



TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

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

**Thursday, May 12, 2022, beginning at 1:00 p.m., and continuing on
Friday, May 13, 2022, beginning at 9:00 a.m. at**

TELECONFERENCE LOCATIONS FOR OBSERVATION AND PUBLIC COMMENT:

*Department of Consumer Affairs (Headquarters Building)
1625 North Market Blvd., Hearing Room (1st Floor)
Sacramento, CA 95834*

*Geleris Family Education Center
427 W. Carroll Avenue, Room #2
Glendora, CA 91741
626-335-0611*

FOR REMOTE OBSERVATION AND PUBLIC COMMENT:

To observe and provide public comment from a remote location, please log on to WebEx (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 the following websites each day of the meeting:

Thursday, May 12, 2022, WebEx Link, beginning at 1:00 p.m.:

If accessing by computer or online:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m10f6761f9bf15e15e93c50c4ec585c37>

If accessing by phone: Dial +1-415-655-0001 US Toll, Access code: 249 423 46530, Passcode: 75724230

Friday, May 13, 2022, WebEx Link, beginning at 9:00 a.m.:

If accessing by computer or online:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc519cd0d0ac616985e7bd502c4b02c0e>

If accessing by phone: Dial +1-415-655-0001 US Toll, Access code: 248 325 82446, Passcode: 75724230

FOR REMOTE OBSERVATION ONLY:

To observe without the ability to provide public comment, a webcast of the Board Meeting will available during each day of the meeting at <https://thedcapage.blog/webcasts/>

Due to potential technical difficulties, please consider submitting written comments by 5:00 pm, May 10, 2022, to speechandhearing@dca.ca.gov for consideration.

Action may be taken on any agenda item. Items may be taken out of order to facilitate the effective transaction of Board business.

Thursday, May 12, 2022, beginning at 1:00 p.m.

Hearing Aid Dispensing Committee Members

Tod Borges, Hearing Aid Dispenser, Committee Chair
Marcia Raggio, Dispensing Audiologist
Karen Chang, Public Member
Amy White, Dispensing Audiologist
VACANT, Hearing Aid Dispenser

Hearing Aid Dispensing Committee Agenda

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda
(The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
3. Discussion and possible action to Amend or Adopt regulations regarding Continuing Education Requirements and Continuing Education Course Content Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, California Code of Regulations (CCR) sections 1399.140, 1399.140.1 and 1399.144
4. Discussion and possible action regarding Examination Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, CCR sections 1399.120, 1399.121, and 1399.122

Upon Adjournment of the Hearing Aid Dispensing Committee Meeting:

Audiology Practice Committee Members

Marcia Raggio, Dispensing Audiologist, Committee Chair
Karen Chang, Public Member
Amy White, Dispensing Audiologist

Audiology Practice Committee Agenda

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda
(The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
3. Discussion and possible action regarding Statutory and/or Regulatory Requirements Related to Audiology Aide Scope of Practice and Supervision Requirements as stated in BPC section 2530.2 and Title 16, CCR section 1399.154 through 1399.154.7
4. Update, discussion, and possible action regarding Audiology Licensing Requirements Related to Supervised Clinical and Professional Experience as stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR sections 1399.152.2

Upon Adjournment of the Audiology Practice Committee Meeting or Friday, May 13, 2022:

Board Members

Marcia Raggio, Dispensing Audiologist, Board Chair
Holly Kaiser, Speech-Language Pathologist, Vice Chair
Tod Borges, Hearing Aid Dispenser
Karen Chang, Public Member
Gilda Dominguez, Speech-Language Pathologist
Debbie Snow, Public Member
Amy White, Dispensing Audiologist
VACANT, Hearing Aid Dispenser

Full Board Meeting Agenda

OPEN SESSION

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. Review and Possible Approval of the January 13, 2022, Board Teleconference Meeting Minutes
4. Review and Possible Approval of the February 25, 2022, Board Teleconference Meeting Minutes
5. Board Chair's Report
 - a. 2022 Board and Committee Meeting Calendar
 - b. Board Committee Updates and Committee Reports
6. Executive Officer's Report
 - a. Administration Update
 - b. Business Modernization Update
 - c. Outreach Update
 - d. Update on Expired DCA Waivers
 - e. Budget Report
 - f. Regulations Report
 - g. Licensing Report
 - h. Practical Examination Report
 - i. Enforcement Report
7. DCA Update – DCA Board and Bureau Relations
8. Update and Discussion Regarding the Board's 2022 Sunset Review, Board Testimony at the Joint Sunset Review Oversight Committee (Committee) Hearing on March 10, 2022, and the Board's Response to the Issues Identified in the Committee's Sunset Background Paper
9. **11:00 a.m.** - Update and Discussion on the Audiology & Speech-Language Pathology Interstate Compact
10. Discussion on the Board's Communication Methods With Licensees

BREAK FOR LUNCH (TIME APPROXIMATE)

11. Update and Discussion on Board's Filing of Public Comment Regarding U.S. Food and Drug Administration Proposed Rule on Medical Devices; Ear, Nose and Throat Devices; Establishing Over-the-Counter Hearing Aids
12. Regulatory Report: Update, review, and possible action on Board regulation packages
 - a. Discussion and possible action to Amend regulations regarding Speech-Language Pathology Assistants Requirements as stated in Title 16, CCR sections 1399.170, 1399.170.2, 1399.170.4, 1399.170.5, 1399.170.10, 1399.170.11, and 1399.170.15 through 1399.170.18
 - b. Discussion and possible action to Amend and Adopt regulations regarding Uniform Standards Related to Substance-Abusing Licensees as stated in Title 16, CCR sections 1399.102, 1399.131, 1399.131.1, 1399.155, and 1399.155.1
 - c. Discussion and possible action to Amend regulations regarding Required Professional Experience Direct Supervision Requirements and Tele Supervision as stated in Title 16, CCR sections 1399.153 and 1399.153.3
 - d. Discussion and possible action to Amend and Adopt regulations regarding Examination Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, CCR sections 1399.120, 1399.121, 1399.122, and 1399.152.4
 - e. Discussion and possible action to Amend regulations regarding Board Location and Processing Times as stated in Title 16, CCR sections 1399.101, 1399.113, 1399.150.1, 1399.151.1 1399.160.6, and 1399.170.13
 - f. Discussion and possible action to Amend regulations regarding Continuing Professional Development Requirements for Speech-Language Pathologists and Audiologists as stated in Title 16, CCR sections 1399.160 through 1399.160.4, and 1399.170.7
 - g. Discussion and possible action to Adopt regulations regarding Notice to Consumers as stated in Title 16, CCR sections 1399.129 and 1399.157.1
 - h. Discussion and possible action to Amend and Adopt regulations regarding Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14
13. Legislative Report: Update, Review, and Possible Action on Proposed Legislation
 - a. 2022 Legislative Calendar and Deadlines
 - b. Bills for Active Position Recommendations
 - i. AB 1733 (Quirk) State bodies: open meetings
 - ii. AB 2686 (Assembly Business and Professions) Speech-Language Pathologists, Audiologists and Hearing Aid Dispensers
 - iii. AB 2806 (Rubio) Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates
 - iv. SB 1031 (Ochoa Bogh) Healing arts boards: inactive license fees
 - v. SB 1453 (Ochoa Bogh) Speech Language Pathologists
 - c. Bills with Active Positions Taken by the Board
 - i. AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses
 - ii. AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction
 - d. Bills with Recommended Watch Status
 - i. AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions
 - ii. AB 1308 (Ting) Arrest and conviction record relief
 - iii. AB 1795 (Fong) Open meetings: remote participation
 - iv. AB 2600 (Dahle) State agencies: letters and notices: requirements
 - v. AB 2790 (Wicks) Reporting of crimes: mandated reporters
 - vi. SB 731 (Durazo) Criminal records: relief
 - vii. SB 1237 (Newman) Licenses: military service
 - viii. SB 1365 (Jones) Licensing boards: procedures

14. 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)
15. Future Agenda Items

CLOSED SESSION

16. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

OPEN SESSION

17. 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) 287-7915 or making a written request to Cherise Burns, Assistant Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

WEBEX FEATURES FOR PARTICIPANTS

Note: The following features and functions reflect only those relative to participant end user interface and functionality. For programs who desire to moderate/co-moderate their own meetings, SOLID can provide training and materials to reflect features and functions associated with these roles.

Joining a Webex Event

Navigate to the WebEx event using the link provided by the DCA entity via an internet browser. Webex will, in some instances, auto-populate name fields upon sign-in. As a result, some individuals may be automatically logged into the meeting with a Webex generated name (examples below).



Note: It is important for individuals to update the name fields when logging in to correctly reflect their identity to assist the moderator in identifying meeting participants. While we do not require the public to identify themselves, this is particularly important for staff, members, and presenters.

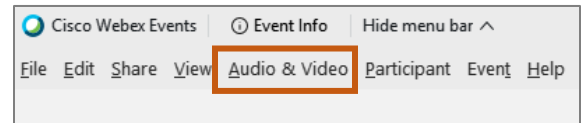
The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again. Click on “Join Now” (do not click “Join by browser”).

Audio

You can select to use either your computer speaker/microphone, a headset, or your phone for audio.

To utilize your phone:

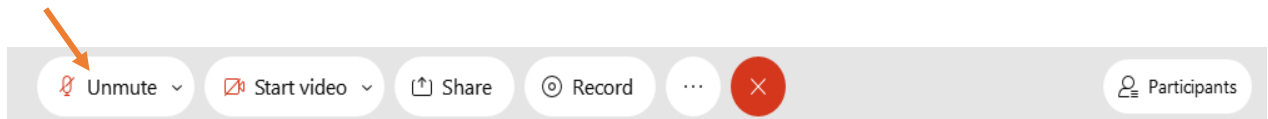
- Click on “Audio & Video” from the menu bar
- Select “Switch Audio”
- Select the “Call In” option and follow the directions



Note: If you connected your audio through your phone, your mute and unmute button should be controlled from your computer or tablet. If you are having trouble unmuting yourself, you may be muted through your phone.

Microphone Indicators

Click on the microphone icon to mute and unmute yourself. You can also mute and unmute yourself using microphone icon next to your name from the participant panel.

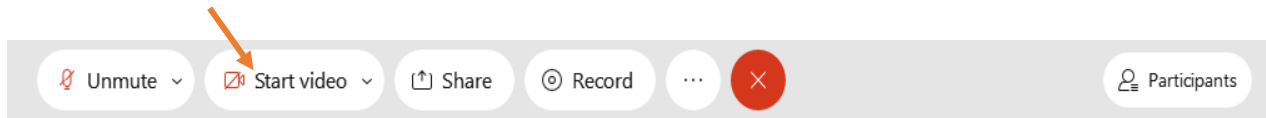


The green microphone indicates your microphone is open and meeting participants can hear you. If your microphone is red, you are muted.



Camera Indicators

Click on the video icon to turn your camera on and off.

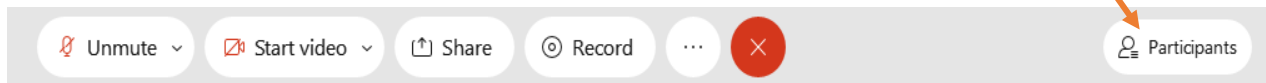


The green camera indicates your camera is on and meeting participants can see you. If your camera is red, your camera is off, and you cannot be seen.



Meeting Participants

To see who is in the meeting, you can access the participant list by clicking on the participant icon on the command row.

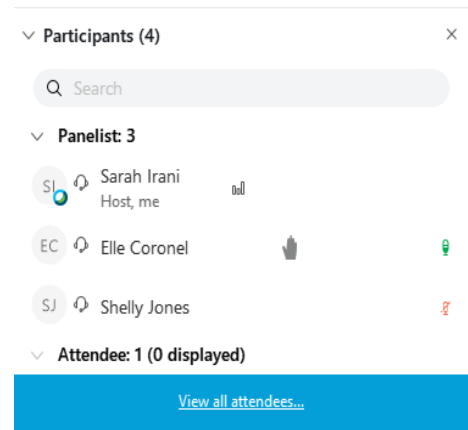


By clicking on this icon, it should display the participant list on the right side of your screen.

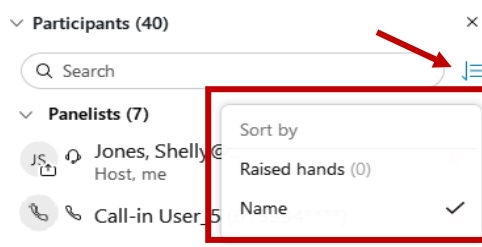
This is an example of a participant list that will display on the right side of your screen.

Icons will appear next to individual names to indicate if they are muted, speaking or background noise, or have their hand raised.

This is helpful to distinguish who is speaking or who is trying to contribute to the conversation. In addition, it is helpful if you state your name before speaking.

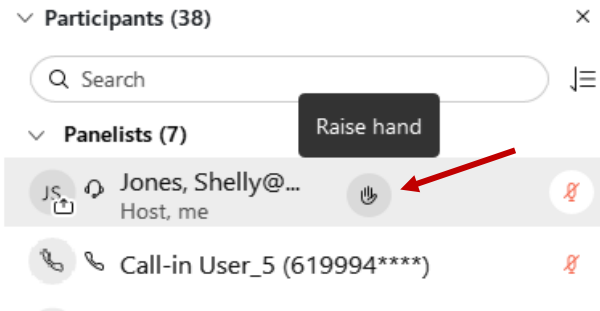


The panelist list has a “sort” feature, which can be located to the right of the search field in the participant panel. Clicking on the sort icon allows the list of panelists to be sorted by either name or raised hands. This feature can be particularly useful for programs who utilize the hand raise feature for discussion.



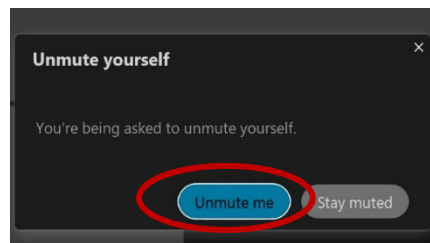
Hand Raise Feature

The hand raise feature is now located next to each participant's name in Webex, both for panelists and attendees. Participants can click the hand icon next to their name to raise and lower their hand.



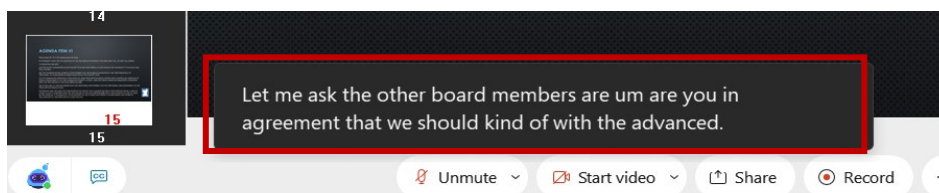
Unmuting Microphones

When the moderator unmutes a participant's microphone, Webex will prompt the participant to unmute themselves. The participant must click the displayed "Unmute me" button to unmute their microphone.

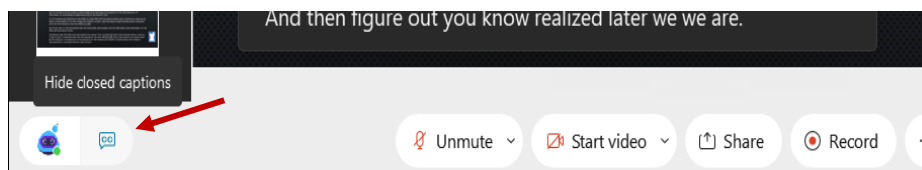


Closed Captioning

Webex provides real-time closed captioning that are displayed in a dialog box within the Webex screen. Participants can click on the dialog box and drag it to any location on the Webex screen.

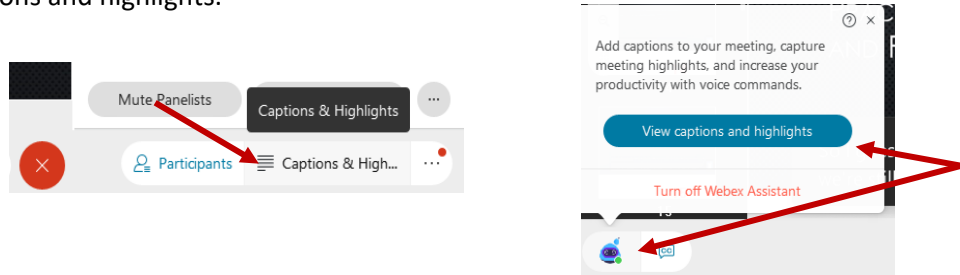


The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



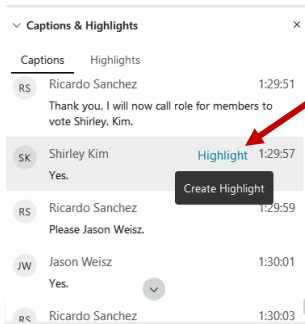
Closed captioning can be viewed in a transcript style that displays the captions by speaker. You can enable and disable this feature through either the participant panel or the Webex Assistant.

- To access this feature via that participant panel, click on the 3 dots at the bottom of the participant panel and select Captions and Highlights
- To use the Webex Assistant, hover over the robot icon on your screen and select either View or Hide captions and highlights.



“Highlighting” is a feature of Webex closed captioning that provides a valuable tool for program staff by allowing quick and easy access to important information, such as motions, votes, action items, or any other caption that contains pertinent information that the program may need to revisit or reference.

To highlight a caption, hover over the caption and click Highlight.



You can also undo a highlight by hovering over a previously highlighted caption and clicking Unhighlight.



MEMORANDUM

DATE	April 29, 2022
TO	Hearing Aid Dispensing Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 3: Discussion and Possible Action to Amend or Adopt Regulations Regarding Continuing Education Requirements for Hearing Aid Dispensers (As Stated in Title 16, CCR sections 1399.140, 1399.140.1, and 1399.144)

Background

From a regulatory perspective, Continuing Education (CE) requirements are intended to protect California consumers by ensuring that licensees stay current with their skills, knowledge, abilities, and the new technologies required to dispense hearing aids safely and competently. Through CE, licensees also learn ways to enhance the services they provide to consumers while maintaining ethical practices.

The last time changes to the regulations on CE requirements were made was in 2016 when the Board increased the CE requirements for licensed hearing aid dispensers from nine (9) hours to twelve (12) hours per renewal cycle, established a maximum number of CE hours that may be obtained in related or indirect client care courses, and provided a specified number of CE hours that may be obtained in self-study. In May of 2021, the Board reviewed current CE requirements for Hearing Aid Dispensers and determined that additional revisions to these requirements were merited and delegated the review of these requirements to the Hearing Aid Dispensing Committee (Committee). In October 2021, the Committee provided Board staff guidance on amendments to consider and requested additional information be gathered on CE requirements in other states and previously denied CE courses.

In accordance with the direction of the Committee, staff has developed draft regulatory language for the Committee’s consideration. Staff has also identified additional changes for the Committee’s consideration.

Summary of Changes

The most recent proposed changes are highlighted in yellow and include the following:

- Cross-reference to exemptions under 1399.140 were added to make it consistent with regulations this Board has for the practices of speech-language pathology and audiology.
- The CE hours under 1399.140(a)(1) was amended per the Committee's discussion in October 2021.
- Gendered phrase was replaced for a non-gendered term under 1399.140(c).
- Subsection (e) was removed as there is no statutory authority to permit this exemption (Business and Professions Code (BPC) Section 2538.18).
- The expiration period under 1399.140(f) was amended to make it consistent with statutory language (BPC Sections 2538.54 and 2538.56).
- The following new subsections are suggested to make it consistent with regulations this Board has for the practices of Speech-Language Pathology and Audiology or with statute.
 - CE requirements for out-of-state applicants
 - CE credit for courses taught by the licensee
 - CE credit for examination development or administration, the Committee should determine the maximum amount of CE hours allowed for examination development or administration
 - Credit for CE courses required as a condition of probation
- The CE course content was amended per the Committee's discussion in October 2021.
- Waivers to CE requirements were amended to make it consistent with regulations this Board has for the practices of Speech-Language Pathology and Audiology.

Action Requested

Staff recommends the Committee review and discuss the provided materials and draft regulatory language. If the Committee finds the draft regulatory language acceptable, the Committee may wish to recommend the draft regulatory language for consideration by the full Board.

- Attachment A: HAD CE Requirement Proposed Language
- Attachment B: States Permitting Hearing Aid Dispensing – CE Requirements
- Attachment C: Summary of Denied CE Courses

**Proposed Language
HAD Continuing Education (CE) Requirements**

§ 1399.140. Continuing Education Required.

(a) ~~Any hearing aid license that expires on or after July 1, 2017~~Except as provided in Section 1399.144, a licensee who holds a hearing aid dispenser license, when applying for license renewal, is required to complete at least twelve (12) hours of continuing education from a provider approved under Section 1399.141 during each annual renewal period.

(1) No more than ~~three (3)~~four (4) hours of continuing education may be credited in related or indirect client care courses as provided in Section 1399.140.1.

(2)(A) No more than six (6) hours of the required continuing education may be credited for self-study or correspondence-type coursework, e.g., recorded courses, home study materials, or computer courses.

(B) Self-study does not include live courses. A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course affords participants the opportunity to interact with an instructor and/or other course participants.

(b) Records showing completion of each continuing education course shall be maintained by the dispenser for two (2) years following the renewal period in which it was earned.

(c) Each dispenser renewing ~~his or her~~their license under the provisions of Section 2538.53 of the Code shall be required to submit proof satisfactory to the Board of compliance with the provisions of this article. Records shall be provided to the Board in response to a compliance audit.

(d) Verification of compliance shall be documented at the time of license renewal on a form provided by the Board.

~~(e) This article shall not apply to any dispenser who is renewing a license for the first time following the issuance of an initial permanent license.~~

~~(e)~~ Any person whose hearing aid dispenser's license has been expired for ~~two years or more~~less than three years shall complete the required hours of approved continuing education for the prior two years before such license may be restored.

(f) Applicants for initial licensure who are licensed in another state and apply for licensure in this state are not required to complete any California continuing education hours until their first renewal.

(g) If a licensee teaches a course approved under Section 1399.141, the licensee may claim credit for the same course once per renewal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.

(h) If a licensee serves the Board as a selected participant in Board sponsored examination development or examination administration related functions, the licensee may receive up to X (X) hours of continuing education credit for each day of service. The licensee may claim credit for examination development or administration related functions once per renewal period. A licensee who receives approved continuing education credit as set forth in this paragraph shall maintain a record of hours served for submission to the Board.

(i) A licensee who takes a continuing professional development course as a condition of probation resulting from disciplinary action by the Board may not apply the course as credit towards the continuing education requirement.

Note: Authority cited: ~~Section~~Section 2531.06 and 2538.18, Business and Professions Code. Reference: ~~Section~~Sections 2538.18 and 2538.54, Business and Professions Code.

§ 1399.140.1. Continuing Education Course Content.

(a) The content of a continuing education course shall pertain to direct, related, or indirect patient/client care. ~~Course content shall not focus on equipment, devices, or other products of a particular publisher, company, or corporation.~~

(1) Direct client care courses cover current practices in the fitting of hearing aids. This may include content on the fitting, programming, and troubleshooting of equipment, devices, or other products of a particular manufacturer or company only as it relates to benefitting a client's hearing and functional use of the equipment, device, or product.

(2) Indirect patient/client care courses cover practical aspects of hearing aid dispensing (e.g., legal or ethical issues (including the ethics of advertising and marketing), consultation, record-keeping, office management, and managed care issues).

(3) Courses that are related to the discipline of hearing aid dispensing may cover general health condition or educational course offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, service delivery models, interdisciplinary case management issues, or medical pathologies that also result in hearing difficulties.

(b) Examples of courses that are considered outside the scope of acceptable course content include, but are not limited to:

(1) ~~personal~~Personal finances and business matters, marketing and sales, and office operations that are not for the benefit of the consumer; and

(2) Course content focused on marketing, launching, or demonstrating the marketability of equipment, devices, or other products regardless of whether it focuses on a particular manufacturer's or company's equipment, devices or products.

Note: Authority cited: SectionSection 2531.06 and 2531.95, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

§ 1399.144. ~~Waiver of Requirement~~Exemptions from Continuing Education.

~~(a) The Board may, in its discretion, exempt from the continuing education requirements, any dispenser who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted to the Board for its consideration.~~A licensee is exempt from the continuing education requirement if their license is inactive pursuant to Sections 703 and 704 of the Code.

(b) A licensee may submit a written request for exemption from the continuing education requirement for any of the reasons listed below. The Board will notify the licensee, within thirty (30) working days after receipt of the request for exemption, whether the exemption was granted. If the request for exemption is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. The Board shall grant the exemption if the licensee can provide evidence, satisfactory to the Board, that:

(1) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) During the licensee's previous renewal period, the licensee or an immediate family member, where the licensee has primary responsibility for the care of that family member, was suffering from or suffered a disability. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The disability shall be verified by a licensed physician or psychologist with special expertise in the area of disability. Verification of the disability shall include:

(A) the nature and extent of the disability;

(B) an explanation of how the disability hinders the licensee from completing the continuing education requirement; and

(C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.

(bc) Any dispenser who submits ~~an application for a waiver~~ a written request for exemption, which is denied by the Board, shall otherwise comply with the provisions of this article or be subject to the sanctions for noncompliance set forth in Section 1399.142.

Note: Authority cited: ~~Section~~ Section 2531.06 and 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
1. Oregon Health Authority – Advisory Council on Hearing Aids	Annual	12 hours minimum, excess may not be carried forward.	None allowed under normal conditions. No limits under state of emergency declared by the Governor for COVID-19 pandemic and up to 60 days after the state of emergency ends.	OAR 331-485-0005 OAR 331-030-0036	<ul style="list-style-type: none"> • CE must address subject matter related to dealing in hearing aids and obtained through a course provided by an accredited college or university, a course or program approved by the International Hearing Society (IHS), or an Office pre-approved course or program. • Once every two years, must complete a two-hour course in Safety and infection Control. • Attestation on the license renewal application. Maintain documents at least 2 years after renewal for periodic audit. • Under state of emergency, self-study includes the following: <ul style="list-style-type: none"> ○ Online courses, webinars, and correspondence courses; and ○ Review of publications, textbooks, journals or printed material; and ○ Viewing of films, videos, or slides or listening to audio recordings; and ○ Other similar activities and if in person, consistent with executive orders and state agency guidance applicable to the time and location where the authorization holder engages in the activity.

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
2. Utah Division of Occupational and Professional Licensing – Hearing Instrument Licensure	Biennial	16 hours minimum	Limitations set by: <ul style="list-style-type: none"> • American Speech-Language-Hearing Association (ASHA) • American Academy of Audiology (AAA) • International Hearing Society (IHS) 	R156-46a-304	<ul style="list-style-type: none"> • Courses related to practice of hearing instrument specialist and approved by: <ul style="list-style-type: none"> ○ American Speech-Language-Hearing Association (ASHA) ○ American Academy of Audiology (AAA) ○ International Hearing Society (IHS) • Confirmation on the license renewal application. Maintain documents at least 2 years from the end of the renewal period for periodic audit.
3. Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board	Annual	15 hours minimum, excess may not be carried over/counted for the next year. <i>Note: There are proposed changes to reduce this to 10 hours.</i>	No limits.	NAC-637B.400 through 637B.430	<ul style="list-style-type: none"> • Pertains to the profession in which the individual holds a license • All courses deemed approved when provided by the following: <ul style="list-style-type: none"> ○ International Institute for Hearing Instruments Studies (IIHIS) of the International Hearing Society (IHS) ○ American Academy of Audiology (AAA) ○ American Speech-Language-Hearing Association (ASHA) ○ Academy of Doctors of Audiology (ADA) ○ Educational Audiology Association (EAA) • Acceptable activities: <ul style="list-style-type: none"> ○ Course or program conducted by a university, school district, hospital or similar entity.

