information specific to their profession.

16. Legislation Update, Review, and Possible Action

- a. AB 387 (Thurmond) Minimum wage: health professionals: interns
- b. AB 612 (Rubio) Newborns and infants: hearing screening
- c. AB 827 (Rubio) Department of Consumer Affairs: high-skill immigrants: license information
- d. AB 1601 (Bloom) Hearing aids: Minors
- e. AB 1706 (Low) Sunset of Board

M/S/C Shalev/Snow

- **Motion to write letter of support. The motion carried 7-0**

- f. SB 198 (Galgiani) Hearing aid dispensers: cerumen management
- g. SB 715 (Newman) Department of Consumer Affairs: regulatory boards: removal of board members
- h. SB 762 (Hernandez) Healing arts licensee: license activation fee: waiver

17. Future Agenda Items and Future Board Meeting Dates

Future agenda items that were mentioned were telehealth, price of device and price of service, pending legislation, Executive officer review, and proposed regulations. Mr. Sanchez informed the Board that when submitting agenda items background information must be included.

- a. October 26-27, 2017 – Los Angeles
- b. February 8-9, 2018 – Sacramento
- c. May 10-11, 2018– Bay Area
- d. August 9-10, 2018 – TBD
- e. November 8-9, 2018 – TBD

18. Adjournment

The Board adjourned at 2:16 p.m.



BOARD MEETING MINUTES - DRAFT

October 26-27, 2017

Carson, CA

For the sake of clarity, the meeting minutes are organized in numerical order to reflect their original order on the agenda; however, issues were taken out of order during the meeting.

October 26, 2017

1. Call to Order / Roll Call / Establishment of Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 1:40 p.m. Ms. Parker called roll; six members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, Board Chair
Marcia Raggio, Vice Chair
Alison Grimes, Board Member
Amnon Shalev, Board Member
Debbie Snow, Public Board Member
Patti Solomon-Rice, Board Member

Board Members Absent

Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Bryce Penney, DCA Web Cast
Breanne Humphreys, Program Manager
Sabina Knight, Legal Counsel
Karen Robison, Analyst

Guests Present

Toni Barrient, Hearing Loss Association of America (HLAA)
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Beryl Fogel, California Speech-Language-Hearing Association (CSHA)
Dennis Van Vliet, Audiologist

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Review and Approval of the May 11-12, 2017 and August 10-11, 2017 Board Meeting Minutes

The Board recommended edits to the May 11-12, 2017 and the August 10-11, 2017 Board Meeting Minutes. Staff will amend the May and August 2017 Board Meeting Minutes and will bring them back to the February 2018 Board Meeting.

4. Update from Speech-Language Pathology Practice Committee

Patti Solomon-Rice updated the Board about the SLP Practice Committee meetings that were held on August 28, 2017 and October 9, 2017. The Committee reviewed the Business and Professions Code (BPC) and the California Code of Regulation (CCR) summaries that staff compiled regarding SLPA's and its formation into a checklist for SLPA programs to use to ensure they meet the requirements. The Committee also reviewed the SLPA program courses offered by currently approved programs. Staff completed the task of locating the American Speech-Language-Hearing Association (ASHA) SLPA Guidelines (1996). The Committee reviewed the 1996, 2004 and 2013 ASHA Guidelines and it was noted that the only difference between the 1996 document and the 2013 document was the elimination of ASHA credentialing of SLPA's.

5. Discussion and Possible Action regarding Approved Institution Accreditation Requirements in California Code of Regulations (CCR) section 1399.152

The Board discussed CCR section 1399.152 and its reference to ASHA as an approved accrediting body. Ms. Raggio expressed concerns regarding references to specific professional organizations. Ms. Grimes added that while we should recognize accrediting bodies, it is unnecessary to reference specific, voluntary organizations. Mr. Sanchez suggested that the Board can update the language that would remove specific redundant references to professional organizations. The Board suggested the reference specifically to ASHA be removed from this section of regulation since 1399.152(e) covers the approval of any institution that meets the criteria for accreditation.

The Board discussed Doris Gordon's request to approve the Accreditation Commission for Audiology Education (ACAЕ) as an accrediting body as identified in CCR section 1399.152.

M/S/C Raggio/Grimes

- **Motion to delegate to staff to updated the language in CCR section 1399.152. by removing 1399.152. (c) and (d) and bring the proposed language to the February 2018 Board Meeting. The motion carried 6-0**

M/S/C Raggio/Grimes

- **Motion to provide ACAЕ with a letter of approval as an accrediting body of approved institutions. The motion carried 6-0**

6. Discussion and Possible Action regarding Communications with California Children's Services (CCS)

Ms. Grimes informed the Board that there is a new contact overseeing Audiology services for CCS and she feels that we are back where we started. Ms. Raggio mentioned working with Sacramento Advocates to assist in setting up communication between the Board and the Department of Healthcare Services (DHS) CCS division to work on some of the issues. Sacramento Advocates reviewed a document that Ms. Grimes and Becky Bingea wrote to CCS a few years ago; noted whether statutory change is needed or if a conversation with DHS would suffice; and are looking to the Board for further direction in terms of what the Board wants their help with. The Board discussed the formation of a subcommittee to work on creating a list of the top five issues that the Board wants to address in its talks with CCS and bring the list back to the Board. Mr. Sanchez remarked that having the Audiology Committee take the lead on this project would be a good place to begin. He mentioned reviewing the issues and look into taking action on the ones that we believe we can make an impact on. Mr. Sanchez advised that the Board needs to act on this topic instead of discussing the topic at each Board meeting. The Board commented on including the CCS on the February Board Meeting Agenda and inviting CCS representatives to talk with the Board about its concerns.

Closed Session

7. Pursuant to Government Code Section 11126 (a) (1), the Board will Meet in Closed Session for the Executive Officer's Evaluation

The Board met in closed session to discuss the evaluation of the executive officer.

Return to Open Session

The Board returned to open session and immediately went into recess until October 27, 2017.

October 27, 2017

8. Call to Order / Roll Call / Establishment of Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:17 a.m. Ms. Parker called roll; six members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, Board Chair
Marcia Raggio, Vice Chair
Alison Grimes, Board Member
Amnon Shalev, Board Member
Debbie Snow, Public Board Member
Patti Solomon-Rice, Board Member

Board Members Absent

Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member

Staff Present

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Paul Sanchez, Executive Officer
Bryce Penney, DCA Web Cast
Breanne Humphreys, Program Manager
Sabina Knight, Legal Counsel
Karen Robison, Analyst

Guests Present

Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Kyle Epps – Los Angeles Unified School District
Linda Pippert - CSHA
Dennis Van Vliet, Audiologist

9. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

10. Discussion and Possible Action on Board's Development of Hearing Aid Consumer Fact Sheet

Ms. Raggio led the discussion on the Consumer Fact Sheet informing the Board that the publication is easy to understand for the general public and addresses many aspects of today's hearing aids. Mr. Sanchez apprised the Board that he had met with HLA and that consumers question what they should look for when purchasing a hearing aid. Edits to the document included, but were not limited to, adding cochlear or inter ear implant information, changing Bluetooth to wireless, making consumers aware that the booklet is for adults with hearing loss, and adding a sentence that informs consumers that internet or catalog purchases are not subject to Board jurisdiction. Edits were requested to be sent by email to Ms. Raggio.

11. Discussion and Possible Action Regarding Supervision Requirements of Hearing Aid Dispenser Trainees

Mr. Sanchez spoke on the hearing aid dispenser trainees (trainee) supervision requirement and noted that this issue needed to be addressed due to the potential for client harm. He questioned why it is adequate for a trainee to fit and sell hearing aids without supervision eighty percent (80%) of the time when a hearing aid dispenser needs a license to perform those same duties. Mr. Shalev advised that ear molds should be immediate supervision one hundred percent (100%) of the time and Ms. Grimes remarked that the taking of an ear impression is potentially one of the most consumer harmful things an audiologist or a hearing aid dispenser does".

Comments and discussion continued to circle back to hearing aid dispenser training and the types of training trainees should receive. Ms. Solomon-Rice opined that as the hearing aid profession changes the competency level should change and referenced the audiology educational change from Master's to Clinical Doctorate (PHD). There is no hearing aid dispenser academic or field work course of study and adding educational requirements to tasks with a higher chance of harm to the client was mentioned. Establishing an apprenticeship program was also brought up to increase competency.

The Hearing Aid Dispenser Practice Committee was delegated the task determining how to prepare trainees to take the examinations.

12. Discussion and Possible Action regarding Pediatric Hearing Aid Fitting by Hearing Dispensers

Mr. Sanchez presented the Board with the language of Business and Professions Code (BPC) 2538.37 and questioned whether hearing aid dispensers would dispense to pediatric clients. Ms. Raggio commented that this language was incorporated when audiologists could not dispense hearing aids and Ms. Grimes explained that the audiologist would send the client to the hearing aid dispenser for the fitting and the child would come back to the audiologist to confirm that the device was the one recommended. Ms. Grimes informed the Board that this is still happening at the local Children's Hospital in Los Angeles because of the difficulty in getting reimbursed by CCS.

The Hearing Aid Dispensers Practice Committee has been delegated the task of reviewing the pediatric hearing aid dispensing requirements and addressing concerns regarding consumer protection.

13. Update on Upcoming Federal Regulations regarding Over-the-Counter Hearing Aids

MR. Sanchez updated the Board on the status of the Federal regulations regarding over-the-counter hearing aids. He informed the Board he had a conversation with the Federal Trade Commission (FTC) and was waiting to speak with the Federal Drug Administration (FDA) to gather information on how the passage of this law will affect consumer warranty laws.

14. Executive Officer's Report

a. Administration Update

Mr. Sanchez informed the Board that three new staff members were hired to fill openings in licensing, enforcement, and office support. He let the Board know that Continuing Education audits would resume within the next six months.

b. Budget Report

The Board is looking into increasing staff through the BCP process in FY 2018/2019 because it is becoming difficult to provide services at an acceptable level with the continual increase in the licensing population. DCA is converting to a new accounting data base and is unable to run current revenue and expenditure reports but staff is watching expenditures and should have an updated fund report at the February 2018 Board Meeting.

c. Licensing Report

License processing time have remained steady and staff met the performance based budget targets. The Board would like the reports to be split into license types so they can look at the licensing trends.

d. Practical Examination Report

Mr. Sanchez did not have a practical examination report.

e. Enforcement Report

Mr. Sanchez informed the Board that a settlement was reached with McDonald Hearing Aid Centers. He noted that complaint questions should be directed to Enforcement staff. Mr. Sanchez thanked Marti Shaffer for her assistance with the enforcement coordinator workload after since Anita Joseph vacated the position. The Board remarked that if enforcement data was split between the professions addressing issues as they arose would be beneficial.

