

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

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



BOARD MEETING



November 20, 2020

Teleconference



TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) will hold a Board Meeting via WebEx Events on

Friday, November 20, 2020, beginning at 9:00 a.m.

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, neither Board member locations nor a public meeting location are provided. Public participation may be through teleconferencing as provided above. If you have trouble getting on the WebEx event to listen or participate, please call 916-263-2666.

Important Notice to the Public:

The Board will hold this public meeting via WebEx Events. Instructions to connect to this meeting can be found at the end of this agenda. To participate in the WebEx Events meeting, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=e890c8f870c5c8f642023d7819a558bfa>.

Due to potential technical difficulties, please consider submitting written comments by November 18, 2020, to speechandhearing@dca.ca.gov for consideration.

Board Members

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Tod Borges, Hearing Aid Dispenser
Karen Chang, Public Member
Christy Cooper, Dispensing Audiologist
Rodney Diaz, Otolaryngologist, Public Member
Holly Kaiser, Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member

Full Board Meeting Agenda

1. Call to Order / Roll Call / Establishment of Quorum
2. 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))*)
3. Board Strategic Planning Moderated by Department of Consumer Affairs (DCA) SOLID Team
 - a. Strategic Planning Overview
 - i. Introductions
 - ii. Environmental Scan: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
 - b. Strategic Planning Action Items
 - i. Review and Possible Revision of the Board's Mission, Vision, and Values
 - ii. Review and Possible Revision of the Board's Strategic Goals

iii. Review and Possible Revision of Strategic Goal Objectives

BREAK FOR LUNCH (TIME APPROXIMATE)

4. Review and Possible Approval of the February 20-21, 2020 Board Meeting Minutes
5. Review and Possible Approval of the June 30, 2020 Board Teleconference Meeting Minutes
6. Executive Officer's Report
 - a. Administration Update
 - b. Budget Report
 - c. Regulations Report
 - d. Licensing Report
 - e. Practical Examination Report
 - f. Enforcement Report
7. DCA Update – DCA Board and Bureau Relations
8. Update on Speech and Hearing Related DCA Waivers related to the COVID-19 State of Emergency
 - a. Waivers Approved by DCA
 - i. Modification of Continuing Education Requirements for All Licensees
Modification of Reactivation Requirements for Speech-Language Pathologists
 - ii. Modification of the Direct Monitoring Requirements for Required Professional Experience (RPE) Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant (SLPA) Licenses
 - iii. Modification of the Limitations on Renewing of Hearing Aid Dispenser (HAD) Temporary Licenses and HAD Trainee Licenses
 - iv. Modification of Limitations and Requirements for Extension of RPE Licenses
 - b. Waivers Denied by DCA
 - i. Modification of the 12-Month Fulltime Professional Experience Requirement for Licensure as an Audiologist
 - c. Waivers Pending Review by DCA
 - i. Modification of Board Continuing Education Requirements to Remove Self-Study Restrictions
 - d. Identification of Additional Waivers Needed During COVID-19 State of Emergency
9. Discussion and Possible Action regarding Speech-Language Pathology and Audiology Fees (As Stated in Title 16, California Code of Regulations (CCR), sections 1399.157, 1399.170.13, and 1399.170.14)
 - a. Adoption of Responses to Comments Received During 45-day Public Comment Period
 - b. Order of Adoption
10. Update, Discussion and Possible Action regarding Regulations as a result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction (As Stated in Title 16, California Code of Regulations (CCR) sections 1399.132, 1399.133, 1399.134, 1399.156.1, 1399.156.2, and 1399.156.3)
11. Discussion and Possible Action on Board Proposed Legislation Regarding BPC sections 2838.35 and 2539.4 Relative to Locked Hearing Aids Disclosure from Hearing Aid Dispensers and Dispensing Audiologists
12. Discussion and Possible Action on Board Proposed Legislation Regarding Audiology Licensing Requirements As Stated in Business and Professions Code Sections 2532.25 and Clarified in Title 16, CCR sections 1399.152.2 and 1399.152.2

13. Discussion and Possible Action on Board Proposed Legislation to Address Emergency Waiver Authority for the Board
14. Legislative Report: Update on Proposed Legislation:
 - a. Chaptered Legislation
 - AB 2520 (Chiu) Access to medical records
 - AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing
 - SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times
 - SB 1474 (Senate Business, Professions and Economic Development Committee) Business and Professions
 - b. Dead Legislation
 - AB 613 (Low) Professions and vocations: regulatory fees
 - AB 1263 (Low) Contracts: consumer services: consumer complaints
 - AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions
 - AB 2028 (Aguiar-Curry) State agencies: meetings
 - AB 2549 (Salas) Department of Consumer Affairs: temporary licenses
 - AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses
 - SB 1168 (Morrell) State agencies: licensing services
15. Legislative Items for Future Meeting
(The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code Section 11125.4)
16. Election of Officers
17. Future Agenda Items and Potential Dates for Board Meetings and Standalone Committee Meetings

Closed Session

18. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters, Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty.
19. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer
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. In the event a quorum of the board is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full board at a future meeting. 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 Cherise Burns, Assistant Executive Officer, 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.

HOW TO – Join – DCA WebEx Event

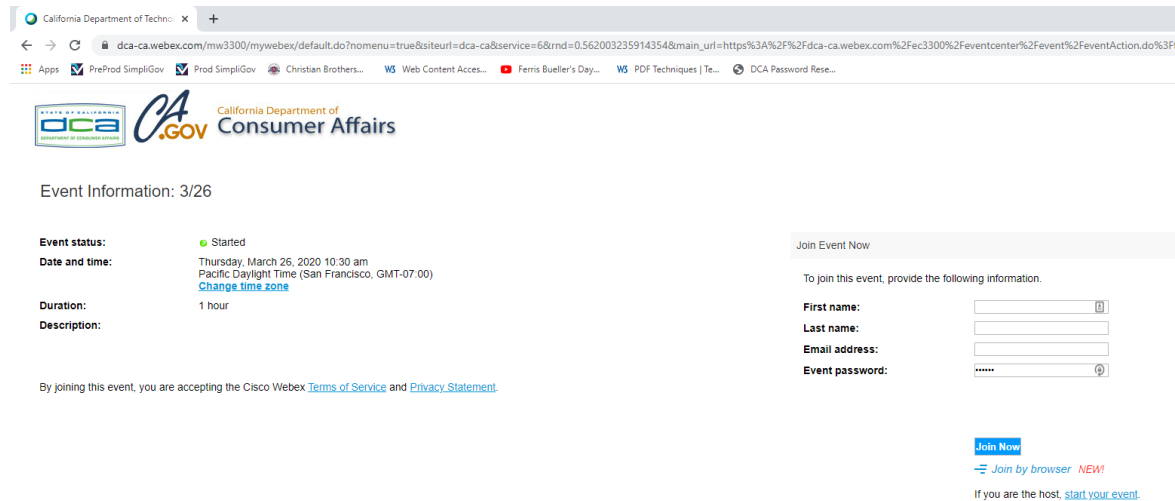
The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

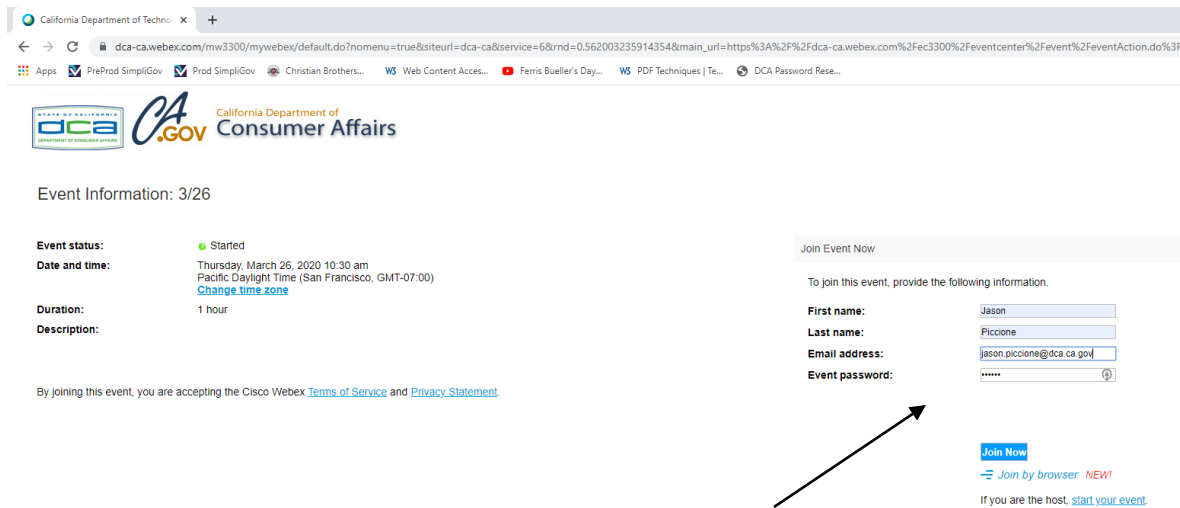
Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>



2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

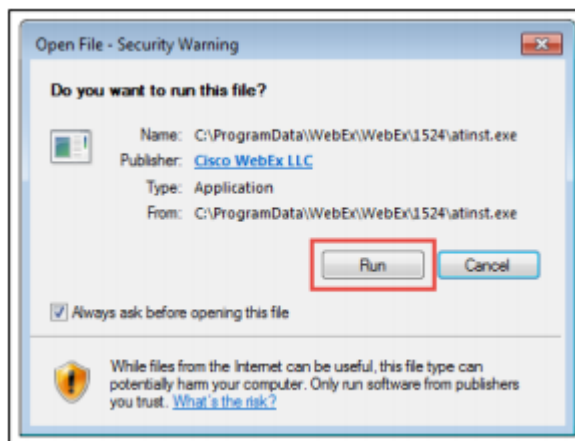
HOW TO – Join – DCA WebEx Event



3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



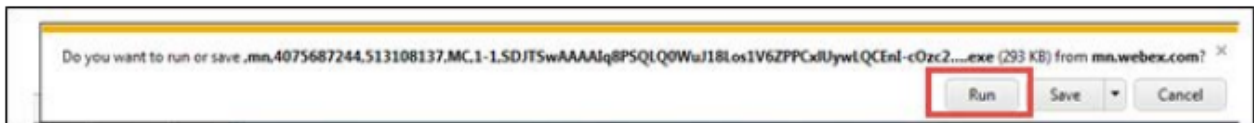
Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

Starting Webex...



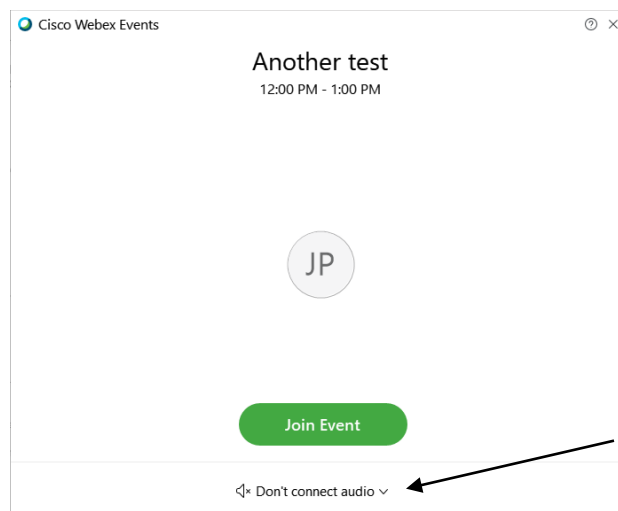
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

5. To bypass step 4, click 'Run a temporary application'.
6. A dialog box will appear at the bottom of the page, click 'Run'.



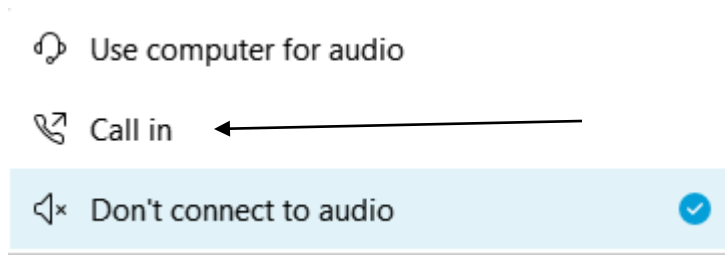
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

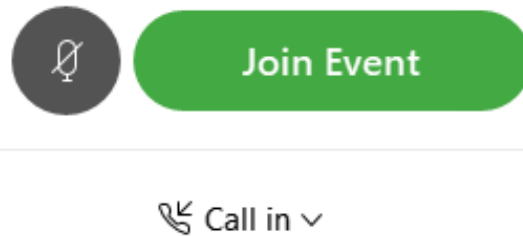


HOW TO – Join – DCA WebEx Event

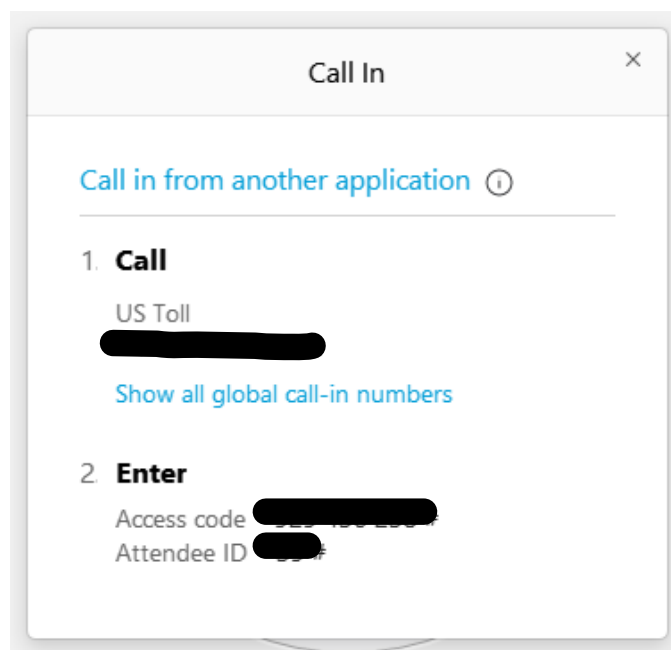
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.

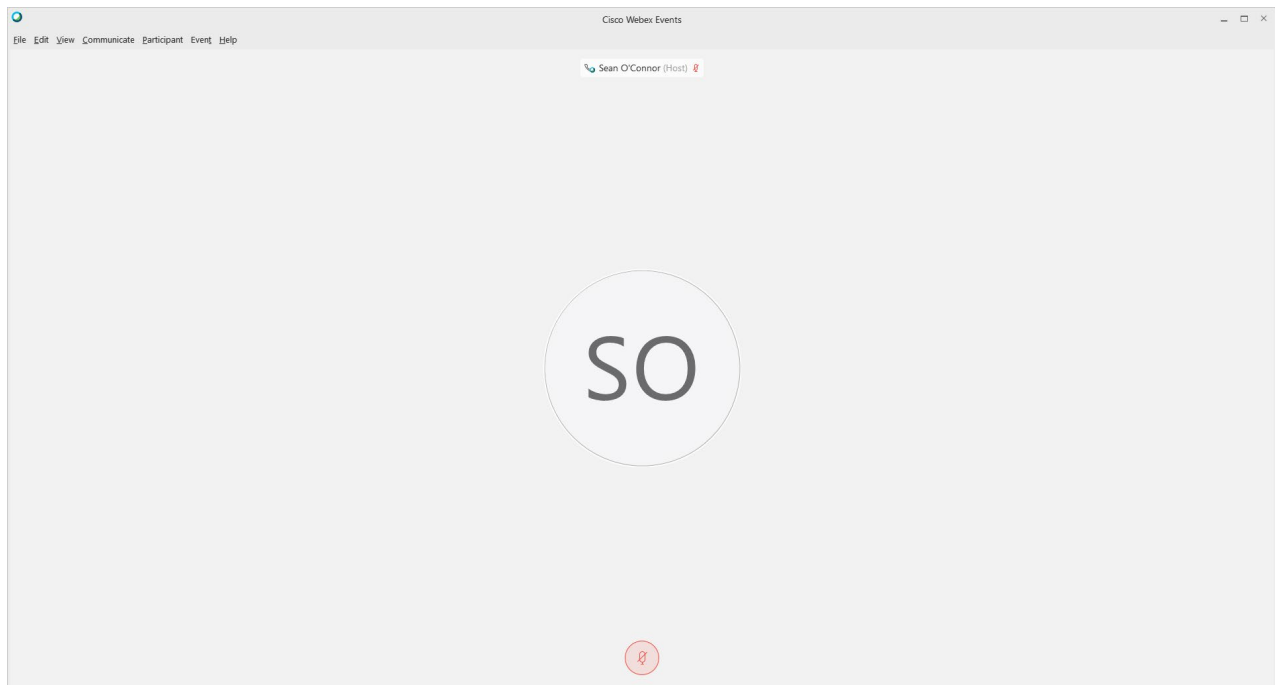


HOW TO – Join – DCA WebEx Event

NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

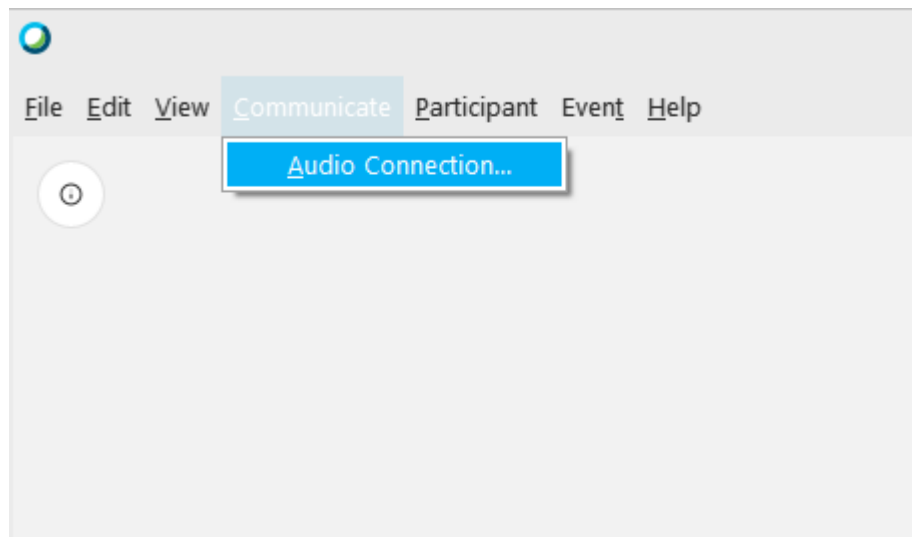


NOTE: Your audio line is muted and can only be unmuted by the event host.

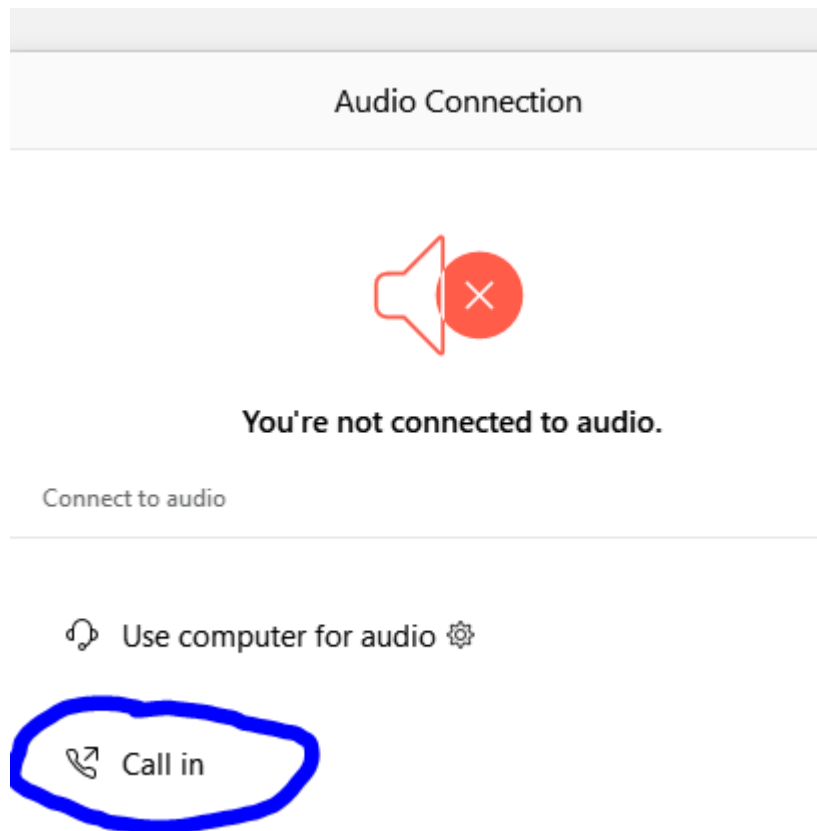
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.

HOW TO – Join – DCA WebEx Event



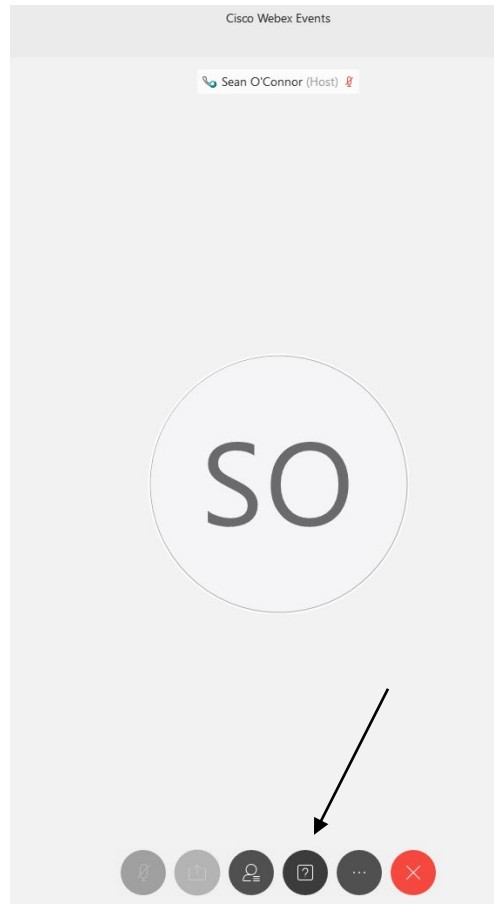
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.

Participating During a Public Comment Period

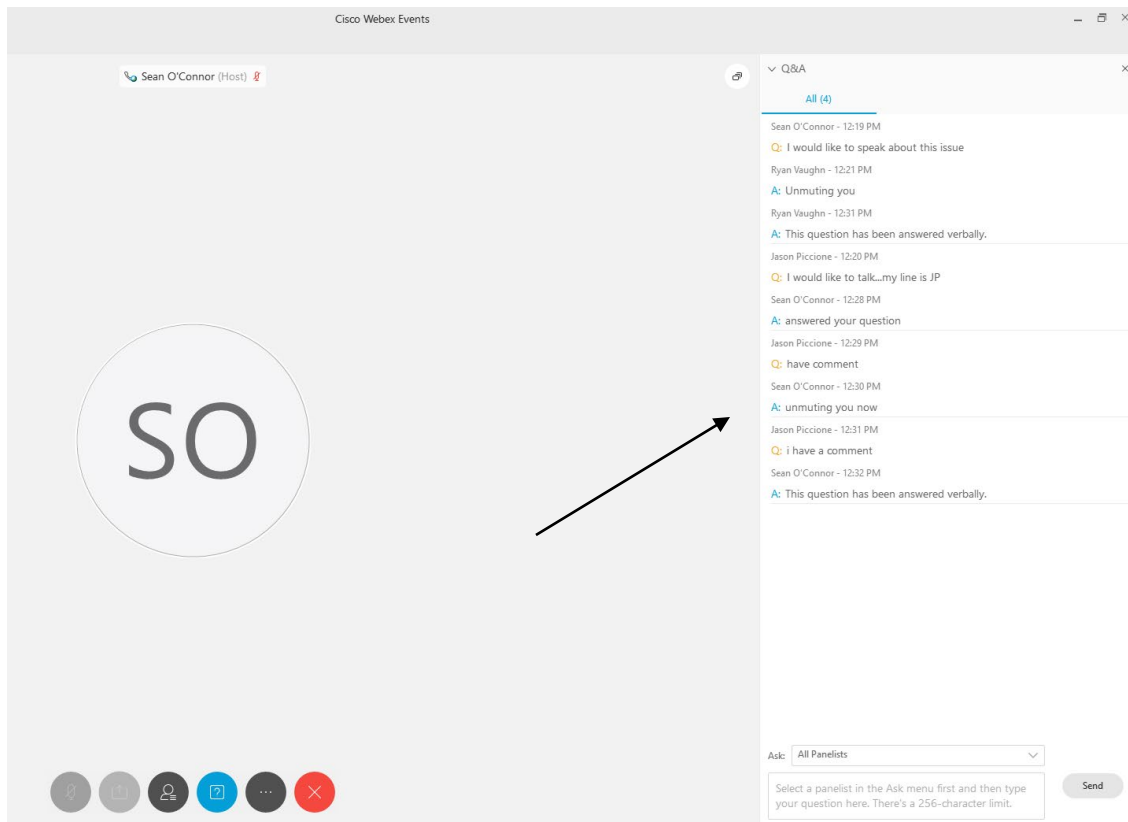
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.

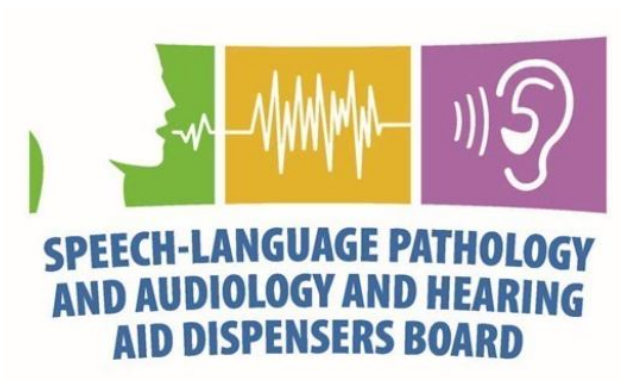
HOW TO – Join – DCA WebEx Event



To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.



Environmental Scan

OCTOBER 2020

SOLID Planning



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Acronyms

AAC	American Academy of Audiology
ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
AG	Attorney General
ASHA	American Speech-Language-Hearing Association
AUD	Audiology or Audiologist
BCABA	Board Certified Assistant Behavior Analyst
BCBA	Board Certified Behavior Analyst
CAA	Council on Academic Accreditation in Audiology and Speech-Language Pathology
CAS	Consumer Affairs System (Licensing System)
CE	Continuing Education
CEU	Continuing Education Unit
CFY	Clinical Fellowship Year
COVID-19	Corona Virus Disease 2019
CSHA	California Speech-Language and Hearing Association
CSU	California State University
CTC	Commission on Teacher Credentialing
DCA	Department of Consumer Affairs
EBP	Evidence Based Practice
ENT	Ear Nose Throat
FAPE	Free and Appropriate Public Education
HAD	Hearing Aid Dispenser
IDFPR	Illinois Department of Financial and Professional Regulation
IEP	Individualized Education Program
OT	Office Technician
PPE	Personal Protective Equipment

PRN	Pro Re Nata, a Latin phrase meaning as needed
PROP 22	A law to make gig workers employees
RPE	Required Professional Experience
SELPA	Special Education Local Plan Area
SLP	Speech-Language Pathologist
SLPA	Speech-Language Pathologist Assistant
SME	Subject Matter Expert
SLPAHADB	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

Introduction

One of the first steps in developing a strategic plan is to conduct a scan and analysis of the environment in which an organization operates. This analysis allows us to look at the factors that can impact the organization's success. This is a summary of the results of the environmental scan recently conducted by SOLID Planning for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) in the months of September and October 2020.

The purpose of this environmental scan is to provide a better understanding of stakeholder, Board member, and Board staff thoughts about the Board's performance within the following goal areas:

- Licensing
- Enforcement
- Outreach
- Laws and Regulations
- Program Administration

This document outlines areas where stakeholders, Board members, and Board staff agree and disagree, while providing additional insight to assist the Board in developing goals and objectives for the upcoming strategic plan.

Please review this information carefully in preparation for the upcoming strategic planning session. At this planning session we will discuss and evaluate this information as a group to help identify new strategic objectives the Board will focus on during the upcoming strategic plan period.

If you have any questions about this report, please contact Trisha St.Clair with SOLID Planning at (916) 574-8517 or Trisha.St.Clair@dca.ca.gov.

Licensing

The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

Licensing Effectiveness			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	14 %	75 %	29 %
Effective	65 %	25 %	71 %
Poor	17 %	0 %	0 %
Very poor	4 %	0 %	0 %
Total	100%	100%	100%

Summary of Licensing Strengths

1. Stakeholders, Board members, and Board staff agree the licensing process is fast and efficient.
2. Stakeholders and Board staff say licensing staff is responsive to emails and quick to respond to questions and identified issues.
3. Stakeholders list communication as a strength, saying licensing staff regularly send clear, prompt communication via email.
4. Stakeholders and Board members commend the licensing unit for online services, appreciating online renewal and license lookup as well as online forms and applications.
5. Stakeholders and Board members state the licensing unit maintains standards, holding professionals to extremely high standards while ensuring rules and guidelines are followed.

Summary of Licensing Weaknesses

1. Stakeholders say licensing staff are inaccessible, not answering their phones and taking a long time to return calls.
2. Stakeholders and Board staff would like to see all licensing processes move online, including paying fees, applying, and tracking continuing education credits.
3. Stakeholders cite lack of communication as a problem, saying they would like application status updates and notification if issues arise with their applications.
4. Stakeholders desire a faster turnaround time for processing applications and receiving responses to inquiries.
5. Stakeholders think the licensing process needs improvement, citing the length of time it takes to get licensed, the lack of online services, and confusing paperwork as problematic.

DCA Active License Statistics

To ensure that DCA and its stakeholders can effectively execute the Department of Consumer Affairs (DCA) core mission of consumer protection, the DCA has established a transparent set of measurements to track licensing activity. The chart below shows the number and types of licenses issued during current and prior years, and year-over-year change for each category.

Data Definitions

License Application– An application for a first-time licensee received by a DCA entity at any time during the period July 1 through June 30 of the year selected.

Active Licenses – A license issued by a DCA entity that was active at any time during the period July 1 through June 30 of the year selected.

New Licenses – A license issued by a DCA entity to a first-time licensee at any time during the period July 1 through June 30 of the year selected.

Renewed Licenses – A license that was renewed by a DCA entity to a first-time licensee at any time during the period July 1 through June 30 of the year selected.

Licensing Measures	Q1 FY 19/20	Q1 FY 18/19	Q1 FY 17/18
Active Licenses	35,171	33,118	29,620
Licensing Statistics - Renewed Licenses	13,107	12,110	11,546
Licensing Statistics - New Licenses	3,799	3,811	3,467
Licensing Statistics - License Applications	3,751	3,069	3,047

The data contained in this table is compiled from the Open Data Portal which uses monthly statistical reporting from DCA Boards and Bureaus. Years are based on California’s fiscal year runs from July 1 through the following June 30.

Enforcement

The health and safety of California’s consumers is protected through the active enforcement of the laws and regulations governing the practices of speech-language pathology, audiology, and hearing aid dispensers.

Enforcement Effectiveness			
<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>Board Staff</u>
Very effective	13 %	33 %	14 %
Effective	73 %	67 %	86 %
Poor	10 %	0 %	0 %
Very poor	4 %	0 %	0 %
Total	100%	100%	100%

Summary of Enforcement Strengths

1. Stakeholders, Board members, and Board staff agree that individuals involved in the enforcement process collaborate well, whether it is Board staff working as a team, Board members working with each other, or the Board working with outside entities such as the Attorney General.
2. Stakeholders and Board members say enforcement staff update them and keep them informed regarding regulations compliance and important actions.
3. Stakeholders, Board members, and Board staff agree the enforcement unit is effective, saying staff are competent and the enforcement process runs smoothly.
4. Stakeholders appreciate that enforcement staff is responsive, acting quickly on any complaints and responding to emails in a timely manner.

Summary of Enforcement Weaknesses

1. Stakeholders and Board members describe the enforcement process as too long, saying the Board reacts slowly when a complaint is made and then takes a long time to resolve the complaint.
2. Stakeholders would like to see more support for licensees, wanting more accommodation and flexibility.
3. Stakeholders and Board members would like to see more communication regarding updates and case resolutions.
4. Stakeholders, Board members, and Board staff say the enforcement unit is understaffed and that more employees would help lessen the burden of high caseloads.

DCA Performance Measures Summary

The performance measures demonstrate the DCA is making the most efficient and effective use of resources. Performance measures are linked directly to an agency's mission, vision, strategic objectives, and strategic initiatives. The chart below shows the number of days between the stages of investigating a consumer complaint for the Board. The column labeled “target” is the goal the Board has established for itself. The remaining columns show the actual number of days to move a complaint from one step of the investigation process to the next.

Glossary of Performance Measure Terms

Volume - Number of complaints and convictions received.

Intake - Average cycle time from complaint receipt to the date the complaint was assigned to an investigator.

Intake & Investigation - Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Formal Discipline - Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the Attorney General.)

Probation Intake - Average number of days from monitor assignment to the date the monitor makes first contact with the probationer.

Probation Violation Response - Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Enforcement Performance Measures	FY 2020, Q1		FY 2019, Q1		FY 2018, Q1	
Complaint/Conviction/Arrest Case Volume	59		82		52	
	<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>
Complaint Intake (days)	10	1	10	1	5	2
Investigation (days)	90	170	90	282	90	48
Formal Discipline (days)	540	715	540	1,292	540	1,090

The data contained in this table is compiled from the Open Data Portal which uses monthly statistical reporting from DCA Boards and Bureaus. Years are based on California’s fiscal year runs from July 1 through the following June 30.

Outreach and Communication

Consumers and other stakeholders are educated and informed about the practices, and laws and regulations, governing the speech-language pathology, audiology, and hearing aid dispensing professions.

Outreach and Communication Effectiveness			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	17 %	11 %	29 %
Effective	52 %	56 %	57
Poor	26 %	33 %	14 %
Very poor	5 %	0 %	0 %
Total	100%	100%	100%

Summary of Outreach and Communication Strengths

1. Stakeholders and Board staff state the Board communicates well, providing timely and regular updates via email.
2. Stakeholders, Board members, and Board Staff appreciate the Board's response to COVID-19, saying the Board has sent emails keeping them informed.
3. Stakeholders state the Board is timely in responding to licensees, deadlines, and emails.
4. Stakeholders report the Board is responsive, answering questions quickly and resolving issues when contacted.

Summary of Outreach and Communication Weaknesses

1. Stakeholders and Board members would like more communication regarding what is going on with the Board and upcoming meetings.
2. Stakeholders say communication is unclear due to vague writing and use of jargon or technical words.
3. Stakeholders find it difficult to reach a live person when seeking answers.
4. Stakeholders, Board members, and Board staff would like to see more outreach.

Laws and Regulations

The health and safety of California consumers is protected by the laws and regulations governing the speech-language pathology, audiology, and hearing aid dispensing professions.

Laws and Regulations			
<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>Board Staff</u>
Very effective	14 %	33 %	14 %
Effective	64 %	56 %	43 %
Poor	17 %	11 %	43 %
Very poor	5%	0 %	0 %
Total	100%	100%	100%

Laws and Regulations Strengths Summary

1. Stakeholders and Board members believe the Board has done a great job responding to the pandemic, informing licensees about COVID's impact and changes in requirements, as well as making rapid adjustments where needed.
2. Stakeholders and Board members praise the Board for sending emails notifying them about changes to laws and regulations.
3. Stakeholders appreciate that laws and regulations are available on the Board's website
4. Stakeholders like that the guidelines are clear and concise.

Laws and Regulations Weaknesses Summary

1. Stakeholders would like more communication in the form of regular email updates regarding new procedures or law changes.
2. Stakeholders and Board staff would like to see laws and regulations written more precisely with easy to understand summaries.
3. Stakeholders say the Board's COVID-19 response could have been better, saying laws and regulations updates were slow and confusing, and they received inconsistent information from Board staff.
4. Stakeholders and Board staff say the regulatory process is slow and difficult.

Program Administration

The Board efficiently and effectively utilizes resources and personnel to meet our goals and objectives.

Program Administration			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	15 %	88 %	57 %
Effective	65 %	12 %	43 %
Poor	15 %	0 %	0 %
Very poor	5 %	0 %	0 %
Total	100%	100%	100%

Summary of Program Administration Strengths

1. Stakeholders and Board members state that Board staff is great, hardworking, and helpful.
2. Stakeholders and Board members state the Board’s leadership is strong, receptive, and always available.
3. Stakeholders say Board staff always respond to emails in a timely manner.
4. Stakeholders compliment the Board for prompt responses, prompt service, and meeting deadlines in a timely manner.

Summary of Program Administration Weaknesses

1. Stakeholders report difficulty in reaching staff by phone.
2. Stakeholders and Board staff state the processing time for licensure is too long.
3. Stakeholders, Board members, and Board staff believe the Board is understaffed and that hiring additional personnel in some areas would improve work completion rates.
4. Stakeholders say Board staff respond too slowly and sometimes mishandle paperwork or provide incomplete information.

Appendix A

This appendix contains the qualitative data relating to Board strengths and weaknesses collected during the surveys and interviews.

The comments in this appendix are shown as provided by stakeholders. Comments that appear similar or on a specific topic have been organized into categories. Comments that were repeated multiple times are grouped with the amount shown in parentheses. The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling and/or meaning the stakeholder intended when providing the comment, however staff names have been redacted.

Stakeholders – Licensing Strengths

Accessibility

1. It is helpful to be able to SPEAK with a representative when dealing with such a critical event as obtaining a license.
2. If items are missing, they reach out to you and are available over the phone for any inquiries.
3. Answering phones.
4. Someone available to answer questions via phone
5. It is easy to get a hold of someone with questions or concerns.
6. When I had to call, most of the time I was able to speak with someone and I always got an answer.
7. Getting in contact with me.
8. Availability via phone or email to answer questions
9. Consistent answers to phone calls

Accuracy

1. License was accurate and arrived without complications.
2. Accurate Information
3. I have not had much interaction, but the questions that I have asked from the board have been answered quickly and accurately
4. Accuracy

Continuing Education Units

1. They require that I show proof of my CEU attendance for the 2 year requirement. As a SLPA I was able to participate in offering more help to SLP's who needed support.
2. Being clear with the requirements for obtaining CEUs.
3. Access to CEUs readily available

Clear Guidelines

good instructions on requirements, and guidelines.

Quit and clear about expectations for licensing

Instructions are clear. Everything is located in one place.

Clear-cut directions are written within the RPE packet.

Clear timelines

Info online is clear. I am not really sure of any advocacy you have done in the area of licensing.

Clear guidelines

The form is easy and clear

Requirements are clear.

States expectations

Expectations clearly defined

Communication

1. Contact for testing, results and general questions is excellent.
2. Responding to emails,
3. Despite the problems with COVID-19, my license was issued quickly. It helped to receive an email stating that my application had been received.
4. Keeps one informed during process
5. Clear reminders are sent when it's time for an update to my license.
6. Clear communications
7. They've been communicative via email.
8. A phone call was made to notify me of missing documents needed to get licensed.
9. Communication (4)
10. Sending email confirmations that they have indeed received the appropriate documentation.
11. Clear and effective communication
12. Emailing updates
13. Responding to emails
14. I am always notified with plenty of time that my license is going to expire, and
15. Email
16. An improvement has noticed during the last four years. The communication back and forth has improved including providing useful information and facilitating the procedure.
17. Clear communication of when you will receive licensing.
18. Improved communication promptness
19. emails are sent on urgent matters
20. Prompt communication
21. Communication is clear and regular.
22. Clear replies to questions
23. The board is good about sending updates regarding licensing
24. Communicative regarding when my license was received and the expected wait time.
25. Electronic communication
26. Good email communication
27. I got a license and was able to work. Can't remember how quickly this happened. Also the email responses I have gotten have always been very detailed

Competent

1. The board is always on top of things.
2. Effective to have experienced SLPs supervise and evaluate performance of prospective SLPAs.

3. They can provide a license.
4. Communication on the phone was ok
5. They keep accurate records of licenses and have a good standard of operation.
6. meets established deadlines
7. Doing the best they can with the limited staff they have
8. Making sure SLPs get their license on time.
9. Providing a license

Consumer Protection

1. Protecting patients
2. Consideration of consumer protection in issuing licensing guidelines.
3. I have listened to several board meeting webcasts. They are all committed to making decisions that protect the public. They are essentially aware of issues affecting the profession in the state of California.
4. They seek opinions from stakeholders, respectful, balances commitment to consumer protection and realistic licensure requirements.