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
					<ul style="list-style-type: none"> ○ Workshop, seminar, demonstration, meeting or lecture. ○ Presenting a workshop, seminar or similar function. No more than 8 hours for presentation and no more than 4 hours for preparation per renewal. ○ Publication of material in a professional journal or equivalent periodical or work. No more than 8 hours per renewal. ○ Participation in an observation/visit as part of a clinical program with prior approval from the Board. ○ Completion of an Internet course that includes a pass/fail test or grade. ○ Written request for CE not listed. If not granted, Board may allow additional time to complete CE. ● CE exemption for first time renewal. ● List CE activities on the license renewal application. Maintain documents at least 3 years after completion for random audits.
4. Idaho Division of Occupational and Professional Licenses- Speech, Hearing and Communication Services	Annual	30 hours minimum from the three (3) years prior to the license expiration date, excess	No limits.	IDAPA Rule 24.23.01.400	<ul style="list-style-type: none"> ● Obtained in areas of study germane to the practice and from a Board-approved CE program. ● No more than 3 hours per exam up to a total of 6 hours per renewal for proctoring the examination administered by the Board. ● CE requirement waived for first renewal after initial licensure.

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
Licensure Board		hours may be carried for a maximum of 10 hour.			<ul style="list-style-type: none"> • Certify on the license renewal application. Maintain documents for audit.
5. Arizona Department of Health Services – Public Health Licensing Services	Biennial	24 hours minimum.	No more than 16 hours.	ARS 36-1904 AAC R9-16-309	<ul style="list-style-type: none"> • At least 8 hours must be in-person and offer hands-on opportunity. This may be waived under a public health state of emergency. • No more than 8 hours sponsored by a single manufacturer. • No more than 8 hours on current on business or client service practices or trends in the profession. • Course developed, endorsed, or sponsored by <ul style="list-style-type: none"> ○ Hearing Healthcare Providers of Arizona, ○ Arizona Speech-Language-Hearing Association, ○ American Speech-Language-Hearing Association (ASHA), ○ International Hearing Society (IHS), ○ International Institute for Hearing Instruments Studies (IIHIS), ○ American Auditory Society (AA), ○ American Academy of Audiology (AAA), ○ Academy of Doctors of Audiology (ADA), ○ Arizona Society of Otolaryngology, Head and Neck Surgery,

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
					<ul style="list-style-type: none"> ○ American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), or ○ An organization determined by the Department ● Attestation on the license renewal application. Maintain documents for random audit.
6. New Mexico Regulation & Licensing Department – Speech-Language Pathology, Audiology, and Hearing Aid Dispensing Practices Board	Biennial	20 hours minimum	No limits.	16.26.5 NMAC NMSA Article 14B	<ul style="list-style-type: none"> ● Must be in the field of licensure, or in a related field if justified to the Board. ● Board has final authority on acceptance any CE submitted. ● Board approves CE sponsored or approved by a national or state professional association, and all other proposed educational programs or seminars. ● Prorated for first time renewals that are less than 12 months. ● Attestation on the license renewal application. Maintain documents at least 2 year after renewal for random audit.
7. Washington Department of Health - Health Systems Quality Assurance	Every Three (3) years	30 hours minimum, excess cannot be carried forward to the next reporting cycle.	No limits	WAC 246-828-510 WAC 246-12 Part 7 18.35 RCW	<ul style="list-style-type: none"> ● Acceptable activities: <ul style="list-style-type: none"> ○ Courses, seminars, workshops and postgraduate programs offered by accredited educational institutions or by profession-related organizations or industries offering continuing clock or CE units. ○ Attendance at a CE program having a featured speaker(s) or panel provided by, sponsored by, or endorsed by a

States Permitting Hearing Aid Dispensing – CE Requirements

State	Renewal Period	Required Hours	Self-Study Limitations	State Codes	Other Requirements
					<p>profession-related organization or industry.</p> <ul style="list-style-type: none"> ○ A speaker or panel member in a CE program provided by, sponsored by, or endorsed by a profession-related organization or industry. No more than 8 hours for both presentation and preparation allowed per renewal. ○ Completion of a written, video, internet, or audio CE program provided by, sponsored by, or endorsed by a profession-related organization or industry. Only programs with proof of completion or graded tests accepted. ● At least 1 hour related to infection control. ● No more than 5 hours may be counted for Multicultural education (i.e., removing barriers to access) . ● At least 25 hours related to related to profession. ● Attestation on the license renewal application. Maintain documents for random audit. ● New requirements: 1 hour in Telepractice, and 1 hour in Health Equity

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2021	Medicare and OTC: Rumors, Truths and Plans	<ul style="list-style-type: none"> • Explain the regulatory changes for Medicare and Over the Counter Hearing Aids • Identify key dates for when changes take effects • Apply learning to provide better care for patients 	Business Focus	One hour	Live, In-person	None provided
2021	Managing and Maximizing Managed Care	<ul style="list-style-type: none"> • Describe the impact of insurance on the hearing health care industry • Identify ways that (...) and (...) can work together to advocate for excellence patient experience 	Business Focus	One hour	Live, In-person	None provided
2021	Free Trials	<ul style="list-style-type: none"> • Identify patient(s) for free trail • Describe free trail program 	Business Focus	One hour	Live, In-person	None provided
2021	Unbundling – Is it Right for Your Practice? – 1 Hr.	<ul style="list-style-type: none"> • Summarize current price models being used • Summarize how itemizing helps determine referral network and managed care programs • Identify how their working time is spent and what it is worth • Identify the steps to determine hourly break-even and desired profit • Summarize and review service packages 	Business Focused	One hour	Live, Online	AAA, 0.1
2021	Smart Scheduling – 0.5 Hr.	<ul style="list-style-type: none"> • Identify and analyze how many hearing aid evaluation are needed in deigning their patient schedule • Summarize patient schedule best practice techniques • Demonstrate how to build a patient schedule 	Business Focused	Half hour	Live, Online	AAA, 0.05

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2021	(...) Partner Success Summit – 10 Hrs.	<ul style="list-style-type: none"> • Summarize entire patient journey from beginning to end and how it affected individual businesses • Described the change of patient perception towards the healthcare industry (the rise of health care consumerism) and how it effects our field • Identify and summarize why the patient experience is the most important thing in our field today, how to implement it and how it can affect your business • Summarize the importance of front office personnel executing their KPIs and optimizing the schedule for efficiency • Define the importance of tracking KPIs and the effects, both positive and negative, it can have on your business • Identify the importance of having a strong digital presence, how to ensure you have that presence and the effect it can have on your business • Summarize importance of establishing a patient recall program for those patients who choose not to received care at your office and the effect, both positive and negative that it can have on your business 	Business Focused	Ten hours	Live, Online	AAA, 1.0
2021	Mining your Database for Patient Retention – 1 Hr.	<ul style="list-style-type: none"> • Summarize the importance of patient retention • Describe how to create a patient retention program • Summarize how and what to track from your database 	Business Focused	One hour	Live, Online	AAA, 0.1
2021	Differentiating your Practice – 1 Hr.	<ul style="list-style-type: none"> • Summarize the rise of consumerism in healthcare • Describe why your brand is important • Apply techniques for assessing your brand • Described how to assess the pre-purchase journey 	Business Focused	One hour	Live, Online	AAA, 0.1

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2021	Managed Care, Pricing & Offering – 1 Hr.	<ul style="list-style-type: none"> Examine consumer perspectives on rechargeable solutions Describes new consumer strategies to run a more sustainable business Discuss ways to help you grow and how (...) will support you in the process 	Business Focused	One hour	Live, In-person	None provided
2021	Analytical Insights to Drive Performance Improvement – 1 Hr.	<ul style="list-style-type: none"> Explain key performance indications and their impact on customer experience Demonstrate the ability to find and analyze key performance indicators (KPIs) Identify actions to support KPI improvement 	Business Focused	One hour	Live, In-person	None provided
2021	Practice Management in these COVID Times – 1.25 Hrs.	<ul style="list-style-type: none"> List the most important business KPIs and outline how to track business activity to improve profitability Identify three common mistakes that can impact business performance Outline specific goals and incentives that will help a business stay on track 	Business Focused	1.25 hours	Live, Online	None provided
2020	Accountability	<ul style="list-style-type: none"> Address performance opportunities by providing clear, constructive feedback on specific areas where improvement is needed Differentiate between accountable behaviors and statements versus victim behaviors and statements Leverage accountability to improve hearing aid fitting outcomes for those we serve 	Course content information not related to the fitting of Hearing Aids	One hour	Live, Online	None provided
2020	Serve	<ul style="list-style-type: none"> Demonstrate how to build patient rapport with verbal and non-verbal means of communication Differentiate a fixed mindset vs a growth mindset Apply BLT of effective communication to address total performance 	Course content information not related to the fitting of Hearing Aids	One hour	Live, Online	None provided

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2020	Inventory Movement: Special Order vs. In-Line Inventory	<ul style="list-style-type: none"> • Give reasons for inventory discrepancies • Evaluate inventory discrepancies using different office management options • Related minimizing discrepancies and efficiency improvements back to member services goals 	Course content information not related to the fitting of Hearing Aids	One hour	Live, Online	None provided
2020	(...) Marketing Planning	<ul style="list-style-type: none"> • Learn the 2021 marketing calendar planner and a targeted method to develop an integrated marketing calendar • Execute calendar using all tactics effectively and on budget • Learn (...) marketing waterfall projection tool that features key benchmark data to help make informed spending decisions 	Course content information not related to the fitting of Hearing Aids	One hour	Live, In-person	AAA, 0.1
2020	Palm Springs Hearing Seminars, Session 1: Virology	<ul style="list-style-type: none"> • Define virus and describe fundamental properties/attributes of viruses • Discuss clinical characteristics of COVID 19, lessons learned from key outbreaks, and public health recommendations for slowing the spread of the virus • Explain the current status on inner ear gene therapy highlighting strategies for treating hearing loss using gene replacement, gene editing and base editing techniques 	Course content information not related to the fitting of Hearing Aids	Three hours	Live, Online	None provided
2020	Building a Clinic from Scratch	<ul style="list-style-type: none"> • Define Lean Startup Method • Describe the SBA loan process • Apply processes necessary to start a new clinic 	Does not pertain to the scope of practice	Two hours	Live, In-person	None provided
2020	Overcoming Objections	<ul style="list-style-type: none"> • Identify why people object and how to uncover the true objections • Describe best practices for utilizing system data to coach and support staff • Demonstrate the process of overcoming objections 	Does not pertain to the scope of practice	One hour	Live, In-person	None provided

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2020	Financing	<ul style="list-style-type: none"> • Explain the benefits of the new “Guaranteed” finance program • Recall important financing terms & conditions • Described the financing options available • Manage patients in choosing the more beneficial option 	Does not pertain to the scope of practice	One hour	Live, In-person	None provided
2020	Succession Planning	<ul style="list-style-type: none"> • Describe the transfer approval process as required in the Franchise agreement • Prepare for business valuation • Respond to due diligence requests from potential buyers 	Does not pertain to the scope of practice	One hour	Live, In-person	None provided
2021	Digital Marketing 101 – 1 Hr.	<ul style="list-style-type: none"> • Identify tools to make your business more accurately represented and optimized in digital space • Identify appropriate and engaging social media content to help enhance your brand and gain followers • Build and implement a clear plan of action in order to improve search engine rankings and social media presence 	Marketing	One hour	Live, In-person	AAA, 0.1
2020	How to Maximize Third Party Referrals	<ul style="list-style-type: none"> • Summarize the prevalence of Third-party Referral Networks (TPRN) in the hearing industry • Summarize the benefits of (...)’s unique features for TPRNS • Evaluate the financial impact on your business to participate with TPRNs 	Outside the scope of acceptable course content	One hour	Live, Online	AAA, 0.1

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2020	(...) A New World of Patient Benefits	<ul style="list-style-type: none"> Describe new features that optimize sound quality, localization, and hearing in noise that are available with (...) hearing technology Define the advantages and benefits of the (...) technology in the competitive landscape Be able to describe the competitive key features with objection handling suggestions List patient and provider benefits of the (...) Product features 	Product Focused	One hour	Live, Online	ASHA, 0.1
2020	(...) Connect, Live Love with Power and Custom Hearing Aids	<ul style="list-style-type: none"> List the key features of the (...) products Described the processes for building a custom device Identify good candidates for the various (...) devices 	Product Focused	One hour	Live, Online	None provided
2021	(...) – 1 Hr.	<ul style="list-style-type: none"> Described the audiological features of the (...) system that provides better speech understanding in noise, improved all around perception and better speech identifications in varied listening environment Described the audiological features of the (...) family Compare and Contrast user benefits for each of the two technology levels 	Product Focused	One hours	Various	None provided
2021	(...) – 2 Hrs.	<ul style="list-style-type: none"> Described the audiological features of the (...) system that provides better speech understanding in noise, improved all around perception and better speech identifications in varied listening environment Described the audiological features of the (...) family Complete a first fit scenarios using (...) fitting software Summarize key features and discuss end user benefits of the (...) app enhancements 	Product Focused	Two hours	Various	None provided

Summary of Denied Continuing Education (CE) Courses

Note: Names of products or manufacture were omitted using (...)

Calendar Year	Course Title	Goals and Objectives of the Course	Reason for Denial	Number of CE Hours	Format	Hours Accepted By
2021	(...) Product Portfolio – 1 Hr.	<ul style="list-style-type: none"> • Identified form factor available for Microphone-in-helix (MIH), Wireless and Tinnitus product line • Identified advanced features and appropriate fitting population for wireless products • Described best practice for first fit software techniques when selecting and order (...) products 	Product Focused	One hour	Various	None provided
2021	(...) Product Portfolio – 2 Hrs.	Goals and Objectives for the 1 Hr. is the same for the 2 Hrs.	Product Focused	Two hours	Various	None provided



MEMORANDUM

DATE	May 4, 2022
TO	Hearing Aid Dispensing Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 4: Discussion and possible action to Amend and Adopt regulations regarding Examination Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, CCR sections 1399.120, 1399.121, 1399.122, and 1399.152.4)

This proposed regulatory package is a combination of two Board-approved languages that has been amended to include changes identified by Board staff and the Department of Consumer Affairs (DCA) Legal Counsel and requires Board review and approval. This proposed regulation will align regulations with current Hearing Aid Dispenser (HAD) examination processes and streamline licensure for Dispensing Audiologists who have extensive clinical and professional training.

Background

In 2018, the Board requested the DCA, Office of Professional Examination Services (OPES), to conduct an OA of the audiology practice in California. In accordance with Business and Professions Code (BPC) 2539.1 during the Occupational Analysis, the Board reviewed the licensure and examination requirements for dispensing audiologists. At the May 2018 Board meeting, the OPES presented the 2017 OA of the Audiology professions. The presentation included information regarding OPES’ analysis of the examinations required for licensure of dispensing audiologists. Based on their analysis, OPES determined that audiologists wishing to dispense hearing aids should not have to take the hearing aid dispensers’ practical examination and recommended that the Board evaluate whether the practical examination was creating an unnecessary barrier to licensure.

At its August 2018 meeting, the Board evaluated the current examination requirements for dispensing audiologists and considered whether a different examination should be administered or if the current examinations are appropriate based on the information that was provided by OPES. DCA Programs and Policy Review and OPES discussed the OA’s findings and analysis regarding the Board’s practical examination requirement for dispensing audiology licensure. Based on the analysis and the information provided, the Board approved a motion to accept the

OPES' recommendation to remove the practical examination for dispensing audiologists and direct staff to work with DCA Legal and OPES to draft regulation language to implement this change and bring to the next board meeting. Due to limited staff resources and the COVID-19 pandemic, this regulatory package has been delayed since 2018.

On July 29, 2021 Board staff submitted the adopted proposed text to DCA prior to initiating the pre-review process. DCA Legal Counsel identified changes to the regulatory language for review and discussion by the Board. DCA Legal Counsel found the current regulations for the HAD examinations lacked clarity for the proposed language on dispensing audiologist examination requirement and recommended changes to the HAD examinations section. The Board had approved changes to the Examinations that Board staff were able to use to address some of DCA Legal's concerns. This language was originally approved in response to the 2016 Sunset Review Report on existing statutes that hinders the efficient and effective processing of applications and/or examinations. The Board reported confusing or obsolete regulations that are no longer relevant to current training, education, or technologies and create barriers to licensure. The Board further reported that the current regulatory language for HAD examinations were restrictive to Board staff in managing applications in a timelier manner. By combining the two proposed text as one, the Board seeks to reduce as many unnecessary barriers to licensure as possible.

Summary of Changes

The most recent proposed changes are highlighted in yellow and include the following:

- Section 1399.120 was renamed and amended to remove outdated language regarding the written examination, update the application filing period and examination capacity, and specify application requirements.
- Section 1399.121 was renamed and the paragraph numbered to add additional provisions regarding the written examination in a similar format to section 1399.120.
- The meaning of "current licensing requirements for an audiology license" was clarified by citing the BPC sections that specify the Audiology licensing requirements.
- The meaning of "written examination" was clarified to say that this regulation makes specific that the Board-approved examination required in BPC Section 2539.1(a)(1) is the written examination provided by the Board under section 1399.121.

Action Requested

Staff recommends the HAD Committee review and discuss the provided materials. The HAD Committee may wish to recommend that the full Board approve the regulatory language and initiate the rulemaking process.

Attachment A: HAD and DAU Examination Requirement Proposed Text
Attachment B: HAD Examinations Proposed Text as Adopted October 27, 2017
Attachment C: DAU Examination Requirement Proposed Text as Adopted
November 29, 2017
Attachment D: 2020 HAD Written Examination Outline
Attachment E: 2020 HAD Practical Examination Outline

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

PROPOSED REGULATORY LANGUAGE
Hearing Aid Dispensers and Dispensing Audiologists
Examination Requirements

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1399.120 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.120. ~~Examinations.~~ Practical Examination.

~~(a) Either essay type or objective type examinations or both may be used in any one or more of the subject areas in which an applicant is to be examined.~~

~~(b) Each applicant is forbidden to place any identification marks on or in any of the answer sheet or to reveal his or her name to any examiner.~~

~~(c) The applicant is forbidden to take the questions from the examination room or make any record of the questions.~~

~~(d)~~ Anyone cheating will be removed from the examination room.

(e) An applicant who wishes to take the practical examination, which is administered by the Board, shall file a completed application with the Board as specified in subsection (e) not sooner than 51 days nor during a 10 day filing period fixed and posted by the Board on its website at www.speechandhearing.ca.gov and such filing period shall occur no later than 360 days prior to the date set for the examination for which application is made. Applications will be accepted in the order received by the Board, provided, however, that a maximum number of allowable applicants of fifty applicants will be scheduled for any administration of the practical examination. The “maximum number of allowable applicants” is the number of applicants who the Board determines can take the examination based upon health and safety considerations and the availability of examination space and examiners. Applications will be returned to all those who are not within the first fifty maximum number of allowable applicants and the Board shall, at least 14 days prior to the date set for the examination, provide the applicant with written notice of the reason their application is being returned and the need to reapply during the next filing period.

(f) The practical examination shall cover the procedures and use of instruments and

equipment commonly employed in the fitting and selling of hearing aids, including but not limited to:

- (1) Otoscope for the visual examination of the entire ear canal;
- (2) Pure tone ~~discreet or sweep~~ discrete frequency threshold type audiometer with air and bone conduction and appropriate masking circuitry;
- (3) Appropriate equipment for establishing ~~speech reception threshold~~ Speech Recognition Threshold (SRT) and ~~speech discrimination scores through~~ word recognition scores (WRS) under headphones and/or sound field media by recorded or live voice;
- (4) ~~Calibrated sound pressure instruments, master hearing aids, and any and all types of hearing aid simulators;~~
- (5) ~~Equipment designed for the evaluation and testing of hearing aid performance;~~
- (6) ~~Stethoscope~~ Hearing aid stethoscope or other listening device.

(gd) An applicant shall furnish all equipment and materials necessary for the practical examination, and shall ~~either bring a subject for the ear impression and audiometric assessment portions of the practical examination, or shall serve as such a subject for a subsequent examinee.~~

(e) A completed practical examination application submitted to the Board shall include:

- (1) A non-refundable examination fee of five hundred dollars (\$500);
- (2) Applicant's full legal name, telephone number, address of record, date of birth of the applicant;
- (3) Applicant email address, if any;
- (4) The applicant shall disclose whether the applicant is serving or has previously served in the United States military.
- (5) The applicant shall disclose whether the applicant is an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(6) The applicant shall disclose whether already hold a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district or territory, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(B) A copy of their current license in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) The applicant shall disclose whether the applicant was admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a Special Immigrant Visa (SIV). If the applicant affirmatively states they meet any of these criteria, they shall provide the applicable documentation below with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the "SI" or "SQ";

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) Exam date and filing period;

(9) Type of license applicant is applying for, and if applicable, the license type and number of any other Board the applicant may hold;

(10) Information on whether the applicant has taken the practical examination in the past five years and which portions of the exam were failed, if re-taking the examination;

(11) Any request for accommodation for disability pursuant to the Americans with Disabilities Act. If the applicant requests an accommodation, the applicant shall provide the following:

(A) A written statement describing the accommodation sought and stating the medical condition necessitating the accommodation; and,

(B) Documentation, such as an original letter on letterhead from the applicant's physician, which includes the nature of the disability, recommendation for the accommodation requested by the applicant, and the physician's signature, must be submitted.

(12) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Sections 115.4, 115.5, 135.4, 2538.25, and 2538.57, Business and Professions Code

Amend section 1399.121 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.121. ~~Inspection of~~Written Examination Papers.

(a) An applicant who wishes to take the Board's written examination shall file a completed application as specified in subsection (e) with the Board.

(b) The written examination shall cover the applicant's knowledge as applied to job activities commonly employed in the fitting and selling of hearing aids, including:

(1) Evaluating and interpreting audiometric test results,

(2) Assessing client history and hearing ability (through audiometric testing),

(3) Selecting and evaluation of hearing aids,

(4) Fitting a hearing aid and providing the instructions on care and use

(5) Troubleshooting and evaluating hearing aids, and

(6) California state and federal laws and regulations concerning the sale of hearing aids, which shall include the legal obligation to client to adjust, replace, and refund hearing aids; and requirements of documenting hearing aid sales.

(c) ~~All written~~Written examination papers/records, including the scoring report for each applicant, shall be retained by the Board for a period of ~~three~~two years after the date of the applicant's initial licensure or abandonment of the application examination.

(d) Anyone cheating will be removed from the examination room.

(e) A completed written examination application submitted to the Board shall include:

(1) A non-refundable examination fee of two hundred twenty-five dollars (\$225);

(2) Applicant's full legal name, telephone number, address of record, and date of birth;

(3) Applicant email address, if any;

(4) The applicant shall disclose whether the applicant is serving or has previously served in the United States military.

(5) The applicant shall disclose whether the applicant is an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review: a certificate of release or discharge from active duty (DD-214) or other documentary evidence showing the date and type of discharge.

(6) The applicant shall disclose whether already hold a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another U.S. state, district or territory, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces.

(B) A copy of their current license in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) The applicant shall disclose whether the applicant was admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a Special Immigrant Visa (SIV). If the applicant affirmatively states they meet any of these criteria, they shall provide the applicable documentation below with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the "SI" or "SQ";

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) Type of license applicant is applying for, and if applicable, the license type and number of any other Board license the applicant may hold;

(9) Information on whether the applicant has taken the practical examination in the past five years and which portions of the exam were failed, if re-taking the examination; and

(10) Applicant's signature certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

(11) Any request for accommodation pursuant to the Americans with Disabilities Act. If the applicant requests an accommodation, the applicant shall provide the following:

(A) A written statement describing the accommodation sought and stating the medical condition necessitating the accommodation; and,

(B) Documentation, such as an original letter on letterhead from the applicant's physician, which includes the nature of the disability, recommendation for the accommodation requested by the applicant, and the physician's signature, must be submitted.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section s 115.4, 115.5, 135.4, 2538.25, and 2538.57, Business and Professions Code.

Amend section 1399.122 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.122. Practical Examination Appeals.

(a) An applicant who has failed the practical examination may appeal to the Board within ~~sixty (60)~~thirty (30) days following receipt of his/~~her~~their examination results. The bases for an appeal are:

(1) ~~examiner~~Examiner misconduct, which means prejudice or bias as evidenced by the statements and/or actions of an examiner; ~~and~~and/or

(2) ~~significant~~Significant procedural error in the examination process.

(b) The appeal shall be in writing, signed by the applicant, and shall specify the grounds ~~upon which~~basis of the appeal is based.

(c) An applicant will be notified in writing of the results of the appeal. ~~In acting on appeals, the Board may take such action as it deems appropriate within sixty (60) days of receipt of the written appeal by the Board.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

Add section 1399.152.4 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§1399.152.4 Dispensing Audiologist Examination Requirement

Prior to being licensed, an applicant for a dispensing audiology license shall meet the requirements in Sections 2532.2 or 2532.25 of the Code and shall successfully take and pass the written examination described in California Code of Regulations, title 16, section 1399.121 as the Board-approved examination required by Section 2539.1(a)(1) of the Code.

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2531.3, 2532.2, 2532.25 and 2539.1, Business and Professions Code.

Division 13.3. Speech-Language Pathology and Audiology and
Hearing Aid Dispensers Board of the Department of Consumer Affairs
Article 4. Examinations
Proposed Text

§ 1399.120. Examinations

(a) Either essay type or objective type examinations or both may be used in any one or more of the subject areas in which an applicant is to be examined.

(b) Each applicant is forbidden to place any identification marks on or in any of the answer sheet or to reveal his or her name to any examiner.

(c) The applicant is forbidden to take the questions from the examination room or make any record of the questions.

(e) An applicant who wishes to take the practical examination shall file a completed application with the Board, ~~not sooner than 51 days nor later than 30 days prior to the date set for the examination for which application is made. The Board will publish a minimum 10-day practical examination application filing period. A maximum number of candidates will be determined by the Board for each examination. Applications will be accepted in the order received by the Board, provided, however, that a maximum of fifty applicants will be scheduled for any administration of the practical examination. Applications will be returned to all those who are not within the first fifty applicants.~~

(f) The practical examination shall cover the procedures and use of instruments and equipment commonly employed in the fitting and selling of hearing aids, including but not limited to:

(1) Otoscope for the visual examination of the entire ear canal;

(2) Pure tone ~~discrete~~ or sweep frequency threshold type audiometer with air and bone conduction and appropriate masking circuitry;

(3) Appropriate equipment for establishing Speech Recognition Threshold (SRT) and speech word discrimination recognition scores (WRS) ~~through~~ under headphones and/or sound field media by recorded or live voice;

(4) ~~Calibrated sound pressure instruments, master hearing aids, and any and all types of hearing aid simulators;~~

(5) ~~Equipment designed for the evaluation and testing of hearing aid performance;~~

(6)(4) Hearing aid sStethoscope or other listening device.

(g) An applicant shall furnish all equipment and materials necessary for the practical examination, and shall ~~either~~ bring a subject for the ear impression and audiometric assessment portions of the practical examination, ~~or shall serve as such a subject for a subsequent examinee.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

§ 1399.121. Inspection Retention of Examination Records Papers.

All wWritten examination papers records shall be retained by the Board for a period of two years after the date of the examination.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

§ 1399.122. Practical Examination Appeals.

(a) An applicant who has failed the practical examination may appeal to the Board within ~~sixty~~ thirty (30) days following receipt of his/her examination results. The bases for an appeal are:

(1) ~~e~~Examiner misconduct, which means prejudice or bias as evidenced by the statements and/or actions of an examiner; and/or

(2) ~~s~~Significant procedural error in the examination process.

(b) The appeal shall be in writing, signed, and shall specify the grounds upon which the basis of the appeal ~~is based~~.

(c) An applicant will be notified in writing of the results of the appeal within sixty (60) days of receipt of the appeal by the Board. ~~In acting on appeals, the Board may take such action as it deems appropriate.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE
Dispensing Audiologist Exam Requirement**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Add section 1399.152.4 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.152.4 Dispensing Audiologist Examination Requirement

An applicant for a dispensing audiology license shall meet the current licensing requirements for an audiology license and shall successfully take and pass the written examination required by Section 2538.25 of the Business and Professions Code prior to being licensed.