15. Proposed Regulations – Discussion and Possible Action

a. Title 16, CCR, Section 1399.120 - Hearing Aid Dispenser Examinations Proposed Language

M/S/C Shalev/Grimes

- **Move to approve the proposed text for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 6-0**

16. Legislation Update, Review, and Possible Action

a. AB 1706 (Low) Sunset of Board

Mr. Sanchez informed the Board that AB 1706 was signed by Governor Brown and the Board has been extended for four (4) more years.

b. HR 1539 (Guthrie) Early Hearing Detection and Intervention Act of 2017

Ms. Grimes updated the Board on the status of HR 1539.

17. Future Agenda Items and Future Board Meeting Dates

Items to be considered for future agendas are: The Children’s Health Insurance Program (CHIP), Federal Regulations on Over-The-Counter Hearing Aids, Regulations, Audiology Practice Committee Meeting, Hearing Aid Dispenser Practice Committee Meeting, and Speech-Language Pathology Practice Committee Meeting. Mr. Sanchez opined that the Board should consider committees that involved regulations, legislation, enforcement, etc.

The Board discussed retuning to Dominguez Hills to hold the February 2019 Board Meeting.

- a. February 8-9, 2018 – Sacramento
- b. May 10-11, 2018 – Bay Area
- c. August 9-10, 2018– TBD

The Board chose to hold the August 2018 Board Meeting in San Diego.

d. November 8-9, 2018 - TBD

The Board chose to hold the November 2018 Board Meeting in Sacramento.

18. Adjournment

The meeting adjourned at 11:46 a.m.



**Telephonic
Board Meeting Minutes - Draft**

December 28, 2017

1. Call to Order/ Role Call / Establishment of a Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:04 a.m. Ms. Parker called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, SLP, Board Chair
Marcia Raggio, AuD, Vice Chair
Karen Chang, Public Board Member
Rodney Diaz, MD, Public Board Member
Alison Grimes, AuD, Board Member
Amnon Shalev, Hearing Aid Dispenser, Board Member
Debbie Snow, Public Board Member

Board Members Absent

Patti Solomon-Rice, SLP, Board Member

Staff Present

Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst

Guests Present

Geoff Caulkins, HAD, Senior Examiner
Heidi Lincer-Hill, Chief, Office of Professional Examination Services (OPES)
Tracy Montez, Department of Consumer Affairs (DCA), Division Chief
Jamie Tanihana, AuD, Senior Examiner
Denis Van Vliet, AuD
Amy Welch-Gandy, OPES

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

Mr. Sanchez introduce the Board's newest member Karen Chang.

Closed Session

3. Pursuant to Government Code Section 11126(c)(1), the Board will meet in closed session to deliberate on the preparation, approval, grading, or administration of the examinations.

The Board entered into closed session at 9:10 a.m.

Return to Open Session

The Board returned to open session at 10:45 a.m.

The Board thanked Ms. Grimes for her work while on the Board.

4. Adjournment

The Board adjourned at 10:48 a.m.



MEMORANDUM

DATE	January 31, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update from the Speech-Language Pathology Practice Committee

BACKGROUND

Committee Chair Patti Solomon-Rice will provide an oral report and possible recommendations from the Speech-Language Pathology Practice Committee meeting to be held on February 8, 2018.



MEMORANDUM

DATE	January 31, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update from the Hearing Aid Dispensers Committee

BACKGROUND

Board Member Amnon Shalev will provide an oral report and possible recommendations from the Hearing Aid Dispensers Committing meeting to be held on February 8, 2018.



MEMORANDUM

DATE	January 31, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update on the January 11, 2018 Meeting and Possible Action regarding Communications with California Children's Services (CCS)

BACKGROUND

Board Vice Chair Marcia Raggio will provide an update on the January 11, 2018 meeting with CCS. The purpose of the January meeting was to initiate discussion on how the Board and stakeholders can participate in finding a solution to improve access to audiology services for CCS recipients.



MEMORANDUM

DATE	January 31, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action on Board's Development of Hearing Aid Consumer Fact Sheet

BACKGROUND

This is a continued discussion from previous Board meetings regarding the development of a consumer resource document that explains general aspects of hearing aids and their uses, including telecoils. The document will be made available to consumers and licensees on the Board's website.

ACTION REQUESTED

Board staff are working with DCA Publications to develop the layout for this consumer resource document. At this meeting the Board will review the most recent changes and revisions to the document.



MEMORANDUM

DATE	January 31, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action Regarding Audiology Scope of Practice and Intraoperative Monitoring

BACKGROUND

The Board office has received inquiries from audiologists and insurance companies regarding the scope of practice for California audiologists as defined with the Practice Act the practice of intraoperative neurophysiologic monitoring.

Business and Professions Code 2530.2 (k) defines the practice of audiology:

§ 2530.2. Definitions

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

Included in your materials are documents scope of practice and position statements from the American Academy of Audiology, the American Speech-Language-Hearing Association, and the American Society of Electroneurodiagnostic Technologists.

ACTION REQUESTED

This item is for discussion only.

Scope of Practice

Scope of Practice

[1]
Updated January 2004

Introduction

Development of a Scope of Practice document began in 1990 with the work of an *ad hoc* committee on Scope of Practice, chaired by Alison Grimes. The document was put into final format by Robert W. Keith in 1992, and revised again in 1996 and 2004.

The Scope of Practice document describes the range of interests, capabilities and professional activities of audiologists. It defines audiologists as independent practitioners and provides examples of settings in which they are engaged. It is not intended to exclude the participation in activities outside of those delineated in the document. The overriding principle is that members of the Academy will provide only those services for which they are adequately prepared through their academic and clinical training and their experience, and that their practice is consistent with the Code of Ethics of the American Academy of Audiology.

As a dynamic and growing profession, the field of audiology will change over time as new information is acquired. This Scope of Practice document will receive regular review for consistency with current knowledge and practice.

Purpose

The purpose of this document is to define the profession of audiology by its scope of practice. This document outlines those activities that are within the expertise of members of the profession. This Scope of Practice statement is intended for use by audiologists, allied professionals, consumers of audiologic services, and the general public. It serves as a reference for issues of service delivery, third-party reimbursement, legislation, consumer education, regulatory action, state and professional licensure, and inter-professional relations. The document is not intended to be an exhaustive list of activities in which audiologists engage. Rather, it is a broad statement of professional practice. Periodic updating of any scope of practice statement is necessary as technologies and perspectives change.

Definition of an Audiologist

An audiologist is a person who, by virtue of academic degree, clinical training, and license to practice and/or professional credential, is uniquely qualified to provide a comprehensive array of professional services related to the prevention of hearing loss and the audiologic identification, assessment, diagnosis, and treatment of persons with impairment of auditory and vestibular function, and to the prevention of impairments associated with them. Audiologists serve in a number

of roles including clinician, therapist, teacher, consultant, researcher and administrator. The supervising audiologist maintains legal and ethical responsibility for all assigned audiology activities provided by audiology assistants and audiology students.

The central focus of the profession of audiology is concerned with all auditory impairments and their relationship to disorders of communication. Audiologists identify, assess, diagnose, and treat individuals with impairment of either peripheral or central auditory and/or vestibular function, and strive to prevent such impairments.

Audiologists provide clinical and academic training to students in audiology. Audiologists teach physicians, medical students, residents, and fellows about the auditory and vestibular system. Specifically, they provide instruction about identification, assessment, diagnosis, prevention, and treatment of persons with hearing and/or vestibular impairment. They provide information and training on all aspects of hearing and balance to other professions including psychology, counseling, rehabilitation, and education. Audiologists provide information on hearing and balance, hearing loss and disability, prevention of hearing loss, and treatment to business and industry. They develop and oversee hearing conservation programs in industry. Further, audiologists serve as expert witnesses within the boundaries of forensic audiology.

The audiologist is an independent practitioner who provides services in hospitals, clinics, schools, private practices and other settings in which audiologic services are relevant.

Scope of Practice

The scope of practice of audiologists is defined by the training and knowledge base of professionals who are licensed and/or credentialed to practice as audiologists. Areas of practice include the audiologic identification, assessment, diagnosis and treatment of individuals with impairment of auditory and vestibular function, prevention of hearing loss, and research in normal and disordered auditory and vestibular function. The practice of audiology includes:

Identification

Audiologists develop and oversee hearing screening programs for persons of all ages to detect individuals with hearing loss. Audiologists may perform speech or language screening, or other screening measures, for the purpose of initial identification and referral of persons with other communication disorders.

Assessment and Diagnosis

Assessment of hearing includes the administration and interpretation of behavioral, physioacoustic, and electrophysiologic measures of the peripheral and central auditory systems. Assessment of the vestibular system includes administration and interpretation of behavioral and electrophysiologic tests of equilibrium. Assessment is accomplished using standardized testing procedures and appropriately calibrated instrumentation and leads to the diagnosis of hearing and/or vestibular abnormality.

Treatment

The audiologist is the professional who provides the full range of audiologic treatment services for persons with impairment of hearing and vestibular function. The audiologist is responsible for the evaluation, fitting, and verification of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take ear canal impressions, select, fit, evaluate, and dispense hearing aids and other amplification systems. Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not

limited to, biofeedback, masking, hearing aids, education, and counseling.

Audiologists also are involved in the treatment of persons with vestibular disorders. They participate as full members of balance treatment teams to recommend and carry out treatment and rehabilitation of impairments of vestibular function.

Audiologists provide audiologic treatment services for infants and children with hearing impairment and their families. These services may include clinical treatment, home intervention, family support, and case management.

The audiologist is the member of the implant team (e.g., cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone anchored hearing aids, and all other amplification/signal processing devices) who determines audiologic candidacy based on hearing and communication information. The audiologist provides pre and post surgical assessment, counseling, and all aspects of audiologic treatment including auditory training, rehabilitation, implant programming, and maintenance of implant hardware and software.

The audiologist provides audiologic treatment to persons with hearing impairment, and is a source of information for family members, other professionals and the general public. Counseling regarding hearing loss, the use of amplification systems and strategies for improving speech recognition is within the expertise of the audiologist. Additionally, the audiologist provides counseling regarding the effects of hearing loss on communication and psycho-social status in personal, social, and vocational arenas.

The audiologist administers audiologic identification, assessment, diagnosis, and treatment programs to children of all ages with hearing impairment from birth and preschool through school age. The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders. The audiologist participates in the development of Individual Family Service Plans (IFSPs) and Individualized Educational Programs (IEPs), serves as a consultant in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, and psycho-social effects of hearing loss, and maintains both classroom assistive systems as well as students' personal hearing aids. The audiologist administers hearing screening programs in schools, and trains and supervises non audiologists performing hearing screening in the educational setting.