COVID-19

1. They responded to covid
2. Acknowledging crisis in COVID and ceasing payments for fees until things are under control
3. Flexible with covid

Documentation

1. Documentation on what is required to receive license.
2. Required documents were clearly laid out and easy to understand what I needed.

Ease of Process

1. Straight forward process.
2. Easy to navigate the process
3. They make applying for your license very simple and accessible to all.
4. Easy understanding of requirements to obtain license.
5. The licensing steps are clear.
6. Renewals are easy.
7. My license is easily renewed.
8. Directions were clearly written.
9. The process to becoming licensed is pretty straight-forward.
10. Clear requisites to licensing.
11. License verification is also easy.

12. The requirements for licensing are clear. The process of license renewal is efficient.
13. Ease in application
14. The process of applying for and renewing my licensing was quick and easy.
15. It is a straightforward procedure
16. I felt the process was relatively easy to navigate, which was nice as it is a very stressful time.
17. Licensure eventually and accurately happened. Renewal was easy and seemed quicker than initial licensure.
18. The renewal process is very easy.
19. Over all the process was great and it was easy to get In contact with someone when questions arose.
20. Have never run into any real problems in the licensing process.

Efficient

1. They seemed to be efficient and when I had an issue with paperwork they called me quickly and helped me address the issue
2. Efficient and quick in issuing
3. Very organized
4. Efficient (2)
5. Fast and efficient
6. They communicate RPE time accrued and necessary paperwork effectively. They answer questions regarding RPE promptly.
7. Ability to prioritize urgent tasks
8. Efficiency in providing licensing. High turn around time in obtaining license.
9. They're are all working hard to get things done, they are a strong group.

Fair

1. Treating everyone the same and utilizing rules equal handidly
2. Flexible with licenseholders' varying timelines and understanding of RPE extensions.
3. Fair in process

General

1. They issue licenses.
2. I have only had to send my bi annual \$\$\$\$. No direct contact
3. Providing licensure.
4. A license is eventually issued following the application process.
5. They do it eventually.
6. Gets it done
7. I have never had problems or confusion.
8. You get a nice piece of paper to display on the wall

9. Monitoring a large number of licesning.
10. I can count in 4 weeks
11. Oversight and general guidelines, perhaps?
12. The eventually will get a license to you.
13. Regulation laws
14. Issued license

Helpful

1. Friendly, helpful staff
2. Helpful
3. Answered/clarified my questions about continuing education credits.
4. Strong at helping people get their dispensing licenses and the process.
5. Once I was able to get someone on the phone they were very helpful and able to provide detailed information.
6. When I have had to call in, staff was very helpful and efficient.
7. They can answer questions
8. The staff are extremely helpful and genuinely care about the licensees and applicants.
9. I had a bit of difficulty with obtaining my license because I had completed all my coursework, but had not graduated from school yet. The Board was able to clear up any questions, etc. and had also called me on the phone to clear things up.
10. The board has responded to emails and questions in a timely manner and with specific links and resources.
11. knowledgeable staff, more responsive than in previous years
12. Quick responses to emails and helpful on the phone
13. Good support.
14. Staff are helpful if I have questions.
15. Had my questions answered with a phone call.

Maintaining Standards

1. Strict guidelines
2. Following defined rules
3. Keeping track of who is licensed
4. Degree of difficulty with the practical.
5. Making sure they follow guidelines and rules indicated.
6. Making sure the rules are followed and regulations are adhered to
7. Ensuring the practice only by the licensed professionals.
8. Ability to complete the license for professionals.
9. Holds professionals to extremely high standards
10. Outlining requirements, making sure all applicants and licensees qualify
11. I trust the Board has strong standards for licensing and enforces them.
12. Oversight of licensing regs

13. Maintains records of licensure.
14. Able to regulate the practice
15. They set forth the criteria for licensing and will require the paperwork to prove that the criteria was met for licensing. Renewals also require certain criteria, but the board checks this randomly.
16. They set forth the criteria for the profession and make sure the professionals are equipped to perform.
17. They are accurate in the laws
18. The board can insure the professionalism of Speech Pathologists.
19. There is a sufficient amount of accountability when trying to achieve a licenses
20. I feel like the requirements are strict enough to ensure people getting licensed have the necessary experience.
21. I like that the Board has a rigorous application process. As an SLP who holds licenses in more than one state, I value my CA license more because it was the most difficult to obtain. On a related note, I also think the difficulty in obtaining licensure speaks to the overall quality of the state. For example, Washington and New York are likewise difficult while states like Nevada are relatively simple.
22. They make sure we have all of our credentialing, hours, and units
23. Standards for licensing are strong

None

None (4)

Online Services

1. Making documentation available online
2. I live outside CA. I use the web platform for licensing process and renewal. So far each process I have applied for have resolved in a short amount of time and no errors.
3. I am glad there is an online way to renew one's license!
4. Ease of online access.
5. Everything is available on line for looking up
6. I find strength in having online access
7. Online services
8. Online access to licensing updates
9. Online materials & forms are available
10. Clear online instructions and online platform and submitting forms online was great-digital applications are the future!
11. Can find paperwork online
12. Recently allowed online renewal of licenses.
13. Use of technology
14. Easy access online.
15. Online presence.

16. really like the online renewal!
17. Allowing us to renew electronically
18. Once I figured out the process online, the license was sent to me without errors.
19. Finding a license number online
20. Renewal online
21. Reasonable response time via email, all forms are available online.

Positive Staff Interaction

1. I have had some good interactions with members and have had some luck getting questions answered
2. When I finally reached the right employee, they were able to understand a problem and fix it. That employee went above and beyond to help me.
3. I have been in contact with the licensing analyst, [licensing analyst name], and she was very helpful and responsive to all my questions regarding licensure.
4. The board has been cordial when I have called with questions.
5. [licensing analyst name] is great at responding to e-mails. That is it. Literally your only strength.
6. You're always super nice when I talk to you over the phone.
7. Very personable on the phone.
8. The members are relatively nice when you can finally access someone. "
9. The people I spoke to on the phone were friendly and helpful.
10. Intelligent Staff
11. [licensing analyst name]
12. One time after they made a mistake on processing my license someone called my boss to apologize to them
13. The employees respond quickly and are very nice and helpful.
14. Friendly staff.
15. Good customer service
16. Calling the licensing board has always been a good experience.
17. Great personnel. Everyone I have ever contacted at the board has been both friendly and competent!
18. Costumes service
19. Very kind

Practicums

In recent years - Increased number of Practicums Pre-Covid.

Reasonable

1. It seems to be a good system and good process, but slow.

2. Usually can get questions answered via email in a timely manner within a couple of days.
3. I received my SLPA license notice and renewal in a reasonable time frame.
4. Gives plenty of time to renew our licenses.
5. I appreciate the two year license certification period.
6. They have clear and reasonable expectations for maintaining licensure.
7. They stick to the set requirements of SLP licensing.

Reminders

1. Consistent reminders that licensing is expiring, new online renewal payment option.
2. Reminders that license needs renewal
3. Sending reminders before renewal dates

Resource

1. Source for timely info, consistent updating
2. Working with them to understand rules and regulations is very easy.
3. Providing licensing and information on license verifications
4. Availability of information online
5. Informative
6. Answering questions from licensees.

Responsive

1. The board has been surprising well with communication and responding to emails.
2. Retuning calls made to them in timely fashion
3. Returning phone calls
4. They try to resolve any issue.
5. Quick response time to inquiries
6. When leaving a message they usually respond within 24 hrs.
7. They eventually get back to you.
8. Quick response in answering questions.
9. Great follow up to phone calls/messages.
10. Thorough information to help achieve licensure"
11. When I had a question they called back within the same day
12. Following up with concerns, calls, and emails.
13. If you call them to complain and are able to talk to a real person, the board will fix the error as soon as possible.
14. I always received quick responses to my inquiries.
15. I have received prompt responses to my questions regarding licensing.
16. Prompt correspondence when an error has been identified.
17. Responsive to emails (9)

18. I left a voice mail and somebody returned my call.
19. Quick to respond to questions
20. Respond within 2 days.
21. The Board is thorough and responsive.
22. My concerns were addressed promptly.
23. They have been quick to answer any questions and [licensing analyst name] is always helpful
24. Quick, often respond to emails regarding licensing
25. Quick response when I needed assistance
26. The Board was responsive to my emails when I had questions.
27. Quick responses to inquiries. Quick resolution (and closure) of a complaint against me.
28. The board is very quick to respond to inquiries and questions.
29. I have received prompt email responses during my application process for my RPE license as well as my official license.
30. Responsive
31. They recognized the increase demand for Teletherapy and approved a waiver for SLPA's to do online therapy.
32. Resolving issues
33. They respond quickly
34. They respond quickly and are able to sort out issues flexibly.
35. Quick to reply to emails and questions

Swift Turnaround Time

1. Speed of replying.
2. The response time for licensing seems to be always improving. From 6 weeks to less than 4 weeks. Seems there is still room for improvement.
3. Steady improvement in timeliness in issuing licenses (not counting delays due to Covid-19)
4. They approved my license and sent my license to me in a timely manner.
5. Quick turn around time for the board answering my questions via email.
6. Licensing is processed fairly quickly when submission of payment is made. I like the option to pay online now. I like the timelines that have been added to the website to provide an idea of when licenses should be expected. Furthermore, there have been some new licenses that are processed fairly quickly for some of my students (I am also a faculty member who guide students on their licensing information).
7. Until COVID, faster response time
8. I received my licensure within the appropriate given timeframe when transitioning between state licenses.
9. Prompt
10. Meets timeline
11. Speed seems to have improved, especially for new licenses

12. I have never had to call or email the board personally. My own license application and renewals were processed in a timely fashion.
13. They have gotten better at processing licenses in a timely manner.
14. Questions were answered quickly via email.
15. I got my license in time to start work in the fall.
16. License was processed in a relatively quick period.
17. It has fast processing on replying via mails.
18. Fast.
19. I've only contacted for a name change some years back & my question was answered & the issue was resolved quickly.
20. Speed and response rate
21. I feel licensing process has sped up.
22. Fast response time
23. I received my license in a timely manner.
24. They send things back in time.
25. Quick email responses
26. Turn around/processing for simple tasks is quick and has improved over the years.
27. Quick processing of license
28. Very timely & quick to process/issue my license.
29. They process licenses quickly (2)
30. Quick processing
31. Processed my payment and renewal quickly.
32. speed in which they mailed my SLPA license to me
33. Licenses are provided and renewed in a timely manner
34. Processing time on renewal request
35. Takes short amount to give a license
36. Received license and renewal in a timely fashion.
37. Quick licensing and effective electronic communication
38. License Renewal
39. Issuing the licenses and renewals in a timely manner.
40. Licensing processing time was fast and efficient.

Testing

1. Practical exam procedures
2. Effective in examinations for providing licenses to those who pass the examinations.
3. I thought the testing for the practical was very organized.
4. The 2 part exam in hearing aid licensing and requirements for CE makes it effective.
5. Very organized way of testing written and practical knowledge.
6. Testing and minimizing competition within the profession in the state of CA.
7. Every one is tested, despite the tests having little application to the reality of the profession

Thorough

1. They are specific, detail oriented and thorough in paperwork.
2. Very detailed (2)
3. Very thorough in requiring documentation to receive and maintain a license.
4. thorough review of documentation
5. they are thorough but not understanding of individual situations
6. What is tested is thorough.
7. Thorough process, fair and equitable
8. They are very thorough in their licensing processes.
9. Very thorough

Unknown

1. Don't know (3)
2. Unable to answer. Haven't interacted with them much.
3. I really don't know
4. No opinion or experience
5. I dont know because I have several licences. You have not stated which state you represent.
6. N/A (6)
7. Unsure (2)
8. No idea
9. I've had no involvement
10. Hard to say

Website

1. The website contains many features that work well, including the online licensee verification portal and the webpage explaining the pathways to obtaining a license with application packets included.
2. Good information listed on website
3. Information on the website is helpful.
4. Information given on the website is helpful for new licensure and applications.
5. Some information is available on website
6. The online portals
7. Website is very informative about the process.
8. The website is easy to read and find information.
9. Keeping up to date information on the website for consumers and all licensees.
10. The website includes up to date forms most of the time.
11. The website is accessible
12. Web-based presence

Board Members – Licensing Strengths

Collaboration

1. The Board takes time to listen to one another – they have Speech-Language Pathologists, Hearing Aid Dispensers, and Audiologists. The profession’s national association guides so much of what they have to do in order to stay practicing.
2. The Board needed some SMEs in the area of evaluating the applications of people trained in foreign countries – contacted an association and within the same day had people with the qualifications in place. I’m Very pleased the Board reached out to contact resources at the CASHA Board.

Committed

Every Board Member works hard. If they have questions, they ask them. In one case, they were almost done, but they were willing to take another look at the materials, have a discussion, and that changed the outcome. All of the Board members are willing to stop, go back, review, and then make a decision. The Board is very strong and cares about what it does. The SLPs on board ask great questions.

Consumer Protection

1. The Board is very definitely watching over the consumers. During many discussions they will say we’re there to protect the consumers of California.
2. The Board does a good job of making sure consumers are protected.

Efficient

Following the board’s actions and executive officer reports, the Board is very efficient with limited resources. The Board is not a large Board but the staff is fairly good at keeping up with licensing requests.

General

Everything seems relatively standard with the other licensing boards. Overall, the Board does a good job

Hardworking

The Board is working really hard at processing everything as quickly as it can.

Helpful

Board staff has been so caring and listening when people call, they've helped people be more understanding.

Leadership

The Board has gone from handful of staff trying to deal with a huge workload to having many more staff. Credit is due to Paul Sanchez for seeing the need for more staff and making sure it happened.

Maintaining Standards

The Board carefully considers best practices, e.g. telepractice, already accepted for therapy, needed to be looked at in terms of supervision, so the Board put together a regulatory package. Right now there is a waiver for telesupervision. This is crucial right now when people have to do therapy online. We wouldn't be able to work with SLP and SLPAs in the field without this.

Online Services

The Board has removed the barrier of having to apply by mail.

Swift Turnaround Time

1. The Board has worked very hard to improve the timing in which applications are processed.
2. The Board has developed and maintained a quicker response time to getting licensing done. A lot progress has been made in this area.
3. The Board provides licenses within a good timeframe – it doesn't take months and months.

Testing

Practical tests are being done right. I am not aware of complaints from people who want to be dispensers and need to take the tests and are unable to do so.

Board Staff – Licensing Strengths

Committed

Staff commitment

The Board addresses pertinent issues and the needs of the professions.

Efficient

The Board processes applications based on the resources we have and stays on top of them.

Knowledgeable

Staff is knowledgeable and able to navigate through the lack of technology the Board is able to offer while keeping timeframes under control

Positive Staff Interaction

The licensing staff is extremely dedicated, hardworking, and willing to work overtime as needed.

Responsive

Excellent follow-through with each licensee.

Swift Turnaround Time

Given the workload and heavy reliance on paper, the Board is very fast at processing applications.

Stakeholders – Licensing Weaknesses

Board Member Relevancy

1. Hearing Aid Dispenser Representation seems to be low if not dismissed and undermined by the Audiology members. We should all work together to elevate the need for private practice.
2. Many of the board members work in academia, which limits their exposure to the types of issues they may be aware of (may benefit from more variety of work settings).

Continuing Education

1. Too many CEs which are very costly.
2. Not sure how much accountability there exists in making sure licensees acquire the necessary CEUs.
3. Considerations for ceu's during pandemic. The expectation to achieve so many in-person credits is unreasonable.
4. I don't think the requirement for live CEUs makes sense. Recorded CEUs can be just as effective.
5. Clarity on what qualifies as continuing education
6. I would love a CE transcript like ASHA does to keep track of my CEUs.
7. Considering To providing credits to licensees to enable all kinds of non-direct distance learning web based learning and online courses as a means to complete continuing education credit
8. Instead of 6 hours only.
9. Many CA SLPs that I've talked to are clueless that they need 18 live CEUs and only 6 can be recorded sessions/not live. "
10. Require more and too many courses which are repetitive & often cover overlap of basic human moral & ethical topics that if absent won't be guaranteed by such repetitive course taking. Self-employed can't afford to take unpaid time off. Also ASHA has even more requirements.
11. The board's continuing education requirements are too specific and not easily achieved.
12. CEU maintenance requirements are complicated
13. Very hard to get like hour CEU with Covid. I wish we placed more value on self study courses instead of only allowing 2.5 hours.

COVID-19

1. Your office is buried because of COVID-19. I think everyone is impacted.
2. updating changes and regulations due to covid-19 pandemic, aligning renewing a license and CEUS with ASHA's timeline and certification. I would like both agencies to have the same timeline (like the end of the year, not one's birthdate) so CEUs can transfer equally between the two.
3. I believe there is more the board could do for dispensing licenses during COVID times rather than completely putting a hold on it. Zoom exams, exams in open spaces... this is postponing people being able to start their career and it is unacceptable them not making a statement or effort in adjusting requirements.
4. could be more accomodating to policy regarding new grads during covid-19 2020. Hours could/should still count even if under 15 per week to help those who have remained employed/flexible with changing systems during this time
5. Waivers for those who are not licensed while creating barriers for SLPs who move to California and currently hold licenses/certifications from elsewhere (this was the case several years ago)

6. The delayed response for RPE guidelines during COVID was a huge weakness
7. There is an extreme lack of clarity on your procedures during COVID-19, especially with licenses that are expiring, and what hearing aid dispenser trainees should do if their licenses are set to expire prior to being able to offer the dispensing practical exam. T
8. Haven't given updates on COVID procedures for RPE.
9. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.
10. What does SLPAHAD have against our profession? Especially since post-COVID-19 will change how we can safely move about. Certainly, our national professional organization (ASHA) allows a more versatile way to meet our CEUs, for instance. Belaboring the point, but it would be nice if the 'brick and mortar' requirement of live and/or in-person training we reconsidered provided SLPs could prove rigorous training (through ASHA-sponsored courses, for instance) for CEUs.

Documentation

1. Paperwork burden for the RPE process is very high.
2. The board has to move towards digital copies rather than turning in documents via mail. Offer different options for payments too (eg. Credit cards, checks).
3. Many required documents which weren't all clearly requested on the form
4. Paper work takes a long time.
5. Too much paperwork.
6. Forms constantly changing

Enforcement

1. Looking at individual cases that might not allow a black or white answer and give considerations on a case by case basis.
2. They do not do a good job of regulating all websites for all hearing Aid Centers across the entire state.
3. Unsure how well Or impartial enforcement is handled. I've experienced a extreme example of a ugly vindetta That was carried out against a previous employer over 20 years. I'm fairly certain that was not fair and even handed compared to any other case I'm familiar with since.
4. Not strenuously pursuing license violations.
5. Poor enforcement of licensing laws (both audiologist and HADs) of those who violate those laws
6. Very harsh punishment for mistakes.

Exam Issues

1. The written exam could be more challenging and and more current with regard to today's changing technology
2. Initial licensing exam is difficult to access (must travel and only offered a few times a year) and expensive for a new graduate making it difficult to fund.
3. Practical exam for dispensing is only available in Sacramento which is very inconvenient for most of CA. Audiologists should not be required to take the dispensing exam. In most other states the audiology doctorate is sufficient for dispensing.
4. Slow processing and scoring of exams
5. Not enough testing dates and proctors
6. Testing for the dispensing audiology license is outdated. No other state except for Minnesota requires audiologists to pass a dispensing exam.
7. The dispensing testing process is insane. Literally. It is only offered 2-4 times a year making it very difficult to get in. Most people get wait listed and have to wait longer. In addition, the test is also not appropriate. The fact that 30% of the test has to do with an ear mold that it does not require a dispensing license to make, seems very weak. Overall, very disappointing. I have had several students go through the process.
8. Too few opportunities for taking the Practical
9. Exam for new licensure.
10. Requiring written and practical exam for audiologists to dispense hearing aids
11. License exams paperwork

Fees

1. Also, it does not make sense that we have to pay more fees for the actual license when we have already paid for and passed the practical.
2. We pay for the license annually but we see few if any tangible benefits other than the right to work under poor conditions for remarkably low pay.
3. The cost is obscene. In Colorado they charge \$10/year, the California license fees add no additional benefits while costing more than double
4. I feel the cost would be almost prohibitive for someone without employer support.
5. Cost of license. Huge pain to get dispensing license in addition to Audiology license. Dispensing should be included with the audiology license.
6. Take money from people needing to work for a living.
7. Fees are high
8. Licensing is very expensive.

General

1. Even though my license was issued fairly quickly, it is hard to wait for a license to be issued since you can't apply for a job until you have received it.
2. Please e-mail me. Too much to write. I have seen things over they years.

Inaccessible

1. They never answer the phone and they take a long time to return your call.
2. Difficult to communicate with if any questions or issues arise.
3. Answering questions
4. Often unable to talk to a live person
5. Access to resources and information on the process
6. Sometimes it takes a long period of time before you can reach an agent.
7. It should not take 5-7 phone calls or more to reach a representative to speak with.
8. Not available
9. The clerical part is not that effective. The phone calls are not answered, but emails are.
10. It is difficult to get them on the phone .
11. They are impossible to get a hold of, get questions answered, and get license status completed in a timely manner
12. It's very hard to get a person on the phone.
13. Sometimes it is difficult to get in touch with someone through the department's phone lines (in my experience). I had to leave a message and I was only able to get a hold of a person once when I tried to call (maybe 3 or 4 times). Best way to get in touch with someone was through email.
14. Having to take the practicals only in Sacramento. We. We'd multiple locations and options to comply.
15. Very difficult to contact and communicate with.
16. The phones are rarely answered and messages not followed up on; if a call is answered, return calls are still not made.
17. Before 2014, it was very challenging to reach the board.
18. The Board, at least for Audiology, would probably fall apart without [licensing analyst name]. The process was very unorganized and it was hard to get anyone on the phone. [licensing analyst name] was always there (email) to resolve issues that otherwise would have probably been lost in a pile somewhere. She made the licensing process "effective".
19. Difficulty to reach a person over the phone when we have questions. Calls are not returned.
20. Difficult to get in touch with anyone there over the phone.
21. Not available
22. When going through the application process I had a horrible experience communicating with the board. When I called I never got an answer and the answering machine was often full so I was unable to leave a message. Emails went unanswered. It was miserable and made the licensing process take way longer than it should have
23. Very difficult to talk to a live person, long waits for a call back, these weaknesses made getting licensed here initially a huge hassle

24. They are very difficult to contact via phone or email and the office acts as if you are "bothering them" with questions or status updates- as if they are understaffed and have no resources.
25. No ability to reach a person to answer questions and no response from the board when a message was left
26. They respond after multiple emails and messages are left.
27. The fact that you can not ever get ahold of anyone by phone.
28. Difficulty to get in touch with a rep to answer your questions.
29. No way to contact by phone
30. Impossible to get anyone on the phone
31. No one ever answers the phone.
32. Also, I found it difficult at times to communicate with the board.
33. Difficult to contact, resolve issues,
34. Very limited ways to contact them.
35. It takes too much time to get communication with someone who is affiliated with the boards.

Inconsistent

1. I have contacted the board regarding SLPA licensure and have received conflicting information at times depending on who I spoke to. So the lack of consistency or the inability to directly answer questions presented is a weakness.
2. Different expectations than our national organization, ASHA
3. As someone who was applying for an RPE with out of state experience, I got mixed answers and the staff that I spoke to were very unkind and unhelpful.
4. I think you may want to consider the platform and System of Illinois's IDFPR. The user/licensee interface is more organized and explicit in instructions and less prone to individual specialist's bias. When I had my license application reviewed, I had a different evaluation compared to my classmates from the same master's program. I had to take more courses compared to my classmates. In fact, the three of us had different deficiency outcomes: one had no deficiency, one needed 6 units, I needed 9 units deficiency. When I brought up to the board specialist that three of us came from the same university program I was hushed and told to comply.
5. Consistency across RPE's within the same SELPA or County.
6. There is not consistent communication. I am often told different information by different people.

Ineffective

1. Data entered into the system is often incorrect.
2. Inaccuracies and duplications of licenses and renewals - especially in the branch license area,

3. My most recent correspondence was received but not processed correctly, resulting in my license appearing to not be renewed on the provider search page for a few weeks.
4. Losing applicant material are two big issues.
5. Many licensing renewal mistakes.
6. When I moved a couple of years ago, I had lots of difficulty getting my license sent to my new, correct address. I continued to call the board to change an error they had on my new address. My license continued to be sent back to the board. I called and emailed and it took months to get the error corrected and the license sent to the correct address.
7. Many errors
8. Lost applications
9. Holds without informing the applicant
10. These careless mistakes impact therapists and the differences they are able to make in their client's lives
11. Paperwork sometimes gets misplaced
12. Clerical administration is a weakness, names and license numbers have been mixed up as well as supervision and assistant mix-ups have occurred.
13. Misplace documentation
14. Attaining a new license is a long process and errors are not caught & corrected in a timely manner.
15. Board loses paperwork and have to resend it. Takes 6-8 weeks for things to post on the license.
16. Received another licensee's license in my mail
17. Not responsive, not helpful. Ever. I've had so much important paperwork lost.
18. We a complaint about an unlicensed person is reported dispensing , nothing is done.
19. Losing and processing documents. It is ridiculous that i have to pay for return receipt so my documents don't get lost in the mail!

Inefficient

1. Efficiency
2. If any errors, we get sent to the back of the pile and need to start over
3. It does take some time to get back to if you accidentally miss something on your initial documents because they're sent back via mail.
4. From my limited interactions with them, they seem to still conduct business via hard copy, snail mail. Very inefficient.
5. The checks are cashed before anything gets processed.
6. Could be more efficient
7. They are poor in timelines and efficiency
8. The Board found multiple issues with my application, but it only told me about these issues one at a time... after I had solved one issue I thought I was good to go, only to find out that another portion of my application was missing or incorrect. This significantly delayed the process of obtaining a license. I also needed to send multiple

copies of my transcript due to the Board being unable to open attachments from Student Clearinghouse for former CSUF students... this further delayed the process of getting a license.

9. Combined efforts. Too much overlap conducting services to too many disciplines.
10. Board takes too long to process licenses and denies them for strange reasons. I had to escalate my license to a supervisor because my pen ran out of ink when signing so they assumed the signature was "forged"
11. Administration is very disorganized with applications. Forms and materials need to be submitted multiple times as they are frequently not matched up with relevant applications.
12. Inefficient, no tracking of licenses/RPEs being processed.

Lack of Flexibility

1. They only see things as square or round! no gray area
2. Need to have different training/ supervision models for CFY SLPs in different setups such as schools, hospitals, nursing homes etc.
3. flexibility in unique situations
4. Inability to progress with changing scope needs
5. The board has effectively made it impossible for me to be licensed in California. When I wanted to get my PFE license they took so long after you found a supervisor willing to be named on your application that I couldn't find anyone willing to wait that long. There is no information on their website about the other licensing program through the schools, so it took me a year before I could finally start my CFY. Then, because of how long they took to issue my RPE I wasn't able to complete the 9 months within the 12 months I worked under the other license. Further, they have said because I didn't finish the RPE I can't get a reciprocal license. I have been an SLP in Texas since 2015, but to work in California I would need 9 supervised months on site. That is a very counterproductive interpretation of the rules. I am constantly asked to work for contract companies in California. The board should not be excluding competent clinicians from becoming licensed.
6. Proctored exams are inconvenient and very expensive for trannies to attend as they are only offered in Sacramento. There should be options for other testing location to reduce the cost to those trying to get into these fields.
7. It is too time consuming and difficult to obtain an dispensing audiologist license. We have already completed 3-4 years of graduate school to get our doctorate. I think audiologists should not have to complete the practical portion and just hearing aid dispensers since they do not have the extensive training or hold a doctorate like audiologists.

Lack of Guidance

1. Providing clear guidelines on direct versus indirect supervision of SLPAs. Many in the field believe that an SLPA with experience (open to interpretation) does not need direct supervision. SLPAs with lots of experience still benefit and should receive regular direct supervision in order to provide ethical service to the consumer. Licensure scope does not clearly define.
2. Also some SLPA's have questions about whether or not they can be utilized as an independent contractor in the state of California. This category for SLPA's opens up questions, ethical dilemmas, potential misuse of an SLPA. It would be wonderful for the board to provide clear direction in guidance in this area. If the board is not able to provide a position it would be helpful to direct licensees to the appropriate regulatory body who can answer these questions."
3. When a question was answered by the board, the answer usually was vague. I needed to always get clarification.
4. Unclear in requirements

Lack of Online Services

1. All licensing should be done online. Paper applications are tedious and take too long. Possible unsafe with COVID.
2. Lack of digital ways of doing things. There needs to be an update so people don't have to mail applications and can do it online.
3. Using paper and snail mail to manage applications makes the process much slower. I would like to see it go digital in the near future.
4. We need to be able to update information, including paying dues online.
5. I believe I am still paying renewal fees by mail, it would be wonderful to see that moved online
6. No online CEU tracking system, no electronic confirmation of approved license renewal
7. The fact that the whole system is still paper driven in 2020 instead of being electronic like most states. I could go on.
8. No online options.
9. The lack of digital options for us to apply for licensing as well as making it easier for supervisors to add and remove SLPAs from their licenses without the extra paperwork is a big concern to me. The board is extremely antiquated in their ways.
10. The 4-6 week waiting period for RPE and final license is unacceptable
11. I came from Ohio where the Board is computerized for the entire application process. The paper/pencil system slows down the process.
12. It feels very old fashioned. I know that now you can pay license fees online, but I think more forms should be online, including the RPE licensing Paperwork and SLPA supervision forms. It seems that the entire process would be streamlined if we weren't always sending in hard copies of paperwork and crossing our fingers hoping it gets there.
13. This is 2020, it should be Able to be done online.

14. It would be beneficial to have how to videos online. This would help reduce the unknown.
15. And why is it necessary to have an exactly 2x2 picture? In today's technologically advanced world, why do we still need to print out the application and send it in the mail?? All seemed outdated to me, as I was just licensed a month ago.
16. Paperwork process - it would be much more efficient to have the licensure process be online.
17. It would be nice if they move to a digital model. They seem to be behind the times. The ASHA stuff was online and much easier to accomplish.
18. The technology for submitting licensing paperwork and interacting with the Board should be more current. Sending everything in by mail is very slow and inefficient, and it is frustrating waiting around hoping they received it and wondering how long it will take. This process should be much quicker.
19. Slow, rude, timelines are incredibly long for processing, board won't accept syllabi via pdf/email. ASHA currently accepts all applications via web - why can't you
20. Requirement for hard copy/mail in paperwork. Using an electronic platform for submission of licensing paperwork appears to be much more efficient and timely.
21. The paperwork is not clear. There is definitely a way to make all of it online. It would be much faster and more efficient.
22. Ability to take online payments
23. They need to improve their ability to receive forms electronically instead of mailing everything in.
24. There's a weakness in the area of technology.
25. Application and address change should have online applications
26. Ease of uploading documents, renewal, etc.
27. I am not sure why there is not an online application. An online application may reduce questions since applicants know their application was received.
28. The paper documents lead to errors, lost documents, etc. Need an electronic application system
29. Not allowing for digitized procedures such as doing all licensure renewal/SLPA supervision/termination of supervision to be done completely online.
30. Everything is still done with paper and regular mail, instead of electronically. It could be so much more efficient if the system for submitting paperwork was digital.
31. Need to be able to do everything online: apply, renewal notices, etc.
32. No way to change address online - this seems a little archaic. I called and spoke to someone to confirm that my change of address (paper) had gone through and was told to print another and resend it to make sure - NO confirmation over the phone.
33. Some things could be better streamlined. Payments of dues online. Documents that you can complete online etc. Having to mail things on a deadline seems antiquated.
34. The paperwork process needs to be updated and digitized for quicker and more timely response. (E.g. Emails, web forms, etc.)
35. Not enough online
36. Lack of ability to pay online.

37. Submission of application should be digital not mailed, pre-approval of RPE results in downtime and delayed employment for new grads (and this is not required in ASHA and other state provisional SLP licenses)
38. Inability to submit and monitor application online, it was a nightmare to get my supervisors signature in ink and she made an error so we had to mail the form back and forth. It took forever and if it had gotten lost it would have been awful because of the sensitive information.
39. Everything has to be send via paper versus electronically
40. No offering online services
41. It would be helpful if we could've completed applications online instead of of mailing things in.
42. I wish we could submit paperwork online. It seems really slow and old fashioned to have to do everything by mail.
43. No online application process available. The paper application is antiquated and a lot can get lost in the process.
44. The board is outdated compared to other SLP organizations, such as ASHA, who allow you to apply for credentials, renew credentials, and change your information electronically.
45. Requiring paper application
46. Outdated paper based system.
47. Until recently online payment was not available.
48. Everything with paper! Should all be online.
49. Sending in paper copies- could transition to electronic so processing is faster.

Lacking Knowledge

1. Also, they never answer your questions clearly, it's only a vague answer that still requires interpreting resulting in having to email/call again which leads to more waiting.
2. Little accountability on the boards part. Lack of understanding in the field, poor presentation skills at csha
3. They aren't very informative.
4. Most often, the person I am speaking to has been unable to answer my questions.

Licensing Process

1. It takes a long time to go through the testing process to be licensed.
2. Original signatures to be sent snail mail may be legal, but are old fashioned and add time to the licensing process.
3. The process is archaic and takes extremely long to complete.
4. Processing paperwork and distribution of licensure.
5. They need to be more diligent about processing licenses for potential licensees that have a past criminal conviction that is not related to any reason that should keep

someone from getting their license. It's unnecessarily lengthy, difficult to get a hold of someone to check-in, and they don't provide communication of the process.

6. The licensing paperwork can be very confusing. Is there a way to make it easier to read and navigate
7. Processing of new applications
8. Requiring different things than ASHA
9. Expensive application process
10. Very long application process
11. Poor system for status updating on application
12. Feels like ""more hoops to jump through,"" like you don't want more SLPs
13. Different requirements and also TIMELINE from ASHA for continuing education
14. Not part of cross-state licensing agreement
15. When applying, cannot email or call to speak with someone directly
16. FAQs/advice/guidance are difficult to find on website"
17. Renewal is kind of annoying. I would prefer it just be on the first of the year rather than my birthday month as it would be easier to remember, and I would love the option to renew online. Additionally, the length of time it takes to renew (6 weeks-ish) seems unnecessarily long. I would like to see you come to an arrangement with ASHA as their standards are pretty similar and have a provision that just renews licensees with current ASHA CCCs.
18. Process is laborious and lacks technological savv
19. When I changed my address, they lost my paperwork and I had to go through a lot of hoops to ensure I kept my license
20. The RPE submission process takes too long. I feel that it could be more effectively/efficiently streamlined online.
21. The need for paper correspondence, I believe, slows the process down especially during a pandemic. The amount of paperwork with all the changes occurring right now is incredibly confusing and frustrating.
22. I've heard horror stories from CFs last year that were not able to complete their year and get a license due to a lapse in a teletherapy agreement.
23. Processing methods and times can be more efficient.
24. The fact that they Force Audiologists who have doctorates to still get a Second license for hearing aid dispensing
25. Lengthy process.
26. The process is inefficient and takes a long time to actually receive the license after submitting the application, even when all paperwork is filled out correctly.
27. Outdated application process (mail-in)
28. Long delay in getting started due to finger printing
29. Licensing is complicated and lengthy and unclear
30. Common sense is out the window. Someone reading from a script was a roadblock to issuing a license. Knowing I received an MS degree and all that was required from an accredited university (i.e., more than 300 clinical hours), I still had to have a professor acknowledge I had that many hours).

Miscellaneous

1. I call on occasion to get clarification on rules and regulations that appear to be written in legal language. Speaking to someone when I call is important. This really helps.
2. I really don't know what benefit my license offers other than securing a job.
3. The name is very long to write in checks and envelopes.

None

1. None at this time.
2. Not aware of any
3. None that I can think of.(2)
4. None (2)
5. I did not have any issues.
6. None that really stands out.
7. Haven't found one

Not Supporting Licensees

1. Needed assistance with Prop 22 effecting independent contractors in Texas. This greatly impacted my income. The board should have lobbied for SLPS
2. Unfair protection for providers in the state of CA; the Boards motive is to provide a license and then after that, they become more focused on consumer protection
3. The board members have been very anti-dispenser to the point it exceeds consumer protection.
4. The fact that the board makes Audiologists take the hearing aid dispenser's exams (written and practical) is an insult to the amount of education that audiologists have to get (high school degree, undergraduate degree, graduate degree) compared to hearing aid dispensers (high school degree). Part of the reason that our profession is viewed the way that it is is because hearing aid dispensers have reduced the quality that patients receive from their devices, and thus audiologists are viewed within the same bucket as hearing aid dispensers (or technicians).
5. The cost without any benefits. It's just a tax.
6. I was earning my RPE. I told the Board that I needed an extinsion because my supervising SLP was not training me and only visited me once for ~45 min in the first 300 hours. I did no evaluations, all I did was therapy, and she didn't help at all. I told them I had to quit working for her and start all over again. When I asked them what they were going to do about it- I was told, basically, ""nothing."" After that experience I have lost faith in anything they do besides collect money. I could not beleive they didn't emediatly start an investigation. I guess we are not quite a profession yet.
7. The board seems to rely on the input of people who have a vested interest in politics. My participation with the licensing board was quite frustrating.

Out-of-Touch

1. Outdated rules for recent graduates to attain their license. The idea that a student would have to wait a month after graduating, while already being in the system for 12 months, is too much. We're putting these young professionals behind from the very start.
2. Additionally, the board has demonstrated bias toward individuals applying or trying to keep a license. I know of several, well-trained clinicians who were put through unjust hearings in order to obtain or keep a license because of past mental health-related issues. Speech-language pathologists work closely with individuals who have mental illnesses. It is well known amongst many of us, especially those that are up-to-date with literature, that communication is negatively impacted by mental illness. I have watched this board go against everything in this field, as well as the ADA, by trying to take licenses and opportunities from individuals coping with mental illness and subsequent communication difficulties. This has prompted me to pursue my doctorate and focus my research on communication deficits secondary to mental illness - my hope is to better educate other SLPs, especially those who are running our very own licensing board.
3. Not always in line with other licensing institutions
4. Disconnect with slps as a whole
5. Antiquated

Poor Communication

1. Also, communication with the licensing analysts is poor.
2. Communication, respect
3. Communication was hit and miss
4. If it wasn't for my supervisors providing me with the information I need it's a little difficult to find the information even when searching is into ASHA. The license does take an entire month which is understandable, but during that month you get absolutely no notice of the status of your license. I realize this is because it has to be mailed, it would still be a great idea to have an update somehow during that time.
5. Communication (5)
6. Updating when the estimated time of arrival of receiving license.
7. Processing time is inconsistent and not transparent; there's no way for an applicant to check on the status of an application. Direct communication with the Board is difficult; phone calls rarely go through and emails are often unresponsive.
8. Communication via email and phone
9. Poor communication. I was never told that my fingerprints had been rejected until I called.
10. Communication about licensing is not always very clear.
11. It would be nice to be given an update on the process.
12. Lack of communicating

13. Poor communication
14. unless its an important matter, does not reach out otherwise
15. Unhelpful and difficult to communicate with
16. The lack of communication when things are questioned or being examined can be very frustrating.
17. Also, there seemed to be no way to check progress during initial licensure/renewal - just wait for the check to clear and keep checking the website to see if my renewed license had been updated.
18. only communication regarding my SLPA license status was via mail, not email or phone call
19. No updates will be given on the status, unless contacted. They usually don't take phone calls but respond very well to emails.
20. The Board needs to provide a more efficient way for applicants to contact them regarding the status of their license. I remember when I applied for my license in 2018, it would sometimes take an hour or more to reach someone on the phone.
21. Could give earlier notice that the license will take effect on the date planned/renewal date.
22. Lack of clear communication with individuals when they are waiting for licenses.
23. Untimely communication

Poor Customer Service

1. When I got in touch with a rep. I experienced that they were very short and struggled to kindly and patiently answer my questions.
2. The process is confusing and no one working there seems to be willing to help. There was a single person to speak to about my issues and and one point I called a minimum of 2 times a day for 2 weeks straight and got no answer and no call back. The poor quality of this board is affecting so many clinicians jobs and ability to do those jobs efficiently and effectively. This board is ruining the audiology field in California and I'm so unhappy with the services.
3. Customer service. Everything related to customer service for someone getting a license.
4. Poor customer service. It is difficult to get a hold of anyone from the Board to ask questions or seek guidance.

Practicum

1. Not enough Practicum tests
2. Last few years one single location for Practicums. Limited number of Practicum testing per test. Feedback from the prospective individuals indicate less than equal Knowledgeable Proctors.