Note:

Authority cited: Section 2531.95, Business and Professions Code.

Reference cited: Section 2538.25, Business and Professions Code.

2020 HEARING AID DISPENSER WRITTEN EXAMINATION OUTLINE

1. Equipment / Pre-visit (4%) - This content area assesses the candidate's knowledge of preparing testing equipment and environment to obtain valid and reliable test results.

<i>Task</i>		<i>Associated Knowledge Statements</i>	
T1	Verify function and calibration of test equipment.	K1	Knowledge of calibration requirements for audiometric equipment.
		K2	Knowledge of methods to perform a listening check of audiometric equipment.
		K3	Knowledge of function and procedures to operate audiometric equipment.
T2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	K5	Knowledge of methods to sanitize equipment that will be used on client.
T3	Maintain an environment that is conducive to audiometric assessment.	K6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Case History (8%) - This content area assesses the candidate's knowledge of pertinent client information to gather prior to assessment and the management of protected information.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T4	Obtain client report of symptoms.	K7	Knowledge of techniques to gather and assess client symptoms.
T5	Obtain pertinent client health and family health history.	K8	Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.
		K9	Knowledge of the effect of hearing aid use history on assessment and treatment.
		K10	Knowledge of the effect of ear surgery history on assessment and treatment.
		K11	Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.
		K12	Knowledge of health history questions to assess for conditions that may contribute to hearing loss.
		K13	Knowledge of effects of ear pathologies on hearing loss.
T6	Obtain pertinent client social and environmental history.	K14	Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.
		K15	Knowledge of lifestyle activities that could impact hearing loss and treatment.
T7	Document and maintain protected client hearing and health information.	K16	Knowledge of HIPAA laws and regulations.

3. Assessment (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>		<i>Tasks</i>		<i>Associated Knowledge Statements</i>
3.1 Pre-Assessment (2%)	T9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	K24	Knowledge of objective signs and subjective symptoms that require a medical referral.
			K25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
3.2 Assessment (16%)	T10	Develop audiometric assessment plan to accommodate client needs.	K26	Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.
			K28	Knowledge of logical order of assessment procedures.
			K29	Knowledge of issues that would require a modification to assessment procedures.
			K30	Knowledge of methods to perform sound field testing.
			K31	Knowledge of anatomical features that require a change in testing methodology.
			K32	Knowledge of methods and procedures to test clients with abnormal anatomy.
		K35	Knowledge of techniques to describe audiometric assessment procedures to clients.	
	T12	Perform pure tone air and bone conduction assessments.	K36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.
			K37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.
			K40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Assessment, continued (16%)	T13 Perform masking during hearing assessment.	K41 Knowledge of purpose of performing masking. K42 Knowledge of concept and implications of under and overmasking. K43 Knowledge of procedures of masking during pure tone air conduction testing. K44 Knowledge of procedures of masking during pure tone bone conduction testing. K45 Knowledge of procedures of masking during speech testing.
	T14 Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	K47 Knowledge of purposes of measuring threshold of discomfort. K48 Knowledge of procedures to determine dynamic range of hearing. K49 Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.
	T15 Perform most comfortable level assessment (MCL).	K51 Knowledge of purposes, principles, and procedures of establishing client most comfortable level (MCL) for speech.
	T16 Perform speech reception threshold assessment.	K52 Knowledge of principles and procedures of establishing speech reception threshold. K53 Knowledge of procedures to perform speech reception threshold testing.
	T17 Perform speech WRS/SD (word recognition score / speech discrimination) assessment.	K54 Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.
	T18 Chart and document results of audiometric assessment.	K56 Knowledge of methods to chart and document assessment results.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.3 Evaluation and Interpretation of Results (6%)	T19 Evaluate client audiometric assessment results to determine if retesting is necessary.	K57 Knowledge of reliable assessment results based on client audiometric and behavioral indications.
		K58 Knowledge of relationship between audiometric results and speech assessment results.
		K59 Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.
	T20 Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.	K61 Knowledge of principles and criteria for determining significant air-bone gap.
		K62 Knowledge of criteria to identify asymmetrical hearing loss.
		K63 Knowledge of how to interpret audiometric assessment results.
		K65 Knowledge of audiometric test results that require medical referral.
		K66 Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.
	T21 Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.	K67 Knowledge of criteria to compare client audiometric test results with subjective symptoms.
		K68 Knowledge of criteria to identify changes in hearing.
K69 Knowledge of symptoms associated with specific audiometric assessment results.		
K70 Knowledge of counseling techniques to help explain audiometric assessment results to clients.		
K71 Knowledge of methods to counsel clients and explain implications of hearing loss.		
K72 Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.		
K73 Knowledge of consequences of untreated hearing loss.		

4. Selection and Sales (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
4.1 Hearing Aid Candidacy, Recommendation, and Selection (10%)	T22 Determine client candidacy for hearing aids.	K74 Knowledge of how to use assessment results to determine amplification recommendations.
		K75 Knowledge of anatomical variations that affect client candidacy for amplification.
		K76 Knowledge of hearing amplification requirements for different hearing losses.
		K77 Knowledge of indications for monaural, binaural, or CROS systems, and implantable devices.
		K78 Knowledge of the advantages of different styles of hearing aids.
		K79 Knowledge of audiometric assessment results that affect earmold/dome selection.
		K80 Knowledge of physical considerations that affect manipulation of hearing aids.
	T23 Apply client historical information to hearing aid selection and settings.	K81 Knowledge of client needs that affect hearing aid selection and fitting.
		K82 Knowledge of previous hearing aid use and how that impacts new hearing aid fitting.
		K83 Knowledge of effects of previous hearing aid use on client motivation for hearing assistance.
	T24 Determine client lifestyle compatibility with hearing aid features.	K84 Knowledge of hearing aid features.
		K85 Knowledge of criteria for selecting hearing aid parameters based on client needs.
	T25 Determine hearing aid options and accessories to recommend to clients.	K86 Knowledge of benefits of hearing aid amplification for various lifestyles.
K87 Knowledge of types of hearing aid options and accessories (e.g., Bluetooth, remote controls, TV, telecoil, and FM).		
K88 Knowledge of types of hearing aid controls.		
K89 Knowledge of methods to explain hearing aid options to clients.		
K90 Knowledge of dynamic range considerations for hearing aid selection.		
		K92 Knowledge of advantages of different styles of hearing aids.

4. Selection and Sales, continued (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
4.1 Hearing Aid Candidacy, Recommendation, and Selection, continued (10%)	T38 Select user-controlled options of hearing aid.	K122 Knowledge of purposes and procedures to select user-controlled options of hearing aids. K123 Knowledge of purposes and procedures of adjusting acoustic characteristics of hearing aids.
	T37 Select physical characteristics of earmold or domes to fit client needs.	K121 Knowledge of purposes and procedures of selecting options and styles of earmolds or domes.
4.2 Sale (3%)	T39 Obtain signed medical clearance or medical waiver from client before selling hearing aids.	K124 Knowledge of requirement to obtain medical clearance or waiver for clients.
	T40 Dispense hearing aid to client by adhering to state and federal guidelines and regulations.	K125 Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.
		K126 Knowledge of laws and regulations regarding the sale and fitting of hearing aids.
		K127 Knowledge of FDA regulations regarding the sale of hearing aids.
K128 Knowledge of requirements of documenting hearing aid sales.		

5. Ear Impression (8%) - This content area assesses the candidate's knowledge of how to take and evaluate an ear impression.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	K93	Knowledge of purpose and procedures to take an ear impression.
		K94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
T27	Inform client about ear impression procedures to make client aware of sensations.	K95	Knowledge of expectations and sensations experienced during impression procedures.
T28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	K97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).
		K98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.
		K99	Knowledge of how to determine placement of blocking material.
		K100	Knowledge of purposes of using blocking material during an ear impression.

6. Pre-Fitting (5%) - This content area assesses the candidate's knowledge of procedures to establish hearing aid settings and physical characteristics before fitting.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T41	Check hearing aids to verify functionality and consistency with order before fitting.	K129	Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.
		K130	Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.
		K131	Knowledge of methods to verify function of hearing aids.
		K132	Knowledge of manufacturer specifications (included features and settings) for hearing aids.
T42	Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).	K133	Knowledge of methods used to verify earmold received from manufacturer.
		K134	Knowledge of purposes and methods of evaluating physical characteristics of earmolds.
T44	Pre-program or adjust hearing aid settings for client.	K136	Knowledge of procedures of setting levels of maximum output for hearing aids.
		K137	Knowledge of how to program and adjust hearing aids.
		K138	Knowledge of methods to configure and verify program settings of hearing aids.
		K139	Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.

7. Fitting (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
7.1 First Fit (8%)	T45 Insert hearing aid into client ear to assess fit.	K140 Knowledge of how to insert and remove different style hearing aids. K141 Knowledge of methods to determine whether hearing aid is a good fit for client.
	T46 Modify hearing aid or earmold to fit client.	K143 Knowledge of hearing aid physical characteristics that need adjustment or to be remade. K144 Knowledge of modifications for custom products and earmolds. K145 Knowledge of common complaints and their indications for physical hearing aid fit. K146 Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints. K147 Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds. K148 Knowledge of questions to ask clients regarding hearing aid fit. K149 Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.
T47	Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.	K150 Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids. K151 Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid. K152 Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids. K153 Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use. K154 Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality. K155 Knowledge of adjustments to reduce feedback. K156 Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.

7. Fitting, continued (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
	T52 Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).	K170 Knowledge of purposes and procedures of performing unaided and aided sound field testing. K171 Knowledge of purpose and procedures to perform real ear/probe measurement. K172 Knowledge of necessary adjustments to hearing aids based on performance. K173 Knowledge of methods to validate client hearing aid benefit.
7.2 Delivery (9%)	T48 Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	K157 Knowledge of common issues associated with insertion and removal of hearing aids. K159 Knowledge of procedures to insert and remove client hearing aids.
	T49 Teach client to use hearing aid and assistive listening device controls.	K160 Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features). K162 Knowledge of information to provide to client regarding phone and app use with hearing aid. K163 Knowledge of questions to ask clients regarding hearing aid fit.
	T50 Instruct client how to use, maintain, and dispose of hearing aid batteries.	K164 Knowledge of procedures to care for and dispose of hearing aid batteries. K165 Knowledge of procedures to use and maintain rechargeable hearing aids.
	T51 Instruct client on hearing aid care and maintenance to optimize hearing aid function.	K167 Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids. K168 Knowledge of methods to reinforce proper hearing aid use. K169 Knowledge of methods to reinforce proper hearing aid care.
	T53 Instruct client on how to use hearing aid options, features, and accessories.	K175 Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories. K176 Knowledge of use of hearing aid options, features, and accessories. K178 Knowledge of purposes and methods of evaluating client use of telecoil.

8. Follow-Up Care (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
8.1 Postfitting Care (8%)	T54 Provide client with follow-up care.	K179 Knowledge of techniques to conduct ongoing client counseling on hearing aid use. K180 Knowledge of methods to maintain hearing health. K181 Knowledge of methods to compare previous and new audiometric test results.
	T55 Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.	K182 Knowledge of necessary adjustments based on client experience or adaptation level. K183 Knowledge of necessary adjustments required to achieve real ear measure target.
	T56 Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.	K184 Knowledge of procedures used to modify earmolds for physical fit and acoustic performance. K185 Knowledge of methods to select domes to modify acoustic performance. K186 Knowledge of methods to use buffers and grinders. K187 Knowledge of ear anatomy that affects hearing aid fitting.
	T57 Identify electroacoustic adjustments to be performed on hearing aid based on client complaints.	K188 Knowledge of techniques to identify and eliminate acoustic feedback. K189 Knowledge of purposes and methods of identifying circuit noise of hearing aids. K190 Knowledge of procedures to identify causes of feedback in hearing aids. K191 Knowledge of purposes and methods of evaluating frequency response of hearing aid. K192 Knowledge of purposes and methods of evaluating gain of hearing aids.

8. Follow-Up Care, Continued (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
8.2 Repairs (3%)	T58 Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	K193 Knowledge of techniques to differentiate between external and internal feedback.
		K194 Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.
		K195 Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.
		K196 Knowledge of purposes and methods of evaluating volume control of hearing aids.
		K197 Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.
		K198 Knowledge of client complaints that indicate hearing aid malfunction.
	T59 Perform hearing aid maintenance and repair.	K199 Knowledge of procedures to assess causes of hearing aid malfunction.
		K200 Knowledge of types of repairs for hearing aids.
		K201 Knowledge of how to service or repair hearing aids.
		K202 Knowledge of equipment and tools used to repair hearing aids.

9. Counseling (10%) - This content area assesses the candidate's knowledge of methods to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T60 Determine when hearing aid is no longer adequate for client needs.	K204 Knowledge of indicators that a different hearing aid would be more effective to meet client needs.
	K205 Knowledge of how hearing may change over time.
T62 Establish realistic expectations about potential experiences while wearing hearing aids.	K207 Knowledge of realistic expectations regarding hearing amplification.
	K208 Knowledge of factors that affect successful hearing aid fitting.
	K209 Knowledge of adaptation process and implications for new hearing aid users.
	K210 Knowledge of purposes and methods of evaluating client expectations about amplification.
T63 Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.	K211 Knowledge of cognitive and physical factors that influence successful hearing aid use.
	K212 Knowledge of strategies for maximizing communication in different listening environments.

HEARING AID DISPENSER PRACTICAL EXAMINATION OUTLINE – 2020

1. Equipment/Pre-Visit - This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none">• Verify function and calibration of test equipment.	<ul style="list-style-type: none">• Knowledge of calibration requirements for audiometric equipment.• Knowledge of methods to perform a listening check of audiometric equipment.• Knowledge of function and procedures to operate audiometric equipment.• Ability to perform listening check to verify functioning of equipment.
<ul style="list-style-type: none">• Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	<ul style="list-style-type: none">• Knowledge of methods to sanitize equipment that will be used on client.
<ul style="list-style-type: none">• Maintain an environment that is conducive to audiometric assessment.	<ul style="list-style-type: none">• Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Assessment - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
2.1 Pre-Assessment	<ul style="list-style-type: none"> Perform ear inspection and otoscopic examination. 	<ul style="list-style-type: none"> Knowledge of purposes and procedures of performing otoscopic examination. Knowledge of purposes and procedures to inspect external ear. Knowledge of anatomy and characteristics of normal and abnormal ears. Knowledge of how to identify normal and abnormal visible conditions of the ear. Knowledge of techniques to assess size, length, and direction of ear canal. Ability to inspect external ear and perform an otoscopic examination. Knowledge of criteria to determine if there is blockage of the ear canal.
	<ul style="list-style-type: none"> Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history. 	<ul style="list-style-type: none"> Knowledge of objective signs and subjective symptoms that require a medical referral. Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
2.2 Assessment	<ul style="list-style-type: none"> Explain procedures to client before and during audiometric assessment. 	<ul style="list-style-type: none"> Knowledge of methods to inform clients about audiometric assessment procedures. Ability to describe procedures to clients before and during assessment.
	<ul style="list-style-type: none"> Perform pure tone air and bone conduction assessments. 	<ul style="list-style-type: none"> Knowledge of purposes and procedures of performing pure tone air conduction assessment. Knowledge of purposes and procedures to perform pure tone bone conduction assessment. Ability to perform pure tone air conduction assessment. Ability to perform pure tone bone conduction assessment. Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

2. Assessment, continued - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
2.2 Assessment, continued	<ul style="list-style-type: none"> Perform masking during hearing assessment. 	<ul style="list-style-type: none"> Knowledge of purpose of performing masking. Knowledge of concept and implications of under and over masking. Knowledge of procedures of masking during pure tone air conduction assessment. Knowledge of procedures of masking during pure tone bone conduction assessment. Knowledge of procedures of masking during speech assessment. Ability to perform masking during hearing assessments.
	<ul style="list-style-type: none"> Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance. 	<ul style="list-style-type: none"> Ability to perform assessment to establish client threshold of discomfort.
	<ul style="list-style-type: none"> Chart and document results of audiometric assessment. 	<ul style="list-style-type: none"> Knowledge of methods to chart and document assessment results.

3. Ear Impression - This content area assesses the candidate's ability to take and evaluate an ear impression.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> Evaluate client ear canal to determine whether an ear impression can safely be performed. 	<ul style="list-style-type: none"> Knowledge of purpose and procedures to take an ear impression. Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
<ul style="list-style-type: none"> Inform client about ear impression procedures to make client aware of sensations. 	<ul style="list-style-type: none"> Knowledge of expectations and sensations experienced during impression procedures. Ability to explain impression-taking procedures.
<ul style="list-style-type: none"> Select type and size of blocking material (e.g., cotton dam) to use during ear impression process. 	<ul style="list-style-type: none"> Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities). Knowledge of methods to determine size and type of blocking material needed during an ear impression. Knowledge of how to determine placement of blocking material. Knowledge of purposes of using blocking material during an ear impression.
<ul style="list-style-type: none"> Insert blocking material (e.g., cotton dam) before taking ear impression. 	<ul style="list-style-type: none"> Ability to insert blocking material into ear canal before taking an ear impression. Knowledge of procedures and instruments used to insert blocking material into ear canal before taking an ear impression.
<ul style="list-style-type: none"> Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope. 	<ul style="list-style-type: none"> Knowledge of purposes and methods of evaluating placement of blocking material in ear canal.
<ul style="list-style-type: none"> Take ear impression by inserting impression material into client ear. 	<ul style="list-style-type: none"> Knowledge of signs of client discomfort during an ear impression. Ability to prepare impression material. Ability to fill ear canal and external ear with impression material. Knowledge of types of impression material used to make an ear impression.
<ul style="list-style-type: none"> Verify curing of impression material. 	<ul style="list-style-type: none"> Knowledge of method to determine if impression material has cured. Ability to verify impression material has cured in the ear before removal.

3. Ear Impression, continued - This content area assesses the candidate's ability to take and evaluate an ear impression.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Break the seal of impression material. 	<ul style="list-style-type: none"> • Ability to break seal of impression material. • Knowledge of methods to break seal of impression material.
<ul style="list-style-type: none"> • Remove ear impression from client ear. 	<ul style="list-style-type: none"> • Ability to remove impression from ear.
<ul style="list-style-type: none"> • Inspect client ear for injury and impression material with otoscope after removal of ear impression. 	<ul style="list-style-type: none"> • Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures. • Knowledge of conditions resulting from impression procedures which require a medical referral.
<ul style="list-style-type: none"> • Determine accuracy of ear impression by comparing client ear to impression. 	<ul style="list-style-type: none"> • Knowledge of anatomical details that should be found on ear impression. • Knowledge of techniques to determine if ear impression is an accurate representation of an ear. • Ability to identify anatomical details on an ear impression. • Ability to determine if ear impression meets requirements for manufacturing custom products. • Knowledge of purposes and methods of evaluating ear impression. • Knowledge of procedures to identify unique characteristics of ear impression to be represented on the finished product.

4. Fitting and Delivery - This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Insert hearing aid into client ear to assess fit. 	<ul style="list-style-type: none"> • Knowledge of how to insert and remove different style hearing aids. • Knowledge of methods to determine whether hearing aid is a good fit for client. • Ability to insert and remove hearing aids.
<ul style="list-style-type: none"> • Demonstrate and explain techniques to insert, remove, and manipulate hearing aids. 	<ul style="list-style-type: none"> • Knowledge of common issues associated with insertion and removal of hearing aids. • Ability to explain hearing aid insertion and removal techniques. • Knowledge of procedures to insert and remove client hearing aids.
<ul style="list-style-type: none"> • Teach client to use hearing aid and assistive listening device controls. 	<ul style="list-style-type: none"> • Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features). • Ability to demonstrate operation of hearing aids. • Knowledge of information to provide to client regarding phone use with hearing aid. • Knowledge of questions to ask clients regarding hearing aid fit.
<ul style="list-style-type: none"> • Instruct client how to use, maintain, and dispose of hearing aid batteries. 	<ul style="list-style-type: none"> • Knowledge of procedures to care for and dispose of hearing aid batteries. • Knowledge of procedures to use and maintain rechargeable hearing aids. • Ability to insert and remove batteries from hearing aids.
<ul style="list-style-type: none"> • Instruct client on hearing aid care and maintenance to optimize hearing aid function. 	<ul style="list-style-type: none"> • Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids. • Knowledge of methods to reinforce proper hearing aid use. • Knowledge of methods to reinforce proper hearing aid care.
<ul style="list-style-type: none"> • Instruct client on how to use hearing aid options, features, and accessories. 	<ul style="list-style-type: none"> • Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories. • Knowledge of use of hearing aid options, features, and accessories. • Ability to explain to clients the use of hearing aid options, features, and accessories. • Knowledge of purposes and methods of evaluating client use of telecoil.

5. Follow-Up/Postfitting Care - This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Assess performance of hearing aids and client complaints to determine whether repairs need to be made. 	<ul style="list-style-type: none"> • Knowledge of techniques to differentiate between external and internal feedback. • Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications. • Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair. • Knowledge of purposes and methods of evaluating volume control of hearing aids. • Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid. • Knowledge of client complaints that indicate hearing aid malfunction. • Knowledge of procedures to assess causes of hearing aid malfunction.
<ul style="list-style-type: none"> • Perform hearing aid maintenance and repair. 	<ul style="list-style-type: none"> • Knowledge of types of repairs for hearing aids. • Knowledge of how to service or repair hearing aids. • Knowledge of equipment and tools used to repair hearing aids. • Ability to service hearing aids including ear mold tube replacement.
<ul style="list-style-type: none"> • Determine if hearing aid can be repaired or if it must be replaced. 	<ul style="list-style-type: none"> • Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.

6. Counseling - This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Establish realistic expectations about potential experiences while wearing hearing aids. 	<ul style="list-style-type: none"> • Knowledge of realistic expectations regarding hearing amplification. • Knowledge of factors that affect successful hearing aid fitting. • Knowledge of adaptation process and implications for new hearing aid users. • Knowledge of purposes and methods of evaluating client expectations about amplification. • Knowledge of cognitive and physical factors that influence successful hearing aid use.
<ul style="list-style-type: none"> • Educate client on strategies to optimize communication while using hearing aids and accessories in different circumstances. 	<ul style="list-style-type: none"> • Knowledge of strategies for maximizing communication in different listening environments. • Ability to describe strategies for maximizing communication to clients in different listening environments.

Hand Carry Item

Audiology Practice Committee

Agenda Item 3: Discussion and possible action
regarding Statutory and/or Regulatory
Requirements Related to Audiology Aide
Scope of Practice and Supervision
Requirements as stated in BPC section 2530.2
and Title 16, CCR section 1399.154
through 1399.154.7



MEMORANDUM

DATE	May 4, 2022
TO	Audiology Practice Committee
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 4: Update, Discussion, and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical and Professional Experience as stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR sections 1399.152.2

Background

Business and Professions Code (BPC) Section 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.

At the Board’s November 2020 Board Meeting, the Board approved a 2021 legislative proposal with the following statutory revisions to BPC Section 2532.25:

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.

This legislative proposal was included as part of the Board's Sunset Review process in 2022. However, the Board's proposed amendments are still under consideration as part of the Board's Sunset Bill AB 2686, as concerns were raised regarding the proposed revisions and the Board is unclear if all, part, or potentially an alternative to the proposed amendments will be enacted.

Due to this uncertainty, Board Staff recommends holding off on further discussions of regulatory changes until the specific amendments to the language of the statute is resolved. In the interim, Board Staff will continue working with the Audiology Practice Committee Chair on drafting a survey for Audiology programs to provide the Board with programmatic information pertinent to potential regulatory changes.

Action Requested

This item is for informational purposes only, no action is required.



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Review and Possible Approval of the January 13, 2022 Board Teleconference Meeting Minutes

Background

Attached is a draft of the meeting minutes from the January 13, 2022 Board Teleconference Meeting.

Action Requested

Please review and discuss whether there are necessary corrections or additional information needed. If not, make a motion to approve the January 13, 2022 Board Meeting minutes.

Attachment: January 13, 2022 Board Meeting Minutes



BOARD MEETING MINUTES – DRAFT
Teleconference Meeting
January 13, 2022

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

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

Dr. Marcia Raggio, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order at 2:03 p.m. Dr. Raggio called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Marcia Raggio, Dispensing Audiologist, Board Chair
Holly Kaiser, Speech-Language Pathologist, Vice Chair
Tod Borges, Hearing Aid Dispenser
Karen Chang, Public Member
Gilda Dominguez, Speech-Language Pathologist
Debbie Snow, Public Member
Amy White, Dispensing Audiologist

Staff Present

Paul Sanchez, Executive Officer
Cherise Burns, Assistant Executive Officer
Tenisha Ashford, Enforcement Coordinator
Lisa Snelling, Licensing Coordinator
Heather Olivares, Legislation/Regulation Analyst
Maria Liranzo, Legislation/Regulation/Budget Analyst
Kristy Schieldge, DCA Legal Counsel
Brianna Miller, DCA Executive Office
David Bouilly, DCA Meeting Moderator
Cesar Victoria, DCA Web Cast

2. Public Comment for Items not on the Agenda

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

3. Swearing In New Board Members

Dr. Marcia Raggio swore in Dr. Amy White as a member of the Board, whereupon Dr. White took the oath of office administered by Dr. Raggio.

4. Discussion and Possible Action on Filing of Public Comment Regarding U.S. Food and Drug Administration Proposed Rule on Medical Devices; Ear, Nose and Throat Devices; Establishing Over-the-Counter Hearing Aids

Dr. Marcia Raggio opened the discussion on the filing of public comment regarding U.S. Food and Drug Administration (FDA) proposed rule on over-the counter (OTC) hearing aids. Paul Sanchez provided a summary on FDA's proposed rule and the materials provided for discussion.

Cherise Burns provided a summary of Board staff concerns regarding the proposed regulations for the Board to consider if the Board wishes to file a public comment. Mr. Sanchez commented on the proposed regulation's use of the term "hearing aid dispensers" instead of "OTC hearing aid sellers". Mr. Sanchez noted that the Board may comment on device designs and other technical requirements.

Dr. Raggio commented on the category for OTC hearing aids not being clear in the proposed regulation.

Tod Borges commented on the concerns with the proposed regulation use of the term "dispensers" for individuals that sell OTC hearing aids. Dr. Raggio and Dr. White expressed their agreement that the use of the term "dispensers" may be confusing to the public. Mr. Sanchez commented on the use of the term being confusing.

Dr. Raggio commented on the proposed regulation labeling requirements and California's new consumer notice requirement for locked hearing aids under AB 435. Dr. Raggio suggested to include in the Board's comment on the proposed regulation's labeling requirements and mention California's new consumer notice requirement.

Dr. White inquired on how "tools, test, or software" is interpreted and read from the proposed rules "Defining tools, tests, or software" from page 58158 of the Federal Register, Vol. 86, No. 200. Dr. Raggio replied that she can't speak for FDA in terms to what they were intending in the paragraph and defer to Board staff for clarification. Ms. Burns commented on tools, test, or software of OTC hearing aids becoming similar to existing prescription hearing aids. Mr. Borges commented on the inclusion of a customization warning as part of the labeling requirement. Dr. Raggio expressed her agreement with the suggested labeling requirement. Holly Kaiser commented on the suggested labeling requirement and asked for clarification on its language. Ms. Burns replied with clarification with what consumer would need to know in regard to customization.

Dr. Raggio commented on the licensees selling OTC hearing aids and inquired if they will have any ability to program OTC hearing aids. Mr. Borges replied that he hasn't heard anything and commented on the issue of locked hearing aids. Dr. Raggio commented that licensees who sell OTC hearing aids would have to abide to the provisions of AB 435, but OTC hearing aid sellers would not. Mr. Borges confirmed and agreed with

Dr. Raggio's remarks. Dr. White replied that she doesn't have direct knowledge and commented on company's role with adjustments of OTC hearing aids. Dr. Raggio expressed her agreement that there isn't enough information to understand what the software customization will look like for OTC hearing aids. Dr. Raggio inquired if anyone is familiar with how programming works for hearing aids from Lively or Eargo. Dr. White replied with comments on how Lively works. Mr. Borges replied with comments on how Eargo works. Dr. Raggio commented on her conversations with representatives from the five major hearing aid manufacturers and their current position on their role in OTC hearing aids. Dr. Raggio further commented on the Board's jurisdiction being on licensees and not OTC hearing aids. Dr. White suggested to include in the Board's comment on the proposed regulation a recommendation of a notice on software and programming to be a part of the external package label.