Hearing Conservation

The audiologist designs, implements and coordinates industrial and community hearing conservation programs. This includes identification and amelioration of noise-hazardous conditions, identification of hearing loss, recommendation and counseling on use of hearing protection, employee education, and the training and supervision of non audiologists performing hearing screening in the industrial setting.

Intraoperative Neurophysiologic Monitoring

Audiologists administer and interpret electrophysiologic measurements of neural function including, but not limited to, sensory and motor evoked potentials, tests of nerve conduction velocity, and electromyography. These measurements are used in differential diagnosis, pre- and postoperative evaluation of neural function, and neurophysiologic intraoperative monitoring of central nervous system, spinal cord, and cranial nerve function.

Research

Audiologists design, implement, analyze and interpret the results of research related to auditory and balance systems.

Additional Expertise

Some audiologists, by virtue of education, experience and personal choice choose to specialize in an area of practice not otherwise defined in this document. Nothing in this document shall be construed to limit individual freedom of choice in this regard provided that the activity is consistent with the American Academy of Audiology Code of Ethics [2].

This document will be reviewed, revised, and updated periodically in order to reflect changing clinical demands of audiologists and in order to keep pace with the changing scope of practice reflected by these changes and innovations in this specialty.

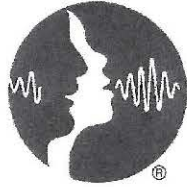
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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Neurophysiologic Intraoperative Monitoring

Ad Hoc Committee on Advances in Clinical Practice

Reference this material as: American Speech-Language-Hearing Association. (1992). *Neurophysiologic Intraoperative Monitoring* [Position Statement]. Available from www.asha.org/policy.

Index terms: monitoring, assessment

DOI: 10.1044/policy.PS1992-00036

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About This Document

This was prepared by the American Speech-Language-Hearing Association (ASHA) Ad Hoc Committee on Advances in Clinical Practice: Donald E. Morgan, chair; Carol M. Frattali, ex officio; Zilpha T. Bosone; David G. Cyr; Deborah Hayes; Krzysztof Izdebski; Paul Kileny; Neil T. Shepard; Barbara C. Sonies; Jaclyn B. Spitzer; and Frank B. Wilson. Diane L. Eger, 1991–1993 vice president for professional practices, and Teris K. Schery, 1988–1990 vice president for clinical affairs, served as monitoring vice presidents. The contributions of the Executive Board, and select and widespread peer reviewers are gratefully acknowledged. The Legislative Council approved the document as official policy of the Association at its November 1991 meeting (LC 51F-91).

I. Introduction

Speech-language pathology and audiology are dynamic and expanding professions with constantly developing technological and clinical advances. Before conducting procedures involving such advances, practitioners must have acquired the knowledge, skills, education, and experience necessary to perform them competently. This policy statement is one of seven documents¹ developed by the Ad Hoc Committee on Advances in Clinical Practice. Each statement expresses the position of the American Speech-Language-Hearing Association (ASHA) concerning specific clinical procedures within the scope of practice of speech-language pathology or audiology, most of which have developed only within the last few years. Each statement further provides guidelines for practitioners performing these procedures. The guidelines consider the knowledge and skills normally associated with the required competencies, the clinical settings recommended for the procedure, and the appropriate involvement of personnel from other disciplines.

Clinical certification by ASHA ensures that practitioners have met the education, knowledge, and experience requirements established by the Association for providing basic clinical services in the professions of speech-language pathology or audiology. Certification in the appropriate profession is necessary, but not sufficient to perform the specific clinical procedure(s) discussed in this statement. The procedure(s) addressed in this document requires the practitioner to obtain education and training beyond that necessary for ASHA certification. Practitioners are bound by the ASHA Code of Ethics to maintain high standards of professional competence. Therefore, practitioners should engage only in those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

¹ The documents include position statements and guidelines for balance system assessment, electrical stimulation for cochlear implant selection and rehabilitation, evaluation and treatment for tracheoesophageal fistulization/puncture, external auditory canal examination and cerumen management, instrumental diagnostic procedures for swallowing, neurophysiologic intraoperative monitoring, vocal tract visualization and imaging.

In promulgating this policy statement, there is no intention to imply that the practitioner holding ASHA Certification is prepared to conduct the procedure(s); nor is it incumbent on any certified professional to provide the procedure(s) merely because the practitioner holds certification.

The following document is intended as guidelines for the practitioner to ensure the quality of care, welfare, safety, and comfort of those served by our professions.

II. Background

Neurophysiologic intraoperative monitoring involves continuous direct or indirect electrophysiologic measurement and interpretation of myogenic and neural responses to intraoperative events or modality-specific, controlled stimulation in the course of surgery on or in the vicinity of those structures. An important aspect of intraoperative monitoring is the on-line, moment-to-moment correlation between changes in neurophysiologic responses and intraoperative events. The purpose of intraoperative monitoring is to facilitate the maintenance of the functional and structural integrity of neural structures, at risk for iatrogenic injury.

The principal objectives of neurophysiologic intraoperative monitoring are: (a) to avoid intraoperative injury to neural structures; (b) to facilitate specific stages of the surgical procedure; (c) to reduce the risk of permanent postoperative neurological injury; and (d) to assist the surgeon in identifying specific neural structures.

As this clinical procedure has developed over the past several years, a variety of disciplines have been involved in its development and practice. Prominently figuring among such disciplines as neurology, neurophysiology, anesthesiology, and others is the profession of audiology. Therefore, in many clinical settings, audiologists deliver or are expected to deliver this clinical service.

It is important to note that neurophysiologic intraoperative monitoring is an interactive process involving close collaboration and interaction between the surgical and the monitoring team. Therefore, it is only effective if both parties are knowledgeable and in agreement about the limitations and goals of intraoperative monitoring.

III. Purpose

The purpose of this position statement is to assist audiologists who are involved in, and those who plan to be involved in, intraoperative monitoring. Specifically, the purposes are: (a) to inform audiologists that performing neurophysiologic intraoperative monitoring is within the scope of practice of audiology; (b) to define the procedure known as neurophysiologic intraoperative monitoring; (c) to advise audiologists of the education, training, circumstances, and precautions that should be considered prior to undertaking this clinical activity; (d) to provide guidance for audiologists as to the knowledge and skills required to perform neurophysiologic intraoperative monitoring; and (e) to educate health care professionals, consumers, and the general public of the services offered by audiologists as qualified health care providers.

IV. Scope of Practice

It is the position of the American Speech-Language-Hearing Association (ASHA) that neurophysiologic intraoperative monitoring is within the scope of practice of audiologists with the appropriate knowledge base and skills. The purpose of

neurophysiologic intraoperative monitoring is to assist surgeons to minimize or avoid altogether the occurrence of intraoperative injury to neural structures at risk due to the nature of the pathology and their proximity to the surgical field. The practice of neurophysiologic intraoperative monitoring by an audiologist requires knowledge in neuroanatomy and neurophysiology, with special emphasis in neurodiagnostic techniques and their intraoperative applications. In addition, familiarity with the surgical procedure, effects of surgical manipulations and pharmacologic agents on neurophysiologic events, and the ability to recognize those events also is required.

If practitioners choose to perform these procedures, indicators should be developed, as part of a continuous quality improvement process, to monitor and evaluate the appropriateness, efficacy, and safety of the procedure conducted.

V. Education and Training

Appropriate education and training are the cornerstones of involvement in intraoperative monitoring by audiologists. These should include relevant and appropriate academic training, followed by extensive clinical training in a setting providing the opportunity to be involved in a sufficient number of cases, under the supervision of experienced and competent professionals. It is the practitioner's responsibility to determine whether he/she has obtained the appropriate type and sufficient degree of education and training to be competent in the performance of neurophysiologic intraoperative monitoring. The specific education and training may vary for each type and modality of intraoperative monitoring. For instance, appropriate background and experience in monitoring posterior cranial fossa surgical procedures does not automatically ensure competence in the monitoring of somatosensory evoked potentials during spinal-cord surgery.

VI. Precautions

Each practitioner should consider the following precautions or circumstances prior to undertaking intraoperative monitoring:

1. Inform institutional and/or regulatory bodies, such as state licensure boards, about these procedures as within the scope of practice;
2. Check with appropriate state licensure boards to ensure that there is no limitation imposed on the scope of audiology practice that restricts the performance of neurophysiologic intraoperative monitoring;
3. Check professional liability insurance to ensure that there is no exclusion applicable to this procedure;
4. Follow the universal precautions to prevent the risk of disease from blood-borne pathogens contained in the Centers for Disease Control *Morbidity and Mortality Weekly Report* (June 24, 1988, *Perspective in Disease Prevention and Health Promotion*, 37 (24), 377-388 or ASHA's AIDS/HIV Update (Asha, 1990);
5. Know whom to contact in the event of a medical emergency;
6. Obtain the informed consent of the patient/client, and maintain complete, and adequate documentation.

VII. Roles and Definitions

The audiologist has the responsibility of preoperative patient preparation, including placement and securing recording electrodes and stimulators or transducers to avoid interfering with or being dislodged during the surgical procedure. If subdermal needle electrodes are used for recording or stimulus purposes, their placement may be the responsibility of the audiologist or of a

surgeon, as dictated by each institution's policies and procedures. The audiologist is responsible for determining, prior to sterile draping, that the recording electrodes have adequate low impedances and that the stimulators or transducers are delivering the appropriate stimuli in an undisturbed fashion.

The audiologist is also responsible for operating the electrophysiological equipment used in intraoperative monitoring, including its proper maintenance, function, and calibration. The selection of appropriate recording and stimulus parameters is also the responsibility of the audiologist, including safe stimulation, whether or not stimulus modality is acoustic or electric. The audiologist is also responsible for providing safe, effective, high-quality, artifact-free, interpretable recordings.

The on-line intraoperative interpretation of the recorded neurophysiologic responses or events and their correlation with relevant intraoperative surgical events is also the responsibility of the audiologist. This needs to be carried out by means of close interaction and collaboration with the surgical and anesthesia team. The audiologist must apply knowledge of the effects of anesthetics and other intraoperatively administered pharmacologic agents and the knowledge of the surgical procedure to carry out this responsibility, which involves the capability of making on-line distinctions between relevant and irrelevant neurophysiologic changes and, with a good understanding of the limitations imposed by the surgical procedure, to communicate this information to the surgical team in anticipation of steps taken by the surgeon to correct the problem. The audiologist also needs to communicate to the surgical team when a potential problem has been corrected so that surgery may proceed at an optimal pace.

At times, neurophysiologic monitoring involves direct electrical stimulation of the neural or surrounding tissue for the purposes of identification and the determination of morphology, topography, and functional status. The electrical current stimulus may be delivered by means of a hand-held probe by the surgeon or by previously attached surface electrodes. It is the audiologist's responsibility to ascertain that appropriate, safe current levels are being delivered. This implies that the level has to be adjusted to be effective but not potentially damaging.