Reciprocity

1. There are licensing requirements that are a barrier for out of state audiologists to move to CA. If an audiologist from out of state took their praxis exam over five years ago, they are required to re-take this exams. Most Audiologists will not do this, so only new/green audiologists will be moving to CA.
2. They are not able to accept out-of-state fingerprints; there is a consistent backlog.
3. Barriers to license AuD's from out of state (making them take the HAD exam as well as requiring praxis if over 5 years)"
4. Cross-state licensing: it would be better if the process were less confusing and less time-consuming.
5. Prrhaps, any way to consolidate licensing across the country? Every state has its own expectations -- though attempts to duplicate ASHA.
6. Acceptance of other state license to get started while processing CA license
7. It was very difficult, expensive, time consuming to obtain licensure from Canada.

Renewal

1. It would be great if the licenses could be renewed less frequently. Every 3 or more years. With the same CEU's.
2. It can be difficult to know where you are in the licensing process for renewal if not renewing online. The paper renewal form is not as clear as it should be and I and others made mistakes and our application for renewal was returned.
3. Issues with renewing license(s). We have had multiple issues with renewing in the past. Phone contact.

Requirements

1. Many requirements to get a California's license.
2. The SLP license should not require that hours need to be in person. There are many ASHA approved online courses that are more than satisfactory in their content and are of lesser cost to the SLP who already spends \$300+ a year on license based expenses. In person CEU requirements should not be required, particularly considering public health as another problem that may exist for the foreseeable future.
3. It is hard for retired members to keep up with licensing requirements
4. The weaknesses of licensing is that you make audiologists also obtain a hearing aid dispensing license which is repetitive since we have a doctorate in the field and are obviously trained to dispense hearing aids
5. One does not need to know how to program a hearing aid to get a license.
6. I also think that similar to ASHA, the SLP association, that it would be helpful to have fewer requirements for face to face classes. I also think that knowing about other professionals in the therapy realm would benefit the therapist, as such taking classes that PT or OTs take.
7. Ensure licensing requirements are up to date across all publications. I found something that still had the requisite fieldwork hours at 75.

8. Requirements for a NEW license if license has lapsed, instead of allowing us to use previous information.
9. A lot of outdated requirements and hoops to jump through including multiple, separate applications and fees to obtain an Audiology license, to take the written exam and to apply for the HAD license.

Resolving Issues

1. Problem solving and addressing problems once they are made known.
2. Very confusing/misleading qualifications for SLPA license
3. Some staff are very unhelpful/unwilling to admit any mistake
4. Lost my application and an employee refused to look for it (after being told that the app. had a USPS tracking number and had arrived)
5. Seems understaffed/disorganized
6. Board sent emails stating parts of application were incomplete (multiple times): when I called to inquire the board initially refused to look into it (I had to call multiple times before someone actually opened my file and found the missing parts)

RPE

Maintaining complete files of RPE. Changing guidelines for supervisors and speech aides. Slow wait time in RPE changes.

Slow Turnaround Time

1. Slow processing time (15)
2. Turn around time is slow.
3. Takes too long to process licenses (10)
4. Timely responses
5. clearly and readily making available materials, information, and documentation requests (online) when wanting or needing to apply for a state license in a new state.
6. timelines with processing and communication
7. Too long to answer inquiries we may have
8. Length of time it takes to obtain licensure after submitting paperwork/application
9. Slow delays in processing licenses.
10. Need faster response and turn around time,
11. The processing time is unreasonable and has delayed many people from beginning employment
12. Time line. Needs to be quicker
13. slow processing around key times of year
14. It takes too long for valid license confirmation (at renewal time) to appear on the internet site. We're asked to send in our renewal app and money early to prevent ""weeks"" of delay in processing. As long as renewals are received by the board before, or even on, the due date, it shouldn't take weeks to process.

15. Other boards process renewals much more efficiently.
16. This delay in processing results in weeks passing before the licensee's correct license status appears publicly on the internet site. Until then, it shows that the professional's license has expired, even though everything was submitted on time by the licensee. During that time gap, the licensee legally may not see patients, as their license shows as expired. This creates serious issues when the Insurance Companies and Clinics process their (usually annual) re-credentialing, and the licensee's renewal timing overlaps. If the timing is "off", the licensee is prohibited from receiving referrals and treating patients from that entity for WEEKS (or never, in one case I'm aware of).
17. A reasonable time gap is understandable, but not an indefinite number of weeks.
18. Processing times for temporary licenses
19. Timing
20. Despite their relatively frequent meetings, there seems to be a backlog of issues that take forever for follow through.
21. Took forever. Interfered with work.
22. Length of time to process applications
23. I have heard reports from others that if they applied at certain times of year, their initial applications took a long time to process and they found themselves waiting to start work. The timing seemed to be an issue for new SLPs trying to start working in schools in August.
24. Speed, willingness to answer difficult questions
25. Processing time for applications is longer than most states (4-6 weeks).
26. I guess my application could've been processed faster. If I wanted to start work in a hospital or private practice, that could've been a problem.
27. Turn around time for license renewal is slow
28. In telephonic conversation sometimes we don't get timely reply.
29. Turn around for initial licensing
30. Slow response time. Slow licensing time.
31. Delays in processing licenses.
32. Slow to make changes (but this may be related to processes beyond their control)
33. the turn around time for licensing is more than it should be. It takes 3 weeks to process a license verification letter.
34. Time. It was a long time before I heard anything and the process of renewing licensure took months.
35. Time. It takes an incredible amount of time to get a license approved which directly impacts clients
36. Haven't encountered any...maybe timing of receiving licenses
37. Responses are not timely
38. I wish there was another choice in between effective and poor, the board is mediocre. The time it takes to process the license for new applicants is very long and tedious. Details such as what color pen you use can cause your license to not be processed. Also they do not back date your license to the day you had supervision. They make you wait

until they process everything which delays your clearing if your RPE at times for months. ASHA has much better policies on this.

39. Slow response time
40. Response time
41. I don't think it this is reflective of the people on the board but rather the process, the time for the licensing process seems long (especially for RPE).
42. It takes a long time to get my RPE and initial licensure done back in early 2018
43. Where to begin. Everyone except [licensing analyst name] takes forever to reply to e-mails. Your processing time for applications is ridiculous compared to other states (I have colleagues in Nevada and Illinois who have got their licenses processed and issued within DAYS of their respective boards receiving them - I finished my RPE experience and have been waiting for MONTHS for issuance of my license).
44. Takes a while to process paperwork and communication. Turn around time is slow.
45. It took almost 2 months to send a license verification to another state. That delay cost me a travel contract because I couldn't start on time.
46. Can be a lengthy process
47. Time to process application
48. Time..it takes forever to get anything done!
49. The processing times are excessively slow.
50. Time to process applications and organization
51. Time taking process. Need to wait more than 4 weeks for each step
52. Length of processing time, especially during peak times.
53. Extremely slow to respond. Untenable delays on RPE paperwork processing. Untenable delays on change of address paperwork.
54. The time it takes from application to actual license certification.
55. It took about two months for me to get my license.
56. Would love quicker turn around for RPE Paperwork for temp licensing. Hard to plan when unknown. Would have been helpful to have a faster response to accepting telesupervision for RPEs. This was very stressful and the only way to keep the RPE remains active.
57. How quickly a license is approved. Its pretty good but if you are waiting on it to move to the next step into your new career it can be very slow.
58. Turn around time for applicants
59. Like any large institution it took a long time to get licensed which is difficult for new grads and people renewing because it can affect being able to work
60. Demanding a 6 week processing time for each form/application/payment submitted. Refusing to provide information/confirmation of receipt for the above beyond saying "it takes 6 weeks to process"
61. Processing time through summer time.
62. Slow.
63. Processing time, response to questions, clarification of licensing process.
64. It took a considerable amount of time to issue my license. I have a MS degree in Speech Pathology and having retired, returned to work as a SLPA but faced roadblocks & delays.

65. Extremely long processing times (even pre-COVID)
66. Slow response times to applications
67. It takes too long to license new applicants
68. My license took too long. It was very stressful since I did not know if I was going to be able to start working when the school year started.
69. Extremely slow in processing paperwork and licenses, but quick to process check payments.
70. Timeline. It is very slow
71. Processed my CF's paperwork slowly.
72. The processing times for applications and additional materials is too long
73. The mail in system is outdated. Everything should be accessible and able to view online, including all documents that have been turned in or still need to be turned in.
74. Extreme delays.
75. Initial licensure took a long time, so my job had to wait on me even though I started the process early.
76. The time to get licenses processed particularly during the summer season with so many new graduate licenses to process.
77. Time it takes takes for submitted information to be processed
78. very long process to license new audiologists and for new audiologists to obtain the hearing aid dispensing license.
79. Takes a long time for the process to complete
80. Causing a delay in approving licensing ...organizing through documentation
81. Extremely slow.
82. The timeline of processing paperwork
83. Responding to emails in a timely manner
84. Increased licensing time significantly.
85. Timeliness
86. We are in 2020-the RPE process should be online and quick.
87. Everything takes so long
88. Processing time from the board is longer than it should be. Other states processing time is less than 2 weeks while CA is 4-8 weeks.
89. The time it takes to get your initial license
90. The timing in which I get my license and the communication processes need more work.
91. It takes a long time to get my RPE and initial licensure done back in 2018
92. It was hard to reach the board via phone calls
93. Initial licensing processing time is very long
94. The delays in processing are unacceptable.

Supervision

Limited oversight in the scruples of the supervisor. Some supervisors use their power to intimidate the people seeking initial licensing.

Unclear Rules or Guidelines

The rules are confusing. I required a lot of clarification and deadline information from others to help me through the process of becoming certified.

Understaffed

1. Not enough people in the office
2. Too much work for only a few people

Unknown

1. N/A (7)
2. No experience or opinion
3. Unknown.
4. I dont know because I have several licences. You have not stated which state you represent.
5. I don't know enough to answer this. Have been licensed for about 1.5 years
6. I don't really have any my interaction with the board has been somewhat limited.
7. I had no issues.
8. Have not come across any
9. I am not certain about the weaknesses.
10. I belong to several boards, I don't know which one you are!
11. Not known
12. Cant think of any

Unresponsive

1. As a former slpa rep to CSHA I have heard from many of our members about the lack of response to specific questions
2. Responsiveness regarding supervision for RPE licensees (should have been immediate move to telesupervision)
3. fewer responses during this time.
4. The Board responds very slowly, taking several days to reply by email. I never got a response back when I called.
5. Doesn't answer phone calls (even before COVID)
6. As a former slpa rep to CSHA, I heard from many with complaints about lackmof response to specific questions
7. Unresponsive via email and phone.
8. Poor response time
9. Communication. Calls are not returned, calls are not answered.
10. communication, responsiveness and adaptability to trends in service provision
11. Response to emails regarding licensing are not always prompt.

Website

1. The status updates on the website do not offer up to date information.
2. The website is difficult to navigate.
3. The information available on the website is not the most clear.
4. The website is so vague re: info and has a very poor user interface - Also, I'd like to note that the website has info that the paper notice does not include!
5. The website is difficult to navigate
6. I think the board could save themselves a lot of labor by having clearer directions available on the website. I have taken up a representative's time a few times when the answer was very simple but hard to find on the public-facing website.
7. Website interface
8. The website can be a little hard to navigate.
9. The website is so difficult to navigate through. I wish there were guidelines and actual licensing laws on it in addition to the faqs.
10. The website needs to be redesigned. It is confusing!
11. Information on website could be more clear/easy to access

Board Members – Licensing Weaknesses

Community Outreach

I can't think of any current weaknesses, but maybe community relations – getting it out there that there is this type of profession, what the board does, and getting these professions out there in rural areas.

Enforcement

There is a concern that the Board does not have a grip on the SLPAs.

Lack of Resources

This is probably a universal desire, but I wish the Board had more resources, for example, additional office staff to keep up with the workload.

Maintaining Standards

I would like to see more oversight over who gets licensed.

None

None (3)

Proactive

Not sure of the future - there will be over-the-counter hearing aids sold by people without a license. What can they do? What will they be allowed to contribute to the sale besides running the cash register? The future of licensing is now a little bit blurry.

Slow Turnaround Time

The Board could work on processing applications faster. I understand the limitations they're under. It takes time to hire somebody.

Supervision

The group that she oversees is the Speech-Language Pathologist Assistant (SLPA). The only protection is the Board. The number of SLPAs has grown exponentially. This Board member has been an SPL for generations and is now in education. The assistants are her concern because they're the ones they're relicensing. The concern is for people practicing SPLAs w – do we really have the correct supervision for them. There are SPLAs doing the job of SPLs. We need people in the field - the consumer doesn't know the difference between an SPL and an SLPA.

Board Staff - Licensing Weaknesses

Consistency

Consistency

Lack of Services

1. Lack of technology and employees to handle the number of applications received
2. The heavy reliance on paper calls for a lot of input. The licensing staff is hampered by old technology and paper driven processes.

Status Checks

During busy season, taking time to check on status of applicants (per their requests) takes away time from getting them licensed sooner.

Understaffed

The Board could improve in process regulatory changes and needs more staff so we can lessen those times

Stakeholders – Enforcement Strengths

Accuracy

1. Fact based investigations.
2. Accurate

Clear Laws or Regulations

1. The law itself seems to be straight forward and similar to other states in protecting the consumer.
2. The criteria is very specific. And, based on that much really depends on their selection of who they decide to monitor.

Collaboration

The board staff works well with the AGs office and licensees who are in violations of the laws and regulations overseen by this board.

Communication

1. The Board is actively communicating their regulations in compliance with the law. They are also active in the identification of any irregular activity.
2. I have felt informed of updates well.
3. Great, quick communicators
4. On time notifications
5. They send letters/communicate when things are needed
6. Outreach to potential SLP workforce

Conscientious

1. Want to make sure they are enforcing the laws and regulations properly.
2. They take concerns/complaints/violations seriously.
3. Addresses client concerns.

Effective

1. Effective
2. I can only assume the board is "effective" in the area of Enforcement because I have no idea either way.
3. Expediency, professionalism, competence

4. They investigate cases and bring the information to the board meetings for consideration. They know when to involve the attorney general's office.

Fair

1. Fairness
2. Process is fair

Follow Rules/Guidelines

1. Proctors were very observant that the rules were followed
2. Meets published deadlines

General

1. They seem to be noticing more compliance issues with regard to web based advertising.
2. The fact that there is enforcement is good.
3. I read online the measures the board takes when a complaint is filed or an accusation is brought up, and their reaction.
4. Some potential violations of regulations are strongly enforced.

Informative

1. I've not had much interaction with this area of the board but I do appreciate their work in this area. I have on occasion reviewed the reports that are released in regard to correct of action of different licensees within the state. That information is helpful to both the consumer and other professionals.
2. Easy to check who is suspended/under investigation etc
3. Sending information to ensure licenses are up to date.

Maintaining Standards

1. They make sure TB skin tests are completed.
2. Having a set structure in place is helpful.
3. Stringent guidelines for licensing.
4. They have the power to enforce regulation.

None

1. There are no strengths in this area
2. None (2)
3. N/A

Online Services

1. Keeps updated online records
2. Online info and forms are available online
3. Decisions available online

Positive Staff Experience

1. Staff are friendly
2. Very helpful and approachable.

Reasonable

Accommodating to RPE extensions given proper reasoning

Requirements

Descriptions exist in the code of regulations about the requirement of supervision of SLPAs.

Responsive

1. Responsive
2. They act quickly on any types of complaints and have able to work with them on needs
3. Prompt
4. Responsive and prompt
5. Responsive to email
6. Getting back to emails in a timely manner.
7. Reply quickly

SLPA

I think a strength in this area was allowing SLPAs into the profession in CA.

Thorough

1. Detailed
2. The Board is thorough and attentive.
3. Organized
4. Through Investigations

Unknown

1. N/A (34)

2. Not sure
3. Not sure, I have not observed any enforcement actions.
4. Haven't had current contact so I don't know
5. I have no knowledge of these activities
6. I don't have any relevant information for this question
7. Not sure on this. No real experience
8. Don't know (6)
9. Not sure (3)
10. Too long ago to remember
11. I put effective in terms of how effective the board is for enforcement but I really don't know as I have no experience
12. Unfamiliar
13. Not very familiar with this
14. Not opportunity to evaluate
15. I have no experience in regards to this.
16. I have never dealt with the Board in the area of Enforcement and don't have an opinion on this area.
17. I've never had any issues
18. Not able to answer.
19. I don't know how to address this.
20. I have no opinion on this.
21. No comment
22. No opinion or experience
23. I have only interacted to pay my biannual fees
24. I cannot comment.. no information or knowledge if this other than seeing the public info online
25. No opinion (3)
26. I have no interaction with this
27. I have no experience with the board on which to evaluate them.
28. I don't know because I have several licences. You have not stated which state you represent.
29. I don't know enough to comment.
30. No idea
31. Because I have never dealt with the board in this area I do not know.
32. I am honestly not sure.
33. Have not interacted
34. I have no experience with this area.
35. unknown, in the process of re-activating CA license ("out-of-state status")
36. Limited interactions with the board regarding this question.
37. I have never interacted with the board's enforcement.
38. I have no opinion in this area.
39. unsure - I'm newly involved as an SME
40. I don't know. It's very important that it exists, but I'm honestly not familiar

41. I have no experience in this area.
42. No insight for this at this time.
43. I have no experience.
44. Never used enforcement board.
45. I honestly have had no interaction to give me opinion on enforcement
46. I don't know enough about this topic to speak about the Board's strengths.
47. Unknown
48. I'm not sure, I have not had experience with this.
49. I have no experience in the area of Enforcement.
50. I don't know what you are

Board Members – Enforcement Strengths

Collaboration

1. The Board has a very strong group in the office that's available, that gets answers to Board member questions quickly. The 2 Board members who are public are so strong, they're in there researching right along with the licensed Board members. She wants to make sure they have a good grip on the SLPA.
2. The Board works fairly seamlessly with the Attorney General's office.

Communication

Enforcement officers and the executive officers are very good at keeping the Board members apprised of the important actions that have to be taken by the Board itself.

Consumer Protection

The Board cares a great deal about the responsibility of protecting the public. Consumer protection is foremost in their thinking and when they read through their Board reports.

Effective

1. It seems that enforcement actions and the ability of staff to manage them is very good.
2. Enforcement runs pretty smoothly.
3. In general, I am very pleased with how the Board has handled enforcement. All the board members do a nice job of weighing in and it's incredibly effective.

Fair

The Board's enforcement is really strict, there's no leniency, and it is very standard across the board. There is no case by case, the process is very consistent, which makes it very fair.

Follow Through

The Board does enforcement really well - if there's a complaint, the Board follows through really quickly.

General

I hope the Board is following up on reports of unethical or illegal activity in a timely manner.

Improved Timelines

The Board has shortened enforcement timelines. Some cases can't be sped up because they're out of their hands.

None

No strengths.

Thorough

I have only sat in on one enforcement case, but it seemed like the Board had a good solution for the particular case, really looking at it thoroughly and coming up with a way the case could be remedied. The Board looked at the case very carefully.

Board Staff - Enforcement Strengths

Collaboration

1. The Board is good at the enforcement process and using SMEs to get input on cases. The enforcement team is hard working and works well together.
2. The Board staff does really good job of coordinating, facilitating, and expediting cases.

Consumer Protection

The Board understands its consumer protection mandate.

Effective

Having to manage so many different license types, the Board does an incredible job keeping up with this. Each board member has to understand the other professions the Board regulates and they do a good job of this.

Great Staff

Very knowledgeable and helpful staff.

Stakeholders – Enforcement Weaknesses

COVID-19

1. Even during a pandemic shutdown, you waved all requirements except the CA fingerprint scanning. Everything was virtual, I had verifiable fingerprints on file with my state board from January and with the school I was working part time in. They were not acceptable, I emailed asking about it. Considering this type of background check is the least effective in finding child abusers as it is intended (I recently completed my annual training again), it was about as meaningful as requiring me to get a tb test when I was serving your students virtually in 2016! You have a shortage of providers because of these and other requirements that don't make sense under specific circumstances.
2. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.
3. What does SLPAHAD have against our profession? Especially since post-COVID-19 will change how we can safely move about. Certainly, our national professional organization (ASHA) allows a more versatile way to meet our CEUs, for instance. Belaboring the point, but it would be nice if the 'brick and mortar' requirement of live and/or in-person training we reconsidered provided SLPs could prove rigorous training (through ASHA-sponsored courses, for instance) for CEUs.
4. The board has been slow to provide guidance for SLPs during COVID, which has put us at risk of due process in the schools.

Documentation

1. They do not require submitting documentation of CEUs at time of renewal.
2. Communicating precise documents needed from applicant

Enforcement Process

1. I know that they are working as hard and as fast as they can, but I think they must be shorthanded. The budget needs to allow for sufficient/adequate staff all the time or during the busiest times. I'm aware that a portion of the monies come in to support the board from licensee regulation enforcement via fines, etc. I believe that this creates a

conflict of interest and seems unethical. ie/ Licensee allegedly violates regulation; board consciously or unconsciously more likely to find licensee guilty and (along with the disposition of the case) fines are imposed. The more fines imposed over time, the better the budget for the department. Unfortunately, this has created what often appears to be a zealous approach to enforcement, rather than a mindful approach, as seen in other departments of licensing, such as the Medical (physician) Board. There should be absolutely no connection between board funding and licensee regulation decisions/fines. Board funding should come from somewhere else to prevent the appearance of conflict of interest.

2. Consumers sometimes do act with an intentional blaming or suing the license holders — which is totally unprofessional or in Otherwords with malified intent;
3. Employers also have their own way of intentionally providing challenges to licensees by hiring inexperienced Staff or assistants As cost cutting factor. Although it is not the duty of board,
4. Board shall notify department of labor if they found unfair practices made by employers.

Flexibility

Some gray areas are open to interpretation and I think it is important to open their potentially closed ideas.

General

Again, please contact me Too much to wrote. Especially about McDonalds and another office where Hearing aid trainee worked with put supervision.

Inaccessibility

Only being available through email.

Inaction

1. I've been directly observed 2 of the 11 months I've been a SLPA. My company is not held accountable for my work.
2. There are rumors of "waivers" for non-licensed, non-credentialed individuals acting as SLPs in school districts. I would say this is very poor enforcement.
3. in the past, they did not question reported entity clearly and accepted answers that were illogical. For example, students WORKING and being PAID by an SLP agency to provide SLP services under early intervention, but the agency said "we have interns from grad school". That is true, but they ALSO HIRED AND PAID individuals[who may also be students but not doing an internship], to provide services to children. The

investigation was inadequate and therefore no enforcement. And the agencies continued to do this and get away with it.

4. Board took no action regarding someone who was practicing without a license, and made no apparent attempt at follow-up.
5. No activity to ensure dispensers are meeting minimum test guidelines (e.g. bone conduction is missing off HT's coming from other clinics) Nothing done to challenge over the counter hearing aid sales. Nothing done to clinics selling via internet and adjusting remotely in violation of regulations
6. Only pursue complaints- they do not take an active role of many hearing aid centers across the state that potentially have company policies that could be in violations of the laws.

Incompetent

Highly incompetent and unhelpful. Provides inaccurate information.

Inconsistent

1. Communication with the Board regarding regulations for maintaining licenses and completion of CEUs during the COVID-19 pandemic has been inconsistent. After consulting with other licensees needing to renew their licenses, it was brought to our attention that the Board provided conflicting information regarding the regulations on license renewals as it pertains to CEU completion during the COVID-19 pandemic. Therefore, essentially affecting the enforcement of the laws.
2. My experience with the board is that enforcement is inconsistent and at times overzealous.

Infection Control

Why are beauty salons and nail salons randomly monitored for infection control? I feel the SLPAHAD board is seriously lacking in this very important area. Cross contamination is a big problem and offices should be concerned with adhering to standards. Infection control protocols should be enforced

Lack of Consumer Protection

And punishments for violations are too low (especially for things like repeated advertising violations, etc). The board does not seem to have interest in protecting the consumers ability to understand the differences between AuDs and HADs, as they do almost nothing to address the litany of misleading ads, especially by repeat offenders.

Lack of Follow Through

1. Enforcement of the laws of how providers treat patients. In particular the debacle with Mark Moore and his family. Until very recently, they were still practicing and not following through with care for patients. This hurts our entire industry.
2. Poor follow-up,
3. I had reported Medi-Cal fraud years ago and the person I spoke with was not interested in pursuing it. This made me doubt the adequacy of enforcement in all areas.

Lack of Online Services

I had my license suspended because one box on a mail-in-form was not checked off (attesting I had completed the required CEU trainings). This is like a total mid-20th century problem. If this were an online renewal process, it would be so much easier to not only complete forms but also monitor issues related to enforcement.

Lack of Resources

Seem to Lack resources to expedite things

None

1. Not aware of any
2. Do not see any issues.
3. None (2)

Poor Communication

1. Communication was hit and miss
2. Needs tot Take responsibility for notifying members about deadlines etc. And not just say its all online you should check.
3. Communication; responsiveness
4. No interactions or Updates
5. Communication

Reporting Process

As an SLPA I've seen so many blatent violations of state regulations and zero way to report them.

Requirements

TB skin tests are not needed for the health of clients in telepractice but are required.

SLPA

I think that the state needs to better define SLPAs role and assistant's roles specifically in the school setting. There are aides running around pretending to be SLPAs which they have no business in doing, and SLPAs who think they are Speech Pathologists because there are not clearly defined legal definitions of their roles and what they are and are not allowed to do in our state.

Supporting Licensees

1. Board needed to support SLPS on Prop 22
2. Needs to better support dispensers vs audiologist
3. If there is a rule that prevents flexibility for children therapy can be less effective. The therapist needs to feel safe to connect with students.
4. It is absolutely bizarre that on a school campus, an uneducated, untrained instructional aide can teach groups of children anything a teacher hands the aide to teach, both in general education classrooms and in special education classrooms. It is nonsensical that an SLP cannot hand a lesson plan with the materials to an aide to execute with a group of children in the same room, 10 feet away. The SLP has the professional expertise to determine when teaching a child a lesson on past tense verbs, or subjective pronouns, or social skills is appropriate, vs. working with a child with cleft palate. SLPs should be able to make a judgement call and use an aide, when it is appropriate, to meet with children under the SLP's direction. With the size of our caseloads, that should be changed. (Not a SLPA, but just a speech aide. A SLPA is expensive and some school districts cannot afford enough of them to help.).
5. The time it requires to clear an SLP from an accusation that was unfounded, made by a person who was not even on the premises is too lengthy. It is a serious threat to any licensed individual, and when there is nothing found, the accuser should have some sort of reprimand/warning to not engage in such behavior again. There should be some sort of warning to ppl quick to make an accusation that it is a serious event and should be done only when there is some evidence to be reasonably sure there was a problem/violation. An SLP's livelihood should not be up in the air for close to a year based on something with no evidence at all.
6. Additionally, I want to further emphasize the injustice I've seen from this board, especially toward individuals with past mental health issues and/or convictions. Again, I know of several, well-trained clinicians who were put through unjust hearings in order to obtain or keep a license because of past mental health-related issues. Speech-language pathologists work closely with individuals who have mental illnesses. It is well known amongst many of us, especially those that are up-to-date with literature, that communication is negatively impacted by mental illness. I have watched this board go against everything in this field, as well as the ADA, by trying to take licenses and opportunities from individuals coping with mental illness and subsequent

communication difficulties. This has prompted me to pursue my doctorate and focus my research on communication deficits secondary to mental illness - my hope is to better educate other SLPs, especially those who are running our very own licensing board.

7. Furthermore, the enforcement team has been skewed with costs against defendants and has had harsh proceedings.
8. Could and should be more accommodating to supporting RPE candidates who's hours have dipped under 15 hours per week. We have remained employed and flexible during this time even though we haven't seen any progression towards earning our permanent license.
9. There are too many CA SLPs who have had their mental health deteriorate due to the demands in some jobs. They are unsustainable and cruel. The board needs to do a better job of advocating for professionals in this field. They need to advocate for reasonable caseloads. In CA we should not have a suggested caseload cap (55), it should be legally binding without loopholes. And SLPAs should be included.

Too Lax

1. Poor enforcement of those who violate the dispensing laws; poor enforcement of HADs who misrepresent themselves as "audioprosthologists", "tinnitus specialists" and claim they can treat "auditory processing disorders"; poor protection of Audiology Scope of Practice
2. Not strenuously pursuing license violations.
3. Newspaper advertisements from hearing aid dispensers are often misleading and against regulations with no obvious repercussions
4. They enforce very seldom. And typically long after they should have intervened.
5. Not enough power to discipline the bad actors in our industry

Too Strict

Too many regulations!

Transparency

I doubt how transparent and fair any of the Enforcement process.

Turnaround Time

1. The enforcement division takes too long to investigate complaints.
2. Being able to react quickly. Knowing how to react with this area.
3. slow and poor at enforcing issues after a complaint is made.
4. Slow
5. speed
6. Long processing time

7. Each process is too time consuming
8. Time
9. Turn around time for applicants
10. Takes a while to process
11. Serious complaints take two or more years to come to fruition.

Unclear Guidelines

The descriptions of the requirement of supervision is unclear and left open to interpretation. A person I spoke to in the CA DCA said that the rules don't necessarily apply to schools and that districts were responsible for their own enforcement of supervision.

Understaffed

1. They are very under staffed and are inundated with Patti and frivolous complaints.
2. Lack of staff
3. I am not sure that they have sufficient manpower to fully investigate all cases thoroughly.

Unknown

1. N/A (32)
2. I have no knowledge of these activities
3. I don't have any relevant information for this question
4. Same as above
5. None that I can think of.
6. N/A never had contact
7. Don't know (6)
8. I've never been audited on my CEUs
9. Too long ago to remember
10. Unfamiliar
11. Not very familiar with this
12. Not opportunity to evaluate
13. Not sure (4)
14. I have never dealt with the Board in the area of Enforcement and don't have an opinion on this area.
15. Not able to answer.
16. Never mind
17. No comment
18. No opinion or experience
19. See previous response
20. n/a never interacted
21. No opinion (3)

22. I've have no direct interactions to base an opinion in this area
23. Not had enough interaction to form an opinion in this area.
24. I am not sure how political the issues may be. I have no real information to make a judgement here.
25. I have not been a SLPA to be able to answer this correctly.
26. I dont know because I have several licences. You have not stated which state you represent.
27. I don't know enough to comment.
28. I have no idea what the board does in this area.
29. no idea
30. See above.
31. Have not interacted
32. N/A - have never interacted with them
33. I have no experience with this area.
34. None (2)
35. Limited interactions with the board regarding this question.
36. I have no opinion in this area.
37. unsure - I'm newly involved as an SME
38. Again, no experience in this area.
39. Have never met or heard of any enforcement.
40. I have no experience.
41. N/A - haven't interacted with enforcement staff.
42. I dont know of any weaknesses in board enforcement
43. I don't know enough about this topic to speak about the Board's weaknesses.
44. Unknown
45. I don't know what you are

Unresponsive

1. Some are totally ignored despite strong evidence
2. Adaptability to trends in service provision (telehealth and telesupervision)

Website

Website is not always accurate for license verification

Board Members – Enforcement Weaknesses

Continuing Education

In regards to CE audits, a lot has to be done by being honest – the Board still has to rely on people being responsible professionals in the field. The Board could use a more tech savvy way to track CEs, allowing licensees to register for courses online and have the system track the courses completion for the licensees.

Communication

The Board should be communicating to the community when a case has been resolved by judgement to let other people see the consequences of violations and understand what is considered a violation of the law. Giving the licensees a summary of enforcement cases – communicating – can help educate licensees and may prevent offenses from occurring. Maybe create a database of licensee emails – voluntarily provided – to communicate enforcement information. So far, there is no such database.

Consumer Education

I think the California consumers don't know the complaint process, how to complain.

Consumer Protection

In regards to SLPAs, it's the people we're protecting. I want to make sure we follow through with SLPAs – part of the problem is that schools don't want to report on SLPAs presenting themselves as SLPs. When she teaches SPLs, she tells students part of their job is to protect their profession and the people they work with. Schools need people desperately and look the other way when it comes to SLPAs working as SLPs.

Enforcement Process

1. It's not the Board's fault, but it's very time consuming to accomplish enforcement cases due to all the people and steps involved.
2. Sometimes if anything has to be rewritten, the enforcement can get drawn out.
3. The Board has discussed starting an enforcement committee that would look at general practices to improve enforcement. Creating this committee is a good goal to strive for.

Random Audits

The Board does not have enough staff for this, but random audits would be nice. The Board only get complaints when someone complains, but I'm sure we are missing some bad actors/non-compliance situations.

Turnaround Time

A complaint takes forever to be resolved.

Turnover

There has been some turnover with their enforcement officers. Just as he gets to know one enforcement officer, there's a new one. It would be nice to not have that degree of turnover.

Understaffed

The Board could always use some more help. The staff works exceptionally hard at following through if Board members have questions.

Unknown

I'm not sure.

Board Staff – Enforcement Weaknesses

Case Backlog

A lack of resources over time, coupled with manual processes and old systems, has caused a case backlog.

Collaboration

The Board has limitations due to relying on outside resources such as experts, investigators, and attorneys. This is beyond the Board's control. Still, we need to do a better job with these investigations. Our DOI investigations take way too long.

None

None

Technology

Case management systems (CAS and spreadsheet tracker)

Understaffed

1. The Board needs more employees to handle the high case load
2. Staffing is an issue – the Board could use more staff to handle the complaints investigations.

Stakeholders – Outreach and Communication Strengths

Collaboration

They have an excellent relationship with the professional associations, especially when new regulations or in this time of COVID information needs to get out quickly to a wide audience. They are very welcoming to licensees and the public who attend their quarterly meetings.

Communication

1. Good communication in a timely manner.
2. Great communication. Subscribed emails are always received in a timely matter.
3. More emails since the pandemic started
4. The board does post communication on the SLPAHADB website.
5. I only receive general emails. I don't have current experience to comment on
6. Good communication once I discovered how to receive email updates. Very much appreciate the yearly updates at CAA.
7. I don't have any relevant information for this question. Effective enough, I suppose, as I do get periodic emails though I truthfully do not often actually open them. I get tired of staring at the screen after working all day.
8. Convenient email communication.
9. As a subscriber to emails/newsletters, these are received regularly and appropriately.
10. Retired, so have not had any contact, but read emails.
11. Email communication is clear and concise.
12. Very active in communication.
13. The board is effective and communicating with licensees.
14. Email communication (2)
15. I get emails with updates
16. They contact you eventually
17. Clear messages.
18. Outreach and communication is in various forms (email and print)
19. Anything that is released in regards to a SLPA license waiver is emailed to me. This is how I was able to apply my computer knowledge effectively for online therapy. Also, I assisted SLP's in their use of online communication for IEP's and Evaluations.
20. they've recently been sending out emails with updates and other information.
21. I appreciate emails sent directly to communicate important information

22. Using emails to inform us about news
23. Receive periodic updates
24. Email communication is effective
25. I have received some communications from the board which I appreciate.
26. [licensing analyst name] is the best communicator you have.
27. Email or mail is a great way to communicate.
28. Regular communication
29. I am notified if all upcoming meetings and am invited to participate
30. I have received some emails with updates on laws and regulations from the board.
31. I receive an annual renewal of dues reminder from the mail.
32. Communication through email to keep me up to date on changes.
33. If you're on the list, you get updates.
34. They let me know when I may receive my license.
35. I appreciate receiving emails and having updates posted on the website.
36. There is frequent communication on upcoming opportunities and newly released information.
37. I like that I receive communication via email.
38. Email is the way to go
39. They are good about reminders for licensing.
40. They occasionally send sporadic emails.
41. frequent emails regarding SLPAHADB actions and status in general
42. I receive the emails
43. I receive regular communication via email
44. I occasionally receive emails about this topic.
45. Emails come to inform me about what is going on.
46. Sending information via email

Consumer Protection

Over the years it broke my heart to hear seniors taken advantage of and 95 % had no idea that they could turn to you for help.

COVID-19

1. The board provided good information about DCA changes in relation to COVID
2. Updated me about changes due to COVID.
3. I receive emails regarding present day issues related to licensing, supervision in regard to the Covid-19 situation.
4. Informed about COVID's impact.
5. The board has improved during the time of COVID with communication.
6. I received several updates via email during COVID-19 pandemic re: changes in licensing requirements.
7. Reached out during the pandemic

8. During Covid, communication has been good regarding SLPA supervision.
9. It has been helpful to receive updates on waivers and other issues from the Board during COVID-19.
10. Liked the email communications I received during Covid-19
11. During Covid 19 closures, the SLPHADB sent more emails and updates on licensing/practicing than my current workplace! I love that they made exceptions/extensions for certain situations, in order to help members during this pandemic. I am very happy with the information/updates they gave us during these unprecedented times!
12. Email outreach during COVID has been more frequent.
13. During the pandemic, I have received a lot of emails updating me on policies.
14. Food communication during Covid-19
15. Email was clear when covid-19 affected our field.

General

It's there

Helpful

Helpful

Informative

1. I have felt informed via email.
2. Knowledgeable
3. The emails I get are important.
4. The board has always shared information via emails.
5. Send our valuable journal articles and recent updates about the field
6. Lots of emails with good information. Especially right now when rules change weekly about the pandemic or the fires.
7. Good information sent via email.

Meeting Notices

I receive email about board meetings and agendas/ proposed changes in the bylaws. I appreciate them.

None

1. I haven't heard of any community or outreach programs or events.
2. I haven't seen any outreach at all so I do t see any strengths.
3. None (5)

4. What outreach?
5. There is very little

Online Resources

1. Online resources
2. Online availability is good
3. Use of technology to reach out to potential slp providers.

Positive Staff Experience

1. Friendly staff
2. The people who Provide customer service are very knowledgeable and very helpful once you can get in to talk to somebody.

Presence

1. The Executive Officer is always available to attend professional meetings for SLPs, Audiologists, and HADs.
2. Regular board meetings and access to staff for concerns

Relevancy

1. Current
2. Incorporation of email blasts has been extremely helpful in allowing me to keep up with relevant info
3. Relevant Information
4. Up to date license and practice related matters were sent to my email
5. Active emails and updates related to current events
6. Timely

Responsive

1. Responsive
2. Quick response when I reached out with questions.
3. I get very quick and informative answers to my questions through email.
4. Excellent with respect to responding to providers with email and or phone calls.
5. Emailed answers to my questions
6. Can answer a question quickly
7. The Board responds quickly to communication attempts whether via email or phone. I have received emails in a very timely manner have always been able to speak to a representative when I call via phone.
8. email and phone call responsive in timely manner
9. Quick response time to inquiries.

10. responding to emails
11. They resolve issues once you can contact them. They are better via email but sometimes a phone call is better. By phone they are hard to reach.

Timely

1. They do an excellent job at communicating via email with timely responses.
2. In 2019 I got prompt communications
3. Emails are fairly timely.
4. We get timely updates about the changes that are happening with the state.
5. This maybe the strongest aspect of the organization. You are great at getting info out, consistently & timely
6. I appreciate the email updates as a way to get information quickly
7. My interaction was in the form of a reminder/bill to update my license fees. The bill came very early. That is a plus.
8. Timely responses
9. meets established deadlines
10. Timely awards of license
11. Quick licensing and electronic communication
12. Prompt and effective
13. They are very timely with responding to emails sent to them.
14. The board provides updates and announcements in a timely manner

Unknown

1. N/A (18)
2. Not sure (3)
3. I am unaware of outreach from the Board
4. Don't know (3)
5. Board reached out to me because I made a mistake with my renewal application - other than that, I have no idea
6. Unfamiliar
7. No comment
8. No opinion
9. I need more time to answer this properly
10. I dont know because I have several licences. You have not stated which state you represent.
11. No idea
12. Not Applicable, in the 37 years I've held a license I can't remember an out reach
13. I have not experienced any outreach.
14. again, in the process of re-activation of CA license
15. None that I am aware of.
16. I'm sorry I don't have an opinion.

17. No insight at this time...
18. To be honest, I'm getting these terms confused.
19. I have never had anyone that I know of reach out to me
20. Unknown
21. I don't know what you are

Website

The website has good information, if you know to look for it.

Board Members – Outreach and Communication Strengths

Availability

The Board does very well with outreach. Paul Sanchez goes to professional organizations for all 3 professions, educating about the licensing process and how the Board works, He lets people call his office directly. He's willing to take on any questions He's a master problem solver.

Collaboration

1. Even public Board members go out and do their own research, following the profession and coming back with good questions. Collaboration is a real important piece – the Board works together closely and also has a great EO who's always accessible.
2. The Board is good at partnering with different organizations/associations, like ASHA.

COVID-19

Since COVID-19 hit, the Board has been trying to make sure people are updated on safe COVID-19 practices. The Board is posting more information on its website.