Dr. Raggio commented on consumer protection, return policy, and OTC hearing aids. Dr. Raggio noted the proposed regulation includes warning to contact FDA for injuries, malfunction, and other adverse events but has no language on return policy and suggested the Board should comment on this. Ms. Kaiser expressed her agreement with return policy for the vulnerable population who will be consumers of OTC hearing aids. Mr. Borges commented on return policy for OTC hearing aids. Dr. Raggio commented on enforcement jurisdictions for licensees and OTC sellers. Mr. Sanchez commented on jurisdictional issues with OTC hearing aid sellers. Ms. Burns commented on general sales and warranty as described on page 58160 of the Federal Register and its implementation through private remedies with no state actor like the Board or Attorney General. Mr. Borges inquired if Board staff would want to enforce the Song-Beverly Consumer Warranty Act. Ms. Burns replied that she doesn't think the Board would be able to. Mr. Sanchez suggested to include in the Board's comment on the proposed regulation that there will be consumers who will be vulnerable without some type of return policy specified. Dr. Raggio inquired if the California's Attorney General has a portal where consumers can go to complain about consumer products. Dr. Raggio commented that most OTC hearing aid manufacturers will offer a return policy as do most consumer products. Kristy Schieldge commented on how enforcement under the proposed regulation will look. Dr. Raggio inquired if FDA has representation in every state. Mr. Sanchez replied that the FDA has a list of contacts called Consumer Complaint Coordinators. Ms. Burns replied that the California Attorney General has an online form where consumers can go to complain and commented that the Board can add this on the Board's website to direct consumers of OTC hearing aids provided by OTC sellers. Gilda Dominguez commented on the accessibility to consumer protection assistance. Dr. Raggio expressed her agreement to include comments on consumer protection return policy in the Board's letter to the FDA's proposed regulation.

Dr. Raggio commented on the output and other technical requirements in the OTC hearing aid devices and the lack of gain limits. Dr. White commented on proposed electroacoustic requirements and what is already on the market for non-hearing aid devices. Dr. Raggio expressed her agreements with Dr. White's remarks and commented on proposed electroacoustic requirements and non-hearing aid devices. Mr. Borges

commented on the output levels and the long-term affect for having it set too loud. Dr. Raggio commented on the duration for safe use under the proposed output levels.

Mr. Borges commented on the use of OTC hearing aids and consumer's ability to determine the level of their hearing loss. Dr. Raggio suggested the inclusion of gain range in OTC hearing aid devices and commented on consumer's inability to determine the level of their hearing loss. Dr. Raggio further commented on the value of the Board to comment on the proposed regulation concerns about the lack of technical stipulations or range values. Dr. Raggio suggested the Board should comment on labeling requirement that informs consumers to seek a hearing test by a professional. Mr. Borges noted that this is one of the labeling requirements. Ms. Burns confirmed that it is a labeling requirement and shared her experiences with family members who have hearing loss. Dr. White commented on the challenges in creating electroacoustic requirements for mild to moderate hearing loss. Dr. Raggio commented on a range instead of an absolute gain limit to serve both moderate and mild hearing loss without the potential to cause damage. Dr. White suggested to include in the Board's comment on the proposed regulation a recommendation for a labeling requirement on the potential harm due to prolonged use of OTC hearing aids at high output limit.

Mr. Borges commented on age verification at the time of purchase. Dr. White commented on FDA's reasoning for not requiring age verification at the time of purchase. Dr. Raggio, Dr. White, and Debbie Snow expressed agreement to include in the Board's comment on the proposed regulation a recommendation to require age verification at the time of purchase. Kristy Schiedge noted that OTC hearing aids are prohibited for those under the age of 18 under the proposed regulations and inquired if the Board's comment will be a recommendation to verify age at the time of purchase. Mr. Borges confirmed that the Board's comment will be for an age verification recommendation.

Dr. Raggio opened the discussion for public comment. There were no comments from the public, outside agencies, or associations.

Debbie Snow made a motion to delegate to the Board Chair and Executive Officer the responsibility of combining and submitting the Board's comments regarding the FDA's proposed regulations for OTC Hearing Aids prior to the end of the public comment period.

Holly Kaiser seconded the motion.

The motion carried 7-0. (Ayes: Raggio, Kaiser, Borges, Chang, Dominguez, Snow, White)

5. Future Agenda Items

Dr. Marcia Raggio solicited future agenda items from there Board. There were no comments from the Board.

Dr. Raggio solicited future agenda items from the public. There were no comments from the public, outside agencies, or associations.

6. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands

The Board did not meet in a closed session.

7. Adjournment

The meeting adjourned at 3:27 p.m.

DRAFT



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 4: Review and Possible Approval of the February 25, 2022 Board Teleconference Meeting Minutes

Background

Attached is a draft of the meeting minutes from the February 25, 2022 Board Teleconference Meeting.

Action Requested

Please review and discuss whether there are necessary corrections or additional information needed. If not, make a motion to approve the February 25, 2022 Board Meeting minutes.

Attachment: February 25, 2022 Board Meeting Minutes



BOARD MEETING MINUTES – DRAFT
Teleconference Meeting
February 25, 2022

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

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

Dr. Marcia Raggio, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order at 9:01 a.m. Dr. Raggio called roll; eight members of the Board were present and thus a quorum was established.

Board Members Present

Marcia Raggio, Dispensing Audiologist, Board Chair
Holly Kaiser, Speech-Language Pathologist, Vice Chair
Tod Borges, Hearing Aid Dispenser
Karen Chang, Public Member
Gilda Dominguez, Speech-Language Pathologist
Debbie Snow, Public Member
Tulio Valdez, Otolaryngologist, Public Member
Amy White, Dispensing Audiologist

Staff Present

Paul Sanchez, Executive Officer
Cherise Burns, Assistant Executive Officer
Heather Olivares, Legislation/Regulation Analyst
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tenisha Ashford, Enforcement Coordinator
Lisa Snelling, Licensing Coordinator
Michael Kanotz, DCA Legal Counsel
Karen Halbo, DCA Regulations Counsel
Brianna Miller, DCA Executive Office
Bryce Penney, DCA Web Cast
Ann Fisher, DCA Web Cast

Guests Present

Bryce Docherty
Linda Pippert
Maret Wilson Walker
Mengting Shieh

2. Swearing In New Board Members

Dr. Marcia Raggio swore in Dr. Tulio Valdez as a member of the Board, whereupon Dr. Valdez took the oath of office administered by Dr. Raggio.

Board members welcomed Dr. Valdez to the Board.

Linda Pippert, a member from the public, congratulated Dr. Valdez for his service to the Board.

3. Public Comment for Items not on the Agenda

Maret Wilson Walker, Board Member with California Speech-Language Hearing Association, commented on the Board's communication with the licensing population and provided suggestions for improvement.

4. Review and Possible Approval of the August 12-13, 2021, Board Teleconference Meeting Minutes

Maria Liranzo provided a summary of the August 12-13, 2021, Board Teleconference Meeting Minutes.

There was no Board discussion nor comments from the public, outside agencies, or associations.

Holly Kaiser moved to approve the August 12-13, 2021 Board meeting minutes.

Tod Borges seconded the motion.

The motion carried 8-0. (Ayes: Raggio, Kaiser, Borges, Chang, Dominguez, Snow, Valdez, White)

5. Review and Possible Approval of the October 7-8, 2021, Board Teleconference Meeting Minutes

Maria Liranzo provided a summary of the October 7-8, 2021, Board Teleconference Meeting Minutes.

Holly Kaiser requested amendments on page 2 paragraph 3 to replace "removes" with "reduces."

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

Tod Borges moved to approve the October 7-8, 2021 Board meeting minutes, as amended.

Debbie Snow seconded the motion.

The motion carried 8-0. (Ayes: Raggio, Kaiser, Borges, Chang, Dominguez, Snow, Valdez, White)

6. Review and Possible Approval of the November 22, 2021, Board Teleconference Meeting Minutes

Maria Liranzo provided a summary of the November 22, 2021, Board Teleconference Meeting Minutes.

There was no Board discussion nor comments from the public, outside agencies, or associations.

Gilda Dominguez moved to approve the November 22, 2021 Board meeting minutes.

Holly Kaiser seconded the motion.

The motion carried 7-0. (Ayes: Raggio, Kaiser, Borges, Dominguez, Snow, Valdez, White; Abstain: Chang)

7. Board Chair's Report

Dr. Marcia Raggio discussed the 2022 Board and Committee Meeting Calendar and noted that the next meeting will be in-person in Sacramento unless stated otherwise. Dr. Raggio also noted that Committee assignments includes the new Board members and commented on forthcoming committee meetings and the issues that will be discussed.

There was no Board discussion nor comments from the public, outside agencies, or associations.

8. Executive Officer's Report

Paul Sanchez reported on the Business Modernization Project, funding for the project from the California Department of Technology, and project funding for an additional staff.

Mr. Sanchez reported on the budget and Fund Condition. Mr. Sanchez commented on the "Months in Reserve" found under the fund balance in the Fund Condition. Holly Kaiser inquired about changes to the budget for in-person meeting during COVID-19 State of Emergency. Mr. Sanchez replied that he doesn't believe there were any permanent changes to the Budget. Ms. Burns commented on the 5% reduction requested by the Governor for SFY 2020-21 and noted the areas the Board reduced its cost to meet that request. Ms. Burns further commented on increased enforcement expenditures.

Mr. Sanchez provided a brief report on the Board's regulation and directed members to the regulation report under Item 13 for more detail.

Mr. Sanchez reported on the licensing processing times, practical examination results, licenses issued, and licensee population. Mr. Sanchez noted the licensee population growth and commented on the need for additional staff. Dr. Marcia Raggio inquired about the retired licensee population. Ms. Burns replied that the licensee data only includes active, inactive, and expired and able to renew, and noted the canceled, which are the retired license, or expired beyond a certain date are not included.

Mr. Sanchez reported on enforcement and disciplinary actions. Mr. Sanchez commented on a staff vacancy last year and its impact to investigation timeframes.

Dr. Raggio inquired about incomplete applications. Ms. Burns replied with information on Board staff efforts to reduce incomplete applications and how this should be improved after the Board transitions to the new information technology system.

Mr. Sanchez announced that he will be presenting at the California Speech Language Hearing Association conference on March 26, 2022 in Pasadena. Karen Chang inquired about attending the conference to hear the Board's presentation. Ms. Kaiser replied that she can inquire on her behalf.

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

9. DCA Update – DCA Board and Bureau Relations

Brianna Miller welcomed and congratulated new Board members.

Ms. Miller provided an update on COVID-19 safety measures, remote meetings, vaccination requirements for in-person meetings, appointments and recruitments, DCA's Regulation Unit, Enlightened Licensing Project, new Compliance and Equity Officer, and Board member training and reporting requirements.

There was no Board discussion nor comments from the public, outside agencies, or associations.

10. Update on Speech and Hearing Related DCA Waivers related to the COVID-19 State of Emergency

Cherise Burns provided an update on DCA Waivers related to the COVID-19 State of Emergency. Ms. Burns commented on the modification of the reactivation requirements of Speech-Language Pathologists set to expire on April 1, 2022, and modification of the direct monitoring/supervision requirements for Required Professional Experience and Speech-Language Pathology Assistant set to expire on March 31, 2022. Ms. Burns noted there are no indications of any extensions to these waivers.

Ms. Burns commented on expired waivers previously approved by DCA and noted there are no indications of any extensions to these waivers.

There was no Board discussion nor comments from the public, outside agencies, or associations.

11. Update on the Board's 2022 Sunset Review

Paul Sanchez provided a summary of the Sunset Review process and the report. Mr. Sanchez noted the Sunset Review hearing will be on March 10, 2022. Cherise Burns commented on the Sunset Review process and hearing.

Dr. Marica Raggio inquired about additional questions prior to the Sunset Review hearing. Mr. Sanchez replied that there may be questions and a background document provided in the near future.

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

12. Update on Board's Filing of Public Comment Regarding U.S. Food and Drug Administration Proposed Rule on Medical Devices; Ear, Nose and Throat Devices; Establishing Over-the-Counter Hearing Aids

Dr. Marica Raggio provided a summary on what the Board expressed in their public comment to the U.S. Food and Drug Administration (FDA) regarding the proposed rule on Over-the-Counter hearing aids.

Holly Kaiser inquired about the statement regarding the age verification. Dr. Raggio replied by clarifying the statements which includes FDA's reasoning and the Board's comments and positions to FDA's reasoning.

Bryce Docherty, Legislative Advocate on behalf of Hearing Healthcare Providers of California, commented on the International Hearing Society guidance document provided to the Board's Executive Officer regarding their position regarding the proposed FDA regulations.

13. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

Maria Liranzo provided an update on Board regulations and noted one item for possible discussion and action to adopt proposed regulatory text.

- a. Discussion and Possible Action to Amend and/or Adopt Regulations Regarding Speech-Language Pathology Assistants Requirements as stated in Title 16, CCR sections 1399.170 through 1399.170.20.1

There was no Board discussion nor comments from the public, outside agencies, or associations.

- b. Discussion and Possible Action to Adopt Regulations Regarding Uniform Standards Related to Substance-Abusing Licensees as stated in Title 16, CCR sections 1399.102, 1399.131, 1399.131.1, 1399.155, and 1399.155.1

There was no Board discussion nor comments from the public, outside agencies, or associations.

- c. Discussion and Possible Action to Initiate a Rulemaking Regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision by Amending Title 16, CCR sections 1399.153 and 1399.153.3

Maret Wilson Walker, Board Member with California Speech-Language Hearing Association (CASHA), commented on the proposed regulation regarding RPE supervision and the gap between the regulation's effective date and the end of COVID-19 State of Emergency waivers. Ms. Walker noted CASHA provided the Board with survey results regarding the implications of the waivers expiration. Cherise Burns commented and Paul Sanchez on the gap between the waivers ending and the proposed regulation and provided an overview of the regulatory process for this proposed regulation.

Mengting Sheih, a member from the public, commented on the proposed regulations regarding RPE supervision and inquired if there are any considerations to extend the COVID-19 State of Emergency waivers. Ms. Burns replied that the Board requested that DCA extend the waiver but noted there are no indications of any extensions being granted.

- d. Discussion and Possible Action to Adopt Regulations Regarding Dispensing Audiologist Examination Requirement as stated in Title 16, CCR section 1399.120, 1399.121, 1399.122, and 1399.152.4

There was no Board discussion nor comments from the public, outside agencies, or associations.

- e. Discussion and Possible Action to Amend Regulations Regarding Board Location and Processing Times as stated in Title 16, CCR sections 1399.101, 1399.113, 1399.150.1, 1399.151.1 1399.160.6, and 1399.170.13

There was no Board discussion nor comments from the public, outside agencies, or associations.

- f. Discussion and Possible Action Regarding Continuing Professional Development Requirements for Speech-Language Pathologists, Audiologists, and Speech-

Language Pathology Assistants as stated in Title 16, CCR sections 1399.160 through 1399.160.13 and Title 16, CCR section 1399.170.14

There was no Board discussion nor comments from the public, outside agencies, or associations.

- g. Discussion and Possible Action to Adopt Regulations Regarding Notice to Consumers as stated in Title 16, CCR sections 1399.129 and 1399.157.1

Ms. Liranzo provided a background on the proposed regulations regarding Notice to Consumers and a summary of the changes made to the previously approved regulatory language.

There was no Board discussion nor comments from the public, outside agencies, or associations.

Karen Chang moved to approve the proposed regulatory text for Sections 1399.129 and 1399.157.1, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations of Sections 1399.129 and 1399.157.1 as noticed.

Holly Kaiser seconded the motion.

The motion carried 8-0. (Ayes: Raggio, Kaiser, Borges, Chang, Dominguez, Snow, Valdez, White)

14. Legislative Report: Update, Review, and Possible Action on Proposed Legislation

Heather Olivares provided an update on the legislative calendar and deadlines.

Ms. Olivares provided an update on bills for active position recommendations. Ms. Olivares provided a summary of Board staff position recommendation on Assembly Bill (AB) 1662 by Assemblymember Gipson regarding licensing board disqualification from licensure due to criminal conviction. Dr. Marcia Raggio inquired about the background of AB 1662. Ms. Olivares replied with a brief background of AB 1662 and its impact to the Board. Cherise Burns and Paul Sanchez commented on the history of bills related to this issue and impact of AB 1662 to the Board and Board staff workload.

There were no comments from the public, outside agencies, or associations on AB 1662.

Tod Borges moved to adopt an Oppose Unless Amended position on AB 1662 unless the bill is amended to require the prospective applicant to pay a fee to cover the costs of the request for predetermination and submit the Board's live scan form or fingerprint "hard" card with the required fingerprinting fee to get accurate conviction information from the Department of Justice and Federal Bureau of Investigation.

Gilda Dominguez seconded the motion.

The motion carried 8-0. (Ayes: Raggio, Kaiser, Borges, Chang, Dominguez, Snow, Valdez, White)

Ms. Olivares provided an update on bills with active positions taken by the Board and recommended watch status. Ms. Olivares noted new recommended watch bills after they were amended this year but died: AB 227 (Davies) regarding Governor's appointment and AB 1498 (Low) regarding DCA board members per diem. Ms. Olivares further noted new recommended watch bills that Board staff will continue to monitor: AB 1687 (Seyarto) regarding the California Emergency Services Act and suspension of statutes and regulations and AB 1733 (Quirk) regarding State bodies' open meetings.

Bryce Docherty, Legislative Advocate on behalf of Hearing Healthcare Providers of California, commented on the Governor's budget restoring the ten percent provider rate reduction for limited number of medical providers due to AB 97 (Chapter 3, Statutes of 2011), and efforts to expand resources for the hearing aid coverage for children.

15. Legislative Items for Future Meeting

Dr. Marcia Raggio solicited legislative items for future meeting from the Board. Heather Olivares provided additional bills that were introduced that will be added for future meetings:

- AB 2686 (Committee on Business and Professions)
- AB 2806 (Blanca Rubio)
- SB 1031 (Ochoa Bogh)
- SB 1365 (Jones)
- SB 1453 (Ochoa Bogh)

Dr. Raggio inquired if the Governor's budget would fall under legislative item. Cherise Burns and Paul Sanchez commented on the Governor's budget as legislative item for future meeting.

Dr. Raggio solicited legislative items for future meeting from the public. There were no comments from the public, outside agencies, or associations.

16. Future Agenda Items

Dr. Marcia Raggio solicited future agenda items from the Board. Holly Kaiser suggested

discussion on the Board's communication with the licensing population.

Dr. Raggio solicited future agenda items from the public. There were no comments from the public, outside agencies, or associations.

17. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board did not meet in a closed session.

18. Adjournment

The meeting adjourned at 11:39 a.m.

DRAFT



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Marcia Raggio, Board Chair
SUBJECT	Agenda Item 5: Board Chair's Report

The Board Chair will provide a verbal update on Board and Committee activities.

a. 2022 Board Meeting Calendar

MEETING CALENDAR/ AGENDAS/ MINUTES					
Meeting Date	Location	Agenda	Meeting Materials	Minutes	Webcast
2022					
October 27-28, 2022 Board Meeting	TBD				Webcast
August 11-12, 2022 Board Meeting	TBD				Webcast
May 12-13, 2022 Board Meeting	Sacramento and Teleconference	Agenda			Webcast
February 25, 2022 Board Meeting	Teleconference	Agenda	Materials Hand Carry- Agenda Item 8		Webcast
January 13, 2022 Board Meeting	Teleconference	Agenda	Materials		Webcast

b. Board Committee Updates and Reports

The Hearing Aid Dispensing Committee and Audiology Practice Committee will provide verbal reports regarding their May 12 committee meetings.

A list of current committees is provided below.

STANDING COMMITTEES

Standing Committee composition and leadership are determined by the Board President and are fully within the scope of the Open Meetings Act. Standing Committee meetings are often held in conjunction with regularly scheduled Board Meetings.

<i>Addresses changes in practice patterns and recommends position statements</i>		
Name	Position	Profession
Holly Kaiser	Chair	SLP
Gilda Dominguez	Member	SLP
Debbie Snow	Member	Public
<i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Marcia Raggio	Chair	DAU
Amy White	Member	DAU
Tulio Valdez	Member	ORL/Public
Karen Chang	Member	Public
<i>Provides policy and regulatory guidance with respect to HAD practices and recommends scope of practice amendments for consideration.</i>		
Name	Position	Profession
Tod Borges	Chair	HAD
VACANT	Member	HAD
Marcia Raggio	Member	DAU
Amy White	Member	DAU
Tulio Valdez	Member	ORL/Public
Karen Chang	Member	Public

AD HOC COMMITTEES

Ad Hoc Committees may be established by the Board President as needed. Composition and leadership will be appointed by the Board President. Ad Hoc Committees may include the appointment of non-Board members at the Board President's discretion. Ad Hoc Committees are not fully within the scope of the Open Meetings act, however all recommendations made by Ad Hoc Committees must be reviewed and voted on by the Board in a public Board Meeting.

SUNSET REVIEW AD HOC COMMITTEE <i>Develop for the Board's review the Board's Sunset Review Report to the California Legislature</i>		
Name	Position	Profession
Marcia Raggio	Chair	AU
Holly Kaiser	Member	SLP
ENFORCEMENT AD HOC COMMITTEE <i>Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Boards Practice Act.</i>		
Name	Position	Profession
Debbie Snow	Chair	Public
Holly Kaiser	Member	SLP
LEGISLATIVE AD HOC COMMITTEE <i>Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act</i>		
Name	Position	Profession
Karen Chang	Chair	Public
Marcia Raggio	Member	DAU

Legend:

- DAU - Dispensing Audiologist
- SLP - Speech-Language Pathologist
- ORL/ENT - Otolaryngologist/Ear, Nose & Throat
- HAD - Hearing Aid Dispenser
- AU - Dispensing Audiologist

Hand Carry Item

Agenda Item 6: Executive Officer Report



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Agenda Item 8: Update on the Board's 2022 Sunset Review,

Background

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint Sunset Review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA). The sunset review process provides an opportunity for DCA, the Legislature, the boards and bureaus, and stakeholders to discuss the performance of the boards and bureaus, make recommendations for improvements, and extend the sunset date of a board or bureau.

The sunset date of a board or bureau is decided by the Legislature. Typically, if there aren't any major concerns or deficiencies with a board or bureau, the Legislature will set a four-year sunset date. The Board's sunset date and provisions can be found in Business and Professions Code section 2531. The Board's sunset date was initially set at January 1, 2022, which would have had our Sunset Review oversight hearing scheduled for Spring 2021; however, due to the COVID-19 pandemic and delays in the 2020 Sunset Review oversight hearings, the sunset date for our Board was extended by a year until January 1, 2023, which puts our Sunset Review oversight hearing in Spring of 2022.

Update

The Board completed the Sunset Review Report at its November 2021 Board Meeting and submitted the final report to both the Assembly Business and Professions and Senate Business, Professions, and Economic Development Committee on January 5, 2022.

On March 2, 2022 the Board received a draft of the Joint Sunset Review Oversight Committee's (Committee's) Background Paper, which is the Committee staff's summary of the Board's Sunset Review Report that identifies issues and questions that the Committee would like the Board to provide a written response to within a month of the Board's hearing.

On March 10, 2022 the Board Chair, Vice Chair, and Executive Officer represented the Board at the Joint Sunset Review Oversight Committee hearing. The Board was asked a number of questions by legislators on the committees relating to the Board's operations and also received supportive comments and accolades for the Board's accomplishments.

Following the Sunset Review oversight hearing the Executive Officer and Assistant Executive Officer began meeting with Committee staff to address any issues raised by the Background Paper, issues raised by legislators during the hearing, and discuss potential amendments to the Board's Practice Act that may get included in the Board's Sunset Bills (AB 2686). During this time, Board staff also worked with the Board Chair and Vice Chair to respond to the Committee's questions. The Board's written response was provided to Committee staff on April 11, 2022 (attached).

Currently, AB 2686 includes some of the Board's requested changes to its Practice Act, and the Board's Executive Officer and Assistant Executive Officer continue to work with Committee staff on potential inclusion of the remaining requested Practice Act changes.

After AB 2686 has been approved by both houses of the legislature and signed by the Governor, the Board's new sunset date and changes to its Practice Act will go into effect on January 1, 2023.

Action Requested

This item is for informational purposes only, no action is required.

Attachment: Board Response to the Joint Sunset Review Oversight Committee's Background Paper

BACKGROUND PAPER FOR The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

**Joint Sunset Review Oversight Hearing, March 10, 2022
Senate Committee on Business, Professions, and Economic Development
and Assembly Committee on Business and Professions**

IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS REGARDING THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

BRIEF OVERVIEW OF THE THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

History and Function of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

The Hearing Aid Dispensers Examining Committee (HADEC) was established under the jurisdiction of the Medical Board of California (MBC) in 1970 (AB 532, Zenovich, Chapter 1514, Statutes of 1970). In 1988, legislation (SB 2250, Rosenthal, Chapter 1162, Statutes of 1988) transferred the enforcement program from MBC to HADEC. SB 1592 (Rosenthal, Chapter 441, Statutes of 1996) authorized HADEC to adopt, amend, or repeal regulations related to the practice of fitting or selling hearing aid devices.

The Speech Pathology and Audiology Examining Committee (SPAEC) was established in 1972 under the jurisdiction of the MBC (SB 796, Whetmore, Chapter 1355, Statutes of 1972). SB 1346 (Business and Professions Committee, Chapter 758, Statutes of 1997) renamed SPAEC to Speech-Language Pathology and Audiology Board (SLPAB).

In 1998, Both HADEC and SLPAB were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee). The Joint Committee considered merging the two entities but did not ultimately do so. Two bills were introduced in 1998 which would have extended the regulation of Hearing Aid Dispensers: the first proposal, SB 1982 (Greene), would have combined the SLPAB with HADEC, and the second, AB 2658 (Wright), would have extended the sunset date of HADEC. Neither bill passed both houses, resulting in the sunset of both HADEC and SLPAB, the duties of which fell to the Department of Consumer Affairs (DCA). After being inoperative for six-months, SLPAB was ultimately extended by AB 124 (Ackerman), Chapter 436, Statutes of 1999. In 1999, AB 545 (Pacheco), Chapter 440, Statutes of 1999, established a 7-member Hearing Aid Dispensers Advisory Commission under the hearing aid dispenser program, and AB 2697 (Cardoza), Chapter 277, Statutes of 2000, created the Hearing Aid Dispensers Bureau (Bureau) and reconstituted the Advisory Commission as a committee under the Bureau.

AB 1535 (Jones), Chapter 309, Statutes of 2009, created the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB or Board) by combining the regulatory programs of the SLPAB and the Bureau.

The Board exists to protect the public by licensing and regulating Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers who provide speech and hearing services to Californians. The Board sets licensing standards, examination requirements, enforces standards of conduct, investigates complaints against licensed and unlicensed practitioners, and takes disciplinary action when appropriate.

The Board licenses and regulates more than 35,000 licensees including 19,167 active Speech-Language Pathologists, 1,747 active Audiologists, and 1,154 active Hearing Aid Dispensers, among a total of 11 separate professions. Each profession has its own scope of practice, entry-level requirements, and professional settings, with some overlap in treated pathologies and rehabilitation.