VIII. Knowledge and Skills

In order to be effective in the performance of intraoperative monitoring, audiologists should have the following knowledge base and skills:

1. Fundamental knowledge in basic and applied neuroanatomy and neurophysiology;
2. Fundamental and applied knowledge in the measurement of bioelectric signals;
3. Fundamental and practical knowledge in electronic instrumentation used in clinical neurophysiology applications;
4. A practical working knowledge of clinical neurophysiology/neurodiagnostic procedures, including technical and interpretive/diagnostic aspects, particularly those related to the neural systems to be monitored in the operating room;
5. A basic knowledge of medical and surgical considerations as they pertain to the procedures to be monitored. The audiologist needs to have a good theoretical knowledge of the specific surgical procedure, anatomical structures encountered, and risk factors specified to the particular surgical procedures;

6. A fundamental understanding of anesthesia and the effects of pharmacological agents used in the operating room on the electrophysiologic events and responses monitored during surgery:
7. A solid understanding of the biological mechanism involved in the electrical stimulation of neural tissue, safe limits of stimulation, and the identification of false-positive and false-negative outcome resulting from electrical stimulation. When the electric stimulus is applied manually by the surgeon by means of a handheld monopolar or bipolar probe, it is the audiologist's responsibility to control the stimulus delivery, including rate and intensity.
8. Direct supervised experience in neurophysiologic intraoperative monitoring, prior to independently monitoring surgical procedures, is necessary. The audiologist should also have a thorough understanding of operating room conditions, sterile fields, and general operating room etiquette.

References

- American Speech-Language-Hearing Association. (1990, December). Report update. AIDS/HIV: Implications for speech-language pathologists and audiologists. *Asha*, 32, 46-48.
- Centers for Disease Control. (1988). *Morbidity and mortality weekly report: Perspectives in disease prevention and health promotion*, 37, 377-388.

Scope of Practice

Neurodiagnostic providers obtain physiologic data from the central and peripheral nervous system; analyze and report the results in a manner consistent with their training, education, experience and credentialing.

Intraoperative Neurodiagnostic procedures are performed in all areas of the hospital, including acute and critical care areas such as the operating room, intensive care units and the emergency department. Neurodiagnostic procedures are also performed in private clinics and the patients' home. Neurodiagnostic procedures include but are not limited to:

American Society of Electroneurodiagnostic Technologists, Inc. 402 East Bannister Road, Suite A, Kansas City, MO 64131-3019 816.931.1120 phone ☎ 816.931.1145 fax ☎ www.aset.org ☎ info@aset.org

Executive Officer Report – Hand Carry

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376

FY 2017-18 BUDGET REPORT

FISCAL MONTH 6

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL EXPENDITURES	PRIOR YEAR EXPENDITURES	GOVERNOR'S BUDGET	CURRENT YEAR EXPENDITURES	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
	(MONTH 13)	(MONTH 6)	2017-18	(MONTH 6)			
PERSONNEL SERVICES							
Salary & Wages (Staff)	463,473	227,702	536,000	240,551	45%	506,699	29,301
Statutory Exempt (EO)	87,141	43,251	82,000	45,648	56%	91,296	(9,296)
Temp Help Reg (Seasonals)	4,334	0	1,000	6,074	607%	14,579	(13,579)
Temp Help (Exam Proctors)	517	517	0	0	0%	0	0
Board Member Per Diem	0	0	0	0	0%	0	0
Committee Members	5,200	2,600	6,000	2,500	42%	5,000	1,000
Overtime	17,204	7,271	5,000	10,285	206%	18,456	(13,456)
Staff Benefits	268,732	133,289	318,000	151,045	47%	302,090	15,910
TOTALS, PERSONNEL SVC	846,601	414,630	948,000	456,103	48%	938,120	9,880
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,187	14,068	45,000	6,708	15%	12,300	32,700
Fingerprint Reports	40,837	14,426	28,000	8,232	29%	24,696	3,304
Minor Equipment	4,400	3,529	0	0	0%	0	0
Printing	7,410	1,868	25,000	2,463	10%	8,000	17,000
Communication	5,297	1,715	18,000	1,770	10%	6,000	12,000
Postage	22,650	12,457	24,000	12,973	54%	23,588	412
Travel In State	36,347	12,922	24,000	8,800	37%	37,000	(13,000)
Travel, Out-of-State	0	0	0	0	0%	0	0
Training	451	0	7,000	0	0%	450	6,550
Facilities Operations	64,118	62,743	78,000	66,648	85%	66,648	11,352
C & P Services - Interdept.	0	0	24,000	0	0%	0	24,000
C & P Services - External	0	0	0	0	0%	0	0
DEPARTMENTAL SERVICES:							
Office of Information Services Pro Rata	179,270	91,998	185,000	92,500	50%	185,000	0
Administration Pro Rata	118,539	57,000	133,000	66,500	50%	133,000	0
DOI - Special Ops Unit Pro Rata	2,760	1,500	3,000	1,500	50%	3,000	0
Communication Division Pro Rata	16,372	8,502	8,000	4,000	50%	8,000	0
Public Policy Review Division Pro Rata	654	498	10,000	5,000	0%	10,000	0
INTERAGENCY SERVICES:							
Interagency Services	0	0	29,000	0	0%	0	29,000
IA w/ OPES	117,441	66,581	60,000	27,191	45%	27,191	32,809
Consolidated Data Center	484	409	10,000	0	0%	484	9,516
DP Maintenance & Supply	2,214	1,364	17,000	800	5%	1,920	15,080
EXAM EXPENSES:							
Exam Site Rental	3,950	3,950	8,000	0	0%	3,239	4,761
C/P Svcs-External Expert Administrative	12,594	12,594	25,000	0	0%	11,520	13,480
C/P Svcs-External Subject Matter	76,624	40,095	38,000	0	0%	82,322	(44,322)
ENFORCEMENT:							
Attorney General	144,505	65,900	97,000	69,210	71%	138,420	(41,420)
Office Admin. Hearings	35,406	21,911	22,000	20,390	93%	32,948	(10,948)
Court Reporters	1,243	489	0	0	0%	1,200	(1,200)
Evidence/Witness Fees	9,975	1,750	7,000	0	0%	10,819	(3,819)
DOI - Investigations	139,190	68,502	153,000	76,500	50%	153,000	0
MISC:							
Major Equipment	0	0	12,000	0	0%	12,000	0
TOTALS, OE&E	1,054,918	566,771	1,090,000	471,185	43%	992,745	97,255
TOTAL EXPENSE	1,901,519	981,401	2,038,000	927,288	45%	1,930,865	107,135
Sched. Reimb. - Fingerprints	(42,000)	(16,121)	(31,000)	0	0%	(31,000)	0
Sched. Reimb. - Other	(4,000)	(2,115)	(2,000)	0	0%	(2,000)	0
Unsched. Reimb. - Other	(30,846)	(10,112)	0	0	0%	0	0
NET APPROPRIATION	1,824,673	953,053	2,005,000	927,288	46%	1,897,865	107,135
SURPLUS/(DEFICIT):							5.3%

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

LICENSES ISSUED	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
						QTR 1-2
AU	76	57	89	48	53	53
DAU	19	UA	UA	26	24	11
AUT	1	0	0	0	0	1
SLP	1056	974	1143	1352	1457	880
SPT	0	0	0	0	0	0
SLPA	407	325	550	606	501	286
RPE	727	702	836	834	897	629
AIDE	51	40	48	44	44	18
CPD	9	15	17	22	21	1
HAD Permanent	84	49	92	140	120	52
HAD Trainee	95	139	145	180	152	87
HAD Licensed in Another State	7	5	9	16	16	14
HAD Branch	132	282	426	407	315	203
TOTAL LICENSES ISSUED	2664	2588	3355	3675	3600	2235

LICENSEE POPULATION	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
					*	* QTR 1-2
AU	609	584	612	556	698	723
DAU	942	971	988	1,045	1,211	1,227
<i>Both License Types</i>	<i>1,551</i>	<i>1,555</i>	<i>1,600</i>	<i>1,601</i>	<i>1,909</i>	<i>1,950</i>
AUT	0	0	0	0	0	0
SLP	12,696	13,285	13,967	14,860	18,024	18,715
SPT	0	0	0	0	0	0
SLPA	1,771	1,969	2,343	2,795	3,752	3,934
RPE	682	768	802	806	1,174	1,417
AIDE	120	119	124	133	235	202
HAD	946	913	948	996	1,179	1,206
HAD Trainees	95	145	160	158	238	180
HAD Licensed in Another State	9	8	7	18	18	28
HAD Branch Office	653	710	821	963	1,409	1,292
TOTAL LICENSEES	18,523	19,472	20,772	22,330	27,938	28,924

* New Computation: includes delinquent, inactive, and valid licenses; CE not adequate; cite/fine holds

October 7, 2017 Hearing Aid Dispensers Practical Examination

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	36	21	58%	15	42%
AU	2	2	100%		
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100%		
AU					
Applicants without Supervision					
HA	10	6	60%	4	40%
AU	4	4	100%		
RPE					
Total Number of Candidates		Passed	%	Failed	%
	53	34	64%	19	36%

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
COMPLAINTS AND CONVICTIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	56	41	74	43	75	59	26	37
Convictions Received	4	27	27	58	15	84	8	41
Average Days to Intake	31	31	2	2	3	2	2	2
Closed	107	46	109	130	76	124	57	76
Pending	55	56	46	31	56	51	37	55

Average cycle time from complaint receipt, to an investigator. DCA Performance Measure:

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
INVESTIGATIONS Desk	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	59	64	101	101	90	143	34	78
Closed	89	41	107	124	71	118	50	72
Average Days to Complete	339	250	107	138	132	91	393	94
Pending	46	48	42	30	45	39	29	42

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
INVESTIGATIONS DOI	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	2	3	0	2	11	9	5	5
Closed	15	2	2	6	5	6	7	4
Average Days to Complete	722	527	392	382	148	709	1058	427
Pending	6	3	4	1	11	12	8	13

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
ALL TYPES OF INVESTIGATIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	83	37	93	112	69	111	53	67
Cycle Time - No Discipline	347	234	74	115	125	69	394	90

Average cycle time from complaint receipt to Does not include cases sent to the AG or other DCA Performance Measure: Target 90 Days.