Increased Efforts

I've seen more outreach in the last year than in the prior years. The association CASHA interviewed Paul Sanchez, painting a good picture of what the Board does.

None

1. No strengths.
2. None

Supporting Licensees

Every Board member is an advocate for their profession

Website

The Board updates its website regularly. The website is a good resource for students and people already in the professions.

Board Staff – Outreach and Communication Strengths

Collaboration

The Board stays in close contact with other state organizations on a weekly basis, especially with COVID-19. The Board has also presented to large groups through Skype and Webex, so it's done teleloutreach.

Communication

Professional communication language

COVID-19

1. The Board is pretty much new to outreach but its interaction with stakeholders through the executive officer and Board is really good. The Board's message to its own licensees during the pandemic is new.
2. The Board tries to put out user friendly information. A good example of this is the information they put out in response to COVID-19 with their Listserv and website.

Presence

The Board also makes newer applicants aware of Board and its functions by talking to programs and attending faculty meetings at least twice a year.

Website

1. Sending out messages and updating the website as soon as information is available to licensees and applicants.
2. The Board tries to get the information out on their website as soon as possible.

Stakeholders – Outreach and Communication Weaknesses

Abbreviated Communication

1. I would like quick summaries.
2. Emails tend to be quite lengthy - a “skimmers version” which bullet points the highlights/key info at the end of the longer emails would be much appreciated!

Continuing Education Units

Continuing education is very difficult to identify and enforce.

Collaboration

1. If you are not on the board, your opinion is not valued.
2. I’m not sure how much the voice of my fellow professionals really matters.
3. I don't feel our voices are frequently heard

Communication

1. Never heard of this. So the communications part?
2. Notification of upcoming meetings WAY in advance and not last minute; the Board should improve with the time and send out communication via emails. Since they collect email information at license renewals and applications; email communication and social media communication should be reviewed and looked into.
3. in the past is my experience. I stopped trying to be involved years ago because of the poor communication and outreach, to be honest.
4. I don't recall any direct communication from the board this year, and would have appreciated information regarding updates to laws and regulations during COVID. Consumers don't seem to be aware the board exists, or that they can check a provider's license.
5. Would suggest putting an insert in license renewals advising licensees that they can sign up for email updates.
6. not good at updating licensees about changes in laws or regulations.
7. Lack of communication
8. Not reaching out or communicating with members
9. We don't get monthly updates or blogs or items that are happening with the board.
10. Before COVID there was little to no communication
11. Before COVID-19 I had never heard from the Board. Recently I have received emails with updates about temporary waivers.
12. Now communications are fewer.
13. Only received as a result of covid 19. More outreach and communication is preferred.

14. Focusing to do all possible to assist the student. I must remember their goals in the therapy. Information above and beyond the student needs is difficult to track.
15. Communication is sporadic
16. Rarely receive anything
17. I only received one email regarding COVID 19 updates.
18. Communication could be more frequent and could more adequately address issues faced by clinicians, especially during COVID.
19. A quarterly newsletter with information from board members about the law and current issues would be helpful
20. I wouldn't mind hearing more from the board.
21. Very poor at returning calls and timely follow up for answering questions.
22. No weaknesses, but you could add text messages.
23. Explanations of subjects to be covered could be more expansive. Use of surveys such as this might be invaluable to decision making
24. I did not receive any information after I registered.
25. See above. Phone communication is poor.
26. They don't really communicate with you at all, other than absolutely necessary.
27. I would like to receive more information, updates and/or communication (i.e., via email) on a monthly/trimester basis.
28. there is not a system to communicate changes to all licensees (such as e-blasts to impacted persons)
29. It is too much to write, would rather communicate via phone or e-mail
30. communication
31. I never hear from the board
32. Maybe a monthly newsletter could be the created to keep all SLP-AS Update
33. would appreciate e-mails with new updates to policies, especially since changes with COVID
34. It may be beneficial to include more information about practices, laws, and regulations via email. Perhaps the Board could work with CSHA to provide this information.
35. I was not asked for my email address when I first applied in 2014. Consequently, I received very little communication until recently when I gave the board my email address.
36. I have never had anyone that I know of reach out to me
37. Periodic communications continue to be filtered out to consumers as the need arise. Not aware of opportunities given to stakeholders and consumers to initiate concerns or topics of interest.

Consumer Protection

1. Consumer's are still unaware of where to go for a concern or complaint. They simply don't know that you exists.
2. Have been pursuing SLP as a career for 6+ years and have literally never heard of it.
3. Public still largely unfamiliar with the profession

COVID-19

1. The information regarding Covid-19 was slow in coming. I don't know what will happen to licensing & supervision after November, when the last email said the acceptability of the remote situation would end.
2. An overall lack of clarity with the handling of COVID-19 and what individuals whose licenses are expiring should do/how they should manage renewals of their licenses. All messages about waivers are extremely confusing and long - just make the messages short and concise so what we can understand what we have to do in order to be able to best serve our patients. I feel like the Board's handling of COVID-19, coupled with graduating students, has really screwed over the cohort of students that just graduated. Literally no one knows what is going on.
3. Communication has been terrible through this COVID situation. The only way to find out information on the impact of COVID for RPEs was to email and ask, and it should have been available online for all
4. "Please consider partnering with CSHA or SpeechTherapyd.com or YouTube and be resource persons for professional development or Townhall meeting for different practitioners. For SLPs, we have so many practice issue with the pandemic. For example, tele-practice SLP experts advised that we should require Written consent when servicing students. My Sped Director verbally directed us to provide Speech therapy even without written consent. When asked to email this directive to the SLPs, the Sped director declined to give a written instruction. The SLPs are soo confused with ethical issues, such as this. I feel, SLPs need your guidance in this critical time of our practice. We need you.
5. Please consider emailing a newsletter once a quarter or as needed to practitioners like us, at this tumultuous time of our practice. Please light the way. "
6. Choosing random requirements to waive and ones to mandate in the pandemic. The CA fingerprinting was one which I followed up with. My recent NM one was not good enough, really? But waive all degrees and other recertification requirements. Professionally insulated. If you want help, consider compromising with someone who meets 90-% of your requirements. CA has traditionally frustrated many of my colleagues over the past few decades.
7. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.
8. What does SLPAHAD have against our profession? Especially since post-COVID-19 will change how we can safely move about. Certainly, our national professional organization (ASHA) allows a more versatile way to meet our CEUs, for instance. Belaboring the point, but it would be nice if the 'brick and mortar' requirement of live and/or in-person

training we reconsidered provided SLPs could prove rigorous training (through ASHA-sponsored courses, for instance) for CEUs.

Digital Communication

More outreach digitally and through email would be more effective.

Inaccessibility

1. It has been hard in the past to reach someone sometimes - haven't tried for years though, so perhaps things are improved
2. Hard to reach and licensing is taking so much time.
3. If we find actually speak to a live human being who had a clue on the phone that would be spectacular
4. Until recently, online payments were not accepted but that has been resolved. It is difficult get ahold of someone by phone.
5. Not easy to reach, difficult to change address
6. Very hard to reach a live person
7. difficult to reach in order to communicate and correct timely matters
8. Getting a hold of someone at this office and receiving appropriate answers has been difficult.
9. Most of the emails I've gotten related to COVID have been about RPE licenses which doesn't pertain to me. I have a very hard time contacting ANYBODY from the office.
10. Licensees have a difficult time reaching anyone on the phone at the licensing board office.

Incompetency

1. Highly incompetent and ineffective. Poor understanding of legal procedures.
2. It feels as though the people running the board are out-of-touch with current practice, and when current practitioners try to call or email the board with questions, it is extremely difficult to get ahold of anyone.
3. Board did not contact me on an important matter for my licensing. Something was not marked on a renewal and I was not notified during the 6-8 processing time frame. A simple email, phone call or letter could have addressed the issue but no effort was made.
4. Phone calls never answered. When I'm finally able to speak with someone, would not give courtesy to see if documents have been received and came off rude. Perhaps it's staffing issues.
5. Read your information in front of you before asking for more

Inconsistency

1. As mentioned previously (perhaps in the wrong section, my apologies) - information is inconsistent on the website vs. letters sent via USPS
2. Communication is not consistent.

Lacking Empathy

They blame their inefficiencies on lack of people in the office and have no empathy or understanding toward human situations

Lacking Strategy

The task of the board is not well defined and perhaps not at all valuable.

Licensing

It took a long time to get my license in California

None

1. I didn't know this was something they did.
2. Not aware of any. See above
3. None that I can think of. (2)
4. I'm unaware of any outreach efforts
5. I've never been contacted for Outreach and Communication.
6. I haven't heard of any community or outreach programs or events.
7. None (8)
8. Outreach in general, I have not seen/heard any.
9. None at this moment
10. No weakness
11. There is no outreach !
12. I have not been contacted by outreach
13. I have none
14. None that I am aware of.
15. I'm not aware of any thing you guys are doing.
16. None come to mind at this time.
17. N/A

Not Enough Outreach

1. Not enough outreach being performed. Only receive occasional email messages
2. It's passive - one has to seek it out - little to know social media presence.
3. The outreach of the board is spotty and not easily quantified.

Online Services

Change of address is made extremely difficult, an online address change option would be appreciated.

Slow

1. Slow
2. Slow to respond to concerns & errors
3. Took a while to email back
4. I feel that this board has been extremely slow to communicate changes to SLPs, audiologists, and hearing dispensers.
5. Too much time consuming.
6. There are long wait times
7. The communication when RPE paperwork is needing more information or something can be very slow.

Supporting Licensees

1. I don't feel supported by the board other than having to pay fees.
2. There are too many CA SLPs who have had their mental health deteriorate due to the demands in some jobs. They are unsustainable and cruel. The board needs to do a better job of advocating for professionals in this field. They need to advocate for reasonable caseloads. In CA we should not have a suggested caseload cap (55), it should be legally binding without loopholes. And SLPAs should be included.

Unclear Communication

1. The emails are little difficult for audiologists to understand (not in layman's wording). Also, after asking around about others who have received this survey, it seems only 25% of the CA audiologists I asked actually received this survey.
2. Some of the emails are difficult to understand- not written clearly
3. emails/newsletters are a little technical and difficult to read. Shortened/more concise communication would be appreciated.
4. Difficult to understand and
5. I'm not sure how the non-license-holding public receives outreach from the board. Also, the language in the updates on waivers, etc. during COVID-19 has been highly technical and sometimes hard to understand.
6. we rarely receive direct communication - more links to content instead of sharing information that can be easily understood within the email.
7. Communication with the Board regarding regulations for maintaining licenses and completion of CEUs during the COVID-19 pandemic has been inconsistent. After

consulting with other licensees needing to renew their licenses, it was brought to our attention that the Board provided conflicting information regarding the regulations on license renewals as it pertains to CEU completion during the COVID-19 pandemic.

8. The emails do not always clearly spell out the impact of the news they impart.
9. Information just isn't presented clearly.
10. Hard to figure out when proposed and accepted regulations are in effect.

Understaffed

1. Limited staff,
2. There should be more staff available to pick up phone calls.

Unknown

1. N/A (21)
2. Not sure (2)
3. I am unaware of outreach from the Board
4. I don't have any relevant information for this question
5. Don't know (2)
6. unfamiliar
7. I'm on line & don't know if there are differences
8. No opinion
9. Same as above
10. I don't know because I have several licenses. You have not stated which state you represent.
11. no idea
12. Same
13. I have not experienced any outreach.
14. Have not been informed of the Outreach & Communication sector
15. I never hear from them just received my license and renewal paperwork
16. have never heard from them, which sounds like that should be a big part of their job
17. I was unaware of any outreach efforts on the part of the board.
18. Not aware of any.
19. I have only ever had exchanges with office staff. Via email.
20. Doesn't apply to me
21. Unknown
22. I don't know what you are

Unresponsive

1. It's hard to reach the board and get an interactive response. It's like a one way window that sends out emails with no follow ups and never responds to any questions or comments.

2. No one will respond to personal emails for weeks
3. Slower than one would like for a response.
4. Long wait times
5. difficult to reach by phone and email
6. It is very hard to get to somebody on the phone or via email.
7. I have emailed with no responses

Website

1. Ambiguity on the website that when you try to get answers.
2. The SLPAHADB pages on the department of consumer affairs website could provided more information

Board Members – Outreach and Communication Weaknesses

Advancing Professions

The Board could provide more flyers or information asking people if they've considered a career in speech-language pathology, audiology, or hearing aid dispensing

Communication

I don't really see a lot of outreach. It's hard for licensees to even get information sometimes.

Educational Outreach

1. The Board could provide information to seniors on what to do if they have problems with hearing aids or how to submit a complaint.
2. The licensing board and state association get mixed up, the difference between the two need to be clarified. People need to be educated about the difference between a credential and a license as well as the difference between the licensing board and the state association. The Board did a panel presentation at CASHA state conference when it was in town, allowing people to ask questions.

Flexibility

Continuing Education needs to be 24 hours every 2 years and only 6 of these hours can be done in self-study. This means licensees can't count online classes past 6 units, so they have to be done in person. Pretty restrictive. Board has talked about increasing online study to 12 units. Because of global changes, the Board should be more liberal and allow all coursework online, not making a difference between live or online. The Board should readdress ce requirements with a waiver or exemption to help us through this time. If the goal is to educate our professionals, the Board should err on the side of giving them more opportunities than less.

Lacking Strategy

The Board does not do outreach. The Board needs a database of licensees so it can communicate to more licensees. For example, if the Board wants to change a regulation, it sends emails to the CA Academy of Audiology or this one association, but that represents only a fraction of the licensees.

More Resources

More help. The Board could all use more help. They do try and help one another but can they take care of everybody? Probably not. They've lost some great staff because they got better jobs.

None

None
Not at the moment.

Not Enough Outreach

1. The Board needs to actually do outreach or be more effective in their outreach.
2. The Board's outreach is primarily passive in that we have things on the website and respond to stakeholders' questions. There are only so many things a board can do. Resources are finite. The primary goals are licensing, enforcement, and consumer protection.

Proactive

In the coming years, when over-the-counter hearing aids are available, the Board should consider more of an active effort to educate the public about the pros and cons of an over-the-counter hearing aid versus professionally fitted hearing aid.

Board Staff – Outreach and Communication Weaknesses

More Resources

It would be great to have someone at Board who could coordinate more outreach.

None

None that I'm aware of.

Not Enough Outreach

1. Not enough (current) opportunities for more outreach projects/events
2. in my opinion, the board could do more in the area of outreach. such as, more outreach to schools regarding application requirements and protocols.
3. Outreach in general has not been there. The Board lacks resources and does not have enough staff to dedicate to outreach.

Stakeholders – Laws and Regulations Strengths

Annual Book

The annual book of laws and regulations is helpful and in the beginning of the book the summary of changes are helpful.

Clear Guidelines

1. They are posted and clear cut.
2. Interpretation of laws is getting clearer.
3. i like the guidelines and availability of information regarding national impact.
4. Having the laws clearly identified and outlined
5. Although minimal, the laws and regulations have provided some guidance for school-based SLPs.
6. Clear and concise

Collaboration

There is always the opportunity for public input at their quarterly meetings and through the regulatory process.

Communication

1. Letting licensee's know about Laws and regulations
2. Emails when changes or updates are made
3. Communications regarding changes
4. Email updates (2)
5. Email updates on pending changes and actual changes.
6. Email updates are nice
7. Good about getting information out
8. Some laws and regulations are explained
9. Keeping licensees aware

10. Sends email notifying changes to laws/regulations.
11. They send emails indicating the laws and changes made.

COVID-19

1. Good updates related to COVID.
2. Informed about COVID's impact and changes in requirements.
3. They have done better communicating changes during COVID
4. Thank you for putting out info related to covid 19.
5. updating cover 19 laws and regulations on the website
6. The Board has sent updates about waivers etc. during COVID-19. I don't know much else about the Board in regards to Laws and Regulations.
7. The rapid adjustments for tele health during pandemic and relaxation across state lines for COVID was well done.
8. I heard about the adjustments to licensing requirements due to covid and that sounded reasonable to me.
9. The SLPHADB helped to provide updates on how laws and regulations would be affected during the pandemic. It is helpful to have emails sent to notify member of any updates.
10. The Board has done a great job communicating during the pandemic.
11. Guidance and regulations relayed in regards to SLPAs and teletherapy in light of the COVID pandemic was well handled by the board and appreciated by licensees.
12. I believe I saw some type of notice via email from the Board regarding some allowances or flexibility in the rules/requirements of practicing that were put into effect due to Covid-19. This has been the only thing I can recall that would apply to this question.
13. I appreciated the email I received when new laws and regulations were released by the governor in response to the COVID-19 pandemic.
14. During the pandemic they have updated us on temporary changes to the laws, I think.
15. Received an email about extending the license renewal deadline in 2020 due to Covid, though it no longer applied to me
16. Good Covid 29 info.
17. At the beginning of COVID closure, as a profession there were many questions I had. I was pleased to receive calls/emails in return to my questions.
18. It has been good communication so far especially through COVID-19.

Effective

1. I'm sure they are effective
2. Well regulated
3. I see the efforts to update the laws
4. They've done a decent job with past laws and regs.
5. They seem to adhere to the laws as written.
6. meets established deadlines

General

1. We do see that the board is trying to make improvements in this area.
2. I would like to think that they are strict on regulations.
3. Lives by the rule and word of law
4. They exist - disconnect with what we need some things outdated
5. Tried to pass a lot of regulations, definitions, and modifications of the regulations

Information

1. Detailed information
2. Good explanations
3. This is one of the areas well presented sources
4. The Board explains in detail about laws and regulations.
5. Again, whenever new information or regulations are generated, this information is passed along.

Knowledgeable

1. If I need clarification on Laws and Regulations due to uncommon situations, I know I can reach out and get an answer.
2. Personnel well informed
3. When I called to follow up on a question, I received an answer.

Leadership

Paul Sanchez has been a God send for the board, evoking changes that should have occurred decades ago.

Meeting Notices

1. I receive emails about board meetings.
2. Email notice of Board Meetings

Miscellaneous

1. Everything I get seems to be from Hearing Healthcare Providers of California
2. I think the Monkey is repetitive.

None

None (3)

Reasonable

1. Laws and regulations governing the professions are reasonable and necessary to protect the public.
2. Reasonable, based in common sense; glass waivers (e.g. virtual supervision) were offered/extended

Relevancy

1. Current
2. laws and regulations are in line with professional standards for the most part

Responsive

Can answer a question quickly

Strict

Very strict

Supporting Licensees

Laws and regulations to protect SLPAs exist

Telehealth

1. Although the tele therapy regulations for SLPAs was a bit confusing in the interpretation without clarification. But it was quickly resolved.
2. Including telepractice

Thorough

Creating R/L for any imaginable situation

Timeliness

1. The board works hard to make sure that needed issues related to laws and regs are dealt with in a timely manner.
2. Licensing requirements are up to date.
3. Timely License renewal mail communication

Unknown

1. N/A (10)
2. I am not familiar with these activities
3. I have no idea.
4. see Previous answer
5. Don't know
6. No idea of how effective the board is in this area - I put effective because ""don't know"" was not a choice
7. no personal cases
8. No comment
9. No opinion (2)
10. I dont know because I have several licences. You have not stated which state you represent.
11. Unable to answer
12. No experience with this.
13. I can't think of specifics right now, I have not looked at the laws and regulations lately.
14. None
15. Can't think of any
16. I feel like I'm ruining your survey.
17. Unsure
18. Unknown
19. I don't know what you are

Website

1. Laws and regulations are available on the website
2. I have found the information I needed on the website.
3. Clearly listed on website
4. Website is effective and informational; easy to navigate
5. They are well documented online.
6. Good verification system
7. The agendas and minutes of all their board meetings are readily accessible on their website.
3. Laws and regulations are listed on the website and accessible to public.

Board Members – Laws and Regulations Strengths

Adapting

The Board is doing the best it can with changes, like with telesupervision.

Awareness

Every one of their Board members watch very closely and interact with their other organizations. They know their professions well. There is a growing need for their professions because hearing loss is a big issue nationally, like people listening to music loudly and losing their hearing.

Communication

The Board has presented legislative bills that affect the stakeholders at their meetings. This has been very helpful and beneficial. The Board should continue this practice.

COVID-19

With COVID-19, the Board tried to get waivers to make things move faster. The Board supports legislation that leads to these changes when appropriate.

Engaged

1. The Board listens to their EO, they've got sticky notes on their Board materials. Everyone would like more time and help. The Board members and staff put in time outside their work hours – they work so hard. Board members can make a phone call and get a response within 24 hours.
2. The Board is acutely aware of the need to change laws and regulations when the need arises. The Board works on laws and regulations all the time.
3. The Board does a good job at following legislation and bringing to Board members' attention. When any of the Board members have questions, Board staff are always willing to delve in further to obtain additional information.
4. The Board does a good job of following laws and regulations.

None

None.

Responsive

Overall, the Board does a great job. The Board is incredibly responsive to things brought up and gets things accomplished in a timely fashion.

Supervision

In general, the Board is looking at requirements for our profession such as how much supervision you need – they're very precise.

Thorough

1. The Board is good at examining what the laws are and looking for ways to improve them and make them clearer.
2. None of the Board members are career politicians. They do a decent job of trying to perform the duties of the Board and understanding the rule of law, knowing that the laws and regulations are a quagmire. Board members all have their books out, the statutes and regulations in which the Board has to operate. Board members do their best.
3. Our executive officer and our legal analyst do a really good job at following the 3 professions that comprise the Board, going over legislation and possible legislation and how, if passed, the legislation would affect operations/Board

Board Staff – Laws and Regulations Strengths

Awareness

1. The Board has done a good job of addressing the changes that need to be changed, like AB 2138, requesting to put some regulations on fast track . The Board's response to the waiver process for COVID-19 was excellent. The Board addresses the issues that require regulatory changes.
2. The Board is aware of the need for more specific laws and regulations and has made a lot of recent improvements

Dedicated

The Board is now tackling the backlog of regulations that need to be worked on. Before Paul Sanchez, the Board was not really working on laws and regulations. The Board is trying to get more resources for this. Having new staff with a regulations background is now providing the Board with the expertise it needs for this.

General

Provides grounds for enforcing licensing requirements

Unknown

I don't work in this area.

Stakeholders – Laws and Regulations Weaknesses

ASHA

1. I feel ASHA should be enough. (2)
2. I would like the Board to align with ASHA CEUs and make 3 years window. It is sometimes confusing to track both CA Board and ASHA.

Continuing Education Units

1. The live CEU requirement seems unnecessary. Even ASHA doesn't require as many CEUs to be live.
2. The necessity for almost all in-person CEUs seems very outdated and is dangerous in a pandemic. It should be changed based on the public health emergency, and I would hope that the changes would persist.
3. Requiring live CEUs

Collaboration

1. Lack of representation for Hearing Aid Dispensers.
2. No town halls no broad view - feels like the same people push things forward
3. Until the past, the board did not receive input of the proper quality and quantity.

Communication

1. Regular e-mail communication to members could be helpful.
2. I don't recall seeing informative information regarding relevant issues in terms of Laws and Regs. Also, I am on an email list (sometimes I receive two copies), but I know other licensed SLPs who NEVER receive direct correspondence
3. Not sure if I've ever seen the board publicize this information, apart from having it up on their website.
4. communication seems minimal at best.
5. Lack of communication
6. Would like brief summaries.

7. I think that any and all changes in the laws could be better communicated to all licensee's on a more proactive basis
8. lack of sending emails about changes to regulations
9. Not clearly posted
10. Lack of communication in this area in general
11. we rarely receive direct communication - more links to content instead of sharing information that can be easily understood within the email.
12. More updates would be nice
13. Does not provide any updates on new procedures or law changes
14. I found it hard to figure it out sometimes, I just reread it several times.
15. Changes could be better communicated through more frequent emails.
16. We rarely receive updates on laws, etc. I have never interacted or heard from any staff in this department.
17. It would be nice to send updates over email regarding changes to rules and regulations.
18. I feel more information could be shared with licensed professionals regarding laws and regulations as they are enacted.
19. I don't know there is no communication (2)
20. I remember getting email updates to situations during Covid-19 from CASHA, but not email updates from the State Licensing Board.
21. All I have ever heard from the bots was at casha and when I owe them money for renewal

COVID-19

1. It's slow to adjust and adapt; when COVID-19 hit and the schools are closed, it took too long for the Board to respond and decide on teletherapy/ telesupervision issues, compared to ASHA's quick and flexible reactions.
2. Updates from the State Licensing Board during Covid are critical. Sending emails would be so helpful.
3. The information I received on waivers during COVID-19 was difficult to understand. It would be nice to have the legal language explained a little more.
4. Confusing descriptions of COVID laws and regulations updates. It was challenging to understand the Board's messages.
5. Changes during covid were not detailed or clear enough. There was also inconsistent information provided by staff.
6. Slow response following COVID. Seemed inflexible at first, professionals were worried and lacked strong guidance from the board.
7. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.

8. What does SLPAHAB have against our profession? Especially since post-COVID-19 will change how we can safely move about. Certainly, our national professional organization (ASHA) allows a more versatile way to meet our CEUs, for instance. Belaboring the point, but it would be nice if the 'brick and mortar' requirement of live and/or in-person training we reconsidered provided SLPs could prove rigorous training (through ASHA-sponsored courses, for instance) for CEUs.

Dual Licensees

One issue we have is the need for Audiologists in this State to maintain dual licensures in order to SELL hearing aids. "Sell" is defined in the law as being able to sign contracts and does not deny inclusion of our ability to prescribe, manage and care for hearing aids in our scope of practice. This is very old language (pre-Au.D. Degree). Audiologists should have their own license which allows them to do everything in their scope of practice (as defined by the Au.D. Degree). All audiologists should be allowed to dispense hearing aids (as in their scope) and all audiologists should not have to take a hearing aids dispensers exam (which is a completely different profession and license).

Exam

Hearing aid dispensers exam should not be required for Audiologists. While this is currently in the works of being changed, I feel this change should have occurred years ago.

Hearing Aid Dispensers

Clamp down on shitty hearing aid dispensers who are doing more than their scope of practice

Inaccessibility

Difficult to reach a person if you have questions or need clarification.

Inconsistency

1. This is another area that I have contacted the board with questions and I received inconsistent information.
2. I have experienced inconsistencies in counting hours for my RPE/SLPs.
3. The Board has been inconsistent in providing accurate information to its licensees in regards to license renewals and CEU requirements during the COVID-19 pandemic.

Inflexibility

rigid and inflexible re: clear and growing trends in service provision (telehealth and telesupervision)

Irrelevancy

1. As aforementioned, this board seems to be out-of-touch with current practice, is slow to make appropriate changes, and has demonstrated bias toward individuals with communication-related issues. As the governing board for SLPs, I find this extremely disappointing and embarrassing. We need younger and more diverse clinicians as members of the board, so we can update our laws and regulations to better suit the current climate. School-based SLPs are especially feeling the effects of this by battling large caseloads, having little guidance and support for high profile cases, having inconsistent information on screenings and RTI across districts, and being pigeonholed by outdated diagnostic criteria.
2. Stuck within an archaic structure that restricts growth of the HAD professional

Lack of Resources

As mentioned, they do not seem to have the resources to keep up with changes that are needed to meet the demands of current issues.

Lack of Supervision

We aren't adequately supervised for our work

Laws and Regulations Outdated

Some of the laws and regulations are antiquated and there should a process (that moves in quicker fashion) to update these laws and regulations.

Miscellaneous

1. No personal cases
2. I will call to see if the Monkey is OK. there seems to be a problem
3. I find t unlikely that the board is actively enforcing anything other than the collection of fees.
4. Vast majority seem to be interpreted as they occur
5. Who is training and enforcing best practice?

None

1. None that I can think of.
2. No Issues
3. None that I can think of
4. None

5. It could be better - see #1 below

Outreach/Communication

I haven't heard of any community or outreach programs or events.(2)

Overbearing

The board has no concept of laws and regulations . They have no legal understanding and use excessive force based on discrimination and prejudice . The board needs to have oversight committee to check their power.

Provide Summaries

A short quarterly summary of new info or laws could be helpful

Quality Control

Ensuring that licensee's truly know the laws and regs.

Record Keeping

There are no records of our "laws and regs" from 2009. How is that possible? Aren't these records kept forever?

Requirements

1. That I have to jump through repeated loops of the same things to apply for licenses in every state I am working in. It is extremely frustrating and time consuming.
2. For gods sake join the current century and stop making doctors who've passed a Praxis exam take some ridiculous HA dispenser exam when they are Audiologists
3. Anyone who is licensed in CA should have a degree from the U.S. There's a few with degrees from other countries that are not effect SLPs when come to America for work. Please have testing requirements or make these individuals take more courses.

Streamline Laws and Regulations

1. Laws should be minimal set of rules and regulations.
2. Too many!!!

Supporting Licensees

1. Support SLPS ON PROP 22

2. They don't protect slp's
3. should make sure all SLPAs have the same pay rate and not allow minimum wage for those with bachelor's degrees
4. There are too many laws and support for the public and not enough to support for the SLP.

Telepractice

1. Vague responses about conducting teletherapy.
2. They have done nothing in terms of telepractice for SLPs. There is no one on the licensing board with experience in telepractice and there is much going on that is inappropriate (even before COVID-19) and should not be happening.

Transparency

Transparency clearly providing any and all information directly concerning us. There is very little accurate information From the board out there! I feel this is intentional.

Turnaround Time

1. Minor issues can drift for awhile.
2. The speed of the change is slow. Some laws are not benefiting the consumers, such as the trial laws and unbundling.
3. Slow to update
4. I don't know of any weaknesses at this time other than it takes a LONG time for new/proposed regulations to actually get into the CCRs. My view is that this is a rather systemic issue in CA government, not an issue specific to the SLPAHADB.

Unclear Laws or Regulations

1. Can be hard to understand
2. Having the laws clearly identified and outlined, with many examples and cases that help interpretation.
3. Legality! It's complicated. Possibly break it down for us "non legal savvy" members
4. Unclear and hard to understand scope of practice
5. Clear language in the Scope of practice for an SL PA can undergo some improvements. Clarity in the definitions of indirect/direct supervision and necessary amounts all SLPAs need regardless of time in the field is important.
6. There are so many SLPA's in the state who are not receiving the proper amount or type of supervision. In these situations both supervisors and administrators justify this due to the lack of specificity in the scope language. "
7. The only laws/regulations I've heard about are in regards to the waivers - all of which are confusing and not helpful. Summarize them in a way that is meaningful to each

group (audiologists, SLPs, and hearing aid dispensers) instead of lumping us together and making us figure it out. The board is supposed to have our backs, but it feels as though they excel in making everything more complicated and convoluted.

8. Clarity.
9. Difficult to access in a clear manor
10. regulations are sometimes unclear, not stated on easily accessible documents
11. Not clear on changes given out to license holders.
12. They refuse to define what their laws are regarding FEES which is ridiculous. We are trying to get a program started at my facility and the ambiguous wording and boards refusal to define what they have stated is causing a lot of problems and delays in bringing a much needed service to our patients
13. R/L are written in such a confusing, repetitive, and unorganized manner.

Unknown

1. N/A (14)
2. I am not familiar with these activities
3. I have no idea.
4. Not aware of any
5. see Previous answer
6. Don't know (3)
7. No comment
8. No opinion
9. I dont know because I have several licences. You have not stated which state you represent.
10. Please see answer regarding enforcement
11. I've never heard anything from them.
12. Not aware of any.
13. No experience with this.
14. I can't think of specifics right now, I have not looked at the laws and regulations lately.
15. None (2)
16. Unsure
17. Unknown
18. I don't know what you are

Unlicensed Practitioners

Some of the laws and regulations are being broken by unlicensed hearing aid dealers, like online and 3rd party companies. We are prohibited from so many things, but they aren't. Why be licensed? Why can't I be trained and certified to do tympanometry?

Website

1. In the past, it has been difficult to navigate the website for information or to speak with someone that had the answers
2. I had to search the CA.gov website to find information about supervision because the administration in my district was not familiar with the regulations.

Board Members – Laws and Regulations Weaknesses

Laws/Regulations Process

1. It's not the Board's fault, but the process of changing laws is a very time consuming job.
2. The laws and regulations process takes too long. We have a law that allows a hearing aid dispenser trainee to get a temporary license. They been working on a law to make sure this trainee has proper supervision for the past 3 years. Such a thing should be done immediately.

Laws and Regulations Outdated

Trying to strengthen SLPA and make sure this profession is as tight as the others. The SLPA profession is growing rapidly. Will the Board be able to stay on top of them? How does the Board support the SLPs to make sure they're watching over the SLPAs and not going beyond scope of practice?

None

None I can think of at the moment.

None (2)

Unknown

1. Not sure how Board members could be more effective - they all have day jobs.
2. I have no idea.

Update Laws/Regulations

The language of the laws and regulations needs to be improved. The Board is trying to update the language of these laws and regulations. It's a convoluted and complicated process. The laws and regulations need to be updated for the times, like right now. There is not a lot of leeway in the laws right now for natural disasters like COVID19.

Board Staff – Laws and Regulations Weaknesses

Backlog

There is such a backlog of things to do in regard to laws and regulations

None

None that I'm aware of.

Turnaround Time

Overall, regulatory the process is cumbersome and difficult.

Understaffed

1. More staff in order to clean up the law books and get regulations passed
2. The Board needs additional resources to deal with this backlog.
3. The Board needs additional staff. The Board got its first position last year to deal with regulations.

Stakeholders – Program Administration Strengths

Accessible

1. The day I called someone answered the phone and was able to help me figure out what was going on with my license renewal.
2. Accessible

Collaboration

The board work closely with CAA on issues that affect audiologists.

Communication

1. Perhaps I'm wrong, but I 'lump' this in with communication because the greatest asset of the administration is informing
2. Good communication

COVID-19

They acted on the crisis by supporting the need of special education.

Ease of Processes

Easy to drop off license paperwork

Email

1. Email response
2. They responded by email with pertinent information.
3. Answered my questions via email
4. Good email communication from staff

Exam Process

Testing has been regular

Fair

They resolve issues fairly.

General

1. I always get my license issued!
2. Has a functioning, established means of administration
3. Seems fine in terms of processing apps

Great Staff

1. Hard workers
2. Brandy keeps everyone current and informed.
3. [licensing analyst name] is the only thing I like about the program. She worked very hard and gets responses back rapidly.
4. Interactions have been mostly positive
5. Again, all my interactions with personnel have been positive.

Helpful

1. Staff are helpful and friendly, despite being so few in number.
2. Mostly - they are helpful.
3. RECEIVING MY LICENSE FOR THE FIRST TIME IN 2017 ... MY PROGRAM WAS VERY HELPFUL NAVIGATING THE REQUIREMENTS FOR THE CA BOARD
4. Helpful
5. Everyone has been very helpful and personable.

6. When I get a hold of a board member they are very helpful.
7. They gave me the information they had and were nice.

Improved

1. Seems to have improved from 2008 to present pre Covid times.
2. In past years, I would have said poor, since several of my RPEs had lost documents and delayed processing, but this year, the system has been smoother and no lost documents
3. They continue to update processes to make it easier for licenses to obtain an license, understand the requirements of licensure in CA, and now we are able to renew licenses on-line.

Knowledgeable

1. Very knowledgeable and personable.
2. Answered questions correctly.
3. When I have had to call and get information, the information was given easily
4. Quick replies to email and clear answers.

Leadership

1. The EO is excellent and always available.
2. Paul Sanchez seems to be very committed.
3. Paul Sanchez brought in a shift in operations that is more receptive and responsive.

Miscellaneous

1. Again only in collecting dues
2. similar to asha

None

None (4)

Online Services

Now providing online services

Organized

Regarding my testing and licensing, I feel like everything was communicated well and organized.

Professional

1. Very polite and professional.
2. Professional
3. Friendly, professional, and efficient
4. The staff have been cordial in my interactions.
5. Correspondence is responded to in a very efficient and professional manner. I felt like my concerns/issues mattered.

Responsive

1. The boards staff is always quick to respond to our emails and concerns.
2. Quick at email responses.
3. Quickly respond
4. Great at emailing issues or reply backs very promptly
5. Very responsive to emails.
6. Always answer
7. Timely response. Directly addressing the specific question posed in the inquiry.
8. Quick to reply to questions
9. Answered my questions
10. If you get to communicate with someone, you can get concerns addressed.
11. Returning phone calls
12. Replies promptly to inquiries via email
13. Responded promptly to my email.
14. They do act on every piece of information obtained.

Timely

1. Timely responses to questions
2. Timely. Within time frames described.
3. Maintaining timelines of the certification process.
4. Timely replies on emails
5. meets established deadlines
6. It's a small office, so you receive prompt service
7. They are timely with email responses and with their professional responses.
8. Administrative staff is organized and responds in a timely manner

Unknown

1. N/A (15)
2. Can't comment, no experience lately
3. I am not familiar with these activities
4. I have no idea.

5. I don't have any relevant information for this question
6. No experience
7. Don't know (4)
8. see Previous answer
9. not sure
10. I don't know the strength in this area but I put effective because "don't know" was not an option
11. I haven't heard nor am I aware of anything board involvement.
12. I have never interacted with that program.
13. Not very familiar
14. Not opportunity to evaluate
15. I am not familiar with this area.
16. No comment
17. I don't know because I have several licences. You have not stated which state you represent.
18. Have not interacted
19. Not familiar with this area of board.
20. No opinion. Not enough interaction with this department to make a judgment.
21. I have no information about it.
22. I don't understand what program administration means
23. Unsure
24. Unknown
25. I don't know what you are

Website

Easy to look up information on website.

Board Members – Program Administration Strengths

Communication

The executive officer does a really good job explaining things to the Board.

COVID-19

Despite everything and the pandemic, the Board is working very hard.

Dedicated

1. The Board always seems to make sure they have a quorum. If they're low on participants, the EO contacts Board members individually and makes sure they know it's important to meet the quorum.
2. The administration is excellent, right on top of things, and gives honest, thoughtful responses to questions brought to them.

Financially Responsible

Board members are informed every meeting about finances, that the Board is not in the red, they have enough resources to run their business.

General

1. They have a great Board
2. I have no complaints regarding the Board's program administration. The Board is doing a really good job.

Great Staff

Board staff care about and learn about the Board's professions and asks Board members questions.

Knowledgeable

The Board has great responses and response time to questions raised by Board members. I've heard good feedback about the office staff.

Leadership

1. All the Board members come prepared with their list of questions. Paul is terrific at making sure everyone has what they need. It is a small board – this is an advantage because they all know one another.
2. For the resources it has, the Board is able to perform the primary duties of licensing and regulating. This speaks to the strong leadership of the executive officer.
3. The Board's administration works very well. Paul Sanchez has finger on every pulse and works to keep everything operational and as timely as possible. He's very organized. Cherise Burns has been an incredible help - very efficient.
4. The EO is very effective.
5. I love our Board administration – it does an amazing job under Paul Sanchez's direction.

Organized

The Board is very organized. Board members are incredible to work with.

Unknown

I have no idea.

Board Staff – Program Administration Strengths

Effective Use of Resources

1. The Board is very effective at utilizing the amount of staff to reach goals and objectives
2. I think that resources are used quite effectively and that Board staff is managed very well
3. Allowing employees to be flexible to complete tasks in the best way possible.
4. The EO and AEO are pretty experienced managerial wise, able to marshal resources for COVID-19. They take care of things pretty well with the resources they have.
5. The Board is small, so everyone has to be well-disciplined in other areas. The Board does a good of using staff in all areas. The staff always step up to assist wherever they are needed. The Board does a good job at filling vacancies when staff leave for promotional opportunities.

General

1. The Board does pretty well in the area of program administration.
2. The Board excels at program administration.

Stakeholders – Program Administration Weaknesses

Continuing Education Units

1. More opportunities for CEUs in CA would be so helpful. Why can't I get CEU credit for an hour of learning about tinnitus, or understanding tympanometry, etc? As a dispenser, I can't help like the board wants to keep me down and in my place. Understanding more about this industry can only make my knowledge of fitting hearing aids better.
2. online submission of CEUs could be more automated
3. No proactive education classes

Collaboration

There is little coordination between the board and the entities in which speech language pathologists work.

Communication

1. Demanding a 6 week processing time for all forms/applications/payments/renewals. Not communicating confirmation of receipt or information about status of the above.
2. No communication (2)

COVID-19

1. Many younger children impacted by school closures needed to interact with their Speech Therapists with whom they had developed a positive relationship.
2. The board was a bit delayed in making a decision regarding RPE licensure requirements as changes occurred during COVID-19.
3. Under their present organization, their hands appeared tied to address the following, Not putting the blame on them as they are only doing their job, but it would be nice if we had more common sense orientation from above to address the following:
4. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.

Customer Services

Not always a kind tone of voice.