- Speech-Language Pathologist – provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.
- Audiologist – identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.
- Dispensing Audiologists – perform the duties of an Audiologist as described above and authorized to sell hearing aids.
- Speech-Language Pathology Assistant – paraprofessionals who complete formal education and training and serve under the direction of a licensed Speech-Language Pathologist.
- Required Professional Experience (RPE) Temporary License – speech-language pathology and audiology applicants completing RPE to qualify for full licensure, practicing under the supervision of a licensed practitioner.
- Speech-Language Pathology Aide – support personnel approved to work directly under the supervision of a Speech-Language Pathologist. No requirement for formal education and training, but on-the-job training must be provided.
- Audiology Aide – support personnel approved to work under the supervision of a licensed Audiologist. No requirement for formal education and training, but on-the-job training must be provided.
- Speech-Language Pathology or Audiology Temporary License – Speech-Language Pathologist or Audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.
- Hearing Aid Dispenser – fit and sell hearing aids, take ear mold impressions, post fitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.
- Hearing Aid Dispenser Temporary License – Hearing Aid Dispenser, licensed in another state, who qualifies for a 12 month temporary license while seeking permanent licensure.

- Branch License – licenses issued to Hearing Aid Dispensers authorizing the dispenser to work at additional branch locations.

The Board’s mandates are to protect the public by licensing and regulating Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers who provide speech and hearing services to California consumers; to set entry-level licensing standards, which includes examination requirements that measure the licensees’ professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems; and, to enforce standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

The current SLPAHADB mission statement, as stated in its 2021-2024 Strategic Plan, is as follows:

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.

Board Membership and Committees

To balance the professional expertise and public input on the Board, the governance structure of the Board consists of two Speech-Language Pathologists; two Audiologists, one of whom must be a Dispensing Audiologist; two Hearing Aid Dispensers; and three public members, one of which who must be a licensed, Board-certified physician and surgeon in otolaryngology. Each of these members (except two public members) are appointed by the Governor. One public member is appointed by the Senate Rules Committee and one by the Speaker of the Assembly.

The current board members are listed below:

Board Member Roster					
Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Marcia Raggio (Chair), DAU Marcia Raggio, PhD is a Professor of Audiology at San Francisco State University. She earned her BA and MS degrees from the Communicative Disorders Program at San Francisco State University where she currently serves as the Acting Chairperson. She earned her doctorate in auditory neuroscience from the University of California, San Francisco. Marcia previously served as Chair and Board Member of the Speech-Language Pathology and Audiology licensing board of California for five years. She has been active in the California and American Academies of Audiology, and presently serves as the AuD program development consultant for the CSU Chancellor's Office. Marcia collaborated	12/17/12	11/14/19	1/1/23	Governor	Professional

Board Member Roster					
Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
for 18 years with scientists at UCSF on NIH supported cochlear implant studies. She has published numerous research articles, and has given many presentations at state, national and international venues.					
<p>Deborah “Debbie” Snow Deborah (Debbie) Snow was appointed by Darrell Steinberg, Chairman of the Senate Rules Committee as a public member to the Speech-Language, Pathology, Audiology and Hearing Aid Dispenser Board in November 2013. Ms. Snow received her Bachelor of Arts from California Baptist University in Riverside, CA, majoring in both English and Behavioral Science. Debbie is currently employed as a library assistant at University of California, Riverside and has spent her career working at various libraries. Debbie has been involved in consumer advocacy for several years and has frequently attended public meetings at California State boards. She has authored articles regarding consumer protection issues facing healing arts boards. Ms. Snow is a member of both California Women Lead and the Humane Society. She also volunteers at TRAX Equestrian Center, an organization established to enhance the lives of children with neurological disabilities by providing therapeutic horseback riding activities. Debbie is married and has one daughter.</p>	11/30/13	12/6/17	11/30/21	Senate	Public
<p>Karen Chang Karen Chang is a native Californian. Active in her community, she was past-President of the Taiwanese American Citizens League, a board member for Plaza De La Raza Child Development Services, and currently serves on the Citizens Technical Advisory Council for the Puente Hills Habitat Preservation Authority. Karen graduated from New York University Stern School of Business and received her Master's degree in Public Policy at the University of Southern California. She has worked for Congresswoman Hilda Solis and State Controller John Chiang. Karen is a public member of the Speech-</p>	12/6/17	N/A	11/30/21	Assembly	Public

Language					
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Board Member Roster

Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Pathology and Audiology and Hearing Aid Dispenser Board. Karen was appointed by Speaker Anthony Rendon.					
<p>Tod Borges, HAD</p> <p>Tod Borges is a licensed hearing aid dispenser that has been serving the community since 1998. Working in a variety of different areas in the hearing aid industry, he began his career in the Bay Area as a hearing aid dispenser for Miracle Ear, then transitioned to American Hearing Aid Associates where he worked with both audiologists and hearing aid dispensers as a practice management consultant. He has been an owner of a hearing aid business and currently works as a hearing aid dispenser for HearingLife Hearing Aid Centers in Lodi, California. Tod has assisted as a subject matter expert for the State as a practical exam proctor for many years. It has been his pleasure working with everyone in the extended hearing healthcare community and he looks forward to continuing that positive relationship with the Board. Tod was appointed by Governor Newsom.</p>	12/4/19	N/A	1/1/23	Governor	Professional

<p>Holly Kaiser (Vice Chair), SLP Holly Kaiser, M.A., CCC-SLP, is a licensed Speech-Language Pathologist and was appointed to the Board by Governor Gavin Newsom on May 14, 2020. Holly has specialized in school-based therapy, consultation, and administrative services for over four decades. She is from Battle Creek, Michigan and received her Bachelor of Arts in Audiology and Speech Sciences from Michigan State University and her master’s degree with honors in Speech-Language Pathology from Central Michigan University. Until her recent retirement, Holly was an owner and Chief Operating Officer for Creative Strategies for Special Education, a consulting firm for schools and businesses that work with schools nationwide. In 1999, Holly co-founded Progressus Therapy, a national company that provides early intervention and school-based speech-language, occupational, and physical therapy</p>	5/14/20	N/A	1/1/24	Governor	Professional
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Board Member Roster

Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
<p>services. She also founded a Bay Area company, Holly Kaiser Therapy Services in Northern CA, that offered a variety of special education services from 1981-2000. She currently serves as a Director at Large on the California Speech-Language-Hearing Association (CSHA) Board of Directors. Her previous position for CSHA was as the State Education Advocacy Leader representing the state of California to the American Speech-Language Hearing Association. CSHA awarded Holly as a Fellow of the Association in 2015 and with Honors of the Association in 2018.</p>					

<p>Gilda Dominguez, SLP Gilda Dominguez M.S., CCC-SLP, CSSGB, is a licensed Speech-Language Pathologist. Gilda is a native Californian. Gilda earned a Bachelor of Arts degree with a major in Speech and Hearing Sciences from the University of California, Santa Barbara and a Master of Sciences degree in Communicative Disorders from California State University, Northridge. Her clinical experience includes evaluation and treatment of communication disorders and dysphagia across the age span (pediatrics through geriatrics). She has worked in a variety of settings such as the hospital, outpatient clinic, skilled nursing facility and home health settings. Gilda is currently working at Emanate Health, in Southern California, as a Corporate Director and is employed as a Surveyor at CARF International. In her leadership role at Emanate Health, she oversees the Speech Pathology, Acute Rehabilitation, Home Health, Hospice and Palliative Care Departments. Gilda is a member of the American Speech Hearing Association. Gilda has served on the California Speech, Language and Hearing Association (CSHA) as the Director Elect and Director of District 7. CSHA awarded Gilda with an Outstanding Service Award in 2015 and an Outstanding Leadership Award for District 7 in 2020. Gilda has hosted and has been a speaker at CSHA events. Gilda is a Certified Six Sigma</p>	5/10/21	N/A	1/1/25	Governor	Professional
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Board Member Roster

Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
<p>Greenbelt earning her certification through the Joint Commission and Emanate Health. In 2017, Emanate Health presented Gilda with the Robust Process Improvement Lean Six Sigma Leadership of the Year Award for her exemplary leadership and commitment in transforming their culture to one of high reliability. She is currently training as a Six Sigma Black Belt. Gilda was appointed to the Board by Governor Gavin Newsom in May of 2021.</p>					

<p>Amy White, DAU Amy E. White, Au.D. of Sloughhouse, is a licensed Audiologist and was appointed to the Board by Governor Gavin Newsom on December 20, 2021. Dr. White has been Service Chief for Audiology and Speech-Language Pathology for the Veterans Health Administration, Northern California Region since 2021 and has been Chief Executive Officer and Audiologist at Elk Grove Hearing Care since 2015. She served as a Clinic Co-Coordinator and Instructor at California State University, Sacramento and as Clinic Director at the University of the Pacific's Hearing and Balance Center. She has been an Audiologist in California since 2008. Dr. White earned a Doctor of Audiology degree from Utah State University. She is a member of the California Academy of Audiology, American Academy of Audiology and the American Speech-Language Hearing Association.</p>	12/20/21	N/A	1/1/24	Governor	Professional
<p>Tulio Valdez, Otolaryngologist Dr. Tulio A. Valdez is a licensed Otolaryngologist and public member that was appointed to the Board by Governor Gavin Newsom on December 20, 2021. Dr. Valdez is a surgeon scientist born and raised in Colombia with a subspecialty interest in Pediatric Otolaryngology. He attended medical school at Universidad Javeriana in Bogota Colombia before undertaking his residency in Otolaryngology, Head and Neck Surgery at Tufts University in Boston. He completed his Pediatric Otolaryngology Fellowship at Texas Children's Hospital (2007), Houston and</p>	12/20/21	N/A	1/1/24	Governor	Public

Board Member Roster					
Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
obtained his Master's in Clinical and Translational Research at the University of Connecticut. Clinically, Dr. Valdez is the surgical director of the pediatric sleep program. He has a special interest in the management of sinus disease in cystic fibrosis. Dr. Valdez has co-authored one textbook and numerous book chapters and scientific manuscripts. Dr. Valdez continues his clinical research in these areas, particularly with a focus on aerodigestive disorders. Scientifically, Dr. Valdez has developed various imaging methods to diagnose otitis media and cholesteatoma a middle ear condition that can lead to hearing loss. He was part of the Laser Biomedical Research Center at Massachusetts Institute of Technology. His research includes novel imaging modalities to better diagnose ear infections one of the most common pediatric problems. His research has now expanded to include better intraoperative imaging modalities in pediatric patients to improve surgical outcomes without the need for radiation exposure. Dr. Valdez believes in the multi-disciplinary collaborations to tackle medical problems and has co-invented various medical devices and surgical simulation models.					
Vacant, Hearing Aid Dispenser				Governor	Professional

The Board has one statutorily mandated committee, the Hearing Aid Dispensing Committee (BPC Section 2531.05). This committee must include both licensed Audiologist board members, both licensed Hearing Aid Dispenser board members, one public member, and the licensed Otolaryngologist board member. The committee is tasked with reviewing and researching the practice of fitting or selling hearing aids and advises the board about this practice based on that review and research. It provides policy and regulatory guidance with respect to Hearing Aid Dispenser practices and recommends scope of practice amendments for consideration.

The Board has two additional standing committees that address issues and changes in the respective practices of speech-language pathology and audiology. The members of these committees are appointed by the Board Chair. The structure of these committees is at the Board Chair's discretion. Currently, the Audiology Practice Committee and Speech-Language Pathology Practice Committee address changes in practice patterns and recommend position statements and scope of practice amendments for consideration.

The Board has recently identified and established three ad hoc committees consisting of two members for the purpose of working with staff to research and gather information on Board issues. When the

Board requires additional information from the public, it invites interested parties to either a Board or committee meeting to provide the needed input and information. In light of the Board's limited resources, these informal meetings are a cost-efficient means of gathering information for discussion by the full Board which enhances the process of the Board's public meetings and addresses the needs of the profession and consumers in California.

The Enforcement Committee reviews and recommends proposed revisions to the laws, regulations, and policies related to the Board's enforcement activities. The Legislative Committee reviews and recommends proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act. The Sunset Review Committee develops the Board's Sunset Report to the Legislature.

The Board has not experienced a lack of a quorum within the past four years; however, in 2021 the Audiology Practice Committee and the Hearing Aid Dispensing Committee have experienced a lack of quorum due to three vacancies on the Board. This issue is further discussed in Issue # 2 below.

The Board is a voting member of the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology, which is a national professional organization for state licensing Boards to network and discuss practice issues. Topics include licensing and examination changes, enforcement trends and consumer protection issues, expansion of scopes of practice, and general health care evolution.

Fiscal, Fund and Fee Analysis

As a regulatory board within the DCA, the Board is entirely funded through regulatory fees and license renewal fees and does not receive funds from California's General Fund (GF).

The Board's fund condition is included below:

**Speech-Language Pathology, Audiology, and Hearing Aid Disp
(Dollars in Thousands) Fund Condition based on FM06**

	Actual 2020-21	CY 2021-22	BY 2022-23	BY+1 2023-24
BEGINNING BALANCE	\$ 1,853	\$ 1,545	\$ 976	\$ 1,289
Prior Year Adjustment	\$ -35	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,818	\$ 1,545	\$ 976	\$ 1,289
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4129200 - Other regulatory fees	\$ 37	\$ 39	\$ 36	\$ 36
4129400 - Other regulatory licenses and permits	\$ 381	\$ 472	\$ 529	\$ 529
4127400 - Renewal fees	\$ 1,766	\$ 2,092	\$ 2,289	\$ 2,289
4121200 - Delinquent fees	\$ 29	\$ 29	\$ 27	\$ 27
4171400 - Canceled Warrants Revenue	\$ 5	\$ 3	\$ 8	\$ 8
4163000 - Income from surplus money investments	\$ 10	\$ 3	\$ 6	\$ 7
Totals, Revenues	\$ 2,208	\$ 2,638	\$ 2,895	\$ 2,896
General Fund Transfers and Other Adjustments				
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 2,208	\$ 2,638	\$ 2,895	\$ 2,896
TOTAL RESOURCES	\$ 4,026	\$ 4,183	\$ 3,871	\$ 4,185
EXPENDITURES AND EXPENDITURE ADJUSTMENTS				
Expenditures:				
1111 Program Expenditures (State Operations)	\$ 2,304	\$ 3,011	\$ 2,400	\$ 2,472
9892 Supplemental Pension Payments (State Operations)	\$ 38	\$ 38	\$ 38	\$ 38
9900 Statewide Pro Rata	\$ 139	\$ 158	\$ 144	\$ 144
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 2,481	\$ 3,207	\$ 2,582	\$ 2,654
FUND BALANCE				
Reserve for economic uncertainties	\$ 1,545	\$ 976	\$ 1,289	\$ 1,531
Months in Reserve	5.8	4.5	5.8	6.9

Speech-Language Pathologists, Speech-Language Pathology Assistants, Audiologists (non-dispensing), and CPD Providers' licenses all renew biennially, expiring on the last day of the licensees' birth month. All Hearing Aid Dispensers' and Dispensing Audiologists' licenses renew annually.

The fees established for Hearing Aid Dispensers are set in statute and are currently at the maximum level.

In 2015, DCA Budget Office recommended a fee increase to address a structural imbalance within the Board's budget. The Board subsequently approved a proposal to increase licensing fees for specified license types through a regulatory fee increase. The Board was able to finalize the regulatory fee increase with the Office of Administrative Law (OAL) for Audiologists, Speech-Language Pathologists, Speech-Language Pathology Assistants, and Speech-Language Pathology or Audiology Aides on June 29, 2021, with an implementation date of November 1, 2021 for the specified fee increases. With this regulatory fee increase, most license types are at their statutory maximum level.

Fee Schedule and Revenue								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	% of Total Revenue	
Other Regulatory Fee								
License Certification Letter (7700)	\$10	\$25	9	7	8	9	0.41%	
Duplicate License (7700)	\$25	\$25	11	11	11	9	0.41%	
Citation & Fine (7700)	Various	\$5,000	8	10	12	8	0.36%	
License Certification Letter (6700)	\$15	\$15	1	1	1	2	0.09%	
Duplicate License (6700)	\$25	\$25	26	11	5	1	0.05%	
Citation & Fine (6700)	Various	\$2,500	10	0	15	8	0.36%	
Licenses & Permits								
CPD Provider App	\$200	\$200	4	5	2	3	0.14%	
SLP App	\$60	\$150	97	96	103	126	5.71%	
SLPA App	\$50	\$150	29	31	31	28	1.27%	
AU App	\$60	\$150	5	4	5	7	0.32%	
Aide Registration	\$10	\$30	1	1	1	1	0.05%	
HAD App	\$75	\$75	17	8	12	13	0.59%	
HAD Initial License	\$280	\$280	57	66	38	21	0.95%	
DAU License	\$280	\$280	2	0	1	3	0.14%	
Written Exam*	\$225	\$225	100	80	57	46	2.08%	
Practical Exam*	\$500	\$500	124	102	71	72	3.26%	
HAD Temporary License	\$100	\$100	1	0	1	1	0.05%	
Branch License	\$25	\$25	5	6	6	7	0.32%	
HAD Trainee License	\$100	\$100	17	17	12	10	0.45%	
CE Provider	\$50	\$50	25	15	28	27	1.22%	
Over/Short Fees	Not Applicable	Not Applicable	1	1	1	2	0.09%	
Refunds	Not Applicable	Not Applicable	2	2	1	4	0.18%	
Renewal Fees								
Biennial SLP	\$110	\$150	833	856	899	955	43.25%	
Biennial AU	\$110	\$150	26	23	27	26	1.18%	
Biennial CPD	\$200	\$200	15	13	14	12	0.54%	
Biennial SLPA	\$75	\$150	103	112	118	134	6.07%	
HAD Trainee*	\$100	\$100	16	18	16	13	0.59%	
Annual HAD	\$280	\$280	285	287	299	304	13.77%	
Annual Branch	\$25	\$25	14	17	16	16	0.72%	
Annual DAU	\$280	\$280	299	332	328	298	13.50%	
Delinquent Fees								
SLP Delinquent Renewal	\$25	\$25	14	15	18	18	0.82%	
AU Delinquent Renewal	\$25	\$25	0	0	1	1	0.05%	
SLPA Delinquent Renewal	\$25	\$25	3	3	3	5	0.23%	
HAD Delinquent Renewal	\$25	\$25	3	3	3	3	0.14%	
DAU Delinquent Renewal	\$25	\$25	1	1	1	1	0.05%	

Fee Schedule and Revenue								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	% of Total Revenue	
Branch Delinquent Renewal	\$25	\$25	1	1	1	2	0.09%	
Income from Surplus Money Investments	Not Applicable	Not Applicable	31	59	48	9	0.41%	
Revenue Cancelled Warrants	Not Applicable	Not Applicable	1	4	2	3	0.14%	
Dishonored Check Fee	\$25	Cost to DCA	1	1	1	0	0.00%	
*HAD Examination Fees are established by resolution of the Board. The fees listed in this table have been in effect since February 1, 2011.								
Legend								
AU = Audiologist		HAD = Hearing Aid Dispenser		7700 =				
AU/CPD/DAU/SLP/SLPA		SLP = Speech-Language Pathologist		6700 = HAD/ HAD				
CPD = Continuing Professional Development		SLPA = Speech-Language Pathology Assistant		HAD Temporary				
Trainee/ DAU = Dispensing Audiologist								

The Board operates on an annual budget of \$2.45 million, with approximately 36 percent of its budget devoted to enforcement, 21 percent to DCA pro rata, 18 percent to licensing, 17 percent to administration, and 8 percent to examinations

Expenditures by Program Component									(list dollars in thousands)
	FY 2017/18		FY 2018/19		FY 2019/20		FY 2020/21		
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	
Enforcement	\$310	\$298	\$294	\$198	\$391	\$265	\$381	\$497	
Examination	\$122	\$100	\$116	\$42	\$155	\$32	\$150	\$49	
Licensing	\$294	\$103	\$278	\$44	\$371	\$70	\$360	\$88	
Administration *	\$186	\$31	\$309	\$33	\$381	\$53	\$344	\$61	
DCA Pro Rata	\$0	\$453	\$0	\$673	\$0	\$661	\$0	\$520	
Diversions (if applicable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTALS	\$912	\$985	\$997	\$990	\$1,298	\$1,081	\$1,235	\$1,215	
*Administration includes costs for executive staff, Board, administrative support, and fiscal services.									

The DCA provides centralized administrative services to all boards, committees, commission and bureaus which are funded through a pro rata calculation that appears to be based on the number of authorized staff positions for an entity rather than actual number of employees. The Board paid DCA \$520,000 in Pro Rata for FY 2020/21, an average of 21 percent of its expenditures compared to the 14 percent average reported during the prior sunset review. Pro Rata is further discussed in Issue #5 below.

During the past four budget years, the Board's reserve level has ranged from 12.1 months to its current level of 5.8 months. The Board has projected that in Budget Year 2022-23, the Board will have a fund balance of \$1.3 million or 5.8 months in reserve.

There is no reserve level mandated by statute for the Board; however, the DCA Budget Office has historically recommended that smaller programs maintain a contingency fund slightly above the standard three to six months of reserve, which is typically recommended for agencies with moderate to larger budgets. Maintaining an adequate reserve of at least six months provides for a reasonable

contingency fund so that the Board has the fiscal resources to absorb any unforeseen costs, such as costly enforcement actions or other unexpected client service costs.

Currently, the Board, in coordination with DCA's Organizational Improvement Office and Office of Information Services, is undertaking a Business Modernization Project to move to new data systems that will provide access for licensees and applicants to apply for licensure online and complete online transactions. In 2020, the Board received budgetary authority to proceed with the project and an analyst position to address the increased workload during the development and transition to the system. The Board has now completed Stages 1 (Business Analysis) and 2 (Alternative Analysis) of the California Department of Technology's Project Approval Lifecycle (PAL). The Board has begun Stage 3 (Solution Development) of the process and will continue to complete the last two required PAL Stages in 2021. During the Fiscal Years 2021-22 and 2022-23, the Board will be expending significant funds to transition to a new system. The Board states that in future years, this level of expenditure will decrease significantly to ongoing maintenance costs.

Due to the growing licensee population in most licensing categories, the Board's expenditures have steadily increased during the past four budget years. While the Board maintained a healthy fund condition for the past four years, the Board did have a structural imbalance within its budget and implemented a regulatory fee increase to prevent the structural imbalance from having a detrimental impact on the Board's Fund. The most recent projections do not project fund insolvency in the near future. The Board is working with DCA's Budget Office to closely monitor its revenue and expenditures.

Staffing Levels

The Executive Officer is appointed by the Board. Paul Sanchez has served as executive officer since 2014. The Board reports that it is significantly understaffed, as the office is funded for only 12.6 positions yet is responsible for the oversight of over 35,000 licensees. This responsibility includes all aspects of licensing, examinations, enforcement, development of regulations, CE provider approval and licensee continuing education (CE) audits. With such a small number of staff, the loss of even one member can have a deleterious impact on the Board's ability to handle current workload demands.

Currently, the Board states it is only able to handle its current workload demands by utilizing significant overtime, but advises that given recent fund condition projections, coupled with additional revenue stemming from the recent fee increases, requests for additional spending and hiring are underway.

Licensing

The Board currently issues approximately 3,591 new licenses and renews approximately 13,038 licenses each year.

Overall, the Board reports increases in the application processing timeframes due to a number of factors. The Board cites an increase in the number of applications received as contributing to increased timeframes, as well as the large amount of incomplete applications the Board receives. According to the Board, there has been an average increase of 43 percent of incomplete applications from 2017-18 to 2020-21. The high level of incomplete applications creates additional workload for staff, including the need for additional communications with applicants regarding the deficiencies in their application, additional documentation processing once documents are received, and additional

review before final processing of each application. This incomplete workload takes staff longer to process applications even though the total number of applications may not have increased dramatically in 2020-21 due to COVID-19 delaying applicants' ability to complete their educational or fieldwork/professional experience requirements. The Board's Business Modernization Project is expected to significantly reduce the number of incomplete applications the Board receives as the system will be designed to require almost all required documentation to be uploaded along with the application at the time of submission. Additionally, the Board provides application checklists that detail all required documentation for the issuance of a license with each group application package. The Board's Executive Officer and staff also meet with academic faculty and students to educate future applicants about the Board's requirements.

Licensee Population					
License Type	License Status	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Aide	Active	142	130	120	94
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Delinquent*****	74	115	155	195
	Other	120	131	144	158
Audiologist	Active *	1,667	1,710	1,740	1,747
	Out of State *	171	188	200	206****
	Out of Country *	5	5	5	6****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive *	127	131	129	129
	Delinquent *	284	294	315	316
	Other *	907	948	986	1,067
Audiologist Temporary	Active	0	1	2	0
	Out of State	0	1	2	****
	Out of Country	0	0	0	****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Delinquent	0	3	5	8
	Other**	2	2	2	2
Continuing Professional Development Provider	Active	175	177	163	157
	Out of State	28	29	24	24****
	Out of Country	1	1	1	1****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	0	0	0	0
	Delinquent	2	1	2	3
	Other	194	208	225	244
Hearing Aid Dispenser	Active	1,107	1,166	1,174	1,154
	Out of State	56	56	57	53****
	Out of Country	0	0	0	0****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A

Licensee Population					
License Type	License Status	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
	Inactive	37	35	0	32
	Delinquent	155	173	500	213
	Other	1,715	1,795	1,945	1,909
Hearing Aid Dispenser Trainee	Active	154	152	134	151
	Out of State	6	1	2	3****
	Out of Country	0	0	0	0****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	1	1	1	1
	Delinquent	49	57	92	94
	Other**	941	1,076	1,169	1,245
Hearing Aid Dispenser Temporary License	Active	18	15	20	29
	Out of State	5	7	8	21****
	Out of Country	0	0	0	0****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Delinquent	10	16	19	18
	Other**	99	113	117	120
Hearing Aid Dispenser Branch License	Active	813	907	896	828
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Delinquent	503	448	500	610
	Other	1,352	1,674	1,944	2,150
Required Professional Experience	Active	886	915	1,058	1,147
	Out of State	122	116	129	147****
	Out of Country	0	0	5	2****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Delinquent	507	472	492	519
	Other**	1,894	2,876	3,773	4,688
Speech-Language Pathologist	Active	16,449	17,310	18,160	19,167
	Out of State	2,326	2,487	2,748	3,410****
	Out of Country	38	34	38	44****
	Retired <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	991	1,043	1,038	1,001
	Delinquent	2,528	2,879	3,090	3,064
	Other	6,774	7,073	7,440	8,063

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verifications from other states, national examination scores, and professional certifications. The Board does not receive primary source verification of CE completion through the DCA Cloud.

Applicants for licensure as a Speech-Language Pathologist or Audiologist must also complete an externship or RPE. This experience is completed under a temporary license which enables the individual to work under limited supervision. The externship is recorded on the Board's RPE Verification form which is completed by an approved licensed supervisor. The RPE supervisor is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE Temporary Licensee is competent to practice independently.

Applicants are required to declare, under penalty of perjury, whether they have ever been denied a professional license or had license privileges suspended, revoked or disciplined or if they have ever voluntarily surrendered a professional license in California or any other state. If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the conviction or disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences. The Board reports that it has not denied any licenses over the past four years based on the applicant's failure to disclose criminal history information on the application.

Prior to licensure, all applicants are required to submit fingerprints to the Department of Justice and to the Federal Bureau of Investigation. The National Practitioner Data Bank (NPDB) is the national databank for reporting discipline on healthcare professionals. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. The Board reports disciplinary actions taken against its licensees to NPDB. However, not all entities consistently comply with the reporting requirement. Therefore, the information may be either non-existent or out of date. The Board or the applicant is required to pay a fee for each query prior to receiving a response. Currently, the Board does not query the NPDB prior to issuing or renewing a license because of the fiscal impact.

The Board verifies an out-of-state applicant's licensure status through other state regulatory Boards. This verification process also provides any disciplinary history, if it exists. For verification of in-state licensure status the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing and the Consumer Affairs System. At each renewal, all licensees and registrants are required to report to the Board any conviction or disciplinary action taken against their license or registration during the last renewal cycle. The Board also receives subsequent conviction information on its licensees from the California Department of Justice via email notification. Once notified of the conviction or disciplinary action, the Board requests all relevant documentation to determine if any action by the Board is necessary.