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
CITATIONS/Cease&Desist	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	3	8	4	5	8	8	4	4
Avg Days to Complete Cite	292	188	195	305	98	44	12	495
Cease & Desist Letter	5	1	0	1	1	1	0	0

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

ATTORNEY GENERAL CASES	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	17	13	18	16	8	6	3	6
Accusations Filed	5	6	8	19	2	3	1	3
SOI Filed	0	0	2	2	0	0	1	0
Acc Withdrawn, Dismissed, Declined	0	0	1	0	2	1	2	0
SOI Withdrawn, Dismissed, Declined	1	1	0	0	1	1	0	0
Average Days to Discipline	1336	234	888	507	1260	979	780	723

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and

ATTORNEY GENERAL FINAL OUTCOME	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-2 2017 - 2018	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	1	1	1	5	6	7	2	1
Surrender of License	0	1	1	1	3	1	1	2
License Denied (SOI)	0	0	0	0	0	0	2	3
Suspension & Probation	0	0	0	1	0	0	0	0
Revocation-No Stay of Order	1	3	1	2	0	2	1	0
Public Reprimand/Reproval	0	0	0	0	0	0	0	1

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**Title 16, Chapter 13.4
Speech-Language Pathology and Audiology Regulations
Article 8. Miscellaneous
Proposed Language**

Amend Section 1399.157 of Article 8 of Division 13.4 of Title 16 as follows:

1399.157 Fees

(a) ~~The application fee and biennial renewal fee for a speech-language pathologist shall be \$60.00~~ \$150.00 ~~for any person applying for a speech-language pathology or non-dispensing audiology license. The application fee and biennial renewal fee for a non-dispensing audiologist shall be \$150.00.~~

(b) ~~The application fee and annual renewal fee for a dispensing audiologist shall be \$280.00 for any person applying for a dispensing audiology license.~~

(c) ~~The application fee for a speech-language pathology assistant shall be \$50.00. The biennial renewal fee for a speech-language pathology assistant shall be \$100.00. The biennial renewal fee for licensed speech-language pathologists and non-dispensing audiologists shall be prior to January 1, 2002 shall be \$75.00. Effective January 1, 2002, the biennial renewal fee for licensed speech-language pathologists or non-dispensing audiologists 110.00.~~

(d) ~~The delinquency fee to renew an expired license or registration shall be \$25.00. The annual renewal fee for a licensed audiologist authorized to dispense hearing aids shall be \$280.00.~~

(e) ~~The fee for registration of an aide shall be \$30.00~~ 40.00.

(f) ~~The application and the biennial renewal fee for a continuing professional development provider shall be is a \$200.00 non-refundable fee.~~

(g) ~~The fee for issuance of each license status and history certification letter shall be \$25.00~~ 40.00.

(h) The duplicate wall certificate fee shall be \$25.00.

Note: Authority cited: Sections 2531.95 and ~~2532.6(a)~~ Business and Professions Code. Reference: Sections 163.5, 2532.6(f) and 2534.2, 2535, 2535.2, 2538.1, 2538.53, 2538.54, and 2538.57, Business and Professions Code.

Speech-Language Pathology Assistant Application

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING DISPENSERS BOARD

Notice to Consumers Revised Proposed Text

The proposed language is all new text

Add Section 1399.129. of Division 13.3, Title 16 of the California Code of Regulations to read as follows:

Article 5. Miscellaneous

1399.129. Notice to Consumers ~~Application and Certificate Fees~~

- (a) A licensee engaged in the practice of fitting or selling hearing aids shall provide notice to each client or patient of the fact that the licensee is licensed and regulated by the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. The notice shall include the following statement:

“NOTICE TO CONSUMERS

Hearing Aid Dispensers, Hearing Aid Temporary Licensees,

Hearing Aid Trainees, and Dispensing Audiologists

are licensed and regulated by the Speech-Language

Pathology & Audiology & Hearing Aid Dispensers Board

(916) 263 2666

www.speechandhearing.ca.gov”

- (b) The notice required by this section shall be provided by one of the following methods:

(1) Prominently posting the notice in each of the practice locations the licensee provides services. The notice shall be in a conspicuous location and accessible to public view. It shall be in at least 48-point type in Arial font.

(2) Providing the client or patient, or the client or patient’s representative, with the notice in a written statement on letterhead. An acknowledgement, stating the client or patient received the notice shall be signed and dated by the client or patient or the client or patient’s representative. The acknowledgment shall be retained in the client or patient’s records demonstrating receipt.

(3) Providing the notice on a written receipt where the notice is placed immediately above the signature line for the client or patient in at least 14-point type.

NOTE: Authority cited: Section 2531.95, Business and Professions Code; Reference: Section 138, Business and Professions Code

The proposed language is all new text

Add Section 1399.157.1. of Division 13.4, Title 16 of the California Code of Regulations to read as follows:

Article 8. Miscellaneous

1399.157.1. Notice to Consumers ~~Professional Corporation Fees~~

(a) A licensed Speech-Language Pathologist, Speech-Language Pathology Assistant, Required Professional Experience Licensee, or Speech-Language Pathology Aide shall provide notice to each patient of the fact that the licensee is licensed and regulated by the Speech-Language Pathology & Audiology & Hearing Aid Board. The notice shall include the following statement:

“NOTICE TO CONSUMERS

Speech-Language Pathologists, Speech-Language Pathology Assistants,
Required Professional Experience Licensees, and Speech-Language Pathology Aides
are licensed and regulated by the
Speech-Language Pathology & Audiology &
Hearing Aid Dispensers Board
(916) 263 2666
www.speechandhearing.ca.gov”

(b) A licensed Audiologist, Required Professional Experience Licensee, and Audiology Aide shall provide notice to each patient of the fact that the licensee is licensed and regulated by the notice to each patient of the fact that the licensee is licensed and regulated by the Speech-Language Pathology & Audiology & Hearing Aid Board. The notice shall include the following statement:

“NOTICE TO CONSUMERS

Audiologists, Required Professional Experience Licensees,
and Audiology Aides, are licensed and regulated by the
Speech-Language Pathology
& Audiology & Hearing Aid Dispensers Board

(916) 263 2666

www.speechandhearing.ca.gov

(c) The notice required by this section shall be provided by one of the following methods:

(1) Prominently posting the notice in each of the practice locations the licensee provides services. The notice shall be in a conspicuous location and accessible to public view. It shall be in at least 48-point type in Arial font.

(2) Providing the client or patient, or the client or patient's representative, with the notice in a written statement on letterhead. An acknowledgement, stating the client or patient received the notice shall be signed and dated by the client or patient or the client or patient's representative. The acknowledgment shall be retained in the client or patient's records demonstrating receipt.

(3) Providing the notice on letterhead or on a written receipt where the notice is placed immediately above the signature line for the client or patient in at least 14-point type.

NOTE: Authority cited: Section 2531.95 Business and Professions Code; Reference: Section 138, Business and Professions Code.

Division 13.4. Speech-Language Pathology and Audiology and
Hearing Aid Dispensers Board of the Department of Consumer Affairs
Article 3. Qualifications for Licensure –
Education and Clinical Experience
Proposed Text

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 Sections 2532.2 and 2532.25 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.

(A) At its discretion, the Board may review and approve a comparable accrediting body. To be recognized as a comparable accrediting body, the educational program(s) accredited by the accrediting body must have academic and clinical requirements equivalent to a graduate or doctoral training program accredited by the United States Department of Education, CHEA, or COPA.

~~(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.~~

Note: Authority cited: Sections 2531.95-~~2532.2~~ and, Business and Professions Code.
Reference: Sections 2532.2 and 2532.25, Business and Professions Code.

Speech-Language Pathology Supervised Clinical
Experience, Required Professional Experience Speech-
Language Pathology Assistant Training Programs,
Speech-Language Pathology Assistant Requirements
and Qualifications for Registrations – Hand Carry



California

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AB-1659 Healing arts boards: inactive licenses. (2017-2018)

Senate: 1st

Assembly: 1st Cmt 2nd Pass

Bill Status	
Measure:	AB-1659
Lead Authors:	Low (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	Healing arts boards: inactive licenses.
31st Day in Print:	03/21/17
Title:	An act to add Sections 43020.2 and 43020.3 to, and to add Chapter 6 (commencing with Section 42370) to Part 3 of Division 30 of, the Public Resources Code, relating to recycling. An act to amend Sections 701, 702, and 703 of the Business and Professions Code, relating to healing arts.
House Location:	Senate
Last Amended Date:	01/03/18
Voting Committee Location:	Asm Appropriations
Committee Action Date:	01/18/18
Committee Motion:	Do pass. To Consent Calendar.
Committee Vote Result:	(PASS) >> Ayes: 17; Noes: 0; Abstain: 0;

Type of Measure
Active Bill - Pending Referral
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
01/29/18	In Senate. Read first time. To Com. on RLS. for assignment.
01/29/18	Read third time. Passed. Ordered to the Senate.
01/22/18	Read second time. Ordered to Consent Calendar.
01/18/18	From committee: Do pass. To Consent Calendar. (Ayes 17. Noes 0.) (January 18).
01/11/18	From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (January 9). Re-referred to Com. on APPR.



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AB-1659 Healing arts boards: inactive licenses. (2017-2018)

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Date Published: 01/03/2018 02:29 PM

AMENDED IN ASSEMBLY JANUARY 03, 2018

AMENDED IN ASSEMBLY APRIL 04, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL

No. 1659

Introduced by Assembly Member Low

February 17, 2017

~~An act to add Sections 43020.2 and 43020.3 to, and to add Chapter 6 (commencing with Section 42370) to Part 3 of Division 30 of, the Public Resources Code, relating to recycling. An act to amend Sections 701, 702, and 703 of the Business and Professions Code, relating to healing arts.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1659, as amended, Low. ~~Food Service Plastic Packaging Recovery and Recycling Stewardship Act. Healing arts boards: inactive licenses.~~

Existing law establishes healing arts boards in the Department of Consumer Affairs to ensure private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license.

This bill would prohibit the holder of an inactive license from representing that he or she has an active license. The bill would also authorize a healing arts board to establish a lower inactive license renewal fee.