Favoritism

The Executive Officer seems to favor the CSHA Past Chair and only listens to her. The board does not take into consideration the opinions of non-CSHA members, who are much larger in number than CSHA members.

General

1. Only prior experience
2. Too convoluted and complicated.....
3. Who is it? How do they admin? What do they admin

Inaccessibility

1. Hard to reach over the phone
2. Hard to get a hold of
3. It was difficult getting in contact with an administrator.
4. It's difficult to get a hold of staff, at least during my application process.
5. Difficulty getting a hold of a board member on the phone or through email.
6. It is impossible to contact anyone!

Incompetence

1. Staff is highly incompetent
2. Poor handling of applicant materials, lost my transcripts, then no communication of the fact until I called at 6 week mark. Had to drive hour to submit new transcripts. Pocket folders would be a better choice. License Board can delay person starting work after college; we have bills/loans to pay
3. Administrative staff frequently do not match up application documents with other forms resulting in very delayed licenses and additional fees to the customer (requesting and sending transcripts, test scores etc multiple times). This has been a problem for years.
4. They gave me incomplete information.

Inconsistency

1. I did get conflicting information from different people I spoke with while trying to obtain my license.
2. One person can answer a question and another person will answer it differently

Inflexibility

1. Needs more flexibility in dealing with Foreign applicants. Should consider case by case When requesting documentation etc. as systems of education vary widely even when content Can be very similar. Needs to educate itself or contact institutions directly to learn how they function so as not to request from applicants things that are not available to them.
2. rigid and inflexible re: clear and growing trends in service provision (telehealth and telesupervision)
3. too through, more like robotic

Irrelevancy

Again, this board, especially those in administrative positions, seems extremely out-of-touch with current practice. The website and procedures out outdated, board members are difficult

to contact, they have been slow to update laws and regulations, and they have shown bias toward individuals with mental illness and communication deficits. I am beyond disappointed by this administration. We need younger and more diverse individuals as members of the board, so we can update and improve the entire system.

Miscellaneous

See all previous comments about inability to teach a human being who has a clue

None

No issues

None that I can think of

None (2)

Online Services

1. Again, let me stress the Board would be much more effective with a computerized system which other large States have.
2. No reason we can't submit paperwork and other forms online
3. This is more likely an issue with CA governmental agencies and not specifically to this board: The inability to apply for an initial license on-line. Many state have the means to do that.

Proctoring

Not able to provide high enough incentive for proctoring

Requirements

In asking why an MS degree would not suffice, a phone answered told me I needed a certain number of clinical hours at the bachelors level. When asked why, her response was "because they're different." Knowing I hit a brick wall with that inane response I put off getting a license for a year.

Turnaround Time

1. Takes too long to respond to inquiries we may have
2. Long wait time
3. Takes exorbitantly long time for initial process of the 'evaluation of course work'.
4. Extremely slow to respond and complete licensure paperwork, especially for RPE and change of address

5. The wait time seemed long.
6. Seems to be very slow and inefficient and opaque (application/licensing process)
7. It takes too long to issue new licenses and many consumers have a significant delay in receiving services due to new providers having to wait weeks to attain their license
8. Timeline is slow
9. Whoever is running the board is captaining a sinking ship. The processing time and lags in communication are unacceptable.
10. I can tell that they don't have enough staff. It takes so long to get anything through.

Unclear Communication

1. Not explicit in their requirements
2. Could be more efficient and clear regarding their goals/objectives

Understaffed

1. Understaffed and overworked.
2. Response time to any request is very slow, seems to be due to low staffing.
3. Need more staff, although admin has steadily improved over the years
4. Need staff?
5. Too few personnel for the number of licensees
6. They seem to be understaffed.

Unhelpful Staff

Not very helpful with answering questions

Unknown

1. N/A (14)
2. I am not familiar with these activities
3. I have no idea.
4. I don't have any relevant information for this question
5. No comment (2)
6. Not aware of any
7. see Previous answer
8. Not sure
9. Don't know (4)
10. I haven't heard nor am I aware of anything board involvement.
11. Not opportunity to evaluate
12. I am not familiar with this area.
13. Don't know how to address this.

14. I dont know because I have several licences. You have not stated which state you represent.
15. Have not interacted
16. Same answer!
17. Not familiar with this area of board.
18. None
19. No opinion. Not enough interaction with this department to make a judgment.
20. I have no information about it.
21. Not aware of any.
22. Have no idea who is even on the board.
23. Unsure
24. Unknown
25. I don't know what you are

Unresponsive

1. Inaction when we request a DCA Legal Opinion. We asked for a 3PA DCA legal opinion from the SLPAHAD Board 3 years ago and it still has not been done. The previous DCA Legal Opinion in 2009 said that 3PAs are unlawful in CA, and licensees should be informed. Nothing has been done since.
2. It's not easy to have questions answered, even through the internet.
3. I did receive responses. But it took a long time
4. Sometimes communications go unanswered for days and other times they are responded to immediately. The effort of the administrators is appreciated however I am never sure what I am going to get when I contact.

Website

1. Website is not very user- friendly
2. Not aware of what is done for this area. Please update your website. It continues to show outdated info related to clinical hours for slpas.

Board Members – Program Administration Weaknesses

Communication

Because the Board only meets a few times a year, it would be helpful for the chair and executive officer to send out quarterly updates to the Board members so that they know what's going on within the office, like a short update of enforcement actions that have taken place, just so Board members know what the Board office has been up to since the last time they convened.

Consumer Protection

Now that they're going to have more SLPAs – if a child/adult is getting the services of a SLPA when they need an SLP, that's the Board's concern. I let my students know they need to protect the public. And they have a great Board to support speech-language pathology and audiology and hearing aid dispenser professions.

None

None (3)

Turnover

There is turnover not just in staff but in Board members. Vacant Board member positions depend on when the governor can fill the position. Constant turnover with staff. Unfilled positions sometimes.

Understaffed

Staff turnover is a concern – people that know the job – they hate to lose people, but people want to move up or retire – Board members understand. There was a seamless transition when someone retired and another person took over her position.

Unknown

1. I don't know.
2. I have no idea. (2)

Board Staff – Program Administration Weaknesses

Turnaround Time

The Board needs to reduce its cycle time for licensing and enforcement.

Understaffed

1. Hiring additional personnel in some areas would help with completing work faster.
2. The Board lacks resources for other admin functions like budget expertise and could use more staff.

Appendix B – Opportunities and Threats

This appendix contains the qualitative data relating to trends affecting the Board collected during the surveys and interviews.

The comments in this appendix are shown as provided by stakeholders. Comments that appear similar or on a specific topic have been organized into categories. The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling and/or meaning the stakeholder intended when providing the comment, however staff names have been redacted.

There are many factors that may impact the future direction of the speech-language pathologist, audiologist, and hearing aid dispenser professions. These could be opportunities the Board may want to capitalize on or threats they need to mitigate.

External stakeholders, Board members, and Board staff were asked to list potential opportunities and threats external to the Board that they felt could impact the industry and Board's regulatory role. The following are commonly made responses and/or responses that the Board might reference when considering its strategic plan.

Summary of Opportunities

1. Stakeholders see an opportunity for the Board to collaborate with the professions it serves and associations such as ASHA and CSHA.
2. Stakeholders, Board members, and Board staff see COVID-19 as an opportunity to showcase its practitioners, review current CEU requirements, and explore telehealth.
3. Stakeholders would like more opportunities for electronic submissions of paperwork and fees.
4. Stakeholders and Board members would like to see increased use of telepractice.

Summary of Threats

1. Stakeholders, Board members, and Board staff see COVID-19 as a threat, as it prevents required in-person CEUs, causes safety issues, and creates loss of services.
2. Stakeholders say they need more support, wanting help from encroachment on their profession and unreasonably high caseloads.
3. Stakeholders and Board members see over-the-counter hearing aid models as a threat and want the Board to educate consumers in the importance of hearing aid fitting.
4. Stakeholders and Board members see telepractice as a threat due to its lack of regulation.

Stakeholders – Opportunities

Apprenticeships

Establishing an apprenticeship program, like the one developed by the International Hearing Society, for training and supervising hearing aid dispensers.

ASHA

1. Partnering with ASHA now that they offer a specific SLPA certification.
2. New ASHA SLPA licensing starting Sept 2020.
3. SLPA certification through ASHA

Board Memberships

1. Must fill empty seat on board with a hearing aid dispenser
2. The board needs some younger providers/audiologists to sit on the board, because it is obvious that the heads of the board are not interested in the best interests of audiologists. As previously mentioned, the fact that audiologists have to go through the same process to be able to fit hearing aids as hearing aid dispensers is an insult to our education. Audiologists should have hearing aid dispensing included in their licensure and not have to go through additional pointless testing in which they have to bring their own equipment. Audiologists spend 3 - 4 years of their life learning how to do audiological assessments and fit hearing aids. Hearing aid dispensers do not go through any additional training. If an audiology student was incompetent, they would not graduate from their program.
3. I would like to be a Board member, but the meetings are during my regular work times (Monday-Friday 8 am - 4 pm)

Caseloads

The state has the opportunity to work towards lower caseloads resulting in better care.

Continuing Education Units

1. End in-person requirements for CEU's. They will continue to be impossible for a long time.
2. Please reconsider how we are able to obtain our CEUs now that we haven't been able to attend live courses since the pandemic. Please keep in mind that there also aren't many live webinars even offered. It would be beneficial to our profession to be able to take more online courses at our own time and pace and have those count.
3. Please change the regulations for CEU so that the hours do not need to be "live".
4. Allow online CEU's.

5. Update ceu requirements to not be restricted to "live" CEUs.
6. Licensing of Audiologists and Hearing Aid combo without additional testing

Changes in Education

Audiology is changing in ways that were not predicted. Basic and advanced education needs to change in preparation for the future clinical needs

Collaboration

1. We need to bridge the gap between audiology and hearing aid dispensers. We can better serve our communities by working together. Wax cleaning and tympanometry is a major hurdle to get over to serve our patients. ENT do not want to be bothered with cleaning wax out. With proper training this can be done by any licensed professional.
2. Have the audiologist and dispenser work better together
3. I would like to see the Board work with national organizations, such as ASHA, and state organizations, such as CSHA, to align as much as possible around expectations for the profession (e.g., professional development, etc.).
4. Anti-racism work
5. Collaboration with other professions
6. Collaboration across state lines and with ASHA
7. Public outreach about services and the profession
8. SLPAs!!! Every community college in Calif should have a program for training SLPAs"
9. Need to catch up with 2020 and partner up with associations like csha and university programs
10. I very much appreciate the partnership with CSHA
11. I would love to help give you my knowledge of what I have experienced and everything from consumers

Communication

1. I do not know of any opportunities or threats the board has addressed. Perhaps any action should be communicated to stakeholders.
2. Better communication to licensees via email blasts of regulations that are changing, need input on, changes in laws that affect all licensees. (There are ways to sign up for this information, but most licensees don't know about it.)

Compensation

Develop more regulation to ensure appropriate pay and working conditions for professionals.

Consumer Outreach

1. Educate the consumer about the importance of hearing evaluation and treatment when needed.
2. Find ways to communicate the value of licensure to the general public.

COVID-19

1. The public is becoming very aware of the SLP professions both in school and healthcare settings. Medical SLPs are very needed by COVID patients, and students are missing out on their school-based SLP services. Many are seeking private SLPs. This is an important opportunity where the board could advertise their role in ensuring SLPs are appropriately trained and licensed. Consumers should realize they shouldn't just go to anyone claiming to be a "speech tutor" - they need a licensed SLP.
2. With COVID, we need to change in person or live requirements for continued education. Waive self study requirements until Covid passes
3. I think this pandemic is an opportunity for the Board to showcase expertise to help practitioners navigate the ethical and licensing risks of SLPs in Telepractice in the school system.
4. Due to COVID-19, this is a great opportunity for the board to review current CEU requirements and the practical examination for Audiology graduates from accredited programs.
5. I have been trying to obtain my dispensing license for nearly a year and cannot due to these old school, backwards requirements. These unprecedented times create many opportunities for change."
6. It would be great to come out of the current COVID-19 circumstances better equipped and prepared to face a now uncertain future. I believe SLPAHAD can lead the way to address noted threats below..

Digital/Online Services

1. Use of mobile FEES
2. Make it easier to fill out supervision paperwork digitally.
3. I would like to see more opportunities for electronic submissions. I work often with SLPAs and RPEs. It would be nice to be able to submit information electronically with an electronic signature rather than have to submit by mail.
4. Computerize the system so applicants/RPEs can follow their application process. It would be helpful as staff work from home as well.
5. Take your licensure process online. Paper applications are a thing of the past. ASHA is online!
6. More online options for license processing, renewal etc

Diversity

1. Find ways to facilitate and increase diversity
2. I believe as an industry we have an opportunity/voice to stand for racial equality. I would like that to be taken into account into board policies and decision making.
3. Increasing diversity

Educational Outreach

1. Education of the public. Education of the licensees. Ability for licensees to know one another.
2. Public explanations of the difference between getting professional advice and buying online
3. People still want badly to be HAD

Exam Improvements

1. To improve the dispensing test, to improve the opportunities to take the test.
2. Make practical exams more accessible and affordable for those entering the field.

General

There are many issues arising that the board should and will address (OTCs, audiology aides, etc.)

Improved Turnaround Times

The field is a high demand one, processing applicants quickly will get those needing services treated faster.

Increased Demand

Lots of job demand

Independent Contractors

I've heard of some SLPA is being utilized as independent contractors. This is problematic to the compensation and potential inappropriate use of SLPAs. I have not posed this question directly to the board but have heard from a fellow colleague who did. It was relayed to me that the board communicated since this is an employment law issue they did not have jurisdiction. While I can appreciate if this is the case I think that it would be very helpful and vital for the board to direct licensees to the appropriate regulatory body where they can get answers and advocacy. It would also be helpful if the board is able to take a position on this matter to help

facilitate the proper use of SLPA is in the state. I understand that independent contractors is a hot button issue with in the state currently due to AB5. Thank you for any help or guidance in this area.

Medical Billing

Medicare billing and reimbursement

More Information

1. I believe having more clearly defined information with regard to SLPA preparation and licensure would be helpful.
2. I think that there are opportunities for better statewide compliance with more information provided to licensee's and more proactive monitoring.
3. To communicate laws, practice issues, responsibilities, etc. more frequently.

New Technology

I'm sure there will always be innovative technologies that will become available. My concern is effectivity & legal questions.

Newsletter

I would love to have a newsletter , even quarterly from the board. Just to hear of changes in laws, best practices and changes in personnel.

Online Education

Online continuing education (the board needs to allow more self-study options for licenses - the supposedly voted to do so in 2014 or so, but never moved forward with this).

Over-the-Counter

1. OTC HA's. Bringing a more affordable instrument to the Public.
2. A better understanding of Hearing Loss will also be a byproduct of OTC availability.
3. OTCs Can provide opportunities for us to change the laws for separating products from services and create transparencies for clients on what they are paying for.
4. OTC hearing products. Someone is going to have to assist the majority of purchasers after the sale.

Reciprocity

1. The board needs to come up with ways to vet audiology licenses for out of state licensees who have had their licenses for more than 5 years. These individuals may have existing audiology licenses in other states that are in good standing and never had violations; but the legislation and the requirement of these audiologists to re-take the PRAXIS national examination or have the ASHA CCC's is now antiquated. There are many good audiologists who want to move into CA and practice audiology in this state, but are being prevented from obtaining their audiology license or having to settle for simply a hearing aid dispensing license. This has been on the Board agenda for many years and there has been absolutely no progress forward in this area.
2. Interstate licensure would be extremely helpful for growing Telepractice.
3. Cross-state reciprocity of licenses.

Requirements

1. California needs more experienced and quality audiologists. Removing 5 year praxis barrier for out of state audiologists, as well as requirement for HAD exam would greatly help import experienced Au.Ds.
2. Consider modifications to supervision requirements to differentiate supervision of part time vs. full time SLPAs. As an owner of a very small private practice, my two available SLPA slots fill quickly with the part time positions I am able to offer but it is difficult to find SLPs to hire to supervise more SLPAs. It seems it might be beneficial to differentiate part time from full time to allow for possible additional supervision of part time SLPAs.
3. Separate licensure for HA dispensing is ridiculous for AuDs!!

Scope of Practice

1. Using SLPAs in the schools and clinics is beneficial and helpful when case numbers are so high. In the school setting, instructional aides are allowed to teach groups of children a lesson designed by a teacher and it means more small group instruction can occur. The Board should allow an SLP to determine when/if a lesson could be taught to a group of children by an unlicensed aide in order for more instruction to occur. Our caseloads are so large, it is next to impossible to handle them well and there are aides on school campuses who would be perfectly suited to teach a language lesson, a social skills lesson, or the proper tongue placement for /s/ under an SLP's direction. This CHANGE in policy would mean more direct instruction to children and quicker obtainment of a child's speech and language goals.
2. Audiologist to be considered physicians to be autonomous professionals, therefore less needing to work under an MD allowing more private practices to be created as audiologists specialize in the function of the ear and can provide the best
3. Most thorough care for these cases.
4. The area of speech pathology is expanding to cover various areas so our scope of practice is expanding, but there is no legislation to regulate what we can cover or the extent of our practices

5. I came from another state and was told California SLPs are NOT allowed to work with students on swallowing - even if they have issues with swallowing - "its a nursing issue and it would open the school to liabilities" - this was said by a SELPA representative. I find that appalling - we get training in swallowing, I have worked in hospitals and those nurses AND doctors defer to the SLP on swallowing - not sure how what I was told makes sense but I was actually shouted at over the phone and told I just needed to trust them when I asked where the documentation was that would support what they told me.

Specialties

1. Greater role that SLPs play in dyslexia.
2. Specialized areas of licensure for SLPs.

Streamlining

1. Defining AuD assistants role
2. Create actual clock hour and educational requirements for HADs
3. Updated HAD exam reflecting current BEST PRACTICES
4. Streamlining of processes
5. Opportunity to innovate and improve RPE process of obtaining permanent licensure

Supervision

I feel that SLP's should be able to supervise more than 2 SLPA's but no more than 3. Especially for a school setting with such high caseloads.

Supporting Licenses

Keep people licensed if possibly

Telepractice

1. Increased teletherapy
2. Direct to consumer hearing devices
3. Telehealth (3)
4. OTC hearing devices
5. Support for professionals to function at high levels in the area of remote job performances.
6. increased use of telepractice and opportunities to work for oneself
7. Allowing a more open tele-health model to exist, as the consumer is most likely to be affected with new issues in COVID times.

8. Teletherapy with the emphasis with parent education and proof of implementation of home program via videos have proven to be fruitful.
9. Reaching clients across the state due to new virtual platforms/practices
10. Telepractice issues
11. As a SLPA I sincerely hope for an extension to perform online Zoom Therapy. I have a home office designed for that purpose with materials and interactive camera support. In addition I continue to take CEU's classes in Teletherapy. The hope is that my experience in the field will keep me active on my next job.
12. Telepractice
13. Increased coverage for telehealth.
14. Quick decision in providing licensure
15. Teletherapy (5)
16. Direct intervention
17. Fair comparison and practice on a regional basis with a single state license. Eg: with California license, practice could be allowable in the state of Nevada, Arizona, New York, etc so that consumers have choice and therapists can get employment easily "
18. Expand telehealth for all therapies
19. telehealth and telesupervision—clearly the direction in which the field and the state of california must move to meet demand
20. We need better guidance for teletherapy-based services and emergency situations. I see this as an opportunity to create or suggest a teletherapy-based program in schools. Most schools are using Google Meet, which is not built for teletherapy services.
21. Universal practices in teletherapy via education/wkshops/certification, etc.
22. Development of remote services, especially ASSESSMENTS that are standardized for online practice, service delivery.
23. Since mid-march 2020 school district SLPs have been utilizing more tele-practice to provide therapy services, with varying degrees of training. In the Spring there was less tele-practice required, but since the start of this school year, it is more of a requirement to serve our population.
24. Teletherapy/telemedicine for Speech-Language Pathologists and Audiologists, recorded webinars or streaming webinars for continuing education, conducting fiberoptic evaluation of swallowing (FEES) as a mobile service as is possible in other states
25. SLPAs should be allowed to provide teletherapy at any time to avoid future confusion.
26. To be able to oversee telepractice in a way to ensure our clients get the services they need regardless of how far they live from an slp (or if there's a global pandemic)
27. Ability to expand telehealth practices
28. Research on the positive benefits of teletherapy

Unknown

1. N/A (8)
2. Not at the moment
3. Don't know (2)

4. See previous comment.
5. Unknown
6. No idea

Website

Kindly consider developing a cleaner, more updated website. The current website appears old and not very user friendly

Board Members - Opportunities

COVID-19

The Board made great strides in trying to make life easier during COVID-19 – attempted to get a number of waivers and was sensitive to what people are dealing with.

New Regulations Needed

The Board needs to look at over-the-counter hearing aids and the rules and regulations around how they're used and regulated.

New Technologies

The Board needs to become more tech savvy. The Board needs to make it easier to work online and get online education for license renewals.

Politically Savvy

The Board understand the politics nationally and locally.

Recruitment

The Board needs to look into recruiting more speech-language pathologists, audiologists, and hearing aid dispensers in rural areas.

Supporting Licensees

The Board has to be prepared to serve our clients in the midst of these changing times.

Telepractice

Telehealth issues.

Use of Resources

The Board does all it can to keep things up and running. The Board is going to move pretty soon to have more space and be in a safer location. Board running better than ever now.

Well-Rounded Board

The Board has two hearing aid dispensers watching laws and their own members so they're doing the right thing. Audiologists are going with their own national board. I am impressed by group of people I work with. We might need a person on the board who is a SLPA. That might be a point of discussion.

Board Staff – Opportunities

COVID-19

1. The Board needs to capitalize on telehealth and supervision changes occurring due to COVID19 – laws and regulations will need to catch up with these changes – they are an opportunity and threat at the same time - waivers may not help shifts in telehealth and supervision become permanent.
2. Changes in business practices that may or may not require the Board's attention. Are people rethinking their business models due to COVID19?

Increased Demand

1. There is an increasing demand for speech language pathologists
2. The Board needs to work with educational institutions and employers to help them meet the growing need for the licensees they oversee, especially Speech-Language Pathologists and Audiologists.

Legislation Updates

Information about new legislation, especially now during the pandemic

New Regulations Needed

The lack of regulations to control the ever changing world of tele health and provide consumer protection

New Technologies

The shift to email and the internet and going things remotely during the pandemic is an opportunity to build on and look at telehealth overall, seeing where the Board can make changes to keep up with the changing world.

Unknown

1. From comments and discussions it appears that Board management is much more aware of future opportunities than I am
2. have not had the chance to consider opportunities.

Stakeholders – Threats

Barriers

1. The limited number of SLP Master's programs available at the University level.
2. The board's decision to end SLPA licensing for people who have a post-bacc certificate in communication sciences and disorders.
3. Limited pathways for SLPAs to become SLPs due to expensive graduate programs with limited seating. Limited opportunities to attend SLP/ Audiology graduate programs while working. "
4. Onerous regulations for supervision of hearing aid dispenser trainees, implemented by Audiologist on the board to create a barrier for entry into this field.
5. Becoming licensed in other states is easier than it is in California; indeed, some practitioners think that becoming licensed in California is not worth the effort and students may not want to work here in the future. The complexity of licensure, coupled with the exorbitant fees (I've paid over \$1000 and still haven't taken my dispensing practical, which I shouldn't have to take because I have a doctorate in audiology), are likely to drive amazing practitioners away from California, leaving you with less than capable audiologists.
6. Difficulty in obtaining teacher certification due to lack of collaboration with that dept.
7. Expenses of pursuing careers in the professions cuts off opportunities from the people our profession needs the most -- people of color, bilingual people, people from different backgrounds.
8. ENT groups preventing audiologists as being physicians,
9. Speech-language pathologists that may seek to go to another state to practice because the California laws and regulations are more challenging than nearby states.

Caseloads

1. Hazardous caseload sizes. The board needs a policy that is routinely enforced that clinicians will have no more than 55 students on their caseload.
2. A caseload cap of 55 for speech-language pathologists can be ineffective to see growth in students. This should be lowered so the clinician can be more involved in the therapeutic work with children and therefore seeing more students dismissed. The formula we currently follow has SLPs spreading themselves thin across an ongoing list of things to do. It really is a big disservice to the students who really need our expertise support.
3. Work load versus caseload in school settings with no available resources to facilitate employability
4. Productivity standards in health care facilities
5. There are too many CA SLPs who have had their mental health deteriorate due to the demands in some jobs. These demands are unsustainable and cruel. The board needs to do a better job of advocating for professionals in this field. Attrition is a true threat to our field. You need to advocate for reasonable caseloads for us: In CA we SHOULD NOT have a suggested caseload cap (55), it should be legally binding and without loopholes. And SLPAs should be included.
6. I feel that the 55 caseload cap needs to be enforced more stringently. In my experience, there are many students who do not receive services as often as they should because SLPs (and related service providers like OT and PT) feel they do not have room in their schedules. Thanks to an increase in technology and a decrease in reading, children face more communication difficulties today than ever before. We are also seeing a rise in conditions such as autism. As a result, school-based SLPs will continue to play an important role in special education services and will require foundational support (i.e., a stringent caseload cap) to perform their duties ethically and effectively.
7. Cuts and losses for SLPA jobs. There's no jobs out there for SLPAs and many slps are trying to keep their head above water with crazy caseloads. How can we do our job effectively if we have an insane caseload ? How can we expect progress and how can we prevent lawsuits from happening in districts ?
8. Workload in school system. So unfair!

Continuing Education Units

1. In person trainings and conferences getting cancelled which could lead to incomplete CEU hours for stakeholders
2. Any of the above can be a threat if the Board doesn't pro-actively consider the impact. Two different models of approving continuing education (approving providers versus approving individual courses) for the two different divisions of the board is VERY confusing to licensees
3. Also I am worried about obtaining my CEUs to renew my license in the future.

4. One of the biggest threats I see as of right now is with continuing education requirements. With the pandemic in person courses are being modified to be online in person for half of the courses and online for the rest of the course. With the requirement of having most of your hours be completed in LIVE courses this has been making things much more difficult to make sure we are meeting requirements. It would be beneficial to reduce the number of LIVE course hours with allowing more online or recorded Continuing education units in order for SLPs to meet their requirements.

Compensation/Insurance

1. As a SLPA, threats of high caseloads and lack of support needed.
2. SLPA's pay is demeaning to the quality of work that is given to students in both the school and clinical setting.
3. Due to clients who are in the 0-4 years of age population and the moderate - severe disability population, SLPAs are in close contact with clients. Therefore, SLPAs are at high risk and exposure to COVID19.
4. Brand New SLPAs should start with a pay of \$20-\$22/hour
5. SLPAs with B.S or B.A in Communication Disorders and 5-10 years experience should get paid \$25 -\$34 respectively
6. SLPAs with B.S or B.A in Communication Disorders and have 10+ years experience should get paid \$35.00 - \$40.00/hour
7. Effective and quality PPE should be in place for all clinicians.
8. As far as teletherapy practice, full rate (not minimum wage) should be accounted for while prepping for lessons. Prepping for teletherapy is a lot more time consuming than in person prep.
9. Low insurance reimbursement rates
10. An issue in the industry is (hourly employees) SLPAs not being paid for work time, such as when a client doesn't show up for therapy
11. New reimbursement laws
12. Unregulated pay scales for out of state teletherapy companies and practitioners.
13. State of the health care industry, Medicare, changes to coverage for our services.
Current financial crisis
14. Medicare reimbursement cuts that are proposed
15. Third party payers through insurance

COVID-19

1. More confusion about special education law during the pandemic
2. Covid-19 closures. Need I say more?
3. COVID-19 has changed the entire world. We need to change practices, so that we can stay healthy for as long as possible.
4. Sometimes - the state can not keep up with the changing times as rapidly as it should with laws and rule changes. With the pandemic - things are changing weekly and rapidly.

5. I feel it is still not safe for therapist to do inhome services.
6. Effect of Covid-19 on ability to gain required in-person CEUs for renewal.
7. I am worried about all the shutdowns due to COVID and how this will impact Speech-Language Pathologists in general.
8. The onslaught of potential due process cases that are going to occur due to the regulations of special education/FAPE that is disrupted because of covid.
9. SLPA positions have been reduced due to the coronavirus pandemic.
10. As things like COVID hit, the Board should be able to act quickly to modify existing laws so the public does not loose service. It look too long for Tele-supervision to be recognized as a way to meet the needs of school districts, the consumer and the profession.
11. Covid 19 (2)
12. Pandemic
13. School-based SLPs are extremely behind on services and assessment because of COVID. Without better guidance on services, it will be close to impossible to make up all of the service minutes, and many of us could be facing due process. I suggest having specific instructions on how to handle this matter. I also suggest having a state-wide scale that allows all school-based SLPs to calculate appropriate minutes for services (e.g., the Communication Severity Scales). This way, all SLPs are on the same page with minutes, and we can ensure that we are providing ample service in the least restrictive environment. This allows us be sure that we are not being over-zealous with service minutes on the IEP, so it will be easier to make up services.
14. Covid-19 are making it difficult for SLPAs to find work.
15. I think the state board could have done more to represent the health concerns of audiologists & SLPs working in both the healthcare & educational settings during the pandemic.
16. Effective communication in the COVID-19 crisis - other government boards already offered extensions and considerations for licensees whereas SLPAHAD took months to provide direction. If ever, it appeared as if SLPAHAD did not care about the challenges members faced in that time by failing to offer more immediate feedback and waiving fees, etc.
17. What does SLPAHAB have against our profession? Especially since post-COVID-19 will change how we can safely move about. Certainly, our national professional organization (ASHA) allows a more versatile way to meet our CEUs, for instance. Belaboring the point, but it would be nice if the 'brick and mortar' requirement of live and/or in-person training we reconsidered provided SLPs could prove rigorous training (through ASHA-sponsored courses, for instance) for CEUs."
18. Tele-practice can be a threat since many SLPs do not have enough or the correct type of training and equipment/materials required to do a good job.
19. Districts requiring SLPs to do in-person assessments, when they are not asking other staff to do the same.

20. Not providing enough/adequate PPE and social distancing to do proper assessments. Speech rooms are usually very small, no way to provide 6 feet between student and assessor.

Dishonest Advertising

Allowing online companies to freely represent themselves as being as good or better than receiving professional advice on their hearing. Listening to their ads it seems Medical doctors, audiologists and hearing aid specialists have no value

Encroachment

Encroachment on the speech-language pathology scope of practice, specifically in the areas of speech, language, and cognition, by Applied Behavioral Analysts and Music Therapists who are not trained or educated to the same level/degree in evaluation, diagnosis, and/or treatment of impairments in these areas

Enforcement

ABA providers are constantly encroaching on the field of speech and language. Goals are written in the areas of articulation and swallowing/ feeding and carried out by BT (behavior technicians) constantly throughout my work as a travel therapist in California. There needs to be a tougher governing board and intensified ethics for this discipline

Fees

Increase in fees.

Hearing Aid Devices/Dispensers

1. The audiology profession is constantly being attacked by HADs in the state for trying to be the experts in tinnitus, cerumen management and auditory processing disorders. There needs to be an absolute clear division between Audiology and Hearing Aid Dispensers in California. In addition, the Board will now need to oversee hearing aid sales across state lines. The hearing aid industry is moving in a direction of more on-line sales to consumers as a means of expanding market penetration and getting hearing aids into the hands of consumers at a lower price point without the use of a professional to help the consumer.
2. Direct to consumer hearing devices
3. OTC hearing devices
4. Hearing aid market changing faster than the board can react or predict leaving clinicians with outdated rules.
5. Hearing Aid Dispensers encroaching on Audiologists Scope of Practice.

6. HADs who wish to blur the professional lines between audiologists and themselves to the detriment of the consumer.
7. lack of representation for dispensers
8. Poorly trained HA dispensers
9. The hearing aid industry should not be motivated by sales only.

Independent Contractors

1. Independent contractors law, ABA, non EBP products.
2. Additionally the disconnect between private practice speech pathologists and school-based speech pathologists. Private practice speech pathologists cause a lot of issues for school-based speech pathologists by qualifying anyone who walks through the door, regardless of whether they have a true language disorder.

Lack of Diversity

1. Covid, systemic racism. I'm sure you've already heard a lot about both of those.
2. Limited diversity of educators at doctorate level
3. Lack of diversity

Lack of Resources

1. Funding is being cut in many areas of state and local government and this could affect the board.
2. Government funding of services including tele therapy appears to be threatened.
3. Lack of physical staff for young school age students
4. There is absolutely not enough staff to license people in any kind of reasonable timeframe.
5. Continuing growth in the professions that this licensing board has jurisdiction over.

Maintaining Standards

1. Influx of recent grads in new CSU programs, there are not enough QUALITY sites/preceptors to take these externs.
2. Concern for QUALITY of the new CSU programs
3. Regulation of OTC hearing aids as it relates to the dispenser's CA state license. How are HADs in other states allowed to sell hearing aids to CA consumers?"
4. Direct to consumer treatment of hearing loss. This is not only a threat to the professionals but also to the consumers!
5. Uninformed citizens and/legislators are trying to undercut high standards which would no doubt allow charlatans and malpractice to proliferate and waste client resources

6. Homogenization of clinical knowledge and application has in part caused the lack of progress in many areas of audiology. The influx of ill-prepared licensees does little to move the field forward.

Miscellaneous

1. Prop 22
2. Unstable mind sets of consumers

Online Classes

1. School's going online affects SLP's ability to foster social skill building.
2. Online-only graduate programs

OTC Models

1. Understanding that OTC models, give more options to the consumer but don't recognize the complexity of fitting properly and long-term efficacy. Wear-time / venting / ear canal resonance / proper physical fit and then habituation over-time / gain and output related issues is what we do well and OTC doesn't address any of those issues even in the slight. Chances of long-term success is slight and OTC studies do not go into any of these issues so far. Congress and public do not understand these issues, we do. The board should as well. Each and every one of these issues. Dive deep people.
2. Unlicensed professionals do to the OTC Bills.
3. The commercialization of hearing aid fitting due to OTC may cause individuals to cover up medical issues that need resolution by a physician. Inaccurate fittings may cause consumers to abandon fittings leaving hearing loss uncorrected
4. OTC HA's. Public perceptions of " HA's " could be set back years if OTC HA's are not a good personal experience. Any poor fit is a Public disservice, I would expect a higher percentage of poor fits with OTC HA's.
5. FDA gives Board no power over enforcing OTC hearing aid sales
6. over the counter hearing aids and self programming by patients causing potential damage Or lack of enough sound to their ears.
7. Over the counter assisted listening devices that are cheap and dangerous.

Outreach

1. The board should have experts in this area on the licensing board in order to move forward quickly.
2. Another area that needs to be addressed is the perception among licensees about how the board operates. The biggest issue recently was allowing a board member who moved out of state to remain on the board too long. In addition, the opening was not widely dispersed to licensees.

Patient Education

I do worry about OTC and the patient's ability to understand what they are getting into and get referred to a doctor when needed.

PPE

Lack of PPE

Requirements

1. The barrier of audiologists being required to get a hearing aid dispensers license could lead to shortage of qualified audiologists that are allowed to dispense hearing aids.
2. they made it very difficult for me to get licensed. paperwork language does not match their actual requirements and I originally was rejected then had to deliver additional paperwork that was not apparent in the application process.
3. As a licensed audiologist, the hearing aid dispensing license need for us to work is ridiculous to start. Also the wait to take the test and practical is outrageous and hindering our ability to work, especially now to COVID
4. Difficulty of state licensing requirements being different from other states and from ASHA contribute to this significantly
5. If not addressed within due time, many RPE candidates may choose to pursue other careers or put the process of obtaining permanent licensure on hold due to stringent part-time/full-time hour requirements.
6. Requiring 4th year externs to have an RPE for a full 12 months even if they meet the necessary requirements by their university to graduate with their AuD. This recent change was not sent out to universities and therefore students were blindsided by the change and had to alter all of their final year plans in order to meet these new requirements.

Scope of Practice

1. The board needs to work with audiologist to help clearly define their scope of practice.
2. Practices in all areas of profession, i.e.: diagnostics, therapy, etc. that are not universal nationally.
3. I'm not sure if this is the place to put this. But more clearly defined roles. Speech pathologists should not be treating selective mutism in schools' that is a psychological issue. We are spreading ourselves too thin and it is affecting our ability to do our jobs well and correctly.
4. The extremely broad areas of practice for SLPs.
5. Contradictions between CTC and licensing board.
6. Possible erosion of services (OTs share swallowing expertise)

Shortage of SLPs

1. The biggest threat that I believe needs to be addressed is the shortage of SLP's in the state of California. Our children are NOT getting the therapy that they need and deserve, because we do not have the manpower to cover all the children who need the services that SLP's provide. I believe we need to address this shortage ASAP - by encouraging high school graduates/college students to go into the SLP profession. Too many SLP's are leaving the field due to high caseloads and job dissatisfaction.
2. Working for a national company, we sometimes lose SLPs in CA to other states that have a more efficient licensing process

SLPAs

Too much use of SLPA's in my opinion - pay is too low in certain areas to retain quality SLPs.

Supervision

1. Out of state 'supervisors' who do the minimum "sign off" on supervision.
2. Not being able to continue being directly observed virtually
3. They need to act like training new SLPs is actually important. Once you report that your RPE supervisor is not doing their job- the Board should at least pretend to care.
4. Lack of oversight of trainees and their sponsors.
5. Abuse of power from SLP's taking advantage of SLPA's

Supporting Licensees

1. ABA therapists and language ""coaches"" are often encroaching in the area of speech-language pathologists without appropriate training or education
2. Legislation that decreases the ability of companies to hire contract workers has been extremely detrimental to SLPs who often work contract, often exclusively. This is something that needs to be remedied as many part-time and PRN professionals are being put in the same category as individuals who are being systematically denied opportunities for health care, etc...
3. School Districts threaten the profession of Speech Pathology by not hiring clerical staff to directly support SLPs. SLPs are over-burdened by high caseloads combined with hideous paper work demands. This results in poor and even no services to clients, clinician burn-out, clinician illness (high blood pressure, panic attacks, heart attacks), early departure from the field, and low numbers of new entrants to the field. The districts' knowing abuse of power over SLPs goes unchecked by legal oversight, resulting in a continual corrosive force against our industry.
4. organizations pushing laws to extremely restrict the operating of SLPs as self-employed entities via the AB 5 legislation law being pushed

5. Continued lack of cooperation.
6. Take a more active roll in protecting the professionals and consumers by taking a stance on limiting caseload sizes the professional can handle to be able to provide quality services.
7. Continued encroachment on the field of speech pathology by ABA professionals; inability for small private practices to hire part time independent contractors due to AB-5
8. unclear, unresponsive, poorly adaptable legislation on the part of the board
9. The lack of non-biased leadership at the Federal Dept. of Education negatively impacts the role of SLPs (and anyone in Special Education) working in public education. Also,
10. Encroachment on slp services by other disciplines.
11. Encroachment from other professions and feels bureaucratic...keep taking our money for licensing but failing to engage in our needs and issues that are setting specific.
12. ABA technicians are constantly stealing our ideas, and encroaching on our profession.
13. ABA encroachment
14. Clients moving out of state put our licenses in jeopardy. Clients at my practice are informed they will no longer be able to see a california licensed slp or ot if they move, and some families have lied about their location or plan to stay out of state in order to continue services. I wish there was a way that this was addressed better on a national level

Technology

1. I am concerned, in general , where, how medicine will safely & effectively practice. I am worried about the technology & legalities it poses & how as individuals can deal with it.
2. We need to be able to program hearing technology remotely
3. Technology with virtual services and privacy issues

Telepractice

1. The worst threat is that I will not be able to work using online therapy from my home office. I have focused all my effort on this possibility.
2. Having to use telehealth now, regulations need to be opened up.
3. The fact that telepractice has become so prevalent in the past few months and the board has done nothing to regulate it is disappointing.
4. SLP/SLPAs should be protected when providing telepractice
5. SLP/SLPAs should not be held responsible for services not rendered due to school closures.
6. Long term telepractice due to COVID-19.
7. How increased utilization of teletherapy due covid precautions may impact overall outcomes especially for SLPs with regards to dysphagia

8. I don't see a direct threat to the existence of the Board. But as a school-based SLP, we are beset with anxiety as to following ethical telepractices or unwillingly obey our Sped Director's verbal directives. Some of us feel that we are jeopardizing our licenses.
9. Teletherapy
10. Obviously with the current situation teletherapy needs to be more addressed and more guidelines should be widely provided as therapists often don't know when or if teletherapy is appropriate for a child
11. Some employers are taking advantage of telepractice and breaking ethical/legal codes as a means to cut costs and increase billable hours (e.g. cutting supervision hours and replacing with clients, firing interpreters and leaving multilingual families without a means to communicate with their therapist). There should be stricter laws and regulations regarding this and all businesses who provide the board's services should be sent notices to correct these mistakes
12. Telehealth provision of tests and sales transactions.