The Board accepts two national examinations, the Praxis Examination for both speech-language pathology and audiology, both administered by the Educational Testing Service (ETS). While the Board is not directly involved with the development, scoring, and administration of the examination, the Board does conduct periodic audits through examination validation studies. These studies review the content and rigor of each examination to ensure that the scope of the examination and passing scores reflect the minimum standards of practice and entry-level requirements for licensure in California. The last audit conducted by the Board, with the facilitation of the Department's Office of Professional Examination Services, was completed in 2017 for the audiology examination, and 2016 for the speech-language pathology examination.

The American Speech-Language-Hearing Association commissions the ETS to conduct job analysis studies which are linked to the examination validation process. The Board reviews the ETS studies during its examination validation, and audit process, to determine whether the current professional expectations and job standards for speech-language pathology and audiology are congruent to those in California.

BPC Section 2532.2 and California Code of Regulations (CCR) Section 1399.152.1 includes an equivalency pathway for foreign-trained applicants. The regulations require that in lieu of a master's degree from an accredited university, an applicant may submit evidence of completion of at least 30 semester units acceptable toward a master's degree while registered in a degree program in speech-language pathology or audiology. The foreign-trained applicant must have their educational transcripts evaluated by an approved transcript evaluation service. The service provides the Board with a report of the courses taken and the academic units and clinical hours earned. The report also provides a conversion of the foreign grading scale and credit system into the U.S. grading scale, and an equivalency of the degree conferred at the international institution to that which would be earned in the U.S.

Once the Board receives an application and the transcript evaluation report, the transcripts and the evaluation report are sent to a Board-appointed expert reviewer to determine that equivalent educational and experience qualifications are met. The applicant must also take and pass the required national examination and complete the RPE to be eligible for a permanent license.

The Board has the authority to approve the professional training programs awarding graduate or doctorate degrees in speech-language pathology or audiology; however, it does not exercise such authority as the Board does not have the expertise or staff resources to serve as an accrediting body for professional training programs. Instead, the Board recognizes the accreditation of two professional accrediting organizations, the Council of Academic Accreditation, which is a subsidiary of American Speech-Language-Hearing Association and accredits both speech-language pathology and audiology programs, and the relatively new accrediting body, the Accreditation Commission for Audiology Education which accredits professional doctoral programs in audiology.

The Board independently reviews speech-language pathology assistant training programs. These programs are Associate of Arts or Science programs. Individuals with an undergraduate degree in Communication Disorders and Sciences may qualify for Speech-Language Pathology Assistant registration; however, the undergraduate program does not require independent review and approval by the Board. CCR Sections 1399.170.4-1399.170.10 provide for the institutional and program requirements that must be met in order for the program to be awarded Board approval. The Board utilizes the services of subject matter experts to review applications and supporting documentation for Speech-Language Pathology Assistant programs and make recommendations to Board staff regarding program approval.

The Board has approved seven Speech-Language Pathology Assistant programs which are offered at community colleges and can be found throughout the State. These programs must be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges. The Speech-Language Pathology Assistant programs may be reviewed or audited at any time; however, the Board only conducts subsequent site reviews for an approved school if there are concerns raised regarding the administration of the Speech-Language Pathology Assistant program. If a program fails to comply with the requirements for approval as set forth in CCR Sections 1399.170.4 - 1399.170.10, the Board can remove its approval of a Speech-Language Pathology Assistant program.

CE and CPD

Licenses are required to complete CE and CPD prior to licensure renewal, as specified below:

- *Speech-Language Pathologists, Audiologists, Dispensing Audiologists, & Speech-Language Pathology Assistants.* Licensed Speech-Language Pathologists and non-dispensing Audiologists are required to complete 24 hours of CPD/CE from a Board-approved provider during their preceding two-year license renewal cycle. Dispensing Audiologists are required to obtain 12 hours for each renewal with at least 50 percent of the CPD/CE in hearing aid related course work and the other 50 percent in courses directly relevant to the practice of audiology. Additionally, Speech-Language Pathologists and Audiologists that supervise RPE Temporary License holders and Speech-Language Pathology Assistants must initially obtain six (6) hours of CPD related to supervision prior to commencing supervision and also must obtain three (3) hours of CPD related to supervision every four (4) years for required professional development supervisors and every two (2) years for Speech-Language Pathology Assistant supervisors.

Speech-Language Pathology Assistants are also required to complete CPD/CE every two years; however, the 12 hours required of Speech-Language Pathology Assistants do not have to be obtained by Board-approved providers. Instead, the Speech-Language Pathology Assistant supervisor serves as a professional development coordinator for the Speech-Language Pathology Assistant and assists the paraprofessional in developing a plan to complete the required hours through attendance at state or regional conferences, workshops or formal in-service presentations.

CPD/CE requirements allow for a specified number of self-study courses, related coursework which may include more general medical or educational course offerings, and indirect client care courses which cover legal or ethical issues, managed care issues, consultation, etc.

- *Hearing Aid Dispensers.* Hearing aid dispensers are required to complete at least 12 hours of CE annually. At a minimum, nine (9) hours of CE must be related to direct patient care in the practice of dispensing and fitting hearing aids, while the remaining three hours may be in courses related to the discipline of hearing aid dispensing, ethics, office management, or managed care issues.

CE providers must have their courses approved by the Board. Board staff reviews the content of each course, along with the instructor's qualifications, and issues approval. If Board staff is unfamiliar with the subject area, an outside expert may be consulted.

In 2016, the Board promulgated a regulatory amendment that increased the CE requirement for Hearing Aid Dispensers from nine (9) to 12 hours annually and eliminated the 12-month grace period which allowed licensees an additional year to make-up deficiencies in CE.

Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the Board wherein actual course completion documents are requested of the licensees to verify the statements of compliance.

The Board states that its goal is to conduct random audit of five percent of its licensees annually to ensure compliance with CE requirements for license renewal. Due to staffing and resource issues, the Board last conducted a CE audit of all licensees in 2018. The next planned audit was scheduled to be completed in 2020; however, due to COVID-19 pandemic and DCA Waivers of all CE requirements for licensees, the Board did not pursue the CE audit in 2020 and plans to resume CE audits in 2022.

Licenses, as a condition of renewal, must certify that they have met the CE requirements specified in regulation for their license type. Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Failure by the licensee to produce the requested documentation can result in the Board issuing a citation and fine against the licensee. During a CE audit, the Board notifies licensees of their selection and request course completion documents for the renewal cycle being audited. The course completion documents are reviewed by Board staff to determine compliance with the CE requirements in terms of total number of hours obtained, approved provider status, and whether the course content is applicable to the profession.

Board staff reviews and approves applications for both CPD providers and CE courses. Board staff review applications for compliance with the respective regulations for CPD provider applications and CE course content requirements. Subject matter experts may be utilized if the course content is unfamiliar to staff or requires expert review by a licensed professional in order to determine the practice relevance of the course.

Enforcement

The Board's enforcement program is charged with investigating complaints, issuing penalties and warnings and overseeing the administrative prosecution of licensees and unlicensed personnel violating the Board's Practice Act. The Board reports that, due to increases in the number of licensees, it experienced an uptick in enforcement workload, specifically an average increase of 66 percent in complaints and increased numbers of reports like licensee arrest and convictions. The Board states that during that same timeframe, the Board's enforcement analysts have been able to maintain a high investigation closure rate, averaging approximately 239 per year, and have been able to reduce their investigation timeframes by 45 percent. This was achievable due to lower levels of staff attrition within the enforcement unit and improved investigations training for enforcement analysts.

The Board prioritizes cases as urgent, high, or routine in accordance with DCA's Complaint Prioritization and Referral Guidelines. Each case is reviewed and expedited according to the alleged violations. The Board advises that it takes immediate action to involve the DCA's Division of Investigations and/or the Office of the Attorney General when a complaint alleges any activity in which the probability of public harm is imminent.

The Board receives reports of licensee conduct through various sources stemming from mandatory reporting requirements outlined in BPC Code Section 800 which, among other notifications, ensures the Board is aware of situations involving professional negligence or incompetence based on professional liability insurer action and settlements; arbitration awards and; court judgments.

In 2010, DCA implemented the Consumer Protection Enforcement Initiative to better monitor and streamline enforcement of all healing arts boards. The DCA also established performance measures for each board of 12-18 months to complete customer complaints. According to the Board's Enforcement Performance Measure data, the Board consistently meets the targets for complaint intake and probation initial contact and violations but does not meet the performance targets for complaint investigation or formal discipline timeframes. The Board advises that while it has not been able to meet the performance targets for complaint investigation, the majority of investigations are closed within the performance target of 90 days, but due to the complexity of some complaints, additional investigative time is necessary.

The Board refers cases to the Office of the Attorney General for disciplinary action and notes that it considers many factors when settling cases. Settlements are based on the Board's Disciplinary

Guidelines and recommendations by the Office of the Attorney General. The Board considers the seriousness of the violations pled in the accusation, consumer harm, rehabilitation factors, and licensee complaint history when considering a settlement. In addition, the Board considers the costs and length of an administrative hearing versus the benefit of reaching a settlement and the likely outcome. The Board reports that it has worked to decrease timeframes for formal discipline by staying in communication with the Office of the Attorney General about cases, engaging in early settlement negotiations when appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. The Board notes that often delays in meeting targets are due to factors outside of the Board's control like Office of the Attorney General case processing and delays at the Office of Administrative Hearings.

The Board is authorized to issue citations which may contain an order of abatement and an order to pay an administrative fine. The Board issues citations for minor infractions like those related to advertising, failure to renew a license prior to the expiration, failure to keep updated records with the Board, failure to appropriately register support personnel or trainees prior to employing the personnel to provide services, CE compliance issues, or other instances that do not appear to directly impact patients and the public.

The Board seeks monetary restitution for consumers in cases regarding hearing aid returns and refunds, pursuant to the provisions of the Song-Beverly Consumer Warranty Act. If initial attempts at restitution by the Board are unsuccessful, the Board will order the Hearing Aid Dispenser to pay restitution in full to the consumer by means of an administrative order, stipulated settlement or in less egregious cases, through citation and fine. Payment to the consumer must be made within a specified period of time, typically not more than 30 days, and is tracked by the Board. Additionally, the Board can order restitution in cases involving Medi-Cal fraud, insurance fraud or in cases where a patient or client paid for services that were not provided.

PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

The Board was last reviewed by the Legislature through sunset review in 2016-2017. During the previous sunset review, six issues were raised. In January 2022, the Board submitted its required sunset report to the Senate Committee on Business, Professions, and Economic Development and Assembly Committee on Business and Professions (Committees). In this report, the Board described actions it has taken since its prior review to address the recommendations made. The following are some of the more important programmatic and operational changes, enhancements and other important policy decisions or regulatory changes made. For those which were not addressed and which may still be of concern to the Committees, they are addressed and more fully discussed under "Current Sunset Review Issues."

- **New leadership staff.** In January of 2020, the Board hired a new Assistant Executive Officer. During the transition to a new Assistant Executive Officer, Board leadership focused on retaining institutional knowledge, transferring responsibilities, and understanding of the Board's workload and process improvements underway.
- **A new strategic plan was adopted.** In November of 2020, the Board adopted its Strategic Plan for 2021-2024. The plan was developed through the Board's collaboration with its stakeholders and strongly emphasizes consumer protection around five goal areas with objectives focused on improving services to consumers and licensees, increasing outreach to stakeholders, and

enhancing the Board's enforcement program. Through interviews and surveys of its stakeholders, the Board identified challenges and opportunities in moving forward to build a foundation for the protection of, service to, and excellence in care of consumers with speech, language, and hearing impairments.

- **The Board has a new office.** In April 2021, the Board relocated its office to a new location which allows the Board to conduct Hearing Aid Dispenser practical examinations within its suite, provides necessary file and storage space, and provides adequate space for social distancing during a public health crisis.
- **Occupational analyses were completed.** BPC Section 139 and DCA policy require that California state licensing boards conduct regular occupational analyses of the professions as a fundamental part of each licensure program. In addition, BPC Section 139 and DCA policy also requires a review of any national examination program used by a California licensing board as part of its licensure program. The Board conducted an occupational analysis for Audiologists in 2017 and an occupational analysis for Hearing Aid Dispensers in 2020.
- **The Board's fund condition is more stable.** The Board advises that it does not predict insolvency in its fund in the future because of recent fee increases, and is continuing to work with DCA to monitor its budget. According to the Board, Business Modernization Project costs have been significantly reduced, which has resulted in a less drastic impact on the Board's Fund Condition in the near term. The Board now estimates that its Fund Condition shows 5.8 months in reserve in 2022-23 and 6.9 months in reserve in 2023-24. Fee increases also took effect, providing the Board additional revenue stability.
- **The Board took the lead to protect consumers who purchase locked hearing aids.** The Committees asked the Board what steps are necessary to protect consumers from harm stemming from locking procedures on hearing aids. Locking hearing aids creates a potential consumer protection issue since these can limit or restrict where hearing aid users can seek hearing aid programming and care. The Board sponsored legislation AB 435 (Mullin, Chapter 266, Statutes of 2021) to require Hearing Aid Dispensers and Dispensing Audiologists that sell hearing aids with locked software to provide consumers a written disclosure that about limitations regarding adjustments to their hearing aid and other related services caused by the locked software.

CURRENT SUNSET REVIEW ISSUES

The following are unresolved issues pertaining to the Board and other areas of concern that should be considered, along with background information for each issue. There are also recommendations Committee staff have made regarding particular issues or problem areas SLPAHADB needs to address. SLPAHADB and other interested parties have been provided with this Background Paper and SLPAHADB will respond to the issues presented and the recommendations of staff.

BOARD ADMINISTRATION ISSUES

ISSUE #1: (BOARD COMPOSITION.) Does the Board's composition need to be updated to include additional members of the public?

Background: In 2010, the Federal Trade Commission (FTC) brought an administrative complaint against the North Carolina State Board of Dental Examiners (BDE) for exclusion of non-dentists from the practice of teeth whitening. The FTC alleged that the BDE's decision was an uncompetitive and unfair method of competition under the FTC Act. This opened the BDE to lawsuits and substantial damages from affected parties.

The BDE was composed of 6 licensed, practicing dentists and 2 public members. The practice of teeth whitening was not addressed in the statutes comprising the Dental Practice Act. Instead of initiating a rulemaking effort to clarify the appropriate practice of teeth whitening, the BDE sent cease-and-desist letters to non-dentists in the state offering teeth whitening services. The BDE argued that the FTC's complaint was invalid because the BDE was acting as an agent of North Carolina, and according to state-action immunity, one cannot sue the state acting in its sovereign capacity for anticompetitive conduct. A federal appeals court sided with the FTC, and the BDE appealed to the United States Supreme Court (Court).

In February 2015, the Court agreed with the FTC and determined that the BDE was not acting as a state agent and could be sued for its actions. The Court ruled, "Because a controlling number of the Board's decision-makers are active participants in the occupation the Board regulates, the Board can invoke state-action antitrust immunity only if it was subject to active supervision by the State, and here that requirement is not met."

The Court was not specific about what may constitute "active participants" or "active supervision." However, the Court did say that "active supervision" requires "that state officials have and exercise power to review particular anticompetitive acts of private parties and disapprove those that fail to accord with state policy," and that "the supervisor must review the substance of the anticompetitive decision, not merely the procedures followed to produce it."

In October 2015, the FTC released a staff guidance, *Active Supervision of State Regulatory Boards Controlled by Market Participants*, in order to better explain when active supervision of a state regulatory board would be required in order for a board to invoke the state action defense. The guidance also aimed to highlight what factors are relevant when determining if the active supervision requirement has been satisfied. The FTC states that active supervision includes the ability of a state supervisor to review the substance of the anticompetitive decision and have the power to veto or modify a decision. The state supervisor may not be an active market participant. In addition, the FTC states that active supervision must precede the implementation of the alleged anticompetitive restraint.

The FTC states that the guidance addresses only the active supervision requirement of the state action defense, and antitrust analysis is fact-specific and context-dependent. This means that although a state action defense might not be applicable in a certain case, this does not mean that the conduct of a regulatory board necessarily violates federal antitrust laws.

On October 22, 2015, the Committees held a joint informational hearing to explore the implications of the Court decision on the DCA's professional regulatory boards and consider recommendations.

In response to the Court's decision, State Senator Jerry Hill requested an opinion from the Office of Attorney General Kamala Harris (AG). The AG released the following:

“North Carolina Dental has brought both the composition of licensing boards and the concept of active state supervision into the public spotlight, but the standard it imposes is flexible and context-specific. This leaves the state with many variables to consider in deciding how to respond.

“Whatever the chosen response may be, the state can be assured that North Carolina Dental's ‘active state supervision’ requirement is satisfied when a non-market-participant state official has and exercises the power to substantively review a board's action and determines whether the action effectuates the state's regulatory policies.”

Boards like SLPAHADB are semiautonomous bodies whose members are appointed by the Governor. Although most of the non-healing arts boards have statutory authority for a public majority allotment in their makeup, most healing arts and non-healing arts boards are comprised of a majority of members representing the profession.

North Carolina State Board of Dental Examiners v. FTC placed limitations on the immunity of regulatory boards controlled by active market participants. This is because individuals who are directly affected by their own rulemaking may not be able to detect their biases, potentially placing their benefit over those of the public. As the Supreme Court stated, “Dual allegiances are not always apparent to an actor.”

Although the boards are tied to the state through various structural and statutory oversights, it is presently unclear whether current laws and practices are sufficient to ensure that the boards are state actors and, thus, immune from legal action. Changing SLPAHADB's composition to increase the number of public members may provide certain benefits such as: limiting the potential for Board action to be viewed as providing marketplace advantages to licensees, particularly in the hearing aid dispensing arena in light of recent federal action to make devices more accessible; decreasing SLPAHADB's risk of exposure to lawsuits and; orient the Board towards a more public, patient, and client centric program.

Staff Recommendation: *The Committees should discuss whether a proposal to alter the Board's composition may be beneficial to the Board, patients, clients, and the public.*

Board Response:

Currently, the Board has three (3) public members, one (1) of whom is a licensed physician and ENT. The Board is open to discussing the possibility of increasing the number of public members on our Board. We would note that increasing the number of Board members could have additional cost and quorum implications.

ISSUE #2: (HEARING AID DISPENSING COMMITTEE.) Should the size of the Hearing Aid

Background: The Hearing Aid Dispensing Committee is the Board's only statutorily required committee and must include the Board's two Audiologist board members, two Hearing Aid Dispenser board members, the Otolaryngologist public member, and one of the Board's two other public members. The Governor is responsible for appointing each of the Board members except for two public members, one of whom is appointed by the Senate Rules Committee and the other by the Speaker of the Assembly. The Hearing Aid Dispensing Committee has not had a quorum of members since January 1, 2021 due to the Dispensing Audiologist, one Hearing Aid Dispenser, and the Otolaryngologist positions being vacant. The Board asserts that the lack of a quorum requires the Board to address issues that would otherwise be under the Hearing Aid Dispensing Committee's purview.

For comparison, the Speech-Language Pathology and Audiology committees each have three and four members, respectively. The Board recommends reducing the size of the Hearing Aid Dispensing Committee to four members, specifically by eliminating one Audiologist position and allowing for another public member to serve on the Hearing Aid Dispensing Committee if the Otolaryngologist position is vacant.

Staff Recommendation: *The Board should explain to the Committees the difficulty filling the current vacancies and provide more information about what the Hearing Aid Dispensing Committee does. Moreover, the Committees should work with the Board to determinate the universe of options to address this issue.*

Board Response:

The primary responsibilities of the Hearing Aid Dispensing Committee (HAD Committee) are to provide policy and regulatory guidance with respect to hearing aid dispensing practices and recommend scope of practice amendments for consideration by the board. Accordingly, the HAD Committee is responsible for investigating issues involving the practice of fitting or selling of hearing aids and provides advice to the Board based on the committee's review and research of pertinent practice findings. Essential to this process is the composition of the committee's professional and public representation that provides critical perspectives to the deliberations of pertinent practice issues that ultimately lead to appropriate and effective recommendations to the board. The committee consistently operates with an awareness of relevant consumer protection issues. Thus, it monitors the needed requirements for maintaining the appropriate scope of practice for hearing aid dispensers, including issues involving continuing education and the supervision of hearing aid dispensing trainees.

The HAD Committee is the Board's only legislatively mandated committee and is required to have six members: two hearing aid dispensers, two audiologists, and two public members, one of which must be a licensed otolaryngologist (ENT). For the majority of 2021, this committee had three vacancies including a hearing aid dispenser, an audiologist, and a licensed otolaryngologist. Thus, the committee was unable to complete its work involving the potential development, review and revision of important policies related to the profession due to the lack of quorum. Consumers can be harmed if the Board is unable to address issues related to the hearing aid dispensing profession in a timely manner. Filling Board Member positions is outside the Board's control, and it cannot speak to the difficulties of filling vacancies for the appointing authorities.

The Board recommends amending BPC Section 2531.05 to change the membership of the HAD

Committee from six (6) members to four (4) members. The recommended language would eliminate one licensed Audiologist and one public member and allow for another public member to serve on the committee if the Otolaryngologist public member position is vacant. Alternatively, the Board and HAD Committee would benefit from having more flexibility in the mandated, specified positions.

ISSUE #3: (LICENSEE CONTACT INFORMATION.) Should the Board be authorized to require licensees to share and keep current their e-mail address with the Board?

Background: Under existing law, the Board has no authority to require licensees to provide an email address to facilitate communication with the Board. The Board asserts that email is critically important for information to be shared quickly, efficiently, and inexpensively. The Board notes that it relied heavily on email during the COVID-19 pandemic to provide licensees with updates regarding the Board’s office closure and waivers to various rules and regulations.

It is a stated goal in the Board’s Strategic Plan for 2021-2024 to receive the statutory authority to collect email addresses to better communicate with licensees. It does not propose requiring licensees to create an email account for the purposes of providing an email address to the Board.

Staff Recommendation: *The Board should explain to the Committees how it communicates with licensees who do not have an e-mail address on file and consider whether an opt-out would be appropriate for those licensees who prefer an alternative method of the communication.*

Board Response:

The Board communicates with its licensees in a variety of ways, including its website, traditional mail, and voluntary email/list serv groups based on their interests.

The current limitations on the Board’s ability to require email addresses from its licensees limits the effectiveness of Board communication of critical practice and emergency communications, such as those related to COVID-19, and changes to laws and regulations that impact the Board’s licensees. If given the authority to require licensees to provide their email address to the Board, an opt-out policy would be appropriate, and those licensees could continue to get information and updates from the Board on its website.

ISSUE #4: (REGULATIONS.) What is the current timeframe for Board regulatory packages to be approved and finalized?

Background: Promulgating regulations is at the heart of the Board’s work to implement the law and establish a framework for consumer protection. According to the OAL, a “regulation” is any rule, regulation, order or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it. When adopting regulations, every department, division, office, officer, bureau, board or commission in the executive branch of the California state government must follow the rulemaking procedures in the Administrative Procedure Act (APA) (Government Code section 11340 et seq.) and regulations adopted by OAL, unless expressly exempted by statute from some or all of these requirements. The APA requirements are designed to provide the public with a meaningful opportunity to participate in the adoption of regulations or rules that have the force of law by California state agencies and to ensure the creation of an adequate record for the OAL and judicial review.

The rulemaking process does provide some discretion to agencies. While each agency must comply with timeframe requirements and must produce the same uniform documents supporting rulemaking efforts to submit to OAL, there are not the same standards for how regulation packages are determined, written, and produced.

Prior to 2016, boards and bureaus like the Board that are organized within DCA filed rulemaking packages directly with OAL. Boards and bureaus were not required to submit rulemaking packages to DCA or the overseeing agency for review and approval prior to submission for publication in the Notice Register. OAL reported that this process was unusual within state government: most programs must submit regulations packages to their respective agency for approval. As a result, in September 2016, the Secretary of the Business, Consumer Services and Housing Agency (BCSH) changed the procedures: boards and bureaus were now required to submit rulemaking packages to the DCA and BCSH for review prior to filing with OAL. BCSH stated that the reason for the decision was an increase in the number of regulations disapproved by OAL for failing to meet their statutory requirements.

According to a 2019 DCA report to the Legislature, Internal Review of Regulation Procedures, “the resulting enhanced scrutiny from Agency and DCA’s Legal Affairs Division successfully reduced the number of disapproved regulation packages, with the number of disapprovals falling from nine in 2016 to only one in 2018.” The report also found that “while disapproval rates plummeted, a consequence was lengthened timelines to adopt regulations. Several boards and bureaus raised objections to the lengthened review time and reported difficulty obtaining timely updates about regulation packages under review.” The “pre-review” process required regulations to go through DCA’s entire review process prior to the package being submitted for public comment. DCA established a formal Regulations Unit to “minimize the length of time it currently takes to review regulatory packages; allow board and bureau attorneys to focus on the increased workload of non-regulatory work; respond to the demand of regulation packages under review and the increase of regulation packages from AB 2138 (Chiu and Low; Chapter 995, Statutes of 2018); avoid the habitual carry-over of regulation packages; and, enhance the level of regulation training provided to boards and bureaus to improve the quality of regulations and create efficiencies by having better quality packages submitted for review.”

It would be helpful for the Committees to have a better understanding of the status of necessary Board regulations, the timeframe for regulations to be processed and complete and what efficiencies the Board has realized since the creation of the Regulations Unit.

Staff Recommendation: *The Board should provide the Committees with an update on pending regulations and the current timeframes for regulatory packages. In addition, the Board should inform the Committees of any achieved efficiencies in promulgating regulations in recent years.*

Board Response:

The Board is pleased with the recent progress Board staff have been making on its regulatory packages. The Board completed two (2) regulatory packages in 2021, is actively working on seven (7) regulatory packages and has four (4) regulatory packages that need additional staff and legal review prior to actively working on these regulatory packages.

The timeframe of each regulatory package depends on the complexity of the proposed changes, but the Board expects to notice four (4) more regulatory packages by the end of 2022 and expects these four (4) regulatory packages to be completed in early to mid-2023. For example, even making small changes to reduce barriers to licensure for some applicants leads to extensive changes being needed

due to some of the antiquated regulations the Board has.

In August of 2021, the Board was able to fill a fulltime regulations analyst position that is dedicated to working on regulatory packages, prior to that, the Board's parttime legislative analyst was working on regulations packages as time permitted. The additional resources made available through the DCA Regulations Unit was a critical addition for the Board in 2020 and allowed the Board to continue its regulatory work for much of the year even as Board leadership was dealing with added pandemic related responsibilities and staff leave during that time period.

BOARD BUDGET ISSUES

ISSUE #5: (COST PRESSURES BEYOND THE BOARD'S CONTROL AND IMPACTS TO THE FUND) The Board pays over 20 percent of its revenue to pro rata costs charged for various services. Recent increases to the Attorney General's client billing rate for hours spent representing the Board in disciplinary matters may result in cost pressures for the Board's fund. What options does the Board have when cost pressures beyond its control impact revenue and expenses?

Background: The DCA is almost entirely funded by a portion of the licensing fees paid by California's state-regulated professionals in the form of "pro rata." Pro rata funds DCA's two divisions, the Consumer and Client Services Division (CCSD) and the Division of Investigations (DOI). CCSD is the primary focus of this issue and contains the Administrative and Information Services Division (the Executive Office, Legislation, Budgets, Human Resources, Business Services Office, Fiscal Operations, Office of Information Services, Equal Employment Office, Legal, Internal Audits, and SOLID training services), the Communications Division (Public Affairs, Publications Design and Editing, and Digital Print Services), and the Division of Program and Policy Review (Policy Review Committee, Office of Professional Examination Services, and Consumer Information Center).

Pro rata is apportioned primarily based on the number of authorized staff at each board, rather than based on the amount of DCA's services programs use. DCA does charge boards based on actual use for some services, such as the Office of Information Services, the Consumer Information Center, the Office of Professional Examination Services, and DOI. Based on DCA's own figures, actual pro rata costs for every board have increased of an average of over 100 percent since FY 2012-2013.

The Board pays pro rata from its fund, the majority of revenue for which comes from licensing and renewal fees. It would be helpful for the Committees to understand what services it receives for the high pro rata costs it pays DCA.