~~(1)The California Integrated Waste Management Act of 1989, administered by the Department of Resources Recycling and Recovery, generally regulates the disposal, management, and recycling of solid waste.~~

~~Existing law requires a manufacturer of carpets sold in the state, individually or through a carpet stewardship organization, to submit a carpet stewardship plan to the Department of Resources Recycling and Recovery for approval that would, among other things, increase the amount of postconsumer carpet that is diverted from landfills and recycled into secondary products. Existing law requires the carpet stewardship plan to include a funding mechanism that provides sufficient funding to carry out the plan and requires a manufacturer or carpet stewardship organization to pay the department an annual administrative fee. Existing law requires the~~

~~department to identify the direct development or regulatory costs incurred by the department prior to the submittal of the carpet stewardship plans, and to establish a fee in an amount adequate to cover these costs, that is paid by a carpet stewardship organization. Existing law imposes administrative civil penalties on a person who violates these provisions.~~

~~This bill, the Food Service Plastic Packaging Recovery and Recycling Stewardship Act, would authorize a city, county, or city and county to establish and implement a residential curbside collection program for the collection and recycling of a particular type of plastic packaging, defined to mean a container or single-use food service packaging product labeled with the same resin code. The bill would require a residential curbside collection program to impose certain requirements on the transportation of plastic packaging collected as a part of the program and on material recovery facilities to which waste that includes that plastic packaging is delivered.~~

~~The bill would require, by June 30, 2018, a manufacturer of plastic packaging sold in this state, individually or through a plastic packaging stewardship organization, to submit to the department one or more plastic packaging stewardship plans, similar to the carpet stewardship plans described above, collectively covering each particular type of plastic packaging distributed, sold, or used in the state by that manufacturer. The bill would require the plan to include a funding mechanism similar to that required in the carpet stewardship law. The bill would require the manufacturer or organization to, among other things, establish a plastic packaging stewardship fee that would be imposed on members of the organization and to determine the appropriate projects and programs to be funded by the stewardship fee that would further the efforts to recycle the particular type of plastic packaging. The bill would require each plastic packaging stewardship organization to make reasonable efforts to achieve specified rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization's plan, with an overall goal of a 75% rate of community access for each type of plastic packaging on or before January 1, 2043.~~

~~Similar to the carpet stewardship organization, a manufacturer or plastic packaging stewardship organization would be required to pay the department an annual administrative fee, as determined by the department. The bill would require the department to identify the direct development or regulatory costs incurred by the department prior to the submittal of plastic packaging stewardship plans and to establish a fee in an amount adequate in aggregate to cover those costs, to be paid by each plastic packaging stewardship organization that submits a plastic packaging stewardship plan. The bill would provide for the imposition of administrative civil penalties upon a person who violates the bill. The bill would establish the Plastic Packaging Stewardship Account in the Integrated Waste Management Fund and would require the fees collected by the department to be deposited in that account, for expenditure by the department, upon appropriation by the Legislature, to cover the department's cost to implement the bill's provisions. The bill would also establish the Plastic Packaging Stewardship Penalty Subaccount in the Integrated Waste Management Fund and would require that the civil penalties collected by the department pursuant to the bill's provisions be deposited in that subaccount, for expenditure by the department, upon appropriation by the Legislature, to cover the department's costs to implement the bill's provisions.~~

~~(2) Existing law requires the department to adopt regulations relating to waste management, including standards for the design, operation, maintenance, and ultimate reuse of solid waste facilities, and for solid waste handling, transfer, composting, transformation, and disposal.~~

~~This bill would authorize a material recovery facility to send residual materials containing plastic packaging to a secondary sorting facility with the capacity of sorting or separating plastic packaging material from the residual material for recycling. The bill would encourage a solid waste landfill that receives solid waste that contains plastic packaging to send the plastic packaging to a material recovery facility, secondary sorting facility, or to a recycling facility that has the capability to sort, separate, or recycle plastic packaging material.~~

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 701 of the Business and Professions Code is amended to read:*

~~701. Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.~~

701. (a) As used in this article, "board" refers to any healing arts board, division, or examining committee which licenses or certifies health professionals.

(b) Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.

SEC. 2. Section 702 of the Business and Professions Code is amended to read:

702. The holder of an inactive healing arts license or certificate issued pursuant to this article shall not engage do any of the following:

(a) Engage in any activity for which an active license or certificate is required.

(b) Represent that he or she has an active license.

SEC. 3. Section 703 of the Business and Professions Code is amended to read:

703. (a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder thereof need not comply with any continuing education requirement for renewal of an active license or certificate.

The

(b) The renewal fee for a license or certificate in an active status shall apply also for renewal of a license or certificate in an inactive status, unless a lower fee has been established by the issuing board.

~~SECTION 1. This act shall be known, and may be cited, as the Food Service Plastic Packaging Recovery and Recycling Stewardship Act.~~

~~SEC. 2. Chapter 6 (commencing with Section 42370) is added to Part 3 of Division 30 of the Public Resources Code, to read:~~

~~6. Food Service Plastic Packaging Stewardship Program~~

~~1. General Provisions~~

~~42370. The Legislature finds and declares the following:~~

~~(a) It is the intent of the Legislature, in adopting this chapter, to reduce the amount of food service packaging that is littered and improperly disposed of, to reduce the amount of food service plastic packaging that is disposed of in landfills, to increase opportunities for businesses or multifamily complexes to save money, to create jobs in California by providing materials for recycling manufacturing facilities, to reduce greenhouse gas emissions, to keep valuable materials out of landfills, and to create a healthy environment for the community and future generations by recovering natural resources by increasing the recycling rate of food service plastic packaging.~~

~~(b) California is home to a number of food service packaging manufacturers that produce a variety of products. These facilities employ thousands of Californians and are important components of the state's economy.~~

~~(c) All food service packaging, regardless of the material from which it is made, has environmental impacts, including, but not limited to, raw material acquisition, energy use, greenhouse gas emissions and other emissions associated with its manufacture, transportation, and disposal, consumption of increasingly scarce landfill capacity, and unsightly and environmentally damaging consequences of littering and other improper disposal.~~

~~(d) Manufacturers, distributors, and users of food service packaging have a shared responsibility to identify, finance, and implement food service packaging materials life cycle management solutions that are both environmentally responsible and economically sustainable. These solutions include, but are not limited to, reduction of food service packaging, reuse of food service packaging materials, enhanced material collection, sorting and recycling programs, antilitter, pollution prevention, and other public education programs, and developing and supporting emerging material recycling and conversion technologies to facilitate greater reuse and recycling of food service packaging materials.~~

~~(e)Manufacturers of each type of food service packaging material, transporters, solid waste haulers, recyclers, the State of California, local governments, and other stakeholders should work together to develop and implement programs to ensure all food service packaging materials are managed in an environmentally sound and economically sustainable manner.~~

~~(f)With the enactment of this chapter, the Legislature intends to encourage the development of recycling technologies for food service plastic packaging materials without favoring one type of food service packaging material, whether plastic or otherwise, over another. It is anticipated that the methods and programs that will be developed pursuant to this chapter will serve as models for similar programs addressing other types of food service packaging materials.~~

~~42370.1.The purpose of this chapter is to increase the amount of food service plastic packaging waste that is diverted from landfills and recycled into new products or otherwise managed in a manner that is consistent with the state's hierarchy for waste management practices pursuant to Section 40051.~~

~~42370.2.(a)For purposes of this chapter, and unless the context otherwise requires, the following definitions shall apply:~~

~~(1)"Community recycling access rate," for a particular type of plastic packaging, means the number of residents that have access to a residential curbside collection program that accepts that type of plastic packaging for recycling divided by the total number of residents in the State of California.~~

~~(2)"Department" means the Department of Resources Recycling and Recovery.~~

~~(3)"Manufacturer" means either of the following:~~

~~(A)The person or entity in the state that manufactures plastic packaging that is sold, offered for sale, or distributed for use in the state.~~

~~(B)If there is no person or entity that is a manufacturer of plastic packaging for purposes of subparagraph (A), the person or entity that imports the plastic packaging into the state for sale, distribution, or use in the state.~~

~~(4)"Material recovery facility" means a facility that sorts residential solid waste that includes recyclable materials for the purpose of separating recyclable materials from materials destined for disposal at a landfill.~~

~~(5)"Particular type of plastic packaging" or "type of plastic packaging" means all plastic packaging labeled with the same resin code pursuant to Section 18015.~~

~~(6)"Plastic packaging" means a container or other single use food service packaging product labeled with a resin code pursuant to Section 18015 that is used by a food service provider to carry or contain food or beverages that are prepared onsite so that a customer may consume the food offsite if the customer wishes to do so.~~

~~(7)"Plastic packaging stewardship organization" or "organization" means either of the following:~~

~~(A)An organization appointed by one or more manufacturers of a particular type of plastic packaging to act as an agent on behalf of the manufacturer to design, submit, and administer a plastic packaging stewardship plan pursuant to this chapter.~~

~~(B)A plastic packaging manufacturer that complies with this chapter as an individual manufacturer.~~

~~(8)"Recycle" means to take a product or material that has been used and discarded and divert it from disposal in a landfill for the purpose of being transformed, regenerated, or reused in the production of a useful product.~~

~~(b)A term not specifically defined in this chapter shall be interpreted consistent with its meaning in this division.~~

~~2.Food Service Plastic Packaging Stewardship Organization~~

~~42371.On or before June 30, 2018, a manufacturer of plastic packaging distributed, sold, or used in this state shall, individually or through a plastic packaging stewardship organization formed pursuant to Section 42371.2, submit to the department one or more plastic packaging stewardship plans, collectively covering each particular type of plastic packaging distributed, sold, or used in this state by that manufacturer, that will do all of the following:~~

~~(a)Achieve the purposes of this chapter, as described in Section 42370.1, and meet the requirements of Section 42372.4.~~

~~(b) Establish goals that, to the extent feasible based on available technology and information, increase the recycling of plastic packaging, increase the diversion of plastic packaging from landfills, increase the recyclability of plastic packaging, and provide incentives for the market growth of secondary products made from recycled plastic packaging.~~

~~(c) Describe proposed measures that will be implemented by the organization that reduce the disposal of plastic packaging manufactured by the organization's members in a manner consistent with the state's solid waste management hierarchy, including, but not limited to, source reduction, source separation and processing to segregate and recover recyclable materials, and environmentally sound management of materials that cannot feasibly be recycled.~~

~~(d) Include a funding mechanism consistent with subdivision (b) of Section 42371.2.~~

~~(e) Include a process by which the financial activities of the plastic packaging stewardship organization that are related to implementation of the plastic packaging stewardship plan will be subject to an independent audit.~~

~~42371.2. Manufacturers of one or more than one particular type of plastic packaging may form an organization known as a plastic packaging stewardship organization. A plastic packaging stewardship organization may address a stewardship plan to more than one type of plastic packaging only if all of the manufacturers of that organization manufacture all of the types of plastic packaging to be covered by the plan. A plastic packaging stewardship organization shall do all of the following:~~

~~(a) Prepare a plastic packaging stewardship plan that meets the requirements of Section 42371.~~

~~(b) Establish a funding mechanism, consistent with Article 4 (commencing with Section 42374), that provides sufficient funding to carry out the plastic packaging stewardship plan, including the administrative, operational, and capital costs of the plan, payment of fees pursuant to Section 42374.6, and incentive payments that will advance the purposes of this chapter.~~

~~(c) Set the plastic packaging stewardship fee in accordance with Article 4 (commencing with Section 42374).~~

~~(d) Determine the projects and programs to be funded by the plastic packaging stewardship fee collected pursuant to Section 42374.4.~~

~~3. Food Service Plastic Packaging Recycling Program~~

~~42372.(a) A city, county, or city and county may establish and implement a residential curbside collection program pursuant to this article for the collection and recycling of a particular type of plastic packaging. If a city, county, or city and county establishes and implements a residential curbside collection program, the city, county, or city and county shall notify the department for purposes of tracking community access rates to residential curbside collection programs for each particular type of plastic packaging.~~