Unknown

1. N/A (6)
2. Don't know
3. Unknown
4. No idea

Unlicensed Practitioners

1. Unregulated dispensing of hearing instruments. Low cost options with third party payers of hearing aids. Patient's obtaining low quality hearing aids expecting high quality results.
2. ongoing encroachment by the always changing and slippery " BCBA " family who now are able to use "behavioral therapists" to provide direct services (no longer only BCBA or BCABAs). Use of unqualified people by infant companies and agencies, use of assistants who are the only people speaking to parents, for example....NOT identifying themselves as SLPAs.
3. Involvement of non-licensed personnel in doctors offices or clinics who perform diagnostic evaluations without a license. However, since they're doing it under the supervision of a physician even though the physician is an internal medicine doctor, there's no jurisdiction for speech pathology and audiology board to intervene. The advent of remote programming will embolden Internet companies to put non-licensed people in charge (and sell hearing aids) and dispense them without proper verification.
4. People without licenses giving voice/speech/swallowing "advice" during Parkinsons classes.
5. ABA therapist conducting "communication" therapy

Unrealistic Expectations

It is very difficult to do my job properly as an SLP in the schools as there is too much paperwork and pressure on deadlines. The laws are too rigid and are hindering job satisfaction and student progress.

Waivers

The rumored waivers as mentioned earlier in the survey.

Work Hazards

1. Indoor and poorly ventilated therapy rooms and homes
2. Lack of accountability for families by agencies for in-home, in-house (not outdoor therapy)

Board Members – Threats

COVID-19

The pandemic is really challenging for all of us. The Board can't meet in person and it's challenging learning proper technology to have a Board meeting that's productive. That has caused delays.

Maintaining Standards

1. A threat comes from a bill allowing a non-citizen to become a board member. Board was supposed to oppose or approve this bill. It's a threat if undocumented person can become a board member.
2. There are issues of concern with hearing aids becoming more wide-streamed and not dispensed by hearing aid dispensers.

Multiple Licenses

It's challenging a Board with 3 professions. Each profession has slightly different regulations. Despite all these challenges, the Board is very effective.

OTC Models

1. One of the biggest issues is the enactment of over-the-counter hearing aids. This was supposed to take place this fall, but there has probably been a delay in that. The Board

should consider being available at the least to advise the public about the difference between a professionally fitted hearing aid versus an over-the-counter hearing aids.

2. Already aware of OTC hearing aids coming soon. Regs saying states should have no say in how this operates but several aspects will affect the states.
3. Over-the-counter hearing aid dispensers are a threat.
4. OTC hearing aid and Internet hearing aid sales. Board seems incredibly proactive about handling this.
5. The Board needs to watch online sales of hearing aids closely and protect consumers from it. If I purchase a hearing aid in Bakersfield, I must go to original dispenser to unlock, which could be 50 miles away. Board action to get this changed would be nice. Locked hearing aids are an issue.

Out of Scope

There are SLPAs coming doing the job of the SLP – functioning outside their scope of practice.

Telepractice

The Board needs to look at telehealth and how it affects people - is it as effective as face-to-face?

Board Staff - Threats

COVID-19

Quite a few Hearing Aid Dispensers have shut down due to COVID19 and they may not reopen again.

Outdated Laws

Some of the laws are outdated and need to be looked at.

Technology

The Board's looking at modernizing its technology. The state budget is definitely a threat and could delay the Board's plans for technology improvements.

Unknown

Have not had the chance to consider threats.

Appendix C

Data Collection Method

Information for this survey was gathered by surveying external stakeholders, Board members, and Board staff using the following methods:

- ◆ Interviews conducted with all nine members of the Board, as well as the Executive Officer and Assistant Executive Officer, were completed during the months of September and October 2020 to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.
- ◆ An online survey was sent to the Board's 11 staff members, to identify the strengths and weaknesses of the Board from an internal perspective. Five Board staff participated.
- ◆ An online survey sent to a Listserv of external Board stakeholders in September 2020 to identify the strengths and weaknesses of the Board from an external perspective. Nine hundred stakeholders completed the survey. The table on the following page shows how stakeholders identified themselves in the online survey.

Stakeholders Breakdown	Number	% of Total
Speech-Language Pathologist Licensee	540	60 %
Audiology Licensee	62	6.89 %
Hearing Aid Dispenser Licensee	63	7.00 %
Speech-Language Pathology and Audiology Aide Licensee	2	0.22 %
Speech-Language Pathology Assistant Licensee	156	17.33 %
Required Professional Experience Temporary license	47	5.22%
Hearing Aid Trainee license	6	0.67%
Professional Association in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers profession.	4	0.44%
School or College	2	0.22 %
Consumer/Member of the Public	3	0.33%
Other	15	1.67 %
TOTAL:	900	

Appendix D

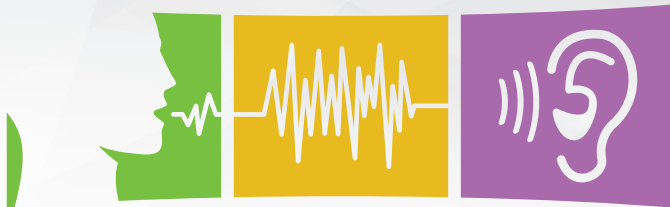
Survey Data Reliability

Based on 900 external stakeholders who responded to the electronic survey, we can be 95% confident their opinions represent all California licensed speech-language pathologists, audiologists, and hearing aid dispensers plus or minus seven percent. For example, 86% of stakeholders rated the Board’s overall licensing effectiveness as effective or very effective. Based on our response rate, we can be 95% confident between 79 % and 93% of stakeholders would rate the Board’s licensing effectiveness the same way.¹

To help improve data integrity, the online survey did not provide a neutral option when asking about overall effectiveness. Instead, stakeholders completing the survey chose between a positive choice (very effective or effective) and a negative choice (poor or very poor). This allows the Board to better understand whether stakeholders have a positive or negative view of the Board in various areas.

Notes

¹ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD



STRATEGIC PLAN 2016–2020

ADOPTED: NOVEMBER 2015

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

Alison Grimes, Board Chair, Dispensing Audiologist

Rodney Diaz, Public Member, Otolaryngologist

Jaime Lee, Public Member

Deane Manning, Hearing Aid Dispenser

Dee Parker, Speech-Language Pathologist

Marcia Raggio, Dispensing Audiologist

Amnon Shalev, Hearing Aid Dispenser

Debbie Snow, Public Member

Patti Solomon-Rice, Speech-Language Pathologist

Edmund G. Brown Jr., Governor

Awet Kidane, Director, Department of Consumer Affairs

Paul Sanchez, Executive Officer, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



MISSION

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology, and hearing aid dispensing services.

Message From the Board President



On behalf of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board), I am pleased to present the *Strategic Plan 2016–2020*.

It is the vision of our Board that every Californian has access to communication, through diagnosis, treatment, and related services of the highest quality.

The Board seeks to protect the health, safety, and welfare of the people of California by requiring adherence to laws and regulations designed to ensure the qualifications and competence of providers of speech-language pathology, audiology, and hearing aid dispensing services.

To fulfill these goals, we have identified in this document key issues, goals, and actions that we will take to protect and serve California consumers.

This *Strategic Plan* outlines our goals and identifies our challenges as we move forward to build our foundation for protection of, service to, and excellence in care of consumers with speech, language, and hearing impairments.

It is our hope that all stakeholders, particularly consumers, will take an active role by joining with the Board and staff in these endeavors.

Alison M. Grimes, AuD
Board Chair

*Board Certified, American Board of Audiology & Director,
Audiology and Newborn Hearing Screening UCLA Health*

About the Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulates the practices of speech-language pathology, audiology, and hearing aid dispensing in California by licensing those who meet minimum standards of competency. Among its functions, the Board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary sanctions, when necessary.

Mission

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology, and hearing aid dispensing services.

Vision

Every person in the State of California has access to diagnosis, treatment of communication disorders, and related services of the highest quality.

Values

Consumer Protection

We make effective and informed decisions in the best interest of and for the health and safety of Californians.

Efficiency

We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

Integrity

We are committed to honesty, ethical conduct, and responsibility.

Professionalism

We ensure that qualified, proficient, and skilled staff provide services to Californians.

Accountability

We accept personal responsibility for our actions, exemplifying high ethical standards and always striving to improve our effectiveness.

Effectiveness

We make informed decisions that make a difference and have a positive, measurable impact.

Service

We acknowledge all stakeholders, listen to them, and take their needs into account.

Strategic Goals

1) **Licensing**

The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

2) **Enforcement**

The health and safety of California's consumers are protected through the active enforcement of the laws and regulations governing the practices of speech-language pathology and audiology and hearing aid dispensing.

3) **Outreach**

Consumers and other stakeholders are educated and informed about the practices, and laws and regulations governing the professions of speech-language pathology and audiology and hearing aid dispensing.

4) **Laws and Regulations**

The health and safety of California consumers are protected by the laws and regulations governing the speech-language pathology and audiology and hearing aid dispensing.

5) **Program Administration**

The Board efficiently and effectively utilizes resources and personnel to meet our goals and objectives.

Goal 1: Licensing

The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

- 1.1 Evaluate licensing and examination requirements for all disciplines to ensure fairness in the licensing processes.
- 1.2 Shorten the licensing processing time (from application to issuance of the license) to better meet consumer and professional needs.
- 1.3 Complete and submit a Budget Change Proposal (BCP) to request additional licensing positions to increase the availability of services, reduce processing times, streamline processes, and meet professional demand.
- 1.4 Increase the frequency and number of locations for the hearing aid dispensers examination in order to increase access for applicants and more efficiently meet consumer demand for more licensed hearing aid dispensers.



Goal 2: Enforcement

The health and safety of California's consumers are protected through the active enforcement of the laws and regulations governing the practices of speech-language pathology and audiology and hearing aid dispensing.

- 2.1 Decrease enforcement timeframes to enhance public protection.
- 2.2 Inform interested parties regarding disciplinary actions to reduce the number of practitioner violations.
- 2.3 Implement annual Board member enforcement training to improve Board member knowledge.
- 2.4 Develop an ad-hoc Board member Enforcement Committee to discuss enforcement issues and review enforcement processes.
- 2.5 Document the Board's enforcement policies and procedures to maintain an enforcement knowledge base.
- 2.6 Assess staffing needs to determine whether staffing resources are adequate to manage current and anticipated workload.



Goal 3: Outreach

Consumers and other stakeholders are educated and informed about the practices and laws and regulations governing the professions of speech-language pathology and audiology and hearing aid dispensing.

- 3.1 Require practitioners to display a consumer notice at the practitioner's point of service regarding the roles and responsibilities of the Board.
- 3.2 Expand Internet communication to encourage bidirectional communication to actively engage consumers, licensees, and other stakeholders.
- 3.3 Encourage stakeholder participation at Board meetings to obtain feedback, increase transparency, and educate stakeholders.
- 3.4 Complete and submit a BCP to request an additional outreach position to educate consumers, licensees, university faculty and staff, along with other stakeholders about the practices, laws, and regulations governing Board professions.
- 3.5 Develop presentation materials for Board member use to cost-effectively disseminate information to consumers, licensees, and students.

Goal 4: Laws and Regulations

The health and safety of California consumers are protected by the laws and regulations governing the professions of speech-language pathology and audiology and hearing aid dispensing.

- 4.1 Update continuing education (CE) requirements to facilitate the license renewal process and improve ease of auditing.

- 4.2 Complete and submit a BCP for a legislative analyst position to address the backlog of regulatory packages.
- 4.3 Develop a Board member Laws and Regulations Committee to prioritize regulations and facilitate legislative analysis at Board meetings.
- 4.4 Advocate for additional university programs graduating Audiologists and Speech Language Pathologists (SLPs) to address the shortage of professionals in California in the interest of consumer access protection.
- 4.5 Finalize existing regulation packages and proposals so that Board regulations remain current.
- 4.6 Educate legislators on the importance of requiring SLPs and Audiologists who provide service in public schools to be licensed in order to improve consumer protection.
- 4.7 Develop regulations regarding the appropriate level of supervision for trainees, aides, and assistants to safeguard consumer protection and seek statutory changes if necessary.
- 4.8 Review examination regulations and make necessary changes to increase clarity for applicants and stakeholders.
- 4.9 Seek statutory authority to require hearing aid dispenser applicants to complete a traineeship under a licensed hearing aid dispenser in order to become eligible to take the practical exam in the interest of consumer protection.
- 4.10 Monitor federal regulation request for exemptions for online hearing aid sales in California to protect consumers and to improve clarity for licensees.



VISION

***Every person in the State
of California has access
to diagnosis, treatment of
communication disorders,
and related services of the
highest quality.***

Goal 5: Program Administration

The Board efficiently and effectively utilizes resources and personnel to meet our goals and objectives.

- 5.1 Increase capacity for Board and Committee deliberations and progress in order to more effectively address a greater number of Board-related issues in a timely manner.
- 5.2 Address staffing needs to determine whether resources are adequate to manage current and anticipated workloads.
- 5.3 Create, improve, and document all Board policies and procedures to streamline processes and maximize efficiency.
- 5.4 Implement training for staff, Board members, subject matter experts, and expert witnesses to maintain consistent communication and practices.
- 5.5 Map existing Board processes in accordance with Department of Consumer Affairs' release schedule to prepare for the BreZE¹ implementation.
- 5.6 Identify Board processes that can be conducted electronically in order to increase staff efficiency and stakeholder satisfaction.
- 5.7 Monitor and protect the Board's fund condition at the appropriate level to maintain the Board's fiscal needs.

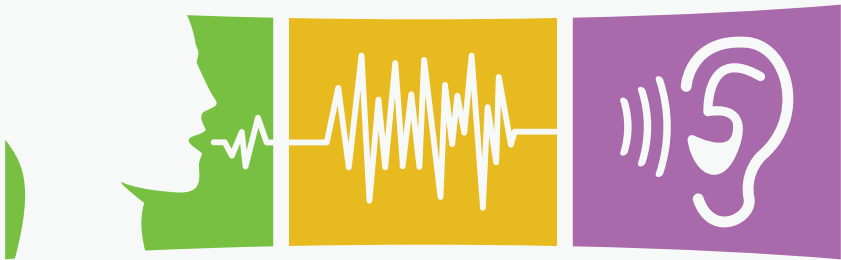
¹BreZE will be the Board's new licensing and enforcement tracking system designed to replace the Board's existing legacy licensing system (ATS) and enforcement systems (CAS).

Strategic Planning Process

To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews conducted with eight members of the Board during the month of July 2015 to assess the strengths, challenges, opportunities, and threats the Board is currently facing or will face in the upcoming years.
- Interviews conducted with the Executive Officer in the month of July 2015 to identify the strengths and weaknesses of the Board from an internal perspective.
- An online survey of Board staff in July 2015 to identify the strengths and weaknesses of the Board from an internal perspective. Seven staff members participated.
- An online survey sent to Board stakeholders in July 2015 to identify the strengths and weaknesses of the Board from an external perspective. The survey yielded 368 qualitative and quantitative stakeholder responses.

The most significant themes and trends identified from the environmental scan were discussed by the Board during a strategic planning session facilitated by SOLID on August 21–22, 2015. This information guided the Board in the revision of its mission, vision, and values, while directing the strategic goals and objectives outlined in this *2016–2020 Strategic Plan*.



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

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This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board in August 2015. Subsequent amendments may have been made after Board adoption of this plan.



INSTRUCTIONS

Using the attached worksheets, determine potential Objectives for each goal area for the new Strategic plan based on:

- a. Review of the Environmental Summary Report
- b. Items outlined in Sunset Review (if applicable)
- c. Experience and previously identified needs

GUIDELINES TO DEVELOPING OBJECTIVES

When developing objectives, you should consider the SMART objectives method:

Specific	Details what needs to be done
Measurable	Success that can be measured
Action-Oriented	Uses action words
Realistic	Possible to attain
Time Based	Timeframe is clear

ACTION VERB	WHAT?	WHY?
Action words give the objective movement. Use the “Action Verb” list.	What is the objective to address?	Why does action need to be taken?

Below are examples of how to use the formula to develop objectives.

ACTION VERB	WHAT?	WHY?
Create	an onboarding program	to ensure their successful transition to the Board.
Recruit and train	three additional Subject Matter Experts	to reduce investigative cycle times.

Licensing		
ACTION VERB	WHAT?	WHY?

NOTES:

Enforcement		
ACTION VERB	WHAT?	WHY?

NOTES:

Outreach & Communication		
ACTION VERB	WHAT?	WHY?

NOTES:

Laws & Regulations		
ACTION VERB	WHAT?	WHY?

NOTES:

Program Administration		
ACTION VERB	WHAT?	WHY?

NOTES:

ACTION VERBS

All-Purpose		Investigative <i>Checking it out</i>		Consultative <i>Doing the research</i>	Communication <i>Sharing knowledge</i>
Adapt	Lead	Analyze	Interview	Address	Communicate
Administer	Perform	Anticipate	Investigate	Advise	Discuss
Adopt	Plan	Appraise	Locate	Benchmark	Disseminate
Combine	Promote	Assess	Measure	Coach	Introduce
Compare	Provide	Calculate	Monitor	Consult	Re-write
Decide	Raise	Conduct	Prioritize	Counsel	Write
Decrease	Recommend	Confirm	Quantify	Demonstrate	
Define	Revise	Determine	Re-	Guide	
Discontinue	Select	Divide	evaluate	Inform	
Enhance	Serve	Evaluate	Research	Mentor	
Expand	Simplify	Explore	Seek	Model	
Gather	Streamline	Find	Survey	Negotiate	
Help	Strengthen	Hypothesize	Validate	Resolve	
Increase	Supervise	Identify	Verify	Review	
Initiate	Use			Suggest	
	Utilize			Teach	
Generative <i>Making things happen</i>		Coordinative <i>Organize it</i>		Collaborative <i>Working with others</i>	
Acquire	Generate	Accelerate		Accommodate	Offer
Activate	Innovate	Arrange		Assist	Participation
Advance	Invent	Assimilate		Co-create	Partner with
Allocate	Launch	Clarify		Collaborate	Persuade
Assemble	Make	Condense		Compile	Recognize
Apply	Maximize	Connect		Contribute	Resolve
Automate	Modify	Coordinate		Educate	Share
Build	Organize	Decide		Encourage	Steer
Consolidate	Outline	Direct		Facilitate	Support
Construct	Prepare	Establish		Guide	Synthesize
Contract	Preserve	Facilitate		Help	Synchronize
Create	Produce	Fund		Leverage	Unite
Deliver	Propose	Harmonize		Mitigate	
Design	Publish	Implement			
Develop	Redesign	Include			
Devise	Re-engineer	Intervene			
Document	Require	Itemize			
Draft	Restructure	Lead			
Establish	Revise	Manage			
Execute	Simplify	Merge			
Extend	Start	Organize			
Formalize	Update	Pursue			
Formulate		Rank			
		Systematize			



BOARD MEETING MINUTES – DRAFT

Sacramento, California

February 20-21, 2020

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.

Audiology Practice Committee Meeting

Marcia Raggio, Committee Chair called the Audiology Practice Committee meeting to order at 1:07 p.m. Ms. Raggio called roll; three members of the Committee were present and thus a quorum was established.

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

Committee Members Present

Marcia Raggio, Committee Chair
Rodney Diaz, Committee Member
Karen Chang, Committee Member

2. Public Comment for Items not on the Agenda

There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action on Clarifying the Regulation on the Required Number of Clock Hours for Audiologists (As Stated in Business and Professions Code (BPC) sections 2532.2 and 2532.25, and Title 16, California Code of Regulations (CCR) section 1399.152.2)

Ms. Raggio stated there are two issues of concern: 1) Current regulations only require 300 clinical clock hours, which is based on audiologists requiring a master's degree. Now that audiologists require a clinical doctorate degree, most institutions require 1800 clinical clock hours and 2) Current law requires clinical clock hours to be completed in no less than 12-months.

Legislation is necessary in order to change the 12-month requirement. Sabina Knight, DCA Legal Counsel suggested removing the 12-month requirement and leaving the statute vague regarding the clinical clock hours. The required number of clock hours would be clarified in regulation.

Ms. Raggio stated the requirement for multiple clinical settings is also outdated. Mr. Sanchez stated the requirement in regulation for multiple clinical settings is based on statute that requires supervision of clinical practice with individual's representative of a

wide spectrum of ages and audiological disorders. Mr. Sanchez stated the regulations may need to be revised to separate out the requirements for audiologists and speech-language pathologists.

M/S/C Raggio/Diaz

Motion that Board staff draft statutory language eliminating the 12-month requirement and regulatory language requiring 1800 clinical clock hours and eliminating the requirement for three clinical settings. The motion carried 3-0.

4. Discussion and Possible Action regarding Statutory and Regulatory Changes Defining Specific Tasks of an Audiology Aide (As Stated in BPC section 2530.2 and Title 16, CCR section 1399.154.2)

Ms. Raggio discussed language from the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA) regarding the role of an audiology assistant. The language states audiology assistants should be trained to do specific tasks that support the audiologist without making diagnostic decisions.

Ms. Raggio expressed concern regarding the requirement for the audiologist to be physically present because there is not a clear definition of physically present. Ms. Raggio stated physically present should not mean over the shoulder because that will prohibit the audiologist from performing other tasks.

Ms. Burns stated the regulatory package will need to explain why a task is outside of the scope of an audiology aide. Ms. Burns suggested developing different levels of supervision requirements similar to the SLPA regulations.

Ms. Chang and Ms. Raggio stated the ASHA list of tasks that can be performed by an audiology assistant is a good starting point. Ms. Raggio also stated the AAA and ASHA language recommends that audiology assistants complete continuing education requirements. Mr. Sanchez stated the audiology aide is a one-time registration process with no renewal requirement or continuing education requirement. Mr. Sanchez stated this issue could be addressed as part of the sunset review process.

Mr. Diaz suggested polling audiology supervisors to inquire if they prefer a negative list of tasks that are prohibited for audiology aides or a positive list of tasks appropriate for an audiology aide. Mr. Diaz pointed out ASHA has both a positive and negative list.

Bryce Docherty with Hearing HealthCare Providers stated the prior lists developed for audiology aides were contentious and suggested including this issue as part of the sunset review process to seek guidance from the Legislature. Mr. Docherty stated the Board should also seek feedback from all stakeholders who may be interested.

M/S/C Raggio/Diaz

Motion for a Committee member to work with Board staff to develop a suggested list of positive and negative tasks for audiology aides and work with the California Academy of Audiology and Hearing HealthCare Providers to survey membership. The motion carried 3-0.

5. Adjournment

Ms. Raggio adjourned the Audiology Practice Committee meeting at 2:08 p.m.

Full Board Meeting

Dee Parker, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 2:19 p.m. New Board Member, Tod Borges was sworn-in. Ms. Parker called roll; six members of the Board were present and thus a quorum was established.

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

Board Members Present

Dee Parker, SLP, Board Chair
Marcia Raggio, AuD, Vice Chair
Tod Borges, HAD, Board Member
Rodney Diaz, Otolaryngologist, Public Board Member
Debbie Snow, Public Board Member
Karen Chang, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Sabina Knight, DCA Legal Counsel
Tenisha Graves, Enforcement Coordinator
Heather Olivares, Legislation/Regulation Analyst
Breanne Humphreys, Operations Manager
Cherise Burns, Assistant Executive Officer

Guests Present

Linda Pippert, CSHA Board Chair
Holly Kaiser, CSHA Director
Bryce Docherty, HHP-CA
Karen Halbo, DCA Legal Regulations Unit
Vanessa Cajina, HHP-CA
Amy White

2. Public Comment for Items not on the Agenda

There were no comments from the public, outside agencies, or associations.

3. Review and Possible Approval of the October 10-11, 2019 Board Meeting Minutes

Sabina Knight, DCA Legal Counsel provided technical and grammatical changes to Board staff.

M/S/C Chang/Raggio

Motion to approve the October 10-11, 2019 Board meeting minutes. The motion carried 6-0.

4. Discussion and Possible Action regarding Regulations as a result of AB 2138
Licensing Boards: Denial of Application: Revocation or Suspension of Licensure:
Criminal Conviction (As Stated in Title 16, CCR, sections 1399.132, 1399.133,
1399.134, 1399.156.1, 1399.156.2, and 1399.156.3)

Ms. Olivares reported the Board approved the AB 2138 regulations at the April 11-12, 2019 Board meeting and then the regulations are required to go through the DCA internal review process. Ms. Olivares stated changes to the regulatory language have been requested by DCA Legal.

Ms. Olivares provided an overview of the regulatory changes in section 1399.133 which are necessary to clarify that this section applies to denials and reinstatements. The regulatory change from “eligible” to “fit” is necessary to make the language consistent with section 1399.134.

Ms. Olivares provided an overview of the regulatory changes in section 1399.156.2 which are necessary to clarify that this section applies to denials and reinstatements. The regulatory change from “eligible” to “fit” is necessary to make the language consistent with section 1399.156.3.

Ms. Olivares reported the regulatory proposal has been approved by the Business, Consumer Services and Housing Agency for submission to the Office of Administrative Law and the official public comment period will begin on March 6, 2020.

M/S/C Borges/Diaz

Motion to approve the proposed text for a 45 day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and also delegate to the Executive Officer the authority to make any technical and non-substantive changes that may be required in completing the rulemaking file. The motion carried 6-0.

The Board approved the regulatory language regarding the ability to deny a license based on a criminal conviction and requirements related to the criteria of rehabilitation that the Board must consider when evaluating the denial of an application, discipline of a licensee, a petition for reinstatement, or a petition for early termination of probation, but this is the first step in the process and not the final approval. The regulatory proposal still needs to go through the formal rulemaking process set forth in the Administrative Procedure Act.

5. Discussion and Possible Action regarding Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech-Language Pathology Assistant Requirements and Qualifications for Registrations (As Stated in Title 16, CCR sections 1399.170, 1399.170.4, 1399.170.10, 1399.170.11, and 1399.170.15)

Ms. Olivares reported the Board approved the SLPA regulations at the May 31 – June 1, 2018 Board meeting with revisions to the application and checklist forms; however, two of the sections of the regulatory language conflict with the proposed regulations to increase the speech-language pathology and audiology fees.

Ms. Olivares stated sections 1399.170.13 and 1399.170.14 will be removed from the regulatory language. Ms. Olivares stated the forms will be updated and included as part of a future regulatory package.

Linda Pippert with CSHA discussed provisions in section 1399.170.15 that conflict with statute. In subsection (C), “monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant” should be removed because evaluating or making treatment decisions are not part of the scope of practice for SLPAs.

Ms. Raggio inquired about the supervision requirement in subsection (D). Ms. Olivares suggested amending the regulatory language in subsection (D) to specify the requirements are “notwithstanding the provisions in section 1399.170.2” which will clarify the requirements after the initial 90-day period.

Sabina Knight, DCA Legal Counsel recommended changes to section 1399.170(j) to specify a person must hold a valid license. Linda Pippert with CSHA clarified that legal authorization to practice applies to speech-language pathologists using a credential.

Holly Kaiser with CSHA discussed provisions in section 1399.170.15 which do not allow a credentialed speech-language pathologist to meet the two-years of full-time experience requirement to be a supervisor. Mr. Sanchez suggested amending the regulatory language to apply to a licensed or credentialed speech-language pathologist.

M/S/C Snow/Diaz

Motion to approve the proposed text for a 45 day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and also delegate to the Executive Officer the authority to make any technical and non-substantive changes that may be required in completing the rulemaking file. The motion carried 6-0.

The Board approved the regulatory language regarding the approval of SLPA training programs, SLPA registration qualification, and SLPA supervision requirements, but this is the first step in the process and not the final approval. The regulatory proposal still needs to go through the formal rulemaking process set forth in the Administrative Procedure Act.

6. Discussion and Possible Action regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision (As Stated in Title 16, CCR, sections 1399.153 and 1399.153.3)

Ms. Olivares reported the Board approved the RPE Tele Supervision regulations at the April 11-12, 2019 Board meeting, which including a definition of direct supervision and tele supervision. Ms. Olivares stated DCA Legal staff has requested clarification of the regulatory language.

Ms. Olivares stated the definitions of direct supervision and tele supervision need to be revised to clarify “visual personal observation” and “guidance.” Linda Pippert with CSHA suggested clarifying that both visual and auditory observation are required. Sabina Knight, DCA Legal Counsel suggested adding “one-on-one” to clarify that only one RPE is supervised at a time. Ms. Raggio stated the term “guidance” should continue to be used because it includes instruction, observation, and other types of direction.

Sabina Knight, DCA Legal Counsel suggested removing the language “related to the field for which licensure is sought performed by the RPE temporary license holder” and replacing it with “related to the practice of speech-language pathology or audiology.”

Mr. Diaz suggested adding the term “synchronous” to the definition of tele supervision as an alternative to “real-time”. Ms. Raggio suggested changing visual and auditory observation to audio/visual observation.

Ms. Olivares provided an overview of the other changes to the regulatory language including changing “insuring” to “ensuring” since this language is not related to insurance. Ms. Olivares stated section 1399.153.3(c)(1) is revised to specify tele supervision may be “utilized in lieu of” direct supervision to clarify that either direct supervision or tele supervision is used and they are not interchangeable.

Ms. Olivares stated section 1399.153.3(c)(1)(C) is being removed since there is not a definition of standard of care and no way to enforce this provision.

Ms. Olivares provided an overview of section 1399.153.3(c)(1)(F) which addresses issues unrelated to the RPE’s skill level that may make tele supervision inappropriate.

Sabina Knight, DCA Legal Counsel suggested removing “personal observation” from section 1399.153.3(d).

M/S/C Chang/Diaz

Motion to approve the proposed text for a 45 day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period, to follow established procedures and processes in doing so, and also delegate to the Executive Officer the authority to make any technical and non-substantive changes that may be required in completing the rulemaking file. The motion carried 6-0.

The Board approved the regulatory language regarding direct supervision and tele supervision of RPEs, but this is the first step in the process and not the final approval. The regulatory proposal still needs to go through the formal rulemaking process set forth in the Administrative Procedure Act.

7. Discussion and Possible Action on Board Proposed Legislation Regarding BPC sections 2838.35 and 2539.4 Relative to Locked Hearing Aids Disclosure from Hearing Aid Dispensers and Dispensing Audiologists

Ms. Olivares reported legislative language was discussed at the October 10-11, 2019 Board meeting and concerns were raised regarding some of the terms including proprietary hearing aid software, corporate owned store, and franchised hearing aid manufacturer. Ms. Olivares provided an overview of the revised legislative language.

Ms. Raggio stated the revised language would require every dispenser to comply with the new requirements because every hearing aid manufacturer has their own software. Ms. Olivares stated a term can be used to specify who the new requirements apply to, but the term would need to be defined.

Amy White stated the terms “proprietary” and “locked” make the most sense. Mr. Borges stated there is a difference between servicing and programming; and the issue is the programming. Amy White stated a provider can choose to lock a hearing aid to protect their intellectual property for how they have programmed that hearing aid. Mr. Borges stated “locked” is the term that captures the issue.

Ms. Olivares suggested alternative language that would define proprietary hearing aid software. Ms. Raggio suggested continuing to work on this language. The Board Chair will appoint a sub-committee to work with Board staff on the legislative language.

8. Discussion and Possible Action on Regulatory Changes Regarding the Maximum Number of Support Personnel that a Speech-Language Pathology Supervisor Can Supervise (As Stated in Title 16, CCR section 1399.170.16)

Ms. Olivares provided an overview of written public comment from a licensed speech-language pathologist, Tracey McDonnell regarding the supervision of part-time SLPAs working less than 20 per week. Ms. Olivares provided an overview of section 1399.170.16 that specifies a supervisor shall not supervise more than three support personnel, not more than two of which hold the title of speech-language pathology assistant. Ms. McDonnell requested a regulatory change to allow for the supervision of the equivalent of two full time SLPAs.

Ms. Raggio expressed concern regarding the SLPAs working at the same time and suggested the Board may wish to require that the shifts of the SLPAs be staggered so they are not working at the same time. Mr. Borges expressed concern regarding the additional workload involved in supervising a SLPA such as the required paperwork.

Ms. Parker stated this is a consumer protection issue because SLPAs are often used to perform the work of a speech-language pathologist. Ms. Parker also discussed the post-baccalaureate programs being used to qualify as a SLPA while there is a shortage of speech-language pathologists. Ms. Raggio stated in the Bay Area the students that become SLPAs are the lower performing students who do not qualify to get into a graduate program.

Ms. Chang expressed concern that employers will hire part-time SLPAs to avoid providing health benefits. Ms. Chang inquired if adding more SLPAs into the workforce

would allow more consumers to receive services. Mr. Sanchez stated the Board has not received any reports of SLPAs having trouble finding a supervisor.

The Board decided not to move forward with a regulatory change regarding the supervision of SLPAs.

9. Legislation Update, Review, and Possible Action
a. Legislative Report

Ms. Olivares provided an update of upcoming legislative deadlines including the last day for bills to be introduced and the last day for policy committees to meet.

b. Board-Specific Legislation
• AB 598 (Bloom) Hearing aids: minors

Ms. Olivares provided an overview of the bill and reported the bill may be amended to create a state program that would help families pay for hearing aids. Ms. Raggio inquired about the Governor's proposal to allocate money to help families who don't qualify for Medi-Cal pay for hearing aids. Vanessa Cajina with HHP reported the Governor has allocated money in the Budget, but there isn't legislative language available yet. Ms. Cajina stated the intent is the Department of Health Care Services would administer the program.

Mr. Diaz stated the Board was in support of expanding access to pediatric hearing aids and the Board should remain in Support of this bill. Board staff will revise the letter of support based on the concept of expanding access to care.

- AB 1075 (Holden) California State University: speech-language pathologist programs

Ms. Olivares provided an overview of the bill and reported the bill was vetoed by the Governor because the Budget appropriated \$3 million to the CSU system to increase enrollment in speech-language pathologist programs and the CSU Board of Trustees should have flexibility to determine the most appropriate administrative approach to provide these funds to campuses.

c. Healing Arts Legislation
• SB 425 (Hill) Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct

Ms. Olivares provided an overview of the bill and reported the bill was signed by the Governor.

- SB 639 (Mitchell) Medical services: credit or loan

Ms. Olivares provided an overview of the bill and reported the bill was signed by the Governor.

d. DCA-Wide Legislation
• AB 476 (Blanca Rubio) Department of Consumer Affairs: task force: foreign-trained professionals

Ms. Olivares provided an overview of the bill and reported the bill was vetoed by the Governor because creating a task force to integrate foreign-trained professionals into the workforce is unnecessary.

- AB 613 (Low) Professions and vocations: regulatory fees

Ms. Olivares provided an overview of the bill and reported the Board has a Support position on this bill. Ms. Olivares stated this is a two-year bill and it is unknown if it will move forward this year.

- AB 1076 (Ting) Criminal records: automatic relief

Ms. Olivares provided an overview of the bill and reported the bill was signed by the Governor.

- AB 1263 (Low) Contracts: consumer services: consumer complaints

Ms. Olivares provided an overview of the bill. Ms. Olivares stated this issue came up during the Dental Board's sunset review. Board staff does not anticipate an increase in complaints or workload for Enforcement staff. A Watch position was recommended.

- AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions

Ms. Olivares provided an overview of the bill and reported this bill is a follow-up to AB 2138, designed to reduce barriers to licensure. Ms. Olivares stated the Board is evaluating its business process to determine if there may be a workload increase. A Watch position was recommended.

- SB 225 (Durazo) Citizens of the state

Ms. Olivares provided an overview of the bill and reported the bill was signed by the Governor.

- SB 601 (Morrell) State agencies: licenses: fee waiver

Ms. Olivares provided an overview of the bill and reported the bill was signed by the Governor.

- SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times

Ms. Olivares provided an overview of the bill. Ms. Olivares stated staff started posting licensing timeframes on the Board's website during the peak licensing season; however, there may be a slight increase in workload to update the licensing timeframes weekly. A Watch position was recommended.

10. Audiology Practice Committee Update

Ms. Raggio reported the Audiology Practice Committee discussed changing the required clinical clock hours for audiology to 1800 hours and removing the

requirement for experience in three different clinical settings. Ms. Raggio stated the Committee also discussed a statutory change to the requirement that clinical clock hours be completed in no less than 12-months. Ms. Raggio reported Board staff will revise the regulatory and statutory language and bring it back to a future meeting.

Ms. Raggio reported tasks for audiology aides was discussed. Ms. Raggio stated Board staff will develop lists of tasks that audiology aides can and cannot perform. Ms. Raggio stated this issue may be pursued as part of the sunset review process.

Amy White inquired if the training process for audiology aides was discussed. Ms. White stated there are formal audiology aide training programs available and inquired if that training program can be substituted for the audiologist developing their own training plan. Mr. Sanchez stated the registration of an audiology aide is really a registration of the supervisor and the supervisor can use the training program to develop their supervision plan.

11. Discussion and Possible Action on Updating the Board's Website on Auditory Processing Disorder Information

Ms. Raggio reported the Board received a complaint regarding the Board's statement on auditory processing disorder. Ms. Raggio stated she conducted research on this issue and revised the Board's statement for the website. Ms. Raggio stated it is important to consider that both professionals and consumers may read the Board's statement on auditory processing disorder.

Ms. Chang inquired why a link to additional information is not included. Ms. Raggio stated she is not aware of a single source that would be appropriate since the information comes from multiple sources.

Mr. Sanchez stated the revised statement on auditory processing disorder can be posted on the Board's website.

12. Update and Possible Action on Updating the Board's Website on Telehealth Information

Ms. Burns provided an overview of the revised telehealth statement for the Board's website. Ms. Burns suggested providing examples of non-clinical telehealth services. Mr. Borges stated it is difficult to distinguish between clinical and non-clinical services. Mr. Sanchez suggested removing the clinical and non-clinical language from the telehealth statement.

Mr. Borges expressed concern about the remote programming of hearing aids by practitioners outside of California who are not licensed in California. Ms. Raggio inquired about the federal Veteran's Administration practicing across state lines. Mr. Sanchez stated Business and Professions Code section 2530.5(h) provides an exemption for speech-language pathologists and audiologists employed by a federal agency.

13. Executive Officer's Report

a. Administration Update

Mr. Sanchez welcomed Tod Borges to the Board, filling the vacant hearing aid dispenser position. Mr. Sanchez stated Breanne Humphreys will be retiring and will be missed by the Board. Mr. Sanchez welcomed the Board's new Assistant Executive Officer, Cherise Burns. Mr. Sanchez stated the Board is currently recruiting for a regulations/legislation coordinator position.

Mr. Sanchez discussed the Business Modernization Project. Mr. Sanchez reported the Board will be starting the sunset review process. Mr. Sanchez also reported the Board is planning to move to a new location.

b. Budget Report

Mr. Sanchez provided an overview of the budget report.

c. Licensing Report

Mr. Sanchez provided an overview of the licensing cycle times.

d. Practical Examination Report

Mr. Sanchez provided an overview of the practical exam results from November 16, 2019 and January 25, 2020. Mr. Sanchez also provided upcoming practical exam and filing dates.

e. Enforcement Report

Mr. Sanchez reported the Board has received 137 complaints and subsequent arrest notifications. Mr. Sanchez also reported four citations have been issued, 18 formal discipline cases are pending with the Attorney General's Office, and the Board is currently monitoring 30 probationers.

Mr. Sanchez provided an overview of the report of disciplinary actions that have been adopted by the Board during the past twelve months.

14. Future Agenda Items and Future Board Meeting Dates

Ms. Raggio requested including audiologists doing cognitive testing on a future agenda.

Mr. Sanchez stated the next Board meeting will be in June. Ms. Burns suggested a Board meeting in October to prepare for the sunset review report. Locations for the June meeting were discussed. Board staff will propose some meeting dates for June.

15. Adjournment

The meeting was adjourned at 11:11 a.m.



BOARD MEETING MINUTES – DRAFT

June 30, 2020

Teleconference

Full Board Meeting

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

Dr. Marcia Raggio, Board Vice Chair welcomed everyone and called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Teleconference Board Meeting to order at 10:00 a.m. Dr. Raggio had all members and executive staff introduce themselves; six members of the Board were present and thus a quorum was established. This meeting was held via WebEx with the assistance of a Department of Consumer Affairs (DCA) SOLID moderator.