In July of 2019, the California Department of Justice announced that it was utilizing language included in the Governor's Budget authorizing it to increase the amount it billed to client agencies for legal services. The change was substantial: the attorney rate increased by nearly 30% from \$170 to \$220, the paralegal rate increased over 70% from \$120 to \$205, and the analyst rate increased 97% from \$99 to \$195. While justification was provided for why an adjustment to the rates was needed, the rate hike occurred almost immediately and without meaningful notice to client agencies. For special funded entities such as the Committee, unexpected cost pressures can quickly prove problematic. It would be helpful to understand whether the Board has had any fiscal challenges resulting from the increase in the Attorney General's billing rate.

The Board does not have dedicated information technology staff and utilizes DCA Web and SharePoint Services staff to post and update content on the Board's website. The Board pays DCA Pro Rata that covers the Board's shared costs for these services.

Staff Recommendation: *DCA and the Board should explain to the Committees what services the Board receives for the pro rata costs it pays DCA. Furthermore, the Committees may wish to inquire about the Board's ability to update its website as needed.*

Board Response:

The Board addresses cost pressures within its control by continuously monitoring its budget and costs, and when necessary, reduce expenditures for a variety of costs including supplies, mailings, travel, and occasionally delaying examination workload until the Board can fund the work.

When Office of Attorney General (OAG) costs exceed the Board's budget, the Board can request a current year augmentation for those costs and for Office of Administrative Hearings, which the Board had to do in the 2020-21 Fiscal Year. This ensures the Board can continue its mission critical consumer protection enforcement actions. The Board closely monitors each AG case including monthly billing reports and actively provides direction for each case.

In the first year after the OAG fee increases, the Board saw a 28 percent increase in its OAG costs over the prior two fiscal years average. In terms of OAG and other legal fees, these costs can be significantly increased by even one case where the respondent licensee exercises their right to appeal all the way up to the superior court (Writ).

The Board gets some of the following services for DCA Pro Rata:

- Human Resources including payroll processing and positing of job vacancies,
- SOLID Training and Planning Solutions for their WebEx meeting moderation services, Strategic Planning, surveys, and staff training;
- Legal Affairs for legal advice and counsel;
- Business Services Office for contracts, purchases, and payments;
- Office of Information Services for PC support, telecom needs, networking needs, web posting, and business modernization projects; and
- Publication design and digital print services.

It would be extremely difficult for the Board to be able to afford to hire staff to perform any or all these functions and thus utilizing DCA resources that are paid for through Pro Rata are the best utilization of the Board's resources for these types of functions.

Regarding the Board's ability to update its own website, the Board does not have the staff resources necessary for current Licensing and Enforcement workload let alone any resources it could dedicate to the ADA remediation and posting of content to our website. DCA Web and SharePoint Services fairly intakes and triages board and bureau requests for website updates based on legal posting requirements, urgency, and level of ADA remediation needed for content.

BOARD LICENSING ISSUES

ISSUE #6: (SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AIDES) Should renewal and CE requirements for Speech-Language Pathology and Audiology Aides be enacted?

Background: Speech-Language Pathology and Audiology Aides are permitted to assist licensed Speech-Language Pathologists and Audiologists under direct supervision or under an alternative plan of supervision. As a permitted designation, Speech-Language Pathology and Audiology Aides have no formal education requirements, standards for discipline, or CE requirements. In FY 20-21, there were only 28 registered Speech Language-Pathology Aides operating in California. In contrast, in FY 20-21, there were 4,146 Speech-Language Pathology Assistants, a licensed position that fills many of the same roles of care and has annual renewal requirements.

In 2016, the Board sought to eliminate the Speech-Language Pathology Aide designation, but the Committees chose not to pursue the Board's recommendation given the impact it would have on current Speech-Language Pathology Aides. The Board remains concerned that the lack of renewal or CE requirements for this designation jeopardizes consumer protection. The Board proposes to establish renewal and CE requirements for Speech-Language Pathology and Audiology Aides.

Staff Recommendation: *The Board should provide more information to the Committees about harm that has occurred, consumer complaints, and any enforcement actions taken by the Board. The Committees may wish to consider the potential impacts of imposing renewal or CE requirements, including benefit to consumers, costs to Speech-Language Pathology Aides, and enforcement by the Board.*

Board Response:

The Board receives very few complaints against Speech-Language Pathology and Audiology Aides (Aides); however, the law stipulates that the supervising Audiologist or Speech-Language Pathologist is always responsible for support personnel under their supervision and the quality of care and services provided to the client. Patients served by Audiology Aides could be at risk of physical harm such as punctures of the skin in the ear, ear canal, and ear drum if audiological or tympanometric procedures or ear mold impressions are performed incorrectly or without adequate training and supervision.

While most support for Speech-Language Pathologists comes from licensed Speech-Language Pathology Assistants (SLPAs), support personnel that are registered as Speech-Language Pathology Aides are not required by law to renew or receive ongoing training. For Audiologists, support comes from Audiology Aides that may have a broader range of duties (there is no distinction for individuals with more education and experience like there is for SLPAs) but who are also not required by law to renew or receive ongoing training.

Support personnel for other professions, such as veterinary assistants, certified nurse assistants, and registered dental assistants have renewal requirements, and certified nurse assistants and registered dental assistants also must complete in-service or continuing education hours to keep abreast of necessary skills.

The Board recommends the Committees consider strengthening consumer protections related to the Aides registration by creating renewal and CE requirements for these registrants that will help ensure these individuals keep abreast of necessary knowledge and skills specific to their support duties.

ISSUE #7: (AUDIOLOGY LICENSING REQUIREMENTS) Should the audiology licensing requirements be updated to reflect current educational and professional experience standards?

Background: Current law requires applicants for licensure as an Audiologist to satisfactorily complete 12 months of full-time professional experience, or the part-time equivalent, following the didactic and clinical rotation requirements of their doctoral program. CCR require students to complete a minimum of 300 clinical hours, although California State University system and private audiology doctoral programs generally require students to complete about 1,850 clinical and professional experience hours.

The Board asserts that the requirement to complete 12 months of professional experience, or the part-time equivalent, following the didactic and clinical rotation requirements impedes licensure for international students who are unable to complete the 12-month professional education requirement due to visa limitations; applicants who completed their doctoral education in another state where 12 months of professional experience are not required; students who accrue 12 months' worth of hours in fewer than 12 months; and students who are unable to complete 1,850 hours in 12 months.

The Board proposes allowing hours accumulated in clinical rotations or experiences to count towards the 12-month professional experience requirement. This change would make California aligned with national standards.

Staff Recommendation: *The Committees may wish to gain information from program directors about current program requirements for clinical training and professional experience. Moreover, the Committees should consider whether program completion or completion of a minimum number of hours of clinical training or professional development could provide greater flexibility to aspiring Audiologists while maintaining the same level of rigorous education and training.*

Board Response:

In 2008, California changed its entry level requirement for licensure in audiology to that of a clinical doctorate (see Business and Professions Code (BPC) Section 2532.25.) Under these updated requirements, applicants must complete the requirements in BPC Section 2532.25 (b)(2), which states that applicants must 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. The statute further states that the required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

In 2020, it was brought to the board's attention by the audiology doctoral program directors in California that while they saw the value in requiring the RPE license, the requirement that all RPE clinical hours had to be earned following the completion of all programmatic coursework and clinical rotations was creating a significant hardship for their students. During multiple meetings between the board's Audiology Practice Committee and the program directors of the audiology doctoral training programs in California, it was learned that there were several roadblocks created by the requirements of this statute:

- 1) International students who were earning their clinical doctorates in California, were limited by visa requirements that only allow them to accrue external professional experience in the US for a total of 12 months, of which some of the time already had to be used during their clinical rotations. Leaving these students ineligible for a California license.
- 2) Students who completed their RPE in another state and were attempting to gain licensure in California were not able to do so if their clinical experience requirement was less than 12 months, but due to their total program clinical and professional experience hours combined would have benefited from greater flexibility.
- 3) Some students who were unable to complete all of the RPE hours in 12 months would have

benefited from the flexibility to meet the remaining month(s) with clinical rotations.

The Board had extensive discussions with doctoral audiology program representatives throughout 2020 regarding the potential to move to an hours requirement as opposed to a month's requirement, the biggest concern with simply moving to an hours requirement is that students can work extensive overtime hours to reach the 1,850 within as little as 8-9 months, which results in a crammed and non-optimal experience where the student does not learn all of the necessary components of the professional experience. Many programs expressed the need for a minimum number of months of professional experience was necessary to accrue all the necessary components of the professional experience. There were two additional problems identified by doctoral programs with moving to an hours-based requirement. Doctoral training program directors informed the Board that it is already very difficult to secure acceptable professional experience sites (called externship sites), and not being able to guarantee the student would be working at the site for a specified period of time would make this even more difficult to secure high-quality sites. The other problem doctoral programs expressed with moving to an hours-based requirement, was that it could create issues with the program's accreditation depending on their accreditation agency.

During the 2020 Audiology Practice Committee and Board meetings, information was provided by audiology doctoral program directors regarding potential statutory changes. It was learned that due to the design of most clinical doctoral program curricula in audiology, students were receiving fully supervised training in a number of clinical rotations during the first few years of their programs. Thus, discussions arose that suggested that the board might allow part of the time spent in some pre-RPE experiences to count toward the RPE requirement of 12 months. These discussions on how to implement the changed statutory requirements through regulations are currently ongoing, but considering these discussions, allowing at least some aspects of the supervised clinical rotation time should be counted. The Board is currently developing a survey to seek more detailed clinical training and professional experience data from program directors to better inform the Board's future development of regulations.

The Board recommends updating the Audiology licensing requirements to reflect current educational and professional experience standards while also reducing barriers to licensure for students that hold international visas or were educated outside of California.

ISSUE #8: (RECIPROCALITY) Should the Board grant reciprocity for licensure to applicants who hold the national Certificate of Clinical Competence in audiology (CCC-A) issued by the American Speech-Language-Hearing Association, or the American Board of Audiology certification issued by the American Academy of Audiology?

Background: Prior to 2009, the Board was authorized to grant licensure as an Audiologist to applicants who had earned a national CCC-A from the American Speech-Language-Hearing Association. However, when the licensing requirements for Audiologists were amended in 2009 to require a doctoral degree, reciprocity was limited those individuals who earned a CCC-A on or before December 31, 2007.

The American Academy of Audiology similarly issues the American Board of Audiology certification, although the Board does not have the authority to accept the certification in lieu of the state's specified licensing requirements. Both certifications have specific education and training requirements for certification and require audiologists to participate in CPD and ethics training to maintain the certification.

The Board proposes to extend reciprocity to Audiologists who hold a CCC-A that was issued on or after January 1, 2008 and to Audiologists who hold the American Board of Audiology certification from the American Academy of Audiology.

Staff Recommendation: *The Board should provide additional information the Committees about the comparability of the CCC-A issued by the American Speech-Language-Hearing Association and the American Board of Audiology certification issued by the American Academy of Audiology to the state's current licensing requirements for Audiologists.*

Board Response:

Nationally, there are 13,727 ASHA certified CCC-A holders and 1,292 American Academy of Audiology certified ABA holders, many from other states, that would potentially qualify for California licensure and would benefit from this form of reciprocity.

The Board has reviewed and approved the CCC-A and ABA certifications as comparable to state licensure.

Both certifications require the following:

- A doctoral degree in audiology from accredited programs;
- The equivalence of a year of fulltime professional experience;
- Adherence to their own associations code of ethics; and
- CE for renewal of certification and require ethics as part of that CE.

The differences between the two certifications include:

- For initial certification –
 - ABA certification allows doctoral programs to be accredited by Accreditation Commission for Audiology Education (ACAE);
 - ABA requires 2,000 hours of supervised direct patient care experience while CCC-A requires 1,820 and after 2020 bases the experience on meeting 106 knowledge and skill points rather than number of hours over 9 months;
- For renewal of certification –
 - ABA requires 20 hours of CE per year while CCC-A requires 30 hours of CE every 3 years.

Due to current workforce shortages in the field of audiology, the lack of the deemed equivalent options further exacerbates the lack of access to audiological services for California consumers. The Board recommends the Committees consider extending the deemed equivalent options to ABA holders and CCC-A holders who graduated after 2008, which will enhance reciprocity for out-of-state license holders and most importantly enhance access to audiology services to California consumers.

ISSUE #9: (HEARING AID DISPENSER REGULATION MODERNIZATION) Should regulations and licensure requirements related to hearing aids and Hearing Aid Dispensers be updated to reflect the evolving marketplace?

Background: Hearing Aid Dispensers do not have any formal education requirements but must pass a written and practical exam for licensure in California. Hearing Aid Dispensers may fit and sell hearing aids, take ear mold impressions, perform postfitting procedures, directly observe the ear, and test

hearing for the purpose of fitting and selling hearing aids. Hearing Aid Dispensers licensed by another state may qualify for a temporary license in California for 12 months while seeking permanent licensure, and a Hearing Aid Dispenser Trainee License allows an applicant to work under the supervision of a licensed Hearing Aid Dispenser for up to 18 months.

Hearing Aid Dispensers must complete a minimum of 12 hours of approved CE annually. Nine (9) hours must be related to patient care while the other three (3) may be related to the practice of hearing aid dispensing, ethics, office management, or managed care issues. The Board has not completed an audit of CPD providers or licensees since 2018.

Hearing aids are available for purchase online, often advertised as one-size fits all or capable of being remotely modified for the buyer. The Federal Drug Administration (FDA) regulates hearing aid devices and does not restrict the sale of hearing aids online. Moreover, states are prohibited from imposing more restrictive regulations, unless granted a federal exemption. The Board requested an exemption from the FDA on May 30, 2012, and has not received a response.

Nonetheless, California has been regulating the sale of mail order hearing aids. California law requires the consumer's ear canal to be examined by a licensed physician, Audiologist, or a Hearing Aid Dispenser, and a medical referral in some cases. The Board maintains that these requirements protect consumer safety and should not be eliminated.

On October 20, 2021, the FDA issued a proposed rule to establish a new category of OTC hearing aids for adults with mild to moderate hearing loss. OTC hearing aids would be subject to specific manufacturing and labeling requirements to protect user safety but could be sold directly to consumers in person and online without the need for a medical exam or fitting. Hearing aids for adults with severe hearing loss and minors would be considered prescription devices subject to additional regulation. The proposed rule would continue to prohibit states from enacting more stringent requirements on the sale of OTC hearing aids.

Staff Recommendation: The Board should provide the Committees with information about potential impacts stemming from the federal proposed rule on the licensure of Hearing Aid Dispensers and the sale of hearing aids in California. The Committees may wish to further study the evolution of the marketplace for hearing aids in California and collect more information about national occupational licensing trends.

Board Response:

The Food and Drug Administration has proposed creating a new category of Over-The-Counter (OTC) hearing aids for mild to moderate hearing loss. Under the proposed regulation, individuals would not need a Board license to sell, dispense, distribute, or provide customer support for OTC hearing aids. However, sale and fitting of prescription hearing aids will still require Board licensure and oversight under the proposed regulations. Prescription hearing aids will continue to be needed for the foreseeable future as OTC hearing aids cannot address moderate to severe hearing loss, and most consumers are not able to discern their actual level of hearing loss.

Concerns raised by the Board include the following:

- Lack appropriate consumer protections in regard to device output levels and limits that could allow harm to the consumers ear, especially consumers with disabilities
- Need for age verification so that minors are adequately protected from purchasing inappropriate hearing devices

- Need for a federal return policy to ensure consumer protections

Consumers of hearing aid services are some of the State's most vulnerable populations, including disabled young children and the elderly. Patients of Hearing Aid Dispensers could be at risk of punctures to the skin in the ear, ear canal, and ear drum if otoscopy or ear mold impressions are performed incorrectly. Therefore, for both consumer protection and enforcement of laws regarding warranties for prescription hearing aids licensure of Hearing Aid Dispensers continues to be necessary despite the creation of OTC hearing aids for mild to moderate hearing loss.

ISSUE #10: (CE) Should the state's CE requirements for licensees be revised?

Background: Each profession licensed by the Board is required to complete CPD or CE requirements. Licensed Speech-Language Pathologists and Audiologists must complete 24 hours of CPD/CE every two-year license period. Dispensing Audiologists must obtain 12 hours of CPD/CE each renewal period, with six hours related to hearing aids and six hours related to audiology. Speech-Language Pathologists and Audiologists who will be responsible for supervising temporary license holders and assistants must take an additional six (6) hours of CPD related to supervision beforehand and complete three (3) hours of CPD every four (4) years for professional development supervisors and every two (2) years for Speech-Language Pathology Assistant supervisors. Speech-Language Pathology Assistants are also required to complete 12 hours of CPD/CE every two (2) years, achievable by attending conferences, workshops, formal presentations, self-study courses, related courses, none of which are required to be approved by the Board. Hearing Aid Dispensers must complete a minimum of 12 hours of approved CE annually. Nine (9) hours must be related to patient care while the other three (3) may be related to the practice of hearing aid dispensing, ethics, office management, or managed care issues.

Licensees must certify on their license renewal form that they have completed the required CPD/CE. Although the Board's goal is to annually audit five (5) percent of licensees, staff and resource shortages have prevented the Board from conducting an audit of all licensees since 2018. The COVID-19 pandemic delayed a scheduled audit in 2020, though the Board plans to resume CE audits this year.

If audited, licensees must provide documentation demonstrating completion of the CPD/CE requirements. To date, the Board and the DCA have not utilized CE document submission via the DCA Cloud. The Board has stated that it has been focused on priorities identified in their Business Modernization Project, including online application submission and application status tracking, but will be focusing on technological solutions to enhance the Board's CE audit capacity in the future.

Failure to meet the CPD/CE requirements may result in a citation and fine. The 2018 audit revealed that roughly 78 percent compliance rate among licensees. 17 percent of licensees were initially out of compliance and ultimately two (2) percent were cited and fined for failing to come into compliance.

The Board is also responsible for approving CPD providers and CE courses. Although the Board's goal is to conduct random audits of five (5) percent of CPD/CE providers, the Board has not conducted an audit since 2018 due to staff shortages and the impact of COVID-19 on CPD/CE completion.

Staff Recommendation: *The Board should provide more information about its staff and resource shortages and licensees' compliance with CPD/CE requirements. Moreover, the Committees may wish to evaluate the merit of CPD/CE and consider alternative strategies to ensure competency of licensees.*

Board Response:

The Board takes the continued competency of its licensees and the related continuing education requirements very seriously. Continuing Professional Development (CPD) and Continuing Education (CE) requirements are intended to protect consumers by ensuring licensees increase their professional knowledge and skill to maintain ethical and competent practice and enhance services to consumers. Over the last two years during the COVID-19 pandemic, there have been considerable advances in on-line self-study course offerings. Entire multi-day conferences were conducted that could be seen through live streaming (which is considered a live course) but also were recorded to be seen afterwards by even more learners as self-study courses. This provides far greater opportunities for licensees to learn. Many licensees who are juggling busy schedules and perhaps childcare, appreciate the flexibility of self-study so that they can have access to more CPD opportunities. Ultimately, consumer benefit when professionals are better trained to provide the best evidence-based services and practices. The Board discussed all these considerations and has been revising the current CPD requirements for Speech-Language Pathologists and Audiologists to reduce the burdens of the current 25 percent limitation on self-study to 50 percent as well as clarifying the definition of what constitutes self-study. This change will bring conformity with the self-study limitation for Hearing Aid Dispensers and Dispensing Audiologists.

Regarding CE Audits, the Board last conducted a CE Audit in 2018, where 5 percent of licensees were audited. For the 2018 CE Audit, the initial pass rate was 79 percent (a fail rate of 21 percent), where 17 percent failed to meet CE/CPD requirements and 4 percent did not respond to the Board. Of those that initially failed the audit, approximately 70 percent of those that failed corrected their deficiency within 30 days, resulting in 11 percent of those that failed or did not respond to the CE Audit being cited and fined. Of those that initially failed the audit, the reasons for failure included the following:

- 73 percent did not have evidence of completion of the required hours (most were able to get this evidence and correct the deficiency within 30 days)
- 17 percent exceeded self-study limitations
- 10 percent took non-approved CE courses or courses from non-approved providers

The Board had planned to conduct another CE Audit in 2020, however with the onset of the COVID-19 pandemic and the waiving of all CPD and CE requirements under DCA Waivers, the Board determined that it would have been extremely tone-deaf and onerous to require licensees to undergo an audit during this time of crisis. Board licensees will need adequate time to accrue the necessary CPD and CE hours in 2022 (requirement to complete within 6 months of waiver expiration) and the Board will restart its auditing of licensees in late 2022.

The Board continues to seek additional staff resources to conduct CPD and CE audits as the growing workload demands in the Licensing and Enforcement Units have overwhelmed staff's ability to keep abreast of workload. The Board is working the DCA Budget Office to attain additional staff resources through the State Budget process.

The Board is open to looking into enhancing its CPD and CE requirements to include competency-based models and components. Due to the extensive research and collaboration needed to develop profession specific competency-based CE models, the efforts the Board knows of by other boards to implement these profession specific competency-based models were often spearheaded nationally (national association of licensing boards or national professional associations) then tailored to state specific needs and goals. One important aspect of this type of endeavor for our Board that may differ from other Boards is that each of the three professions may need to incorporate different learning modalities or professional activities. If this type of endeavor were initiated by the Board instead of by a national board or

professional association, this could be very complex and resource consuming project for our small staff.

BOARD ENFORCEMENT ISSUES

ISSUE #11: (ENFORCEMENT) Should the Board be given explicit authorization to discipline licensees who offer or receive kickbacks in exchange for patient referrals?

Background: Existing law prohibits licensees from offering or receiving kickbacks in exchange for patient referrals, but the Board is not expressly permitted to enforce violations of this kind. The Board has indicated that it cannot effectively prosecute these violations unless the licensee is criminally convicted for the same offense. As such, the Board stipulated that the Office of the Attorney General encouraged the Board to seek statutory authorization to enforce these violations. The Board notes that third party administrators who work with insurance companies to direct patients/clients to licensed Audiologists and Hearing Aid Dispensers are creating incentives for unlawful referrals. Currently, the Board has approximately 26 cases of alleged unlawful referrals pending investigation.

Staff Recommendation: *The Board should advise the Committees on how many licensees violate this prohibition and whether another entity is responsible for enforcement.*

Board Response:

The Board does not know how many licensees may be in violation of this prohibition, but we currently have 26 pending investigations of alleged unlawful referrals, which the Board cannot comment on at this time. The Board would note that its jurisdiction is limited to the conduct of its licensees.

The primary enforcer of Business and Professions Code section 650 in reference to the Board's licensees, is the Board. The Board received guidance from the Office of Attorney General that for these types of violations to be independent grounds for unprofessional conduct, the Board should include the reference to BPC Section 650 in its statutory provisions related to grounds for action against a licensee in BPC Section 2533. Without this provision in our Practice Act, licensees would have to be criminally convicted for the same offense to effectively prosecute these violations. This seems to be an unnecessarily high burden to enforce BPC Section 650 and the Board therefore recommends the Committee consider adding it to the Board's Practice Act.

ISSUE #12: (DISCIPLINE GOALS AND TIMEFRAMES) Is the Board meeting the performance targets of its enforcement program?

Background: DCA has established a number of performance measures such as the number of complaints/convictions received, the average number of days from complaint receipt to the date the complaint was assigned to an investigator, the average number of days from complaint receipt to closure of the investigation process for cases not transmitted to the Attorney General, and the average number of days to complete the entire enforcement process for cases transmitted to the Attorney General for formal discipline.

The Board regularly does not meet the performance targets for complaint investigation or formal discipline timeframes. The Board notes that most of investigations are resolved within the 90-day performance target, but some require more time due to the complexity of the complaints.

Although the Board does not operate according to specific statutes of limitation, the Office of the Attorney General does, consistent with the statutes of limitation it follows for many other hearing arts boards. However, the Board notes that it has not been limited in taking enforcement actions against licensees due to statutes of limitation.

The Board reports that its enforcement workload has increased with the growth of its licensee population. While the number of complaints and licensee arrest/convictions declined during the COVID-19 pandemic, complaints and licensee arrests/convictions have increased 66 percent on average over the last five (5) years. Nonetheless, the Board reports that there has been little change in the number of disciplinary actions the Board has taken since its last Sunset Review. The Board notes that there is no direct correlation between the number of complaints received and the disciplinary actions taken by the Board in a particular year. Disciplinary action is taken based on the nature and specific evidence in each case, therefore in some years there could be more complaints that result in discipline due to the nature and evidence of the specific complaint than other years. The types of complaints that the Board received prior to and during the COVID-19 pandemic have not changed. The most common complaints the Board receives are refund/warranty issues, false or misleading advertising, unprofessional conduct, criminal charges/convictions, and unlicensed activities. Some significant differences the Board has seen are the decline in arrests and convictions of Board licensees during the pandemic as well as a general decline in complaints due to consumers accessing fewer services, which the Board attributes to worksite closures and social distancing measures during the pandemic.

The Board is authorized to issue citations which may include an order of abatement and/or an order to pay a fine. Citations are issued in response of minor violations of related laws and regulations that do not warrant formal discipline

In 2006, the former SLPAB increased the maximum allowable fine for Speech-Language Pathology and Audiology from \$2,500 to \$5,000. The maximum allowable fine for Hearing Aid Dispensers has not been increased.

Staff Recommendation: *The Committees may wish to gather more information from the Board and the Office of the Attorney General about the investigative process and the Board's citation, cost recovery, and restitution practices.*

Board Response:

According to the Board's Enforcement Performance Measure data, the Board consistently meets the targets for complaint intake and probation initial contact and violations but does not meet the performance targets for complaint investigation or formal discipline timeframes. Staffing vacancies in the Enforcement Unit since the last Sunset ranging from a 2/3 vacancy rate to a 1/3 vacancy rate had a big impact on the Board's enforcement timeframes. With such a small enforcement team, even one vacancy has a big impact on the Board's ability to meet enforcement timeframes.

While the Board has not been able to meet the performance targets for complaint investigation, the majority of investigations are closed within the performance target of 90 days, but due to the complexity of some complaints, additional investigative time is necessary.

The Board has worked to reduce the amount of time for PM 4 by ensuring regular and consistent follow-up with the Office of the Attorney General on cases referred for discipline, by proactively engaging in early settlement negotiations when deemed appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. However, there are several time factors that

are outside of the Board’s control with regard to PM 4, including the case processing done by the Office of the Attorney General and the Office of Administrative Hearings.

TECHNICAL CHANGES

ISSUE #13: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE ACT AND BOARD OPERATIONS.) There are amendments to the Act that are technical in nature but may improve Board operations and the enforcement of the Act.

Background: There are instances in the Act where technical clarifications may improve Board operations and application of the statutes governing SLPAHADB’s work.

Staff Recommendation: *The Committees may wish to amend the Act to include technical clarifications.*

Board Response:

The Board appreciates the Committees assistance in amending its Practice Act to provide additional clarity and technical clean-up where needed.

COVID-19

ISSUE #14: (IMPACTS OF THE COVID-19 PANDEMIC.) Since March 2020, there have been a number of waivers issued through executive orders that impact Board operations, licensees, providers, and patients throughout the state. Do any of these waivers warrant an extension or statutory changes? How has the Speech-Language, Audiology, and Hearing Aid Dispensers Board addressed issues resulting from the pandemic and how does the Board aim to continue to address these issues as the pandemic endures?

Background: In response to the COVID-19 pandemic, a number of actions were taken by the Governor, including the issuance of numerous executive orders in order to address the immediate crisis. For example, on March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the Director of DCA to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training.

Some of the waivers impact Board work and licenses. For example, [Executive Order N-40-20](#) permits the Director of DCA to waive any statutory or regulatory requirements with respect to CE for a number of healing arts licensees. The Board noted in its 2021 Sunset Review Report that it worked with DCA on the following approved waivers:

- **Modification of the Direct Monitoring Requirements for RPE Licenses and the Direct Supervision Requirements for Speech-Language Pathology Assistant Licenses (DCA-22-214)** – Originally approved May 6, 2020 and extended on July 1, August 27, October 22, and December 15 of 2020, and February 26, April 30, July 1, August 31 of 2021, and October 31, 2021. This waived the in-person supervision requirements for RPE License holders and Speech-Language Pathology Assistants through March 31, 2022.