~~(b) To help ensure statewide consistency, the department may collaborate with any city, county, or city and county on the establishment and implementation of a residential curbside collection program for a particular type of plastic packaging, and may develop a list that identifies by resin code the particular types of plastic packaging materials accepted for recycling by each program.~~

~~42372.2.(a) A residential curbside collection program established pursuant to this article shall include the following requirements:~~

~~(1) Postconsumer untreated plastic packaging that is collected as part of a residential curbside collection program for a particular type of plastic packaging shall be transported only to a facility where it is feasible to recycle that type of plastic packaging or to a material recovery facility for the purpose of sorting that particular type of plastic packaging before recycling.~~

~~(2) A material recovery facility that receives material from a residential curbside collection program for a particular type of plastic packaging that is unable to separate at least 75 percent of that particular type of plastic packaging from the mixture of solid waste and recyclable materials collected in the residential curbside collection program shall send its residual material to a secondary sorting facility if the secondary sorting facility is reasonably available and willing to accept the residual material.~~

~~(b) For purposes of this section, the following definitions apply:~~

~~(1) "Reasonably available" means available at a cost, including the cost of transporting the residual material and any fee charged by the secondary sorting facility receiving the material, that does not exceed the cost of~~

~~transporting the residual material to a landfill and disposing of the material at that landfill.~~

~~(2) "Residual material" means any material collected through a residential curbside collection program by, or material delivered through a drop-off program to, a material recovery facility that remains after processing by the material recovery facility. "Processing" means the removal of recyclable material from other material to the extent a material recovery facility is equipped to do so.~~

~~(3) "Secondary sorting facility" means a facility equipped to sort a particular type of plastic packaging from other recyclable material and solid waste in residual material.~~

~~(c) The department shall adopt regulations establishing a mechanism by which the department will resolve disputes regarding whether a secondary sorting facility is reasonably available and under what circumstances the department may direct a residential curbside collection program, a recycling facility, or a solid waste facility to transfer residual material containing plastic packaging to a secondary sorting facility in order to further the purposes of this act.~~

~~42372.4.(a) On and before January 1, 2023, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 15 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(b) On and before January 1, 2028, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 30 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(c) On and before January 1, 2033, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 45 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(d) On and before January 1, 2038, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 60 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(e) On and before January 1, 2043, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 75 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~4. Plastic Packaging Stewardship Fees and Administrative Fees~~

~~42374. Each plastic packaging stewardship organization shall establish a plastic packaging stewardship fee for each particular type of plastic packaging covered by the organization, to be paid by members of the organization based on the amount of that particular type of plastic packaging of each member that is covered. The plastic packaging stewardship fee shall be calculated on a per pound basis by type of plastic packaging as follows:~~

~~(a) For each type of plastic packaging, if manufactured in the state, the organization member shall pay the applicable amount for its plastic packaging to be sold or used in the state.~~

~~(b) For each type plastic packaging, if manufactured out of state, the organization member shall pay the applicable amount for plastic packaging introduced into the state by the organization member.~~

~~42374.2. Each plastic packaging stewardship organization shall determine the rules and procedures that are necessary and proper to implement the collection of the charge in a fair, efficient, and lawful manner.~~

~~42374.4. The plastic packaging stewardship fee for each particular type of plastic packaging shall be collected by a plastic packaging stewardship organization and deposited in accounts, segregated by the type of plastic packaging, that are maintained and disbursed by the organization. Moneys collected pursuant to this article shall be used by a plastic packaging stewardship organization only for purposes of carrying out its duties under this chapter and for appropriate projects and programs that would further the efforts to recycle the particular type of plastic packaging for which the moneys were collected, pursuant to the plastic packaging stewardship plan. Those projects or programs may include, but are not limited to, investments in infrastructure that promote the recycling of the particular type of plastic packaging for which the moneys were collected, pursuant to the plastic packaging stewardship plan.~~

~~42374.6.(a) A plastic packaging stewardship organization submitting a plastic packaging stewardship plan shall pay the department a quarterly administrative fee. The department shall set the fee at an amount that, when paid by every plastic packaging stewardship organization that submits a plastic packaging stewardship plan, is~~

~~adequate to cover the department's full costs of administering and enforcing this chapter, including any program development costs or regulatory costs incurred by the department prior to plastic packaging stewardship plans being submitted. The department may establish a variable fee based on relevant factors, including, but not limited to, the portion of a particular type of plastic packaging sold in the state by members of the organization compared to the total amount of the same type of plastic packaging sold in the state by all organizations submitting a plastic packaging stewardship plan.~~

~~(b)The total amount of fees collected annually pursuant to this section shall not exceed the amount necessary to recover costs incurred by the department in connection with the administration and enforcement of the requirements of this chapter.~~

~~(c)The department shall identify the direct development or regulatory costs it incurs pursuant to this chapter prior to the submittal of a plastic packaging stewardship plan and shall establish a fee in an amount adequate to cover those costs, which shall be paid by a plastic packaging stewardship organization that submits a plastic packaging stewardship plan. The fee established pursuant to this subdivision shall be paid pursuant to the schedule specified in subdivision (d).~~

~~(d)A plastic packaging stewardship organization subject to this section shall pay a quarterly fee to the department to cover the administrative and enforcement costs of the requirements of this chapter pursuant to subdivision (a) on or before July 1, 2019, and every three months thereafter. The plastic packaging stewardship organization shall pay the applicable portion of the fee pursuant to subdivision (c) on July 1, 2019, and every three months thereafter through July 1, 2043. After the initial year of payment, the total amount of the administrative fees paid for a calendar year shall not exceed 5 percent of the total amount of stewardship fees collected for the preceding calendar year.~~

~~(e)The department shall deposit the fees collected pursuant to this section into the Plastic Packaging Stewardship Account created pursuant to Section 42377.~~

5. Member Reporting

~~42375.(a)Each plastic packaging stewardship organization shall submit annual reports on their efforts to recycle plastic packaging to the department. A plastic packaging stewardship organization submitting an annual report on behalf of its members shall identify the individual members of the organization but is not required to distinguish the individual recycling efforts of its members.~~

~~(b)A member of a plastic packaging stewardship organization shall be considered in compliance with this section with regards to the types of plastic packaging covered by the organization if the plastic packaging stewardship organization of which it is a member submits a report.~~

6. Enforcement

~~42376.(a)A civil penalty up to one thousand dollars (\$1,000) per day may be administratively imposed by the department on any person who is in violation of any provision of this chapter, or up to ten thousand dollars (\$10,000) per day if the violation is intentional, knowing, or negligent.~~

~~(b)In assessing or reviewing the amount of a civil penalty imposed pursuant to subdivision (a) for a violation of this chapter, the department or the court shall consider all of the following:~~

- ~~(1)The nature and extent of the violation.~~
- ~~(2)The number and severity of the violation or violations.~~
- ~~(3)The economic effect of the penalty on the violator.~~
- ~~(4)Whether the violator took good faith measures to comply with this chapter and the period of time over which these measures were taken.~~
- ~~(5)The willfulness of the violator's misconduct.~~
- ~~(6)The deterrent effect that the imposition of the penalty would have on both the violator and the regulated community.~~
- ~~(7)Any other factor that justice may require.~~

7. Financial Provisions

~~42377.(a)The Plastic Packaging Stewardship Account and the Plastic Packaging Stewardship Penalty Subaccount are hereby established in the Integrated Waste Management Fund.~~

~~(b)All fees collected by the department pursuant to this article shall be deposited in the Plastic Packaging Stewardship Account and may be expended by the department, upon appropriation by the Legislature, to cover the department's costs to implement this chapter.~~

~~(c)All civil penalties collected pursuant to this article shall be deposited in the Plastic Packaging Stewardship Penalty Subaccount and may be expended by the department, upon appropriation by the Legislature, to cover the department's costs to implement this chapter.~~

8.Antitrust Immunity

~~42378.(a)Except as provided in subdivision (b), an action relating to the establishment, administration, collection, or disbursement of the funds associated with implementation of this chapter that is taken by the plastic packaging stewardship organization or its members is not a violation of the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), the Unfair Practices Act (Chapter 4 (commencing with Section 17000) of Part 2 of Division 7 of the Business and Professions Code), or the Unfair Competition Law (Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code).~~

~~(b)Subdivision (a) shall not apply to an agreement that does any of the following:~~

~~(1)Fixes a price of or for plastic packaging.~~

~~(2)Fixes the output or production of plastic packaging.~~

~~(3)Restricts the geographic area in which, or customers to whom, plastic packaging will be sold.~~

~~SEC. 3.Section 43020.2 is added to the Public Resources Code, to read:~~

~~43020.2.(a)A solid waste landfill that receives solid waste that contains plastic packaging material may landfill the plastic packaging material, but is encouraged to send solid waste containing plastic packaging material received to a material recovery facility, a secondary sorting facility, or a recycling facility that has the capability to sort, separate, or recycle plastic packaging material.~~

~~(b)For purposes of this section, the definitions of Chapter 6 (commencing with Section 42370) of Part 3 shall apply.~~

~~SEC. 4.Section 43020.3 is added to the Public Resources Code, to read:~~

~~43020.3.(a)A material recovery facility may send residual materials containing plastic packaging to a secondary sorting facility with the capability of sorting or separating plastic packaging material from the residual material for recycling.~~

~~(b)For purposes of this section, the definitions of Chapter 6 (commencing with Section 42370) of Part 3 shall apply.~~



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SB-198 Hearing aid dispensers: cerumen: management: tympanometry. (2017-2018)

Senate: 1st Cmt

Assembly:

Bill Status	
Measure:	SB-198
Lead Authors:	Galgiani (S)
Principal Coauthors:	-
Coauthors:	-
Topic:	Hearing aid dispensers: cerumen: management: tympanometry.
31st Day in Print:	03/02/17
Title:	An act to amend Section 2538.11 of the Business and Professions Code, relating to healing arts.
House Location:	Senate
Last Amended Date:	04/17/17
Committee Location:	Sen Business, Professions and Economic Development

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
04/20/17	April 24 hearing postponed by committee.
04/17/17	From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & E.D.
04/13/17	Set for hearing April 24.
04/13/17	April 17 set for second hearing canceled at the request of author.
03/28/17	Set for hearing April 17.



SB-198 Hearing aid dispensers: cerumen: management: tympanometry. (2017-2018)

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Date Published: 04/17/2017 02:45 PM

AMENDED IN SENATE APRIL 17, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

SENATE BILL**No. 198****Introduced by Senator Galgiani****January 30, 2017**

An act to amend Section 2538.11 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 198, as amended, Galgiani. Hearing aid dispensers: ~~cerumen management~~, cerumen: management: tympanometry.

Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation of hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. *A violation of the act is a crime. Under existing law, an applicant for a hearing aid dispenser license is required to take and pass a written examination and a practical examination. Existing law requires hearing aid licensees to complete at least 12 hours of continuing education, as provided.* Existing law defines the "practice of fitting or selling hearing aids" as those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling. Under existing law, hearing tests conducted are required to include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

This bill would include cerumen management and tympanometry for patients 18 years of age and older in the practice of fitting or selling hearing aids. The bill would make a licensed hearing aid dispenser who has passed his or her licensing examinations eligible to sit for a board-approved examination assessing techniques and patient safety measures in cerumen management or tympanometry. The bill would require the board to apply board-approved courses in cerumen management and tympanometry to the continuing education requirement. The bill would require the administration of cerumen management by a licensed hearing aid dispenser to occur under physician and surgeon supervision. The bill would require a licensed hearing aid dispenser to immediately refer a patient to an appropriate physician or surgeon under certain circumstances in the process of cerumen management.

Because a violation of these requirements would be a crime, the bill would impose a state-mandated local program.

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 authorize that practice to include cerumen management, as defined, subject to specified requirements, including that the hearing aid dispenser demonstrates specified proficiency in cerumen management and that cerumen management only occur under physician and surgeon supervision. The bill would additionally authorize tympanometry as an allowable hearing test if it is only used for further referral to a physician and surgeon for diagnosis or treatment.~~

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: ~~no~~yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. (a) *The Legislature finds and declares all of the following:*

(1) There are currently over 1,100 licensed hearing aid dispensers in the State of California, who must pass a rigorous written and practical exam to obtain a license to practice in the state.

(2) Licensed hearing aid dispensers are required to complete 12 hours of continuing education annually, with all courses approved by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (board).

(3) Above and beyond California's licensing standards, many hearing aid dispensers obtain additional accreditation, known as the Board-Certified Hearing Instrument Specialist designation, which requires a separate examination and course study that advances the hearing aid dispensers's knowledge and skills.

(b) It is the intent of the Legislature to allow licensed hearing aid dispensers to practice at the highest levels of their training in order to better serve their patients, as well as provide the board with enforceable regulations to protect the public.

SECTION 4. SEC. 2. Section 2538.11 of the Business and Professions Code is amended to read:

2538.11. (a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling. This may include cerumen ~~management. For management and tympanometry for patients 18 years of age and older.~~

(1) For the purposes of this section, cerumen management means the removal of cerumen for the sole purpose of inspecting the ears, making impressions, or fitting and maintaining hearing aids.

(2) For the purposes of this section, tympanometry means the administration of the test for the sole purposes of fitting and maintaining hearing aids or referring a patient to a specialist physician and surgeon.

~~(1) Cerumen management shall only be performed by a hearing aid dispenser who has demonstrated proficiency of this skill in his or her licensing examination.~~

~~(2) Cerumen management shall only occur under physician and surgeon supervision, which shall be subject to all of the following:~~

~~(A) The hearing aid dispenser and physician and surgeon shall collaborate to develop a written standardized protocol. The protocol shall include, but not be limited to, a requirement that the supervised hearing aid dispenser immediately refer to an appropriate physician and surgeon any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen management.~~

~~(B) Approval by the supervising physician and surgeon of the written standardized protocol.~~

~~(C) The supervising physician and surgeon shall be within the general vicinity, as provided by the written standardized protocol, of the supervised hearing aid dispenser and shall be available by telephone at the time of cerumen management.~~

(b) (1) A licensed hearing aid dispenser who has passed his or her examinations described in Section 2538.25 is eligible to sit for a board-approved examination assessing techniques and patient safety measures in cerumen management or tympanometry. An examination approved by the board shall be an examination sufficient to demonstrate proficiency in cerumen management or tympanometry and the knowledge, skills, and abilities needed to perform those techniques safely.

(2) Notwithstanding any other law, the board shall apply board-approved courses in cerumen management and tympanometry to the continuing education requirement described in Section 2538.18. In order to be board-approved, a course shall cover the knowledge, skills, and abilities needed to perform cerumen management and tympanometry safely.

(3) The administration of cerumen management by a licensed hearing aid dispenser shall occur under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician and surgeon, but does include (A) collaboration on the development of the standardized procedure, (B) approval of the standardized procedure, and (C) availability by telephonic contact at the time of patient examination by the licensed hearing aid dispenser.

(4) A licensed hearing aid dispenser shall immediately refer a patient to an appropriate physician or surgeon if the patient demonstrates any trauma, including tears, bleeding, or other pathology of the ear discovered in the process of cerumen management.

~~(b)~~

(5) A physician and surgeon may not simultaneously supervise more than two hearing aid dispensers for purposes of cerumen management.

The

(c) The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When

(d) When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working ~~condition,~~ condition and the calibration of the audiometer or other equipment shall be checked at least annually.

~~(b)~~

(e) A hearing aid dispenser shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

~~(e)~~

(f) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board. ~~Tympanometry shall be considered an allowable hearing test for purposes of this section and shall only be used for further referral to a physician and surgeon for diagnosis or treatment.~~

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



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AB-11 Early and Periodic Screening, Diagnosis, and Treatment Program: screening services. (2017-2018)

Senate: 1st
 Assembly: 1st Cmt 2nd Cmt 2nd 3rd Pass

Bill Status	
Measure:	AB-11
Lead Authors:	McCarty (A) , Bonta (A)
Principal Coauthors:	-
Coauthors:	Carrillo (A) , Nazarian (A)
Topic:	Early and Periodic Screening, Diagnosis, and Treatment Program: screening services.
31st Day In Print:	01/05/17
Title:	An act to add Section 14132.195 to the Welfare and Institutions Code, relating to Medi-Cal.
House Location:	Senate
Last Amended Date:	01/10/18
Voting Committee Location:	Asm Appropriations
Committee Action Date:	01/18/18
Committee Motion:	Do pass.
Committee Vote Result:	(PASS) »» Ayes: 17; Noes: 0; Abstain: 0;

Type of Measure
Active Bill - Pending Referral
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
01/29/18	In Senate. Read first time. To Com. on RLS. for assignment.
01/29/18	Read third time. Passed. Ordered to the Senate.
01/22/18	Read second time. Ordered to third reading.
01/18/18	From committee: Do pass. (Ayes 17. Noes 0.) (January 18).
01/11/18	Re-referred to Com. on APPR.



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AB-11 Early and Periodic Screening, Diagnosis, and Treatment Program: screening services. (2017-2018)

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Date Published: 01/10/2018 09:00 PM

AMENDED IN ASSEMBLY JANUARY 10, 2018

AMENDED IN ASSEMBLY JANUARY 03, 2018

AMENDED IN ASSEMBLY MARCH 23, 2017

CALIFORNIA LEGISLATURE—2017-2018 REGULAR SESSION

ASSEMBLY BILL

No. 11

**Introduced by Assembly Member ~~McCarty~~ Members *McCarty and Bonta*
(Coauthors: *Assembly Members Carrillo and Nazarian*)**

December 05, 2016

An act to add Section 14132.195 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 11, as amended, ~~McCarty~~. Early and Periodic Screening, Diagnosis, and Treatment Program: screening services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for any individual under 21 years of age who is covered under Medi-Cal consistent with the requirements under federal law. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing federal law provides that EPSDT services include periodic screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan.

This bill would require, consistent with federal law, that screening services under the EPSDT program include *developmental* screening services for individuals zero to 3 years of age, inclusive, in compliance with the periodicity schedule and the standardized and validated screening ~~tool~~ *tools* that are established by the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care and by any future updates to those recommendations. The bill would also make legislative findings and declarations relating to child development.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:**SECTION 1.** The Legislature finds and declares all of the following:

- (a) Not all children experience a clear path toward healthy development, making the early identification of developmental concerns and the timely connection to appropriate intervention essential to a child's well-being.
- (b) Despite the prevalence of developmental delays and disorders, the overall rate of developmental screening remains low and the use of validated screening tools is often inconsistent.
- (c) Many children at risk for developmental delays or disabilities due to environmental or biological factors are not identified in a timely fashion, greatly reducing the effectiveness of applied intervention.
- (d) The Bright Futures Guidelines by the American Academy of Pediatrics provide evidence-driven guidance for all preventive care screenings and well-child visits, recommending that developmental surveillance include the periodic administration of a standardized developmental screening test.
- (e) Early access to appropriate intervention for children with developmental delays and disabilities is critically important for healthy and optimal development.

SEC. 2. Section 14132.195 is added to the Welfare and Institutions Code, immediately following Section 14132.19, to read:

14132.195. Consistent with federal law, screening services provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit pursuant to subdivision (v) of Section 14132 shall include *developmental* screening services for individuals zero to three years of age, inclusive, in compliance with the periodicity schedule and the standardized and validated screening ~~tool~~ *tools* that are established by the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care and by any future updates to those recommendations.

**Speech-Language Pathology & Audiology
& Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2017/2018**

Rev 1-26-18

Month	Date	Description
February 2018	8-9 19	Board & Committee Meeting – Sacramento, CA State Holiday – Office Closed – Presidents Day
March 2018	22-25 31	CSHA Convention - Sacramento State Holiday – Office Closed – Caesar Chavez Day
April 2018	18-21 21	America Academy of Audiology – Nashville, TN Practical Examination
May 2018	3-5 10-11 28	HHP Annual Conference – Indian Wells, CA Board & Committee Meetings – Bay Area State Holiday – Office Closed – Memorial Day
June 2018		

**Speech-Language Pathology & Audiology
& Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2018/2019**

Rev. 1/26/18

Month	Date	Description
July 2018	4 21	State Holiday – Office Closed - Fourth of July Practical Examination
August 2018	9-10	Board & Committee Meetings – San Diego
September 2018	3 TBD	State Holiday – Office Closed – Labor Day CAA Convention – Anaheim, CA
October 2018	TBD 13	National Council of State Boards of Examiners for Speech-Language Pathology and Audiology – TBD Practical Examinaiton
November 2018	8-9 15-17 12 22-23	Board & Committee Meeting – Sacramento ASHA Convention – Boston, MA State Holiday – Office Closed – Veteran’s Day Observed State Holiday – Office Closed – Thanksgiving Holiday
December 2018	25	State Holiday – Office Closed - Christmas Day
January 2019	1 21	State Holiday – Office Closed – New Year’s Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2019	7-8 18	Board & Committee Meeting – Los angeles State Holiday – Office Closed – Presidents Day
March 2019	27-30 31	American Academy of Audiology – Columbus, OH State Holiday – Caesar Chavez Day
April 2019	1	State Holiday – Caesar Chavez Day Observed
May 2019	2-3 TBD 27	Board & Committee Meeting - TBD HHP Convention - TBD State Holiday – Office Closed – Memorial Day
June 2019		