Board Members Present

Marcia Raggio, PhD, Dispensing Audiologist, Vice Chair
Karen Chang, Public Member
Christy Cooper, AuD Dispensing Audiologist
Holly Kaiser, Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member

Staff Present

Paul Sanchez, Executive Officer
Anthony Pane, DCA Legal Counsel
Karen Halbo, DCA Regulations Attorney
Cherise Burns, Assistant Executive Officer
Tenisha Graves, Enforcement Coordinator
Lisa Snelling, Licensing and Administration Coordinator

2. Public Comment for Items not on the Agenda

Dr. Carol Mackersie stated that she would like to learn more about the Board's plan to revise the Audiology licensure regulations.

Dr. Yugandhar Ramakrishna, Assistant Professor at California State University Northridge, stated that he would like to know if there are any plans to ease or reconsider the hearing aid dispensers license requirements. Paul Sanchez, Executive Officer, asked for clarification on what the specific question of Dr. Ramakrishna involved. Dr. Ramakrishna clarified that he was asking specifically about reconsidering the requirement for audiologists to have to pass the Hearing Aid Dispensers Practical Examination in order to dispense hearing aids, especially since this is not required in other states and considering the amount of training and examinations required for audiologists.

3. Update on DCA Waiver Requests Submitted by the Board related to the COVID-19 State of Emergency

Mr. Sanchez provided a summary of the authority provided to DCA by the Governor to waive statutory and regulatory requirements for licensure and how staff worked with stakeholders to identify and submit DCA Waiver requests on the behalf of the Board's licensees.

Cherise Burns, Assistant Executive Officer, then provided a summary of each of the approved DCA Waivers and updates on these waivers. Ms Burns then also provided an update on denied and pending DCA Waiver requests and that the Board will continue to pursue these DCA Waiver requests. Ms. Burns also indicated that the Board can submit additional DCA Waiver requests and opened it up to the Board Members for discussion.

Holly Kaiser asked for clarification on the telesupervision waiver and the request for an extension of this waiver. Ms. Burns clarified that she has been following up with the DCA Executive Office on whether they will be automatically extended at the expiration of the original waiver. Mr. Sanchez also clarified that the DCA Executive Office has confirmed they are reviewing all DCA Waivers that need extensions, for which there are many, and they are trying to do this automatically when needed.

Dr. Raggio mentioned that she knows of a number of professional organizations that were going to write letters in support of the 12-month requirement waiver and asked whether staff know if those letters have been submitted to the DCA Director and whether we have received any feedback about these. Mr. Sanchez responded he only knows of one such letter that he was copied on and forwarded to the DCA Director but didn't know of any other letters that may have been sent. Mr. Sanchez mentioned that when the organizations are ready that they can send those letters to him and that he will get those letters to DCA.

Dr. Raggio then asked if there was any public comment regarding this agenda item.

Dr. Carol Mackersie, Program Director for the Audiology program at San Diego State, stated that she really appreciates the work the Board has done during this crisis. She also commented about the 12-month RPE requirement ignores the first four years of the student's education and only considers the last year as something that is eligible for the purposes of licensure. She believes this creates a barrier to licensure that really needs to be looked at very closely as where the state and national professional organizations consider the 12-months of experience to include the entire educational experience that involves supervised clinical work.

Dr. Raggio let Dr. Mackersie and the other participants know that the Board would be looking at this issue later in the meeting. There was no additional public comment on this agenda item.

Dr. Rupa Balachandran, University of the Pacific in San Francisco, wanted to add her support to Dr. Mackersie's comments that looking at the requirement for licensure to include experience accrued prior to the last year.

4. Discussion of New Practice Related Issues and Changes in the Professions Due to COVID-19

Dr. Raggio provided a summary of the agenda item and the information provided by Dr. Roy Schutzengel, of the Department of Health Care Services, regarding the fact that audiologists are considered part of the essential workforce under the Governor's March 2020 Executive Order and that a telephone call could be considered billable telehealth if it had to do with follow-up from a face-to-face meeting or of the content of that phone call was considered what you would do during a face-to-face meeting with a patient.

Dr. Raggio asked for comment from the Board regarding this agenda item.

Dr. Christy Cooper stated that she works at Kaiser which has opened back up some limited services and for hearing aid checks are using curbside pick-up options. Dr. Raggio mentioned that there have been regional differences in whether private audiology practices have closed down completely or continued operations throughout the crisis.

Dr. Raggio then asked for public comment on the agenda item.

Andrea Huttinger thanked the Board for working to keep licensee businesses open during the crisis and asked how long the current telehealth parameters would be in effect for or whether they should expect a change or modification soon. Dr. Raggio stated that she doesn't know of any changes that are imminent regarding telehealth and expects the parameters will stay the same for as long as necessary.

There was no further public comment on this agenda item.

- 5. Executive Officer's Report**
- a. Administration Update**
- b. Budget Report**
- c. Licensing Report**
- d. Practical Examination Report**
- e. Enforcement Report**

Mr. Sanchez provided the Executive Officer's Report and gave a summary of the work the staff and DCA's Office of Information Services did to get staff socially distanced and teleworking in order to keep the Board's office running during the crisis and provided an update on hiring efforts during the crisis. Mr. Sanchez welcomed Holly Kaiser to the Board and mentioned with her recent appointment that the Board now has no vacancies. Mr. Sanchez also provided an update on the Board's budget for Fiscal Year 2019-20, which is in good shape and showed we have expended most of our funds and has a lower reversion than normal years due to a retirement and onboard of the new Assistant Executive Officer. He also summarized the budgetary orders from the Department of Finance that the Board is operating under to reduce state expenditures, including reducing costs for new goods and services, banning all non-essential travel, and only hiring for essential positions only. Mr. Sanchez then provided the Licensing Report and a summary of current timeframes and the allocation of overtime to work incoming applications. Mr. Sanchez then provided an update on the postponed Hearing Aid Dispensers Practical Examinations and that the Board is looking at ways adapt the examination in coordination with DCA's Office of Examination Services so that we can safely administer the examination. Ms. Burns also commented that those who were already approved to take the April examination will be the first to take the examination once we are able to safely resume the examinations. Mr. Sanchez also highlighted that the Board will need additional experts to help with examination administration and encouraged licensees to participate. Mr. Sanchez then provided the Enforcement Report and a summary of current disciplinary actions and probation monitoring of licensed and unlicensed individuals. Mr. Sanchez also provided an update about the Board continuing to move forward with a move to a new location as the current office space is only meant for nine people and we have exceeded that size already and are now having issues with adequately socially distancing in the current small office space.

Dr. Raggio thanked Mr. Sanchez for the report and then Mr. Sanchez asked if there was any public comment on this agenda item. There was no public comment on this agenda item.

6. Discussion and Possible Action regarding Regulations as a result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction (As Stated in Title 16, California Code of Regulations (CCR) sections 1399.132, 1399.133, 1399.134, 1399.156.1, 1399.156.2, and 1399.156.3)

Dr. Raggio introduced the agenda item and then Cherise Burns provided a summary of the rulemaking process and the AB 2138 regulation package and Board actions taken so far. Including that package was noticed and the forty-five (45) day public comment period started on March 6, 2020 and ending on April 20, 2020. No public hearing was requested by any party and there was one (1) public comment was received on April 20, 2020. The public comment was made by Faride Perez-Aucar of Root and Rebound Reentry Advocates and Vinuta Naik of Community Legal Services of East Palo Alto and submitted on behalf of the following organizations: A New Way of Life Reentry Project, Center for Employment Opportunities, Center for Living and Learning, Legal Aid at Work, Legal Services for Prisoners with Children, All of Us or None, Los Angeles Regional Reentry Project, National Association of Social Workers, California Chapter, REDF, The Record Clearance Project, San Jose State University, and Rubicon Programs.

a. Adoption of Responses to Comments Received During 45-day Public Comment Period

Ms. Burns then covered the summary of each of the comments received in the public comment letter and the proposed Board response to each comment, as shown in the meeting materials.

Since many of the comments were requesting the statute be duplicated into the regulation, Ms. Burns also clarified that along with not violating the Administrative Procedure Act's requirement to not duplicate statute in regulations, that statutory requirements do not need to be duplicated in regulations, as statute and regulation always work in concert with one another. She stated that even if the statute is not referenced or duplicated inside the regulation, the statute always applies, and the regulation simply clarifies what additionally applies.

Ms. Burns also stated that with the regulations open-ended language allowing applicants and licensees to submit any variety of evidence of rehabilitation that they think applies. As where if the Board tries to create an exhaustive list of types of rehabilitation evidence a applicant or licensee can submit you run into a different problem, where exhaustive lists tend to mean all-inclusive lists, and then the Board would be constrained to that list of potential rehabilitation evidence that could never include all types of rehabilitation. The current language allows the applicant and licensee the maximum flexibility to provide any type of rehabilitation evidence they believe applies and to tell us why, and then the Board will take all of that into consideration.

Dr. Raggio asked how the Board responds to these comments to the people that submitted them. Ms. Burns clarified that the public comment and the Board's responses to them go into the Final Statement of Reasons, which is reviewed by the Office of Administrative Law, and they make sure that the Board has addressed these comments and followed appropriate procedures. Karen Halbo, Attorney II, DCA Regulations Unit, clarified that it is the Board's job to review the comments and make a response to them, and the comments stay within the regulatory package.

Dr. Raggio then asked if there was a direction or motion that staff would like to provide the Board at this point. Ms. Burns clarified that since there was no disagreement from the Board on the proposed responses to the public comment that they can go ahead and make a motion to direct staff to reject the proposed comments and provide the responses to the comments as indicated in the meeting materials and use these when completing the regulatory process as authorized by this motion.

Motion: Raggio; Second: Cooper.

Motion to direct staff to reject the proposed comments and provide the responses to the comments as indicated in the meeting materials and use these when completing the regulatory process as authorized by this motion.

Dr. Raggio asked for public comment on the agenda item, no public comment was received.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

b. Order of Adoption

Ms. Halbo then provided a summary of the history of the development of the AB 2138 regulatory language and how the change in leadership at the Office of Administrative Law now wants additional clarifications to the proposed regulatory language that the Board's language was modeled on. Some of these clarifications are non-substantive and require no Board action but some are substantive changes that require the Board to approve the changes and require an additional 15-day comment period. Ms. Halbo then explained the ramifications of not making the changes now and instead making them later, which could slow down the regulation package. Ms. Halbo discussed each of the changes requested and the clarifying reasons for each of these changes. Ms. Burns also clarified that when all Boards and Bureaus started working on these regulations, most of us ended up taking three similar tracks with small specific variations for each Board, so if there are clarifications needed to get these regulations active it would be better to do it now than at the end when we may be up against a different deadline and the legislation has already been active.

Dr. Raggio clarified that what is being asked of the Board is to approve these mostly technical changes so that we can get the package through to the Office of Administrative Law more quickly. Ms. Burns stated that is correct.

Motion: Chang; Second: Kaiser.

Motion to direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and finish the regulatory process to adopt the proposed regulation as described in the modified text.

Dr. Raggio asked for any additional comment on the agenda item, no additional comments were made.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

The Board then took a 10-minute break.

7. Discussion and Possible Action Regarding Audiology Licensing Requirements (As Stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR section 1399.152.2)

Upon returning to the meeting, Dr. Raggio ensured all Board Members and executive staff were present.

Dr. Raggio then provided a summary of the current Audiology licensing requirements and the problems caused by the 12-month Required Professional Experience requirement, and the work the Board has done on revisioning these requirements at the February Board Meeting and the input from stakeholders since that meeting. Dr. Raggio then covered some issues for consideration and discussion as shown in the meeting materials and opened it up to the Board.

Karen Chang asked whether telehealth counts towards the hours required. Dr. Raggio responded that she was not sure but that the Board should count them as they are direct patient care hours. Ms. Burns clarified that the Board is currently allowing the telehealth hours to count so long as they are receiving appropriate supervision, in accordance with DCA Waivers. Dr. Cooper stated that their externs are accruing hours via telehealth and the level of supervision provided depends on the competency of the extern, where at the beginning it is 100 percent over-the-shoulder supervision and later in the experience as they are ready to graduate it is typically at supervision nearby.

Ms. Chang also mentioned that with varying experiences, what if some were doing mainly hours of paperwork, like 1,000 hours, and not many in direct patient care. Dr. Raggio stated that it is incumbent on the program to decide what is reasonable in terms of allowing other hours and trust that since they are accredited these programs will do the right thing, but we should consider that.

Dr. Raggio then asked Board Members how they felt about the consideration of pre-didactic clinical clock hours that are done at 100 percent supervision be considered as part of the total number of hours.

Dr. Cooper stated that is a hard one for her as it really depends on the placement of the student, she stated that when she was going through her program there were three clinical rotations and then the 12-month externship and doing the three clinical internships was the equivalent of a year. Dr. Raggio asked if Dr. Cooper felt she received adequate supervision during those internships. Dr. Cooper stated that she did get adequate supervision but a lot of it was shadowing and not as much hands on as she got in her externship.

Holly Kaiser asked about the RPE requirement and whether removing the requirement to get the RPE license would mean that the after finishing their 1850 clock hours they would be able to apply for a full license. Dr. Raggio asked Mr. Sanchez about the need for the RPE license historically.

Mr. Sanchez clarified that Dr. Raggio meant that removal of the RPE requirement would be due to the students being under the supervision of the schools. Dr. Raggio confirmed that and asked why they now have to have the RPE license. Mr. Sanchez clarified that requirement is a carry-over from the previous requirement when Audiologists had to obtain their master's degree and then complete the 12-months of experience as an RPE after graduation from their program.

When licensure became a Doctoral degree requirement, then the 12-months of experience became a part of the doctoral program and the Board at that time made the decision that it would still be a requirement. Ms. Burns also commented that having come from another board where not all trainees have to be registered with the board for their experience to count towards licensure, you can run into different problems since they did not have to register their supervisor with the board sometimes people would get to the end stage of applying for licensure and find out their experience didn't follow all the laws and regulations for supervision so some of their experience hours would not count towards licensure. Ms. Burns stated that there can be a catch where if they don't have to be registered with the Board, we don't catch those things upfront that cause their hours to not qualify in the end.

Dr. Raggio asked whether a registration would be adequate compared to a license to make sure that those rules are followed. Ms. Burns stated that it worked for her last board. Mr. Sanchez asked for clarification on Dr. Raggio's question and Dr. Raggio clarified that she wasn't sure if there were different financial differences or other ramifications or would an RPE registration serve the same purpose as an RPE temporary license to make sure they are following the rules. Mr. Sanchez clarified that the registration versus licensure more a legal distinction, but for what we are talking about a registration and a license would work the same.

Dr. Raggio asked what the current fee is for the RPE license. Ms. Burns said she would quickly look it up. Mr. Sanchez stated that the real question here is whether the supervision they are getting in the schools is adequate and I think we have to go back and look at all of the areas in our practice act where this is referred to and then come back with what would have to change if we were to consider this. Dr. Raggio stated that when we get to public comment, we will get more feedback and knowledge about how these pre-graduation clinics are run and how stringent, how well supervised and designed they are. Dr. Raggio then asked the Board how they felt about being able to count all hours if these are proven to be supervised and solidly designed and run by licensees, how do members feel about eliminating the post-graduation requirement. Ms. Kaiser stated that she felt that if there is adequate practicum experience outside of the clinical setting in the universities then it would make sense to acknowledge those as adequate training. She stated that 1850 is a lot of hours when as a speech-language pathologist only 300 hours when going into their clinical fellowship.

Ms. Burns then confirmed the application fee for the audiology RPE is \$60.

Dr. Raggio also mentioned that another idea proposed was to make the requirement a range of time so that it wasn't so rigged, or whether we can count other types of hours to count outside of patient contact hours.

Ms. Burns then commented that it is often hard to get the legislature to change something from a concrete no less than 12 months to a range of months, normally they are going to want to set a cap or a base and then want the Board to define in regulations up to that amount. So, if it becomes a minimum of nine (9) months, what exactly does that mean and they will want us to define that. Ms. Burns also noted from the logistical side of application processing for staff, knowing exactly what should count and what shouldn't count, while not the primary concern of the Board, if a range is approved considering what that looks like in practice should be considered. Dr. Raggio asked if there is a range, is there also an hours requirement typically. Ms. Burns clarified that other models are a little vaguer so that it allows more flexibility, for example at her last board, they had a doctoral degree requirement for a licensed psychologist where 3,000 hours were required for licensure, 1,500 of those hours could be accrued as part of the graduate program, after the Master's degree but before graduation with the PhD or PsyD,

and then the other 1,500 hours was done after graduation from the doctoral program and included everything including socialization into the field learning how to open and operate your own practice and those other kinds of considerations so included more than just clinical patient hours. It really depends on how specific or how flexible and those kind of considerations.

Dr. Raggio then asked the members if there were any opinions about specifying a number of hours pre-graduation and some number of hours required during the RPE. Dr. Cooper stated that it seemed like a good option to her. Ms. Kaiser stated that she also agrees.

Ms. Burns clarified that the way that this could work for our Board is that if you want to require 1800 hours, you could allow up to 900 hours could be completed pre-graduation or however you want that to be flexible. For example, at my last board, if you wanted to complete all your hours post-graduation you could also do that so there were multiple ways to meet someone's needs.

Mr. Sanchez stated that this goes back to the conversation of what is supposed to be supervised clinical experience versus required professional experience, and when you look at the meaning in statute there isn't that much of a distinction. So, we should look at the whole picture here and try to define what does the Board think a person needs to be licensed as an Audiologist, and address that and address whether there is a need for the RPE license. Because a lot of what we are doing here is just taking off from what was required of the master's student and trying to make it fit into the doctoral programs that we have now. This is a good opportunity to look at everything and what should we be requiring of these audiology candidates. Dr. Raggio agreed with Mr. Sanchez's statement.

Dr. Raggio then suggested some possible solutions that the Audiology Practice Committee could look at during their next meeting in addition to the outlined considerations. These could be due to the average National clock hour requirement, there should be no less than 1,850 clock hours as one possibility, we would need to look into the types of hours that could be included in those hours. Another possible solution could be that if students can verify that their pre-graduation clinics are 100 percent supervised by a licensed audiologist that we should be able to include some of those clock hours in the total requirement and should we eliminate the 12-month requirement entirely and instead rely on the number of clock hours.

Ms. Chang stated that at the last Board Meeting she believed that we were considering an hours requirement instead of the 12-month requirement because it was restraining for some students. It also had to do something with their graduation and insurance coverage under the school. Ms. Chang just wanted to clarify why we were discussing it currently and if there was a decision they need to make now. Dr. Raggio stated that Ms. Chang was correct and noted that the language provided in the current meeting materials that were the result of the last meeting, the language provided still had the qualifier that the experience had to follow the completion of the didactic and clinical rotation requirements of the doctoral program, so even if we did adopt that and are okay with it, we still have some other concerns. Ms. Burns then added that to make a statutory change we have to go through the legislative process, so talking about it here and at the Audiology Practice Committee to finalize the language for final consideration at the Fall Board Meeting, which would allow us to finalize a legislative proposal and seek a bill author to get the changes made next year. Dr. Raggio commented that she would like to get some public comment before finalizing the language.

Debbie Snow commented that she agrees that it sounds reasonable to have the Audiology Committee investigate all the aspects further and then come back at the Fall Board meeting and agrees with what Ms. Chang said.

Dr. Raggio then opened the agenda item up for public comment.

Dr. Rupa Balachandran, University of the Pacific in San Francisco, thanked the Board for having this discussion and stated that she is grateful to see the progressive nature of the Board and continuing to look at how the educational and license requirements are aligned to serve all of our constituents. She then provided some clarification on what they mean when they say non-patient contact hours, she said she can see the concern that someone might be put in the role of simply doing paperwork and she definitely agrees that would be a concern. But what she would like some clarification on is what can count when the patient leaves the building and they are filling out orders for equipment, or filling out an ear mold order or hearing aid order, or calling manufacturers for specifications for that product, or sending the patient information about something discussed with the patient, or researching something the patient requested, there are several with patient related activities that are not direct patient contact, also there are practice related activities, which are practice management and considered to be integral to the Audiology education. Dr. Balachandran stated that they are appreciative and value the Board's concern of students not being put to tasks where they will gain that professional experience, and occasionally as a program director they run into that and regardless of how strict the regulations are there will always be bad actors, but between the student and the program director and director of clinical education work together to make sure that students get the professional experience they need. She also reminded the Board that the RPEs are students and still paying fees while accruing this experience, so they are very conscious of getting the best experience out of the fees they are paying out. Dr. Balachandran asked for clarification on the language about pre-graduation clinical experience, as there is pre-RPE clinical experience and the RPE experience happens pre-graduation so this could be confusing for students, maybe use Pre-RPE instead of pre-graduation. She stated that she supports an hours-based requirement as it holds the programs and the externship providers accountable. Dr. Balachandran also confirmed that the 12-month requirement is a detriment to international students, and she supports removing that as it doesn't allow these students to use their resources appropriately and causes them to have to leave California, which was not the intent for starting programs in California. She appreciates the amount of work and thought the Board has put into this process.

Dr. Raggio asked whether she has developed forms that look at accreditation requirements and how many hours students have received to keep an organized track of their experience throughout their RPE. Dr. Balachandran confirmed that all audiology programs use a software program that allows the program to document every hour the student accrues, the types of patient populations served, and the types of appointments, and this tracking starts with their very first clinical hour. She stated that they track these from an accreditation standpoint they have to document the types of clinical experience, the adequacy of their clinical resources, the training of their clinical preceptors and whether they are keeping up with their licensure and their CEUs, and the nature of that supervision so they can submit their accreditation report every year. Dr. Balachandran stated that this documentation also shows how they meet all the standards in every audiology area from both a didactic coursework and a clinical standpoint.

Dr. Raggio then asked whether the program was customizable or created specifically for the program. Dr. Balachandran stated that most of the programs come with the standards preloaded and there are also customizable portions, but they are fairly easy and ready to use. She also stated that it is standard practice for clinical programs to use a platform of this type.

Dr. Raggio then asked Dr. Balachandran if she had an opinion on the use of different types of hours, such as modeling hours, or whether they all have to be face-to-face, or whether she has

an opinion on whether that should be the case. Dr. Balachandran stated that she believes that an Audiologist needs to learn to do everything, so we want to make sure there is some kind of minimum patient contact hours. She stated that you cannot become an Audiologist if all you did was learn to make appointments, she stated believes it would be good to make a minimum number of patient contact hours but it is very valuable for them to learn all aspects of being in practice, which involves billing, ordering, and doing biological checks on the equipment. Dr. Balachandran stated that each piece of this contributes to being a professional, so every hour cannot be patient contact, it needs to be balanced. She also stated that you could have a minimum patient contact hour requirement, but that she imagined it would become tedious for programs and clinics that take in interns to be counting each of these. Dr. Balachandran stated that a broader requirement which says audiology and patient related activity would be something more appropriate. She stated that many of these clinics are taking on interns free of cost and as a professional courtesy, if we started dictating what and how they need to do each piece she thinks they would find themselves in a different situation where they may not want to take on students, so she wouldn't want restrictions to become too tight either.

Dr. Carol Mackersie, Program Director for the Audiology program at San Diego State, stated that she agrees with most of what Dr. Balachandran said, and that in particular the suggestion to break the hours up into pre-RPE and then the RPE experience hours might be okay. She stated that she is not sure what the issue is with the CSU 11-semester situation, they have had their program operating since 2003 and having 11 semesters has not ever been a problem for them in regards to the 12-month RPE requirement, they do three (3) semesters of an RPE experience. So she is not sure where the problem is with that issue. Dr. Mackersie also stated that someone also brought up the idea of shadowing and the concern that shadowing is really observation and that is not considered clinical, she stated that when students log hours in one of the online database platforms there is a category called observation and when shadowing students would be instructed to log those types of hours in the observation category so they wouldn't be counted as clinical hours. She also stated that she respectfully disagrees with Rupa about the 12-month RPE, she stated that she believes California is in a unique position that we offer this RPE provisional license and she believes it puts us in a better position in terms of being able to get externships for these students because it is a provisional license. Dr. Mackersie stated that in other states that don't have provisional licenses they have a lot of trouble getting externships for students because they have to be with those students for every moment of time because they do not have a provisional license. She stated that she would hate to see the provisional license thrown out altogether, but she would like to see is a disentangling of the clinical hour requirement from the RPE requirement. Dr. Mackersie stated that she understands the difficulty for international students, and she would have no problem with shortening the RPE requirement to overcome that problem but would be in favor of having a 12-month equivalent where the language could say equivalent to 35 hours a week. She stated the equivalency word could be important because some of their students are at externship sites that are extremely demanding and are working 10-hour days and sometimes on weekends, so they are accruing hours at a really rapid rate because of the demands of their externship site. Dr. Mackersie also stated that it would be very reasonable to ask for documentation in the form of a summary of the students' hours, it is easy to do and not a burden at all since it is all built into the software, and only approved hours would show up as hours. She stated that she also agrees with Dr. Balachandran that other types of clinical activities are highly relevant and very important for the student's education and should be counted.

Dr. Raggio then clarified that the 11-semester issue had to do with the program and not the RPE, when the CSU programs were being approved by the CSU Chancellor's Office the executive order was negotiated and determined that the programs should be no more than 11

semesters, and some of them are trying to get this clinical training accomplished in that amount of time and it's just not possible in some cases. She stated that we are working on that issue of whether we want to change it at the level of the Chancellor's Office, or we can solve it by reworking language of these statutes and regulations. Dr. Mackersie reiterated that she is still confused as she has been with her program since 2003 and they do not have a problem getting the clinical training completed. Dr. Raggio thanked Dr. Mackersie for her comment.

Dr. Chrstine Kirsh, Director of Clinical Education for San Diego State University, she stated that the clinical practicum experiences that the students obtain prior to their RPE are obtained at sites where there is close supervision by the clinical directors of the programs, and that she has more scrutiny and input into those pre-RPE experiences than she does when students go off for their RPE. She stated that there is a lot of oversight of those experiences in their 2nd or 3rd year, and that they are following best practices and receiving 100 percent supervision, so she believes that these hours should count. Dr. Kirsh stated that she can understand the reasoning behind wanting to eliminate the 12-month requirement for an externship, she would hope that there would be a minimum month requirement because she doesn't want to see students trying to get out of that externship early by working many hours in the beginning and finishing the experience sooner than nine (9) or 10 months because time on task is really important and just doing things over a period of time is very valuable. She stated that she wouldn't want the experience to be too short on the other hand. Dr. Kirsh also stated that in whether to count shift hours and all of the experiences that Audiologists do during the course of a day are allowed by professional associations for tasks that an Audiologist would do during the typical course of a day, and she believes that if a student was counting too many of those hours and not enough patient contact, the program would have a difficult time proving that they had met all of the standards that they needed to meet. She stated that they would not meet the standards if they were not doing enough patient care hours. Dr. Raggio thanked Dr. Kirsh for her comments.

Dr. Yugandhar Ramakrishna, Assistant Professor at California State University Northridge, extended his support to Rupa in regards to the 12-month requirement, considering the impact on international students. He stated that these visa restrictions called curriculum practical training that restricts them to less than 12 months, so they cannot cross beyond the 12 months and if they do they need to leave the United States. Dr. Ramakrishna stated that for him personally, fortunately he didn't have a 12-month requirement but instead an 1,800-hour requirement. He also extended his support to having a requirement for AUD students having a minimum amount of time across all specialties and with different patient populations. Dr. Ramakrishna was thanked for his comments.

Dr. Raggio stated that we learned a lot today and are on the home stretch with this. She then requested that the Board delegate this to the Audiology Practice Committee for further discussion and sharpening of this language to come back to the Board with possible recommendations for how to make these statutory and regulatory changes. Ms. Chang agreed that was a good idea. Mr. Sanchez and Mr. Paine clarified that Dr. Raggio can delegate this to the Committee without a vote. Dr. Raggio then delegated this item to the Audiology Practice Committee to bring back recommendations at the next Board Meeting, after having a separate Committee meeting in the interim. Ms. Burns clarified that this could be a standalone Committee Meeting held via WebEx with a moderator and all interested stakeholders would be notified of the meeting. Mr. Paine clarified whether the Committee would be requesting a meeting, and Ms. Burns confirmed that under Agenda Item 12 they could request a standalone meeting.

The Board then broke took a 15-minute break for lunch at 12:45 pm. Upon returning from lunch, Dr. Raggio ensured all Board Members and executive staff were present.

8. Update on Impacts of the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS) Design on Audiologists

Dr. Raggio then provided a summary of the CMS MIPS program and its requirements due to an inquiry the Board received on the program and the requirement for participating in this program. As part of these requirements, there are some required screenings of patients for depression and vision and blood pressure test related to fall risk and Dr. Raggio suggested that these are items that the Board may need to discuss. Dr. Raggio explained that there are some requirements that Audiologists should be able to do within their scope of practice, but there are other activities that are questionable. She also clarified that the California Academy of Audiology (CAA) noted that the program also allows for those activities outside of the Audiologists scope of practice, that alternative activities can be undertaken that would allow for appropriate participation in the MIPS program, e.g. interviews, questionnaires.

Dr. Raggio then asked if any other Board Members participate in the MIPS program. Dr. Cooper responded that she does not participate in the MIPS program.

Dr. Raggio stated that she felt that the Board should address this concern from the audiology community since in the blood pressure screening there are a lot of metrics involved in this that are way beyond what Audiologists should be doing and you cannot just use a questionnaire and instead use a referral. She stated that she would like the Audiology Practice Committee to discuss this to create a response that the Board could send out when these kinds of inquiries come in.

Ms. Kaiser stated that unless there is a standardized way of collecting this data in questionnaires, she would be concerned about being held responsible for whether she asked the questions in the right way in areas that are outside of her scope of practice. Dr. Raggio stated that she learned from CAA that there are already standardized metrics and questionnaires that are acceptable to these organizations and acceptable to CMS, but that they are still working on this themselves and we all need to do a lot more investigating.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

Dr. Raggio then referred this topic to be discussed at the Audiology Practice Committee to do a little more investigating and develop a statement that we could put on our website.

Dr. Raggio asked if the inquirer had already been responded to by staff and Mr. Sanchez stated he would have to check with staff on that. Mr. Sanchez noted that staff try their best to answer these types of questions regarding scope of practice and legal parameters, but sometimes they do require subject matter expertise, which is why we have our practice committees in hearing aid dispensing, speech-language pathology and audiology. He encouraged these types of discussions so that the Board can give guidance to staff. Dr. Raggio stated that this was particularly complex and fed into an earlier concern the Board had with Audiologists doing any kind of psychological testing, which is fodder for another meeting.

9. Update Regarding Reinstatement of Medi-Cal Optional Benefits and Hearing Aid Coverage

Dr. Raggio then introduced the agenda item and Mr. Nick Brokaw of Sacramento Advocates, on behalf of the California Academy of Audiology, who provided an update on the reinstatement of Medi-Cal optional benefits and coverage of pediatric hearing aids. Mr. Brokaw provided a summary of the changes to the Governor's Budget from January to the May Revision due to reduced revenue as a result of the pandemic and associated lockdowns, and how the normal California State Budget Process was truncated due to the pandemic. Mr. Brokaw confirmed that despite budgetary cuts to health care, advocacy by the Board and professional associations got the Legislature to reject proposed cuts and ensured that the recently agreed upon budget deal included funding for optional Medi-Cal benefits for audiology and speech therapy services among other optional benefits. He stated that with the current economic uncertainties there still could be cuts later in the year.

Dr. Raggio clarified what an optional benefit was, such as if a patient came in for a hearing aid, they could do a hearing aid evaluation and counsel them about their hearing loss and choices and they could bill for those services. She clarified that these were the types of services that were not covered after prior cuts, so they had to provide them to patients but would not be reimbursed for the services.

Karen Chang asked what the optional benefit for pediatric hearing aid coverage would be. Mr. Brokaw was not able to speak specifically to that question, as the budget just funded the categories of optional benefits.

Amnon Shalev wanted to clarify that hearing aid coverage generally was never on the budget cutting board. Mr. Brokaw clarified that there were different options offered in the hearing aid space, the only discussion around pediatric hearing aids specifically was part of a bill last year to create a pediatric hearing aid program that was subsumed by a compromise deal into the Governor's January Budget, which then was on the chopping block in the May Revise. But in the final budget deal that program was provided funding so that the program can be established moving forward. Adult hearing aids were never part of that discussion or on the chopping block.

Holly Kaiser asked if there is a place where she could look up more examples of optional benefits in speech and audiology. Dr. Raggio stated that she has to Google it as the manual for Medi-Cal is monstrous. Mr. Brokaw noted that the Department of Health Care Services has information and resources on their website.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

Dr. Raggio and Mr. Sanchez thanked Mr. Brokaw for providing the Board with the critical update.

10. Legislative Report: Update, Review, and Possible Action on Proposed Legislation:

Ms. Burns provided an update on the legislative session thus far and on upcoming legislative deadlines. Ms. Burns noted that many bills that were on prior agendas were left off of this meetings agenda as they had died along the way or gut and amended to other topics. Ms. Burns then provided a summary and update on each bill prior to the Board discussing any particular bill.

- a. Board-Specific Legislation**
 - **AB 2520 (Chiu) Access to medical records**

Ms. Burns provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Burns then stated that staff recommended the Board adopt a Support position on the bill as providing patient access to their own medical records enhances consumer protection.

- **AB 2648 (Holden) Speech language pathologists**

Ms. Burns stated that this bill is now dead and no longer moving through the legislative process. She then provided an overview of the bill's proposed requirements and the concerns the Board had with the bill including broad language about the location being based on the patient's medical needs and questions about emergency medical procedures for patients. So before the bill failed deadlines, the author and various parties were working on the consumer protection aspects of the bill and how many procedures would need to be done before the general authorization of a physician could be provided.

- b. **DCA-Wide Legislation**

- **AB 613 (Low) Professions and vocations: regulatory fees**

Ms. Burns provided an overview of the bill's proposed requirements and that the bill failed deadlines and will not be moving forward this session.

- **AB 1263 (Low) Contracts: consumer services: consumer complaints**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 2028 (Aguiar-Curry) State agencies: meetings**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process. Ms. Burns then detailed how this bill could impact the Board's ability to discuss and take action on meeting agenda items and materials if the posting requirements were not met, and how it would make the Board unable to respond to at-meeting public questions with updated materials, which has occurred at prior Board Meetings. Because the bill could significantly limit the Board's ability to discuss and take actions because of missing some artificial deadline, even though we provide the information to the public as soon as it is available, hampers what the Board is able to do and take action on. Ms. Burns stated for these reasons staff is recommending the Board adopt an Oppose position on this bill.

- **AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 2549 (Salas) Department of Consumer Affairs: temporary licenses**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **SB 1168 (Morrell) State agencies: licensing services**

Ms. Burns provided an overview of the bill's proposed requirements and that the bill failed deadlines and will not be moving forward this session.

Ms. Burns then asked the Board if they would like to discuss AB 2520 (Chui) and the staff recommendation of a Support position. Dr. Raggio then asked the Board if they had any comments on the bills discussed or the two recommended positions.

Amnon Shalev asked about AB 2113 and why should the department expedite processing of these applications over any other category of applicants such as low-income, minority, or any other American Citizen. Ms. Burns stated that she does not know why Assembly Member Low wanted to do this but stated that usually with other similar bills it was because they were already licensed in their home country and are now here. Mr. Shalev asked for this bill if they have the license in their home country. Ms. Burns stated she would have to check the bill language quickly and get right back to him on that.

Dr. Raggio then asked Mr. Sanchez whether the bills that failed deadlines were placeholder bills. Mr. Sanchez stated that it probably varies, Ms. Burns clarified that in this group of bills those that died were not spot bills and had specific language before they failed the deadline.

Ms. Burns then clarified for Mr. Shalev that unlike prior bills, this bill did not require the individual to have a license in their home country, so this bill is broader.

Mr. Shalev then asked how the Board was going to vote on these bills and whether they will be done individually. Dr. Raggio agreed and thought since there is potential dissent on some of them then maybe we should go one by one. Mr. Sanchez stated that it was his understanding that the Board only needs to vote on those bills that the Board is going to take a position on. Mr. Paine confirmed that the Board can make individual motions for each individual bill that the Board wants to take a position on or you can make one motion for all the bills the Board wants to take positions on, but if you are going to get different votes he would recommend making them separate motions. Mr. Sanchez encouraged the Board to first take up the bills that have a staff recommendation. Dr. Raggio asked if there were any dissenting opinions on taking up a vote first for AB 2520 and AB 2028. No dissenting opinions were given.

Motion: Shalev; Second: Kaiser.

Motion to Support AB 2520 and Oppose AB 2028.

Ms. Chang asked if there could be a separate motion regarding AB 2113. Ms. Burns clarified that the current motion is only regarding accepting Board staff's recommended positions to support AB 2520 on access to patient medical records and oppose AB 2028 on Board Meeting materials. She stated that this motion does not include a position on AB 2113 and after this motion the Board could discuss the other bills.

Dr. Raggio then asked for public comment on the motion, no public comment was received.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

Dr. Raggio then asked whether Ms. Chang wanted to discuss another bill, Ms. Chang confirmed that she did not.

11. Legislative Items for Future Meeting

Dr. Raggio provided a summary of the agenda item. Ms. Burns stated that the current two items that the Board has under consideration for future meetings are a legislative proposal on locked hearing aids that staff have been working on with Dr. Raggio and Mr. Borges and will bring to the Fall Board Meeting, and a legislative proposal on changing the Audiology licensure requirements that will be heard at the Audiology Practice Committee and then final recommendations presented at the Fall Board Meeting. Ms. Burns stated that there were no bills that have suddenly come up needing the Board's attention that were not able to be agendized. She also stated that professional associations can make the Board aware of any legislative proposals that they are working on that the Board could discuss at a future meeting as well.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

12. Future Agenda Items and Potential Dates for Standalone Committee Meetings

Dr. Raggio then asked if Board staff would be reaching out to schedule separate standalone meetings for practice committees. Mr. Sanchez confirmed that staff would be reaching out to

members of the Audiology Practice Committee to schedule that meeting and will be looking at the work of the other practice committees to see if they need to meet and will inform the members if needed.

13. Future Agenda Items and Potential Dates for Board Meetings

Dr. Raggio asked whether there are any future agenda items for discussion that Board Members would like to add for future Board Meetings. Mr. Sanchez asked whether Ms. Burns had any items that were tabled at this meeting that should be placed on the agenda for the next Board Meeting. Ms. Burns confirmed that the future agenda should include the two legislative proposals and updates on the AB 2138 regulation package, unless the Board determines some of the COVID-19 related waivers should become permanent. Mr. Sanchez clarified that Ms. Burns meant addressing the situations the waivers have temporarily fixed by codifying those changes in law. Ms. Burns confirmed that and gave the example that if the Board wanted to make full telesupervision a permanent option that is something to consider for the future.

Dr. Raggio then asked for public comment on future agenda items, no public comment was received.

Dr. Raggio asked whether Mr. Sanchez wanted to offer potential future meeting dates. Mr. Sanchez deferred to Ms. Burns to discuss future meeting dates, Ms. Burns mentioned potentially having a late October meeting but that she will send out a poll for potential meeting dates.

Closed Session

14. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters, Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty.

The Board went into Closed Session at 2:16 pm and notified the public that the Board would not be going back into open session to adjourn the meeting.

15. Adjournment

The meeting was adjourned at 2:57 pm.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Agenda Item # 6: Executive Officer Report

This report and the statistical information provided by staff is to update you on the current operations of the Board.

Administration/Personnel/Staffing

COVID-19 Plan and Response – The Board’s leadership continues to promote and implement State health and safety guidelines. The Board office reopened to the public in June 2020 after being closed for approximately three months.

The past eight months have presented great challenges. Staff had to work through the restraints and adjustments of the pandemic while going through our peak licensing period and implementing State Employee furloughs.

Currently, we are still rotating staff to accommodate social distancing and have installed plexiglass barriers at the reception desks. The Board staff focused on emails, telephone, and website communications (COVID-19 FAQs <https://www.speechandhearing.ca.gov/licensees/covid19.shtml>). Board staff continue to use the interested party lists and are sending these email communications as needed. Board office leadership has maintained communication channels with professional organizations and leaders in the professions we license.

Staffing – Board leadership held interviews for the vacant Associate Governmental Program Analyst that will be responsible for legislation and regulations coordination. We hope to select a candidate and fill before the end of November 2020.

Budget

Included in your Board materials is the most recent Expenditure Projection Report. This report reflects fiscal activity through November 20, 2020 and is based on data provided by DCA's Budgets Office. Based on this report, we project that the Board is on course to expend most of its budget. We will continue to monitor the budget closely and work with DCA Budgets to have more information on final projections and reversion amounts as we get closer to the end of the fiscal year.

We have also included an Analysis of the Board's Fund Condition as of October 30, 2020. This document helps us assess and project the Board's solvency and structural fiscal condition. The Board is projected to have approximately six months in reserve, which is considered acceptable. However, the Board will need to move expeditiously with its proposed fee increases to avoid becoming insolvent in the future.