- **Modification of License Reactivation or Restoration Requirements (DCA-22-212)** – Approved on January 11, 2022, this waives CE requirements for reactivation of a license and any fees associated with reactivation of a license (including any renewal, delinquency, penalties, late fees, or any other statutory or regulatory fees) for Speech-Language Pathologists through April 1, 2022.
- **Modification of the Limitations on Renewing of Hearing Aid Dispenser Temporary Licenses and Hearing Aid Dispenser Trainee Licenses (DCA-21-188)** – Originally approved May 29, 2020 and extended on September 17, and December 15 of 2020, and February 26, April 30, July 1, and August 31 of 2021. This waived the statutory limitations on renewing Hearing Aid Dispenser Temporary Licenses and the limitation on the number of times a Hearing Aid Dispenser Trainee License can be renewed. Specifically, this waiver removes the limitation that Hearing Aid Dispenser Temporary Licenses cannot be renewed in BPC section 2538.27(b) and removes the limitation that Hearing Aid Dispenser 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 Hearing Aid Dispenser Temporary Licenses and Hearing Aid Dispenser Trainee Licenses by six (6) months for eligible licensees. This waiver only applies to Hearing Aid Dispenser Temporary Licenses that expire between March 31, 2020, through October 31, 2021, and Hearing Aid Dispenser Trainee Licenses that have been renewed twice and expire between October 31, 2020, through October 31, 2021.
- **Modification of Limitations and Requirements for Extension of RPE Licenses (DCA-21-171)** – Originally approved July 17, 2020, and extended on September 17, and December 15 of 2020, and on February 26, April 30, July 1, and August 31 of 2021. This waived the limitation that an RPE License cannot be reissued for more than 12 months in Title 16 CCR Section 1399.153.10(a) and waives the associated fee. The waiver also removes the limitation that a Speech-Language Pathology or Audiology RPE License cannot be reissued or extended due to the licensee's inability to take and pass the licensing examinations in 16 CCR section 1399.153.10(a). The waiver authorizes the Board to extend an already reissued RPE License for an additional six (6) months without paying the \$35 application fee and to approve an RPE License reissuance for the purposes of taking and passing the respective licensing examinations in Speech-Language Pathology and Audiology. The 6-month extension and fee waiver allowed by this waiver for an already reissued RPE License only applies to RPEs who have a reissued RPE License that would expire between March 31, 2020 and October 31, 2021. The allowance for RPE Licenses to be reissued due to the RPE License holder's inability to take and pass the licensing examinations applies to all RPE License holders who have not already had their RPE License reissued before October 31, 2021.

Two (2) of the Board's waiver request were denied, a summary of each is provided below.

- **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 BPC Section 2532.25). This waiver was denied on May 12, 2020 as the Department did not believe that waiving pre-licensure requirements, such as experience or competency exams, at this time is in the best interests of consumer protection.
- **Modification of Board CE Requirements to Remove Self-Study Restrictions** – This waiver would have waived the limitations on self-study CE and CPD for the purposes of renewal in Title 16 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. This waiver was denied on December 30, 2020 as the DCA had provided waivers of CE requirements for licensees of the Board and believed it

would be unreasonable to allow licensees to complete all CE requirements via self-study as this would weaken consumer protections by not requiring some training be provided by a type of classroom or lecture type training that is verified.

COVID-19 led to a strong interest in developing frameworks for telehealth and telesupervision. On September 27, 2021, Governor Newsom issued a news release to announce the signing of Executive Order N-16-21 to extend telehealth services expansion. The Board stipulates that Speech-Language Pathology Assistants and RPE Licensees that have been trained to use telehealth technology and receive the appropriate direct telesupervision can provide telehealth. All tasks performed still need to meet the same standard of care as in-person therapy.

Due to COVID-19 and any future State of Emergencies, the Board believes it is necessary to require all licensees to provide the Board with a current email address in order to communicate urgent information in a quick, efficient, and cost-effective manner. The Board should discuss how it will implement this collection of all licensee email addresses.

Despite COVID-19 limitations and challenges, the Board was able to conduct Hearing Aid Dispenser practical examinations. After having to cancel most of its 2020 practical examinations due to COVID-19, examinations resumed in October 2020 with robust safety and sanitation precautions. Board staff used larger examination rooms and utilized sanitation measures as required by State health and safety guidelines. The Board should discuss future plans for these procedures.

The Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board reports that during the COVID-19 pandemic, the Board implemented rotational teleworking policies for staff. At the beginning of the COVID-19 pandemic, the paper-based application and complaint processes and older computer equipment presented unique teleworking difficulties. These difficulties included coordination efforts amongst staff and delayed updates to applicants and consumers when paper applications or complaint materials were not immediately available to staff. In 2021, the Board utilized funds available to it to outfit all staff members with laptops and Microsoft Teams in an effort to ameliorate some of these issues.

Overall, as COVID-19 still has a sizeable infection rate in California and infection rates may increase with new variants in the future, the Board should discuss plans to adapt throughout the ongoing pandemic.

Staff Recommendation: *The Board should update the Committees on the impact to licensees and patients stemming from the pandemic and potential challenges for practitioners. The Board should discuss any statutory changes that are warranted as a result of the pandemic.*

Board Response:

All Board licensees were significantly impacted by the COVID-19 pandemic, and Board staff worked diligently to help mitigate impacts where it was able to in order to ensure continued services to California consumers. During this critical period, the DCA Waivers allowed licensees to stay focused on meeting the immediate needs of consumers during such extraordinary times.

Speech-Language Pathologists were significantly impacted by the COVID-19 pandemic. Prior to the pandemic the majority of Speech-Language Pathologists had been seeing their patients or students in-person individually or in small groups. With the pandemic, they had to immediately shift to using telehealth services for safe distancing. It required reformulating therapy practices and business models to accommodate this change and with it came many technological challenges. The profession rapidly

stepped up in order to serve consumers with quality therapeutic services. For those new to telehealth, it meant purchasing and learning to use new equipment and therapy tools. Not only was telehealth critical to use throughout the pandemic but it is still used currently in schools and other settings to ease safety concerns and to help with consumer access to therapy services.

Audiologists and Hearing Aid Dispensers were also significantly impacted by the COVID-19 pandemic, with many Audiologists and Hearing Aid Dispensers having to close their private practices or retail locations at the beginning of the pandemic or only operating at minimal capacity for emergency hearing aid repairs and programming. This had an enormous impact on licensee's livelihoods with some closing branch offices during this time. Further into the pandemic, licensees were able to reopen or fully open their practices and retail locations for services, with a strong emphasis on safety and sanitation protocols in our practices.

At the beginning of the pandemic, Board management worked quickly to mobilize all available resources to aid licensees to continue providing necessary services to consumers in a safe manner. The Board immediately began working with the Department to utilize the Governor's Executive Orders to ensure continuity of consumer services during the pandemic. The Board submitted a total of five (5) waiver requests and also supported and utilized the Department's CE waivers for healing arts professionals and license reactivation waivers for Speech-Language Pathologists.

The Board hopes that as we all get back to a more normal status in the coming months, that the DCA waivers the Board requested or supported will have allowed licensees the ability to continue providing services safely while not completely disrupting the pipeline for future licensees or being overly burdensome on licensees.

The Board is currently reviewing all CE and CPD requirements and the allowance of telesupervision for Required Professional Experience and Speech-Language Pathology Assistants, at this point the Board's Practice Committees have all expressed concerns that having no self-study limitations or no in-person supervision requirements on a permanent basis has inherent drawbacks and expressed that while they were critical emergency measures, they are not the direction the Board wishes to pursue at this time.

One statutory change that the Board is requesting that came to light due to the pandemic, is the change to when Audiology doctoral students can start accruing professional experience towards licensure. While this issue came to the Board's attention because of the pandemic, it highlighted issues that out-of-state students and students with Federal Visa restrictions struggled with prior to the pandemic. The Board and clinical doctoral audiology programs all believe this is a reasonable change and that is why the Board is seeking this change as part of our Sunset Review.

CONTINUED REGULATION OF HEALTH CARE PROFESSIONALS
BY THE SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY &
HEARING AID DISPENSERS BOARD OF CALIFORNIA

ISSUE # 15: (CONTINUED REGULATION BY SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD.) Should the licensing and regulation of various professionals be continued and be regulated by the current Board membership?

Background: Patients, clients, and the public are best protected by strong regulatory boards with

oversight of licensed professions. The Board has shown a strong commitment toward efficiency and effectiveness, responding to practice and operational issues in a proactive, forward-thinking manner.

Staff Recommendation: The licensing and regulation of various health professionals by the Speech Language Pathology and Audiology and Hearing Aid Dispensers Board should be continued, to be reviewed again on a future date to be determined.

Board Response:

The Board appreciates Committee Staff's analysis and recommendation that the Board continue to regulate the professions of Speech-Language Pathology and Audiology and Hearing Aid Dispensers. The Board is proud of the work that members and Board staff have accomplished since our last Sunset Review and look forward to the improvements that will be coming to fruition in the near future.



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Marcia Raggio, Board Chair
SUBJECT	Agenda Item 9: Update and Discussion on the Audiology & Speech-Language Pathology Interstate Compact

Background

Board Members requested an update regarding the interstate licensing compact for audiology and speech-language pathology to be included in a future agenda (Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)). The Board also requested that a representative of the American Academy of Audiology (AAA) participate in our board meeting to provide information about the compact, as well as provide an update on the compact's progress to date.

Below is a statement regarding the purpose and current governance structure of the interstate compact from the AAA webpage:

The [Audiology & Speech-Language Pathology Interstate Compact \(ASLP-IC\)](https://aslpcompact.com/) is a cooperative agreement enacted into law by participating states to facilitate the interstate practice of audiology and speech-language pathology while maintaining public protection. The compact is operational when 10 states have enacted the compact language into law, and a Commission then serves as the administrative body to manage the compact. Compact privilege refers to the authorization granted by a remote state to allow a licensee from another state to practice as an audiologist (or speech-language pathologist) in the remote state under that state's laws and rules. The practice of audiology occurs in the member state where the patient/client/student is located at the time of the patient/client/student encounter. The audiologist has a home state of license which is the licensee's primary state of residence.

The below information is from the Compact website at <https://aslpcompact.com/>:

The Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) facilitates the interstate practice of audiology and speech-language pathology while maintaining public protection.

ASLP-IC is an interstate compact, a contractual, legislatively enacted agreement between states to address a particular policy issue.

Current Status of ASLP-IC

As of October 2021, ASLP-IC has been enacted into law in 15 states, surpassing the threshold for activation of the compact.

The ASLP-IC Commission is scheduled to convene in January 2022 to establish rules and bylaws to implement the compact. This process can last a year or longer, meaning the Commission could begin issuing privileges to practice in compact member states by late 2022 or early 2023.

Please see [this page](#) for updates from the ASLP-IC Commission.

The interactive state [map](#) lists the current ASLP-IC member states and other states proposing to join the ASLP-IC.

The 15 initial member states are Alabama, Colorado, Georgia, Kansas, Kentucky, Louisiana, Maryland, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, Utah, West Virginia, and Wyoming. There are now 18 states that have joined the compact.

Privilege to Practice

Once the Compact is fully operational, licensed audiologists and speech-language pathologists will be able to apply for a privilege to practice in-person and through telehealth in ASLP-IC states.

The ASLP-IC offers several benefits to the public.

- Improves continuity of care
- Improves portability for military spouses
- Improves access to audiology and speech-language pathology providers
- Increases choice of audiology and speech-language pathology providers
- Facilitates alternate delivery methods (Telehealth)
- Simplifies/speeds up the current process
- Addresses portability & barriers to access
- Practice of audiology and speech-language pathology occurs in the state where the patient/client is located at the time of the patient/client encounter MaG
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Cost

The Board may want to explore the costs involved to join the compact.

Action Requested

This item is for informational purposes only, no action is required.



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 10: Discussion on the Board's Communication Methods With Licensees

Background

The Board received both public comment and a Board Member request to discuss the Board's communication methods and options for communicating with its licensees, including potentially using an opt-out method rather than an opt-in method for electronic communications. This issue became more pronounced during the COVID-19 pandemic when communications regarding DCA Waivers, emergency orders, and Board requirements was particularly time sensitive, and updates could not always be disseminated quickly.

The Board currently utilizes the following communication method to provide licensees with pertinent information:

1. The Board's website (<https://www.speechandhearing.ca.gov/>), this option is low cost but relies on the licensee to check the website periodically for updates.
2. Voluntary Opt-in Email Notification Lists for the following topics: Agendas, Disciplinary Actions, Legislation/Regulations Changes. Anyone can subscribe to these lists at <https://www.speechandhearing.ca.gov/webapplications/apps/subscribe/index.shtml>. This option is low cost but relies on licensees to subscribe to the Email Notification List they are interested in.
3. Voluntary Opt-out email lists of licensees who provided their email to the Board through the application process or other Board business processes. At the onset of the COVID-19 pandemic, the Board used voluntarily provided licensee emails to create licensee email lists that it updates periodically. A licensee can opt-out of these communications using the unsubscribe option so that even when we update our lists their opt-out is recognized. The Board also added a link to its homepage to help licensees provide the Board with their email address. This option is low cost, but the Board does not currently have the statutory authority to require all licensees to provide the Board with their email address, thus the number of licensee's emails the Board has is only 47% of the licensee population.
4. Postal mail is also an option available to the Board, but this is very costly and due to the high amount of returned mail the Board receives through regular business processes, may not be the most effective considering the high cost.

As part of the Board's Sunset Review process and subsequent legislation (AB 2686), the Board will most likely get the authority to start requiring licensees to provide the Board with their email address starting on January 1, 2023. The Board will be looking at using cost-effective ways to notify and collect licensee email addresses under this requirement.

Board staff is open to discussing ways to improve the Board's current communication methods with licensees but must be cognizant of the limited staffing and budgetary resources the Board has to devote to communication activities. Board staff look forward to discussing any ideas the Board or public may have for improving these within the Board's resources.

Action Requested

This item is for informational purposes only, no action is required.



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Agenda Item 11: Update on Board's Filing of Public Comment Regarding U.S. Food and Drug Administration Proposed Rule on Medical Devices; Ear, Nose and Throat Devices; Establishing Over-the-Counter Hearing Aids

Background

The U.S. Food and Drug Administration (FDA) Reauthorization Act of 2017 established a category of over-the-counter (OTC) hearing aids and required the FDA to promulgate the regulatory requirements that will apply to them. To establish the OTC category and realign other regulations for hearing aids to reflect the new category, the FDA published proposed regulations for public comment and will eventually publish final regulations, taking public comments into account.

At its January 13, 2022 meeting, the Board discussed the FDA's proposed regulations for OTC Hearing Aids and delegated to the Board Chair and Executive Officer the responsibility of combining and submitting the Board's comments prior to the end of the public comment period.

Board staff submitted the Board's comments on January 18, 2022, which was publicly posted on Regulations.gov by the FDA on January 20, 2022. A copy of the Board's comments were provided to the Board at its February 25, 2022 meeting.

To date, the Board has not received any response from the FDA regarding its January 18, 2022 comments, nor has the FDA finalized the proposed regulations for OTC Hearing Aids.

Action Requested

This item is for informational purposes only, no action is required.



MEMORANDUM

DATE	May 6, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 12: Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

The following is a list of the Board’s regulatory packages, and their status in the rulemaking process:

- a) **Discussion and possible action to Amend regulations regarding Speech-Language Pathology Assistants Requirements as stated in Title 16, CCR sections 1399.170, 1399.170.2, 1399.170.4, 1399.170.5, 1399.170.10, 1399.170.11, and 1399.170.15 through 1399.170.18**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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The Board approved regulatory language on August 13, 2021. Board staff are working on preparing the required regulatory documents and identified changes to the regulatory text which requires review and approval by the Board. See the separate memo for this regulatory proposal.

- b) **Discussion and possible action to Amend and Adopt regulations regarding Uniform Standards Related to Substance-Abusing Licensees as stated in Title 16, CCR sections 1399.102, 1399.131, 1399.131.1, 1399.155, and 1399.155.1**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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The Board approved regulatory language on August 13, 2021. On March 24, 2022, Board staff submitted the required regulatory documents to DCA Legal for the pre-review process. Once the pre-review is complete, the regulatory proposal will begin the initial departmental review.

c) **Discussion and possible action to Amend regulations regarding Required Professional Experience Direct Supervision Requirements and Tele Supervision as stated in Title 16, CCR sections 1399.153 and 1399.153.3**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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On August 24, 2021 Board staff submitted the complete regulatory proposal to DCA to start the Initial Departmental Review process. Due to extensive changes to the regulatory documents, Board staff resubmitted the regulatory proposal to DCA on April 5, 2022. Once the DCA review is complete, DCA will submit the regulatory documents to the Business, Consumer Services and Housing Agency for review.

d) **Discussion and possible action to Amend and Adopt regulations regarding Examination Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, CCR sections 1399.120, 1399.121, 1399.122, and 1399.152.4**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development phase. This regulatory text requires review and approval by the Board. See the separate memo for this regulatory proposal.

e) **Discussion and possible action to Amend regulations regarding Board Location and Processing Times as stated in Title 16, CCR sections 1399.101, 1399.113, 1399.150.1, 1399.151.1 1399.160.6, and 1399.170.13**

Regulation Development	Preparing Regulatory Package	Departmental Review	Submission to OAL for Review	OAL Decision
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The Board approved regulatory language on October 8, 2021. On March 17, 2022 Board staff submitted the Section 100 regulatory proposal to DCA to start the Departmental Review process. On April 8, 2022, DCA submitted the regulatory documents to the Office of Administrative Law for review. Once OAL’s review is complete, DCA will informed Board staff of OAL’s decision.

f) **Discussion and possible action to Amend regulations regarding Continuing Professional Development Requirements for Speech-Language Pathologists and Audiologists as stated in Title 16, CCR sections 1399.160 through 1399.160.4, and 1399.170.7**

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development phase. The regulation text is ready for review and approval by the Board. See the separate memo for this regulatory proposal.

g) Discussion and possible action to Adopt regulations regarding Notice to Consumers as stated in Title 16, CCR sections 1399.129 and 1399.157.1

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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The Board approved regulatory language on February 25, 2022. On March 24, 2022, Board staff submitted the required regulatory documents to DCA Legal for the pre-review process. Once the pre-review is complete, the regulatory proposal will begin the initial departmental review.

h) Discussion and possible action to Amend and Adopt regulations regarding Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

Regulation Development	Preparing Regulatory Package	DCA Regulations Pre-Review	Initial Departmental Review	OAL Public Comment Period	Finalizing Regulatory Package	DCA Regulations Final Review	Final Departmental Review	Submission to OAL for Review	OAL Decision
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This regulatory proposal is in the Regulation Development phase. Revisions to Board-approved regulatory text requires review and approval by the Board. See the separate memo for this regulatory proposal.

Hand Carry Item

Agenda Item 12a: Discussion and possible action to Amend regulations regarding Speech-Language Pathology Assistants Requirements as stated in Title 16, CCR sections 1399.170, 1399.170.2, 1399.170.4, 1399.170.5, 1399.170.10, 1399.170.11, and 1399.170.15 through 1399.170.18



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 12d: Discussion and possible action to Amend and Adopt regulations regarding Examination Requirements for Hearing Aid Dispensers and Dispensing Audiologists as stated in Title 16, CCR sections 1399.120, 1399.121, 1399.122, and 1399.152.4

This proposed regulatory package is a combination of two Board-approved languages that has been amended to include changes identified by Board staff and the Department of Consumer Affairs (DCA) Legal Counsel and requires Board review and approval. This proposed regulation will align regulations with current Hearing Aid Dispenser (HAD) examination processes and streamline licensure for Dispensing Audiologists who have extensive clinical and professional training.

Background

In 2018, the Board requested the DCA, Office of Professional Examination Services (OPES), to conduct an OA of the audiology practice in California. In accordance with Business and Professions Code (BPC) 2539.1 during the Occupational Analysis, the Board reviewed the licensure and examination requirements for dispensing audiologists. At the May 2018 Board meeting, the OPES presented the 2017 OA of the Audiology professions. The presentation included information regarding OPES’ analysis of the examinations required for licensure of dispensing audiologists. Based on their analysis, OPES determined that audiologists wishing to dispense hearing aids should not have to take the hearing aid dispensers’ practical examination and recommended that the Board evaluate whether the practical examination was creating an unnecessary barrier to licensure.

At its August 2018 meeting, the Board evaluated the current examination requirements for dispensing audiologists and considered whether a different examination should be administered or if the current examinations are appropriate based on the information that was provided by OPES. DCA Programs and Policy Review and OPES discussed the OA’s findings and analysis regarding the Board’s practical examination requirement for dispensing audiology licensure. Based on the analysis and the information provided, the Board approved a motion to accept the

OPES' recommendation to remove the practical examination for dispensing audiologists and direct staff to work with DCA Legal and OPES to draft regulation language to implement this change and bring to the next board meeting. Due to limited staff resources and the COVID-19 pandemic, this regulatory package has been delayed since 2018.

On July 29, 2021 Board staff submitted the adopted proposed text to DCA prior to initiating the pre-review process. DCA Legal Counsel identified changes to the regulatory language for review and discussion by the Board. DCA Legal Counsel found the current regulations for the HAD examinations lacked clarity for the proposed language on dispensing audiologist examination requirement and recommended changes to the HAD examinations section. The Board had approved changes to the Examinations that Board staff were able to use to address some of DCA Legal's concerns. This language was originally approved in response to the 2016 Sunset Review Report on existing statutes that hinders the efficient and effective processing of applications and/or examinations. The Board reported confusing or obsolete regulations that are no longer relevant to current training, education, or technologies and create barriers to licensure. The Board further reported that the current regulatory language for HAD examinations were restrictive to Board staff in managing applications in a timelier manner. By combining the two proposed text as one, the Board seeks to reduce as many unnecessary barriers to licensure as possible.

Summary of Changes

The most recent proposed changes are highlighted in yellow and include the following:

- Section 1399.120 was renamed and amended to remove outdated language regarding the written examination, update the application filing period and examination capacity, and specify application requirements.
- Section 1399.121 was renamed and the paragraph numbered to add additional provisions regarding the written examination in a similar format to section 1399.120.
- The meaning of "current licensing requirements for an audiology license" was clarified by citing the BPC sections that specify the Audiology licensing requirements.
- The meaning of "written examination" was clarified to say that this regulation makes specific that the Board-approved examination required in BPC Section 2539.1(a)(1) is the written examination provided by the Board under section 1399.121.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the regulatory language and initiate the rulemaking process.

Move to approve the proposed regulatory text for Sections 1399.120, 1399.121, 1399.122, and 1399.152.4 direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Sections 1399.120, 1399.121, 1399.122, and 1399.152.4 as noticed.

Attachment A: HAD and DAU Examination Requirement Proposed Text

Attachment B: HAD Examinations Proposed Text as Adopted October 27, 2017

Attachment C: DAU Examination Requirement Proposed Text as Adopted
November 29, 2017

Attachment D: 2020 HAD Written Examination Outline

Attachment E: 2020 HAD Practical Examination Outline

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE
Hearing Aid Dispensers and Dispensing Audiologists
Examination Requirements**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1399.120 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.120. ~~Examinations.~~ Practical Examination.

~~(a) Either essay type or objective type examinations or both may be used in any one or more of the subject areas in which an applicant is to be examined.~~

~~(b) Each applicant is forbidden to place any identification marks on or in any of the answer sheet or to reveal his or her name to any examiner.~~

~~(c) The applicant is forbidden to take the questions from the examination room or make any record of the questions.~~

~~(d)~~ Anyone cheating will be removed from the examination room.

(e) An applicant who wishes to take the practical examination, which is administered by the Board, shall file a completed application with the Board as specified in subsection (e) not sooner than 51 days nor during a 10 day filing period fixed and posted by the Board on its website at www.speechandhearing.ca.gov and such filing period shall occur no later than 360 days prior to the date set for the examination for which application is made. Applications will be accepted in the order received by the Board, provided, however, that a maximum number of allowable applicants of fifty applicants will be scheduled for any administration of the practical examination. The “maximum number of allowable applicants” is the number of applicants who the Board determines can take the examination based upon health and safety considerations and the availability of examination space and examiners. Applications will be returned to all those who are not within the first fifty maximum number of allowable applicants and the Board shall, at least 14 days prior to the date set for the examination, provide the applicant with written notice of the reason their application is being returned and the need to reapply during the next filing period.

(f) The practical examination shall cover the procedures and use of instruments and

equipment commonly employed in the fitting and selling of hearing aids, including but not limited to:

- (1) Otoscope for the visual examination of the entire ear canal;
- (2) Pure tone ~~discreet or sweep~~discrete frequency threshold type audiometer with air and bone conduction and appropriate masking circuitry;
- (3) Appropriate equipment for establishing ~~speech reception threshold~~Speech Recognition Threshold (SRT) and ~~speech discrimination scores through~~word recognition scores (WRS) under headphones and/or sound field media by recorded or live voice;
- (4) ~~Calibrated sound pressure instruments, master hearing aids, and any and all types of hearing aid simulators;~~
- (5) ~~Equipment designed for the evaluation and testing of hearing aid performance;~~
- (6) ~~Stethoscope~~Hearing aid stethoscope or other listening device.

(gd) An applicant shall furnish all equipment and materials necessary for the practical examination, and shall ~~either bring a subject for the ear impression and audiometric assessment portions of the practical examination, or shall serve as such a subject for a subsequent examinee.~~

(e) A completed practical examination application submitted to the Board shall include:

- (1) A non-refundable examination fee of five hundred dollars (\$500);
- (2) Applicant's full legal name, telephone number, address of record, date of birth of the applicant;
- (3) Applicant email address, if any;
- (4) The applicant shall disclose whether the applicant is serving or has previously served in the United States military.
- (5) The applicant shall disclose whether the applicant is an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(6) The applicant shall disclose whether already hold a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district or territory, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(B) A copy of their current license in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) The applicant shall disclose whether the applicant was admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a Special Immigrant Visa (SIV). If the applicant affirmatively states they meet any of these criteria, they shall provide the applicable documentation below with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the "SI" or "SQ";

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) Exam date and filing period;

(9) Type of license applicant is applying for, and if applicable, the license type and number of any other Board the applicant may hold;

(10) Information on whether the applicant has taken the practical examination in the past five years and which portions of the exam were failed, if re-taking the examination;

(11) Any request for accommodation for disability pursuant to the Americans with Disabilities Act. If the applicant requests an accommodation, the applicant shall provide the following:

(A) A written statement describing the accommodation sought and stating the medical condition necessitating the accommodation; and,

(B) Documentation, such as an original letter on letterhead from the applicant's physician, which includes the nature of the disability, recommendation for the accommodation requested by the applicant, and the physician's signature, must be submitted.

(12) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Sections 115.4, 115.5, 135.4, 2538.25, and 2538.57, Business and Professions Code

Amend section 1399.121 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.121. ~~Inspection of~~Written Examination Papers.

(a) An applicant who wishes to take the Board's written examination shall file a completed application as specified in subsection (e) with the Board.

(b) The written examination shall cover the applicant's knowledge as applied to job activities commonly employed in the fitting and selling of hearing aids, including:

(1) Evaluating and interpreting audiometric test results,

(2) Assessing client history and hearing ability (through audiometric testing),

(3) Selecting and evaluation of hearing aids,

(4) Fitting a hearing aid and providing the instructions on care and use

(5) Troubleshooting and evaluating hearing aids, and

(6) California state and federal laws and regulations concerning the sale of hearing aids, which shall include the legal obligation to client to adjust, replace, and refund hearing aids; and requirements of documenting hearing aid sales.

(c) ~~All written~~Written examination papers/records, including the scoring report for each applicant, shall be retained by the Board for a period of ~~three~~two years after the date of the applicant's initial licensure or abandonment of the application examination.

(d) Anyone cheating will be removed from the examination room.

(e) A completed written examination application submitted to the Board shall include:

(1) A non-refundable