Licensing and Examinations

Licensing Cycle Times – The chart below provides a snapshot of Board's current and past licensing cycle times. Through the coordinated efforts of Board staff we have been able to maintain licensing processing cycle times to less than 30 days for "complete" license applications. We now post our licensing timeframes on our website in the Applicant/Registrant tab so that applicants have an expected timeframe when applying for a license or registration.

Licensing Cycle Times	8/1/19	10/1/19	2/1/20	6/1/20	10/1/20	Current
SLP and Audiologists Complete Licensing Applications	4 weeks	4 weeks	2 weeks	3 weeks	5 weeks	3 weeks
Review and Process SLP and Audiologist Supporting Licensing Documents	2 weeks	9 weeks	3 weeks	1 weeks	10 weeks	7 weeks
Review and Process RPE Applicant's Verification Forms for Full Licensure	3 weeks	4 weeks	3 weeks	2 weeks	2 weeks	5 weeks
Hearing Aid Dispensers Applications	Current	Current	Current	Current	Current	Current

Practical Examination – The Board was able to resume hearing aid dispenser practical examinations in October 2020. The examinations will help the Board get caught up from falling behind due to the examinations cancelled in April and July of 2020 because of COVID-19 restraints. Board staff has begun using larger examination rooms and taking safety measures as required by State health and safety guidelines. We plan to continue practical examinations on a limited basis throughout the year as permitted.

HAD Practical Examination Results October 8, 17, 24 & 29					
Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary Trainee License)					
HA	20	16	80%	4	20 %
AU	3	3	100%	0	0%
RPE	1			1	100%
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100%		
AU					
Applicants without Supervision					
HA	13	12	92%	1	8%
AU			%		%
RPE			%		
Total Number of Candidates					
	38	32	84%	6	16%

Enforcement

The Board has received 47 complaints and subsequent arrest notifications through the first quarter of the 2020-21 fiscal year. During this same period the Board has issued four (4) citations and fines for unlicensed activity and not cooperating with a Board investigation. There are currently 15 formal discipline cases pending with the Attorney General’s Office. The Board is currently monitoring 26 probationers of which eight (8) probationers require drug or alcohol testing and five (5) are in a tolled status.

The following disciplinary actions have been adopted by the Board during the past 12 months:

Name	License No.	License Type	Case No.	Effective Date	Action Taken
Turner, Sharon	SP 9478	Speech-Language Pathologist	11-2019-092	August 8, 2020	Voluntary Surrender of License

Name	License No.	License Type	Case No.	Effective Date	Action Taken
Hopkins, Dawn Marie	SP 12177	Speech-Language Pathologist	11-2015-063	May 15, 2020	Voluntary Surrender of License
Romero, Florence	SPA 1242	Speech-Language Pathology Assistant	11-2019-163	April 30, 2020	Revocation: Default Decision and Order
Geraci- Staub, Julianne	HA 7587	Hearing Aid Dispenser	1C-2019-76	March 7, 2020	Revocation: Default Decision and Order
Godinez, Andres	AU 2267	Audiologist	11-2015-077	November 1, 2019	Revocation stayed, five years probation with specified terms and conditions.
Korngut, Hershel Louis	AU 3177	Audiologist	11-2018-002	October 23, 2019	Revocation of license.
LaFavre, Scott Alexander	RPE 14058	Required Professional Experience	11-2018-248	September 29, 2019	Revocation stayed, four years probation with specified terms and conditions.
Trythall, Michael Ryan	AU 2225	Audiologist	11-2019-57	September 19, 2019	Reinstatement of surrendered license granted. Revocation stayed, seven years probation with specified terms and conditions.

Regulations

Below is a table with the Board's pending rulemaking files that are either in the DCA Initial Review Process or in the Official Rulemaking Process with the Office of Administrative Law.

Rulemaking File	Final Filing Date	Status	Comments
Criminal Conviction Substantial Relationship and Rehabilitation Criteria		11/16/2020 – Submitting to OAL 6/30/2020 – Board addressed public comment 4/20/2020 – Public comment period ended 3/6/2020 – Notice of Proposed Regulatory Action filed – Public comment period began. 12/31/2019 – Submitted for Agency review 7/30/2019 – Submitted for DCA review 4/30/2019 – Submitted for Legal review 4/15/2019 – Drafting Notice and ISOR 4/11/2019 – Board approved language ¹⁹⁰	
Speech-Language Pathology and Audiology Fees		9/25/2020 – Public comment period ended 8/11/2020 – Notice of Proposed Regulatory Action filed – Public comment period began. 6/1/2020 – Submitted to Agency for review 1/23/2020 – Submitted for DCA review 10/8/2019 – Submitted for Legal review 9/16/2019 – Drafting Notice and ISOR 7/19/2019 – Board approved language	Requires DCA and Agency review before publishing for 45-day comment period

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
FY 2020-21 BUDGET REPORT
November 20, 2020 Board Meeting

FM 3

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21				
	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (Prelim FM13)	Governor's BUDGET 2020-21	CURRENT YEAR EXPENDITURES 10.30.2020	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES									
Salary & Wages (Staff)	463,473	478,930	525,967	601,545	652,000	169,832	26%	635,535	16,465
Temp Help	4,851	8,446	224	64,729	1,000	2,971	297%	36,000	(35,000)
Statutory Exempt (EO)	87,141	91,296	94,944	98,268	82,000	22,819	28%	91,278	(9,278)
Board Member Per Diem	5,200	5,100	4,700	4,600	6,000	0	0%	4,000	2,000
Overtime/Flex Elect	17,204	19,003	36,663	55,901	5,000	14,823	296%	55,901	(50,901)
Staff Benefits	268,732	309,624	332,488	434,247	431,000	104,241	24%	460,155	(29,155)
TOTALS, PERSONNEL SVC	846,601	912,400	994,986	1,259,290	1,177,000	314,686	27%	1,282,869	(105,869)
OPERATING EXPENSE AND EQUIPMENT									
General Expense	53,024	42,122	34,923	48,858	81,000	11,528	14%	48,858	32,142
Printing	7,410	9,772	10,587	11,227	28,000	25	0%	11,227	16,773
Communication	5,297	6,228	5,986	7,072	21,000	814	4%	7,072	13,928
Postage	22,650	25,482	19,259	7,155	25,000	0	0%	7,155	17,845
Insurance	0	20	4,040	25	0	0	0%	0	0
Travel In State	36,347	15,163	5,210	13,115	30,000	0	0%	13,115	16,885
Training	450	0	0	7,088	9,000	0	0%	7,088	1,912
Facilities Operations	64,118	73,447	86,769	101,321	99,000	13,994	14%	127,321	(28,321)
Architect Revolving Fund	0	100,000	250,000	0	0	0	0%	0	0
C & P Services - Interdept.	0	38	49	52	24,000	0	0%	52	23,948
Attorney General	144,505	133,121	112,665	156,882	143,000	51,395	36%	156,882	(13,882)
Office Admin. Hearings	35,406	45,135	37,170	8,025	22,000	0	0%	8,025	13,975
C & P Services - External	104,386	82,277	71,696	73,529	98,000	7,235	7%	73,529	24,471
DCA Pro Rata	317,595	339,000	392,000	367,221	364,000	188,000	52%	364,000	0
DOI - Investigations	139,190	153,000	200,000	200,908	41,000	20,500	50%	41,000	0
Interagency Services	0	0	0	0	29,000	0	0%	29,000	0
IA w/ OPES	117,441	0	500	67,039	60,000	0	0%	60,000	0
Consolidated Data Center	484	3,258	195	4,971	17,000	179	1%	4,971	12,029
Information Technology	2,214	1,240	2,013	431	29,000	0	0%	431	28,569
Equipment	4,400	3,220	0	15,400	64,000	44	0%	54,176	9,824
TOTALS, OE&E	1,054,917	1,032,524	1,233,062	1,203,675	1,184,000	291,868	25%	1,016,409	170,098
TOTAL EXPENSE	1,901,518	1,944,924	2,228,048	2,462,965	2,361,000	585,581	25%	2,299,878	61,122
SURPLUS/(DEFICIT):									2.59%

**0376 - Speech-Language Pathology and
Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition**

Prepared 10.30.2020

(Dollars in Thousands)

Budget Act 2020-21

	PY 2019-20	Budget Act CY 2020-21	BY 2021-22
BEGINNING BALANCE			
Prior Year Adjustments	\$ 2,357	\$ 1,852	\$ 1,592
Adjusted Beginning Balance	<u>\$ (282)</u>	<u>\$ -</u>	<u>\$ -</u>
	\$ 2,075	\$ 1,852	\$ 1,592
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4121200 Delinquent Fees	\$ 26	\$ 26	\$ 26
4127400 Renewal Fees	\$ 1,726	\$ 1,690	\$ 1,690
4129200 Other Regulatory Fees	\$ 51	\$ 41	\$ 41
4129400 Other Regulatory Licenses and Permits	\$ 362	\$ 435	\$ 435
4163000 Investment Income - Surplus Money Investments	\$ 48	\$ 22	\$ 8
4171400 Escheat - Unclaimed Checks, Warrants, Bonds, and Coupons	\$ 3	\$ 3	\$ 3
4172500 Miscellaneous revenues	<u>\$ 1</u>	<u>\$ -</u>	<u>\$ -</u>
Total Revenues, Transfers, and Other Adjustments	<u>\$ 2,217</u>	<u>\$ 2,217</u>	<u>\$ 2,203</u>
Totals Resources	\$ 4,292	\$ 4,069	\$ 3,795
EXPENDITURES AND EXPENDITURE ADJUSTMENTS			
Expenditures:			
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 2,291	\$ 2,300	\$ 3,067
8880 Financial Information System for California (State Operations)	\$ -	\$ -	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ 38	\$ 38	\$ 38
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 111	\$ 139	\$ 139
Total Expenditures and Expenditure Adjustments	<u>\$ 2,440</u>	<u>\$ 2,477</u>	<u>\$ 3,244</u>
FUND BALANCE			
Reserve for economic uncertainties	\$ 1,852	\$ 1,592	\$ 551
Months in Reserve	9.0	5.9	2.0

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

LICENSES ISSUED	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
							QTR 1
AU	89	48	53	77	63	63	37
DAU	UA	26	24	30	35	31	10
AUT	0	0	0	2	4	3	1
SLP	1,143	1,352	1,457	1,482	1,446	1,444	481
SPT	0	0	0	0	0	0	0
SLPA	550	606	501	558	602	615	169
RPE	836	834	897	945	977	1,059	488
AIDE	48	44	44	33	32	44	4
CPD	17	22	21	20	15	5	1
HAD Permanent	92	140	120	137	135	95	1
HAD Trainee	145	180	152	169	156	116	31
HAD Licensed in Another State	9	16	16	20	17	12	4
HAD Branch	426	407	315	341	333	312	76
TOTAL LICENSES ISSUED	3,355	3,675	3,600	3,814	3,815	3,799	1,303

LICENSEE POPULATION	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
							*QTR 1
AU	612	556	698	720	831	837	864
DAU	988	1,045	1,211	1,246	1,334	1,384	1,379
<i>Both License Types</i>	<i>1,600</i>	<i>1,601</i>	<i>1,909</i>	<i>1,966</i>	<i>2,165</i>	<i>2,221</i>	<i>2,243</i>
AUT	0	0	0	2	4	7	8
SLP	13,967	14,860	18,024	19,161	21,374	22,527	22,946
SPT	0	0	0	0	0	0	0
SLPA	2,343	2,795	3,752	4,118	4,822	5,297	5,371
RPE	802	806	1,174	1,232	1,364	1,595	1,837
AIDE	124	133	235	216	245	273	278
HAD	948	996	1,179	1,266	1,380	1,407	1,382
HAD Trainees	160	158	238	204	214	237	262
HAD Licensed in Another State	7	18	18	28	31	42	44
HAD Branch Office	821	963	1,409	1,297	1,347	1,401	1,433
TOTAL LICENSEES	20,772	22,330	27,938	29,490	32,946	35,007	35,804

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Enforcement Report

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
COMPLAINTS AND CONVICTIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	75	59	154	157	68	78	68	83	14	20
Convictions Received	15	84	24	101	31	90	12	91	1	12
Average Days to Intake	3	2	2	2	1	1	1	1	1	1

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
INVESTIGATIONS Desk	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	90	143	178	257	99	169	80	174	15	32
Closed	71	118	113	205	65	110	47	131	22	27
Average Days to Complete	132	91	201	73	164	137	270	216	413	322
Pending	45	39	104	89	139	142	122	169	109	172

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
INVESTIGATIONS DOI	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	11	9	10	7	2	8	5	4	0	0
Closed	5	6	8	9	7	4	2	7	0	3
Average Days to Complete	148	709	442	497	747	766	410	982	0	1001
Pending	11	12	13	10	8	14	12	13	12	10

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
ALL TYPES OF INVESTIGATIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	69	111	116	197	68	105	48	124	19	29
Cycle Time - No Discipline	125	69	210	73	212	145	282	238	316	339

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
CITATIONS/ Cease&Desist	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	8	8	9	12	5	11	6	4	1	0
Avg Days to Complete Cite	98	44	7	169	138	162	266	393	263	0
Cease & Desist Letter	1	1	2	1	1	1	0	0	0	1

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Enforcement Report

ATTORNEY GENERAL CASES	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	8	6	7	11	6	12	5	13	10	13
Accusations Filed	2	3	3	2	0	4	2	7	0	1
SOI Filed	0	0	1	1	2	3	0	1	0	1
Acc Withdrawn, Dismissed, Declined	2	1	2	1	0	3	1	0	0	0
SOI Withdrawn, Dismissed, Declined	1	1	0	0	2	1	0	1	0	0
Average Days to Discipline	1260	979	780	723	745	449	0	730	0	0

ATTORNEY GENERAL FINAL OUTCOME	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		FISCAL YEAR 2019 - 2020		Quarter 1 2020 - 2021	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	6	7	2	1	1	2	0	5	0	0
Surrender of License	3	1	1	2	0	0	0	0	0	1
License Denied (SOI)	0	0	0	0	0	0	2	0	0	0
Suspension & Probation	0	0	0	0	0	0	0	0	0	0
Revocation-No Stay of Order	0	2	1	0	0	0	1	2	0	0
Public Reprimand/Reproval	0	0	0	1	0	0	0	0	0	0



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 8: Update on DCA Waiver Requests Submitted by the Board related to the COVID-19 State of Emergency

Background

Pursuant to the Governor’s Executive Order [N-39-20](#), during the State of Emergency, the director of the Department of Consumer Affairs (DCA) may waive any statutory or regulatory requirements with respect to a professional license issued pursuant to Division 2 of the Business and Professions Code. In addition, pursuant to Executive Order [N-40-20](#), the director of DCA may waive any statutory or regulatory requirements with respect to continuing education for licenses issued pursuant to Division 3 of the Business and Professions Code.

After the issuance of the Governor’s Executive Orders, Board staff worked quickly to identify waivers necessary for applicants and licensees and developed and submitted waiver request proposals for review and consideration by the DCA Director. Note, waiver requests submitted by the Board may differ from the final waiver language approved by DCA. During the pandemic, DCA has worked with the Board to ensure that all approved waivers that are still needed are extended.

Below is an update on the waivers submitted by the Board.

a. Waivers Approved by DCA

- i. Modification of Continuing Education Requirements for All Licensees (DCA-20-69)** – Originally approved March 31, 2020 and extended on July 1, August 27, and October 22, 2020. This waived CE or examination requirements for renewal for 6 months from the date of the order and this Waiver (April 21, 2021) and applied only to Active licensees that expire between March 31, 2020 and December 31, 2020.

- ii. **Modification of Reactivation Requirements for Speech-Language Pathologists (DCA-20-57)** – Originally approved March 31, 2020 and extended on September 17, 2020. This waived the continuing education (CE) and fees associated with reactivation for Speech-Language Pathologists who have been in a Retired, Inactive, or Cancelled status for no longer than five (5) years. The reactivation of licenses under this waiver is valid until January 1, 2021.
 - iii. **Modification of the Direct Monitoring Requirements for Required Professional Experience (RPE) Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant (SLPA) Licenses (DCA-20-74)** – Originally approved May 6, 2020 and extended on July 1, August 27, and October 22, 2020. This waived the in-person supervision requirements for Required Professional Experience (RPEs) and Speech-Language Pathology Assistants (SLPAs) through December 31, 2020.
 - iv. **Modification of the Limitations on Renewing of Hearing Aid Dispenser (HAD) Temporary Licenses and HAD Trainee Licenses (DCA-20-16)** – Originally approved May 29, 2020 and extended on September 17, 2020. This waived the statutory limitations on renewing Hearing Aid Dispenser (HAD) Temporary Licenses and the limitation on the number of times a HAD Trainee license can be renewed. Specifically, this waiver removes the limitation that HAD Temporary Licenses cannot be renewed in Business and Professions Code (BPC) section 2538.27(b) and removes the limitation that HAD Trainee Licenses cannot be renewed more than twice in BPC section 2538.28(c). DCA-20-16 authorizes the Board to extend the expiration date of HAD Temporary Licenses and HAD Trainee Licenses by six (6) months for eligible licensees. This waiver only applies to HAD Temporary Licenses that expire between March 31, 2020 through December 31, 2020 and HAD Trainee Licenses that have been renewed twice and expire between March 31, 2020 through December 31, 2020.
- b. Waivers Denied by DCA**
- i. **Modification of the 12-Month Fulltime Professional Experience Requirement for Licensure as an Audiologist** – This waiver would have waived the requirement that Audiology applicants submit evidence of no less than 12 months of supervised professional full-time experience for licensure (as stated in Business and Professions Code Section 2532.25). This waiver was denied on May 12, 2020 for the following reason, “The Department does not believe that waiving pre-licensure requirements, such as experience or competency exams, at this time is in the best interests of consumer protection.”

c. Waivers Pending Review by DCA

- i. Modification of Board Continuing Education Requirements to Remove Self-Study Restrictions** – This waiver request is being submitted to DCA to formally request that DCA waive the limitations on self-study continuing education (CE) and continuing professional development (CPD) for the purposes of renewal in Title 16 California Code of Regulations (CCR) sections 1399.140 and 1399.160. This would allow licensees to accrue all CE and CPD through self-study during the COVID-19 pandemic.

The Board can submit additional DCA waiver requests if Board Members feel there are other professional licensing requirements (examination, education, experience, and training) and requirements governing the practice and permissible activities of licensees in statute or regulation that are necessary to obtain and maintain licensure for the purposes of facilitating the continued care of individuals affected by the COVID-19 pandemic.

Action Requested

Discuss whether there are any additional DCA waivers needed regarding professional licensing requirements and requirements governing the practice and permissible activities of licensees. If a need for additional waivers is identified, direct staff to develop and submit the identified waiver requests on the Board's behalf.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 9: Responses to Public Comment on the Proposed Speech-Language Pathology and Audiology Fee Regulations

BACKGROUND:

At the July 18-19, 2019 meeting, the Board approved the Speech-Language Pathology and Audiology Fee regulations. At this meeting, the Board decided the speech-language pathology assistant (SLPA) fees should be lower than the speech-language pathologist (SLP) fees because the salary of a SLPA is lower than the salary of a SLP. The last fee increase was in 2002.

The Speech-Language Pathology and Audiology Fee regulations were noticed for public comment on August 7, 2020. The public comment period ended on September 25, 2020. The Board received four public comments as summarized below.

RECOMMENDED RESPONSES TO PUBLIC COMMENTS:

Written Comments from Rachel Tapper Zijlstra, Sound Therapies, Inc., a Speech-Language Pathology Group

Comment: Ms. Zijlstra indicates general support for fee increases for licensing. Ms. Zijlstra also expressed concern that Required Professional Experience (RPE) processing times are too long, stating the 6-8-week window is too long for new graduates to wait before they can start working. Ms. Zijlstra suggested that new graduates be allowed to apply before they have a supervisor identified, with the expectation that they report their supervisor after they get a job.

Response to Comment: The Board appreciates the support expressed for the proposed fee increase. The Board rejects the request that RPE processing times be shortened as a part of this rulemaking. RPE processing times are not germane to this rulemaking package and would need to be addressed in a separate regulatory proposal. The proposed fee increase is required to ensure the Board has sufficient resources to maintain current operations.

Written Comments from Carol Fenwick

Comment: Ms. Fenwick opposes the proposed fee increase and stated the proposed fee increase would significantly impact small businesses. Ms. Fenwick stated that individual licensees and owners of private practices would be impacted and that many speech-language pathologists and audiologists in schools or private practice do not make more than \$60 per hour, or even less per hour if providing teletherapy in response to the COVID-19 crisis. Ms. Fenwick asserted the income of many small businesses is a third of what was earned in 2019. Ms. Fenwick expressed concern that the fee increase would discourage practitioners from pursuing or renewing their state licenses, with serious repercussions for the understaffed profession.

Response to Comment: The Board rejects this comment. The current licensing fees create a structural imbalance and the Board's reserve fund is quickly depleting. The existing fees do not adequately support the Board's ability to regulate the professions it is tasked with regulating. The Board notes that the statutory minimum and maximums are set in statute (Business and Professions Code section 2534.2). The fees have not increased since 2002.

In 2015, the DCA Budget office recommended the Board adopt a fee increase. During the past five years, the Board's licensing population has increased by over 30 percent, resulting in an increased workload along with the need for additional staff. In March of 2019, the DCA Budget Office completed another analysis of the Board's fund condition and concluded that, without a fee increase, the fund would be insolvent by Fiscal Year 2022-2023. The proposed fee increase will eliminate the structural imbalance and begin restoring the Board's reserve fund.

Written Comments from Corrine Li, Ph.D., CCC-SLP

Comment: Ms. Li expressed concern regarding the increase in licensing renewal fees for speech-language pathologists and audiologists. Ms. Li urged the Board to consider the impact of the fee increase given the current health and economic crisis in the United States. Ms. Li stated the fee increase may deter individuals from entering the field or transferring from another state and that this is a significant concern given the shortage of speech-language pathologists in California. Ms. Li recommended the increase be distributed over several renewal cycles and measures be taken to address the needs of licensees in different financial situations.

Response to Comment: The Board rejects this comment. The Board does not take fee increases lightly and has not increased fees since 2002 and waited as long as possible to do so. It is regrettable there is currently a health and economic crises, but the Board must increase the fees now to ensure the future financial viability of the Board. Finally, the Board is a self-funded agency, which means the Board's revenue is obtained from its licensing fees rather than the State's general fund (i.e. tax revenue). There are no programs available to supplement the Board's revenue if fees are waived for some licensees.

Written Comments from Jerri Kesler, M.S., CCC-SLP

Comment: Ms. Kesler indicated the increase of the speech-language pathology renewal and license fees from \$60 to \$150 is not desired during the economic stress from COVID-19. Ms. Kesler travels among states working as a speech-language pathologist and says the fee increase is a burden for those working in multiple states. Ms. Kesler indicated a fee increase that granted licensure in California, Oregon, and Washington would be justified. Ms. Kesler also suggested increasing only the initial license fee and leaving the renewal fee low.

Response to Comment: The Board rejects this comment. The Board must raise fees to ensure it can meet its consumer protection mandate and restore its reserve fund. Although it is unfortunate the country is facing economic stress due to COVID-19, the Board has already delayed raising fees as long as possible. Further delays can have a detrimental impact to the Board's operations.

STAFF RECOMMENDATION:

Staff recommends the Board direct staff to develop the final statement of reasons and submit the necessary rulemaking documents to DCA and Agency for approval, prior to sending the documents to OAL for approval of the rulemaking action. Staff further recommends the Board authorize staff to make non-substantive changes to the regulatory language.

REQUESTED ACTION:

After review and consideration of the proposed responses to public comments, make a motion as follows:

- 1) Adopt responses to comments received during the 45-day comment period;
- 2) Order of adoption of the Speech-Language Pathology and Audiology Fee Regulations; and
- 3) Direct staff to develop the final statement of reasons and delegate to the Executive Officer to make any non-substantive changes as required to proceed with the rulemaking file.



MEMORANDUM

DATE	November 10, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 10: Update, Discussion and Possible Action regarding Regulations as a result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction

BACKGROUND:

At its April 11, 2019 meeting, the Board approved regulatory language to implement AB 2138 (Chiu, Chapter 995, Statutes of 2018). On March 6, 2020, the Board noticed the regulation proposal and gave the public forty-five (45) days to provide public comment ending on April 20, 2020. No public hearing was requested or conducted. At its June 30, 2020 meeting, the Board rejected one public comment and made additional changes to the regulatory text.

UPDATE:

The revised regulatory language was posted for a fifteen (15) day public comment period ending July 17, 2020. No additional public comment was received. The regulatory package was submitted to the Business, Consumer Services and Housing Agency on October 12, 2020 for final review. The regulatory proposal was approved by Agency on November 10, 2020. The regulatory package will soon be submitted to the Office of Administrative Law for final review and approval.

ACTION REQUESTED:

This item is for informational purposes only, no action is required.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 11: Discussion and Possible Action on Board Proposed Legislation Regarding BPC sections 2838.35 and 2539.4 Relative to Locked Hearing Aids Disclosure from Hearing Aid Dispensers and Dispensing Audiologists

BACKGROUND:

Current hearing aids are digital and require programming via specific software platforms to optimize the acoustical fit for each individual patient. While most hearing aid dispensing practices fit products from a variety of manufacturers and have access to nearly all programming software packages, there are a number of hearing aid brands that require exclusive or “locked” programming software that is only available at the dispensing outlets and group businesses that sell those brands. That is, only those facilities can provide any programming services since other dispensers do not have access to their proprietary software.

For the consumer, this can result in the inability to obtain subsequent servicing or reprogramming for their hearing aid(s), unless the patient returns to the office from which the hearing aid(s) was purchased, or another outlet of the same company. Consumers are harmed when they, often unknowingly, purchase hearing aids that cannot be serviced or managed in a wide geographic location. Essentially this renders the hearing aid unmanageable, unless the consumer can return to the office where it was originally purchased. In some cases, the office where the hearing aid was purchased goes out of business and the hearing aid user has no recourse except to purchase a new hearing aid. This results in consumer harm through lack of access to manage their devices.

A draft legislative proposal to address this problem was discussed at the October 10-11, 2019 Board Meeting. Based on that discussion, the legislative proposal was revised and discussed at the February 20-21, 2020 Board meeting. The proposal was referred to a sub-committee for further revisions and the language presented today is a result of the work of that sub-committee.

STAFF RECOMMENDATION:

Staff recommends the Board adopt the legislative language in order to be introduced during the 2021 legislative session.

REQUESTED ACTION:

After review and consideration of the proposed legislative language, make a motion as follows:

- 1) Adopt the legislative language with any necessary changes; and
- 2) Direct staff to find an Author for the legislative proposal.

ATTACHMENTS:

Locked Hearing Aids Proposed Statutory Language

**LOCKED HEARING AIDS
PROPOSED LEGISLATION**

Amend Business and Professions Code Section 2538.35 as follows:

ARTICLE 8. Hearing Aid Dispensers [2538.10 - 2538.57]

2538.35.

(a) For purposes of this section, proprietary programming software refers to software used to program hearing aids that is supplied by a hearing aid distributor or manufacturer for the exclusive use by affiliated providers. This software is considered "locked" and inaccessible to non-affiliated providers. Locked, non-proprietary software refers to software that any provider can render inaccessible to other hearing aid programmers. A licensee shall, prior to the sale of a hearing aid that uses programming software that is constituted to be inaccessible to any provider, provide the consumer with a written notice in 12-point font or larger that states the following: "The hearing aid being purchased uses proprietary or locked programming software and can only be programmed at specific facilities or locations." The written notice must be signed by the consumer prior to the purchase and kept and maintained with the records pursuant to section 2538.38.

(b) A licensee shall, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, signed by or on behalf of the licensee, containing all of the following:

(a) (1) The date of consummation of the sale.

(b) (2) Specifications as to the make, serial number, and model number of the hearing aid or aids sold.

(c) (3) The address of the principal place of business of the licensee, and the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

(d) (4) A statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact.

(e) (5) The number of the licensee's license and the name and license number of any other hearing aid dispenser, temporary licensee, or trainee licensee, who provided any recommendation or consultation regarding the purchase of the hearing aid.

(f) (6) The terms of any guarantee or written warranty, required by Section 1793.02 of the Civil Code, made to the purchaser with respect to the hearing aid or hearing aids.

Amend Business and Professions Code Section 2538.35 as follows:

ARTICLE 9. Dispensing Audiologists [2539.1 - 2539.14]

2539.4.

(a) For purposes of this section, proprietary programming software refers to software used to program hearing aids that is supplied by a hearing aid distributor or manufacturer for the exclusive use by affiliated providers. This software is considered "locked" and

inaccessible to non-affiliated providers. Locked, non-proprietary software refers to software that any provider can render inaccessible to other hearing aid programmers. A licensee shall, prior to the sale of a hearing aid that uses programming software that is constituted to be inaccessible to any provider, provide the consumer with a written notice in 12-point font or larger that states the following: "The hearing aid being purchased uses proprietary or locked programming software and can only be programmed at specific facilities or locations." The written notice must be signed by the consumer prior to the purchase and kept and maintained with the records pursuant to section 2539.10.

(b) A licensed audiologist shall, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, signed by or on behalf of the licensed audiologist, containing all of the following:

(a) (1) The date of consummation of the sale.

(b) (2) Specifications as to the make, serial number, and model number of the hearing aid or aids sold.

(c) (3) The address of the principal place of business of the licensed audiologist, and the address and office hours at which the licensed audiologist shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

(d) (4) A statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact.

(e) (5) The number of the licensed audiologist's license and the name and license number of any other hearing aid dispenser, temporary licensee, or audiologist who provided any recommendation or consultation regarding the purchase of the hearing aid.

(f) (6) The terms of any guarantee or written warranty, required by Section 1793.02 of the Civil Code, made to the purchaser with respect to the hearing aid or hearing aids.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Marcia Raggio, Vice Chair
SUBJECT	Agenda Item 12: Discussion and Possible Action on Board Proposed Legislation Regarding Audiology Licensing Requirements As Stated in Business and Professions Code Sections 2532.25 and Clarified in Title 16, CCR sections 1399.152.2 and 1399.152.2

Background

Business and Professions Code 2532.25(b)(2) requires the submission of evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience (RPE) or its part-time equivalent obtained under the supervision of a licensed audiologist..... ” This experience shall be completed under the direction of a board-approved audiology doctoral program. The RPE shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

For current hearing and balance healthcare training this statutory requirement creates restrictive aspects for program completion, thereby creating hardships for audiology doctoral students and programs that may not support adequate consumer protection for audiology and balance services.

Current Needs

The California State University and private AuD programs typically require that their enrollees earn approximately 1850 clinical clock hours due to the typical nationwide adoption of this hourly requirement, clearly exceeding the requirement of 1399.152.2(c). Currently, due to the B & P Code 2532.2(b) requirement, all programs require a 12-month 3rd or 4th year Required Professional Experience (RPE), even if the 1850 clinical clock hour requirement has already been met prior to 12 months. This situation, along with requiring that all clock hours be achieved following the completion of the didactic and clinical aspects of the program, cause a significant financial and temporal hardship for students who complete their clock hour requirement at 10.5 months, or for those who have difficulty achieving 1850 hours in a 12 month period (due to the CSU Executive Order requiring the completion of the program in 11 semesters or Visa limitations for foreign students).

Discussion

AuD students, in all California programs, matriculate in a didactic course of study related to hearing and balance. Throughout this process students enroll in clinical experiences or rotations that bear a specific relationship to the didactic coursework. They participate in a number of these clinical experiences with a variety of patient populations and pathologies regarding both hearing and balance. Students in all of these pre-RPE clinics receive 100% supervision by licensed audiologists. Per current statute, AuD students are not able to include any of the time spent in these supervised clinical rotations toward the 12-month RPE requirement. The Council on Academic Accreditation, an accrediting body for all AuD programs, states: "The doctoral program in audiology must meet the following requirements...Include a minimum of 12 months' full time equivalent of supervised clinical experience. These include short-term rotations and longer-term externships and should be distributed throughout the program of study." Thus, CAA does not require a contiguous 12-month externship. Another accrediting body, the Accreditation Commission for Audiology Education (ACAE) does not stipulate a required number of months of study or a requirement for a particular number of clinical hours. Rather, the ACAE requires that the program, which includes didactic and clinical experiences, must prepare students to meet the recognized competencies for independent practice.

Proposed Statutory Revisions

In light of the public comments received at the September 23 Audiology Practice Committee meeting, the following statutory revisions are proposed for the Board's consideration:

Business and Professions Code Section 2532.25

(a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of a board-approved audiology doctoral program and may be obtained by participation in supervised clinical rotations or experiences that are held throughout the duration of the program and during the Required Professional Experience. Acceptable types of the clinical rotations or experiences shall be defined by the board through regulation. ~~The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.~~

(3) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examination or examinations and may

waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

Action Requested

The 12-month requirement should be modified to allow students to accumulate time spent in clinical experiences or rotations that occur pre-RPE clinical experiences as part of the requirement.

Discuss the Proposed Statutory Revisions, as presented on pages 2 - 3. After discussing these proposed statutory changes and considering public comment, approve the proposed statutory changes and delegate to the Executive Officer or his designee the authority to find a legislative author or bill to implement these statutory changes in 2021.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 13: Discussion and Possible Action on Board Proposed Legislation to Address Emergency Waiver Authority for the Board

Background

During the COVID-19 Pandemic, the Board realized the need to take quick action to waive statutory and regulatory requirements for its licensees and applicants in order to ensure consumer protection and continuity of care for California consumers of speech and hearing services. Since the Board lacks statutory authority to waive its own requirements, it had to rely solely on the Department of Consumer Affairs (DCA) waiver authority and approval process.

The current waiver approval process involved all licensing Boards under the DCA. The process which includes the majority of Boards, resulted in significant delays or denials of Board requests for DCA Waviers that have negatively impacted Board licensees and applicants. This caused delays in accruing the necessary experience required for licensure and an inability to provide consumer services during part of the pandemic due to lack of approval of telesupervision for Required Professional Experience Temporary Licenses and Speech-Language Pathology Assistants, and prohibited the Board from waiving the 12-month fulltime experience requirement for licensure as an Audiologist. This has also prohibited the Board from waiving the self-study limitations in its continuing education and continuing professional development requirements as this was not provided for in DCA's Waiver.

Board executive staff are therefore recommending the addition of statutory provisions to the Board's Practice Act that would allow the Board to address this lack of emergency waiver authority to alleviate this problem in the future.

Proposed Statutory Revisions

Business and Professions Code Section 25XX

(a) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the provision of health services to California consumers during the declared emergency. The Board shall waive application of the

provisions of this chapter or the regulations adopted pursuant to it at an appropriately noticed public Board meeting and post any approved waivers on its website.

(b) Notwithstanding any other law, the board may act to continue a waiver of any provision of this chapter or the regulations adopted pursuant to it for up to 60 days following the termination of the declared emergency if, in the board's opinion, the continued waiver will aid in the continuity of health services to California consumers.

Action Requested

Discuss the Proposed Statutory Revisions to provide the Board emergency waiver authority. After discussing these proposed statutory changes and considering public comment, approve the proposed statutory changes and delegate to the Executive Officer or his designee the authority to find a legislative author or bill to implement these statutory changes.



MEMORANDUM

DATE	November 20, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 14: Legislative Report

Legislative Calendar Highlights

- December 7, 2020 – 2021-2022 Legislative Session convenes
- January 1, 2021 – Statutes passed in 2020 take effect

a) Chaptered Legislation

- **AB 2113 (Low) Refugees, asylees, and special immigrant visa holders: professional licensing: initial licensure process**
Status: Chapter 186, Statutes of 2020
Board Position: Watch
Bill Summary: This bill requires a board within the Department of Consumer Affairs to expedite, and authorizes it to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are a refugee, have been granted political asylum, or have a special immigrant visa. The bill authorizes a board to adopt regulations necessary to administer these provisions.
- **AB 2520 (Chiu) Access to medical records**
Status: Chapter 101, Statutes of 2020
Board Position: Support
Bill Summary: Current law requires a health care provider to provide a patient or the patient’s representative with all or any part of the patient’s medical records that the patient has a right to inspect, subject to the payment of clerical costs incurred in locating and making the records available, following a written request from the patient. Current law requires the health care provider to provide one copy of the relevant portion of the patient’s record at no charge if the patient or patient’s representative presents proof to the provider that the records are needed to support an appeal regarding eligibility for a public benefit program. This bill adds speech-language pathologists, audiologists, physician assistants, and nurse practitioners to the definition of a health care provider for the purposes of this requirement. This bill also requires a health care provider to provide an employee of a nonprofit legal services entity representing the patient a copy of the medical records at no charge under those conditions.

- SB 878 (Jones) Department of Consumer Affairs: license: application: processing timeframes**
Status: Chapter 131, Statutes of 2020
Board Position: Watch
Bill Summary: This bill, beginning July 1, 2021, requires each board within the Department of Consumer Affairs that issues licenses, on at least a quarterly basis, to prominently display on its internet website either the current average timeframes for processing initial and renewal license applications or the combined current average timeframe for processing both initial and renewal license applications.
- SB 1474 (Senate B&P Committee) Business and Professions**
Status: Chapter 312, Statutes of 2020
Board Position: Watch
Bill Summary: This bill, among other things, extends the sunset date for various boards, including the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board from January 1, 2022 until January 1, 2023. This bill also prohibits a contract for the provision of a consumer service by a licensee regulated by a licensing board from including a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee.

b) Dead Legislation

- AB 613 (Low) Professions and vocations: regulatory fees**
Location: Senate Business, Professions and Economic Development Committee
Status: Failed Deadline pursuant to Rule 61(b)(13).
Board Position: Support
Bill Summary: This bill would have authorized all boards within the Department of Consumer Affairs to increase licensing fees once every four years based on the California Consumer Price Index for the preceding four years. This bill was amended on June 29, 2020 to address dental clinical laboratories.
- AB 1263 (Low) Contracts: consumer services: consumer complaints**
Location: Senate Business, Professions and Economic Development Committee
Status: Failed Deadline pursuant to Rule 61(b)(13).
Board Position: Watch
Bill Summary: This bill would have prohibited a licensee from contracting for a consumer service that limits a consumer's ability to file a complaint with the licensing board or participate in an investigation into the licensee by the licensing board. A violation of this provision would constitute unprofessional conduct and be subject to discipline by the regulatory board.
- AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions**
Location: Senate Business, Professions and Economic Development Committee
Status: Failed Deadline pursuant to Rule 61(b)(13).
Board Position: Watch
Bill Summary: This bill would have required boards that post information on their website about a revoked license due to a criminal conviction to update or remove information about the revoked license within 90 days of the board receiving an expungement order related

to the conviction. The person seeking the change would be required to pay a \$50.00 fee to the board.

- **AB 2028 (Aguiar-Curry) State agencies: meetings**

Location: Senate Floor

Status: Failed Deadline pursuant to Rule 61(b)(18).

Board Position: Oppose

Bill Summary: The Bagley-Keene Open Meeting Act requires state bodies to provide an opportunity for the public to directly address the body on each agenda item. This bill would have deleted an exemption for public comment, and required state bodies to provide the public an opportunity to address the body for agenda items that were previously discussed.

- **AB 2549 (Salas) Department of Consumer Affairs: temporary licenses**

Location: Senate Business, Professions and Economic Development Committee

Status: Failed Deadline pursuant to Rule 61(b)(13).

Board Position: Watch

Bill Summary: Current law requires a board within the Department of Consumer Affairs to issue certain types of temporary licenses if the applicant meets specified requirements, including that the applicant provides evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license in another state, district, or territory of the United States. This bill would have required a board to issue a temporary license within 30 days of receiving the required documentation. This bill would have also expanded the requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy.

- **AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses**

Location: Senate Business, Professions and Economic Development Committee

Status: Failed Deadline pursuant to Rule 61(b)(13).

Board Position: Watch

Bill Summary: Current law requires a board within the Department of Consumer Affairs to issue certain types of temporary licenses if the applicant meets specified requirements, including that the applicant provides evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license in another state, district, or territory of the United States. This bill would have required boards not subject to these temporary licensing provisions to issue licenses if the applicant meets specified requirements, including providing evidence that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States.

- **SB 1168 (Morrell) State agencies: licensing services**

Location: Senate Appropriations Committee

Status: Failed Deadline pursuant to Rule 61(b)(8).

Board Position: Watch

Bill Summary: This bill would have required a state agency that issues any business license to establish a process for a person or business that is experiencing economic hardship as a result of an emergency caused by a virus to submit an application for deferral of fees required by the agency to obtain a license, renew or activate a license, or replace a physical license for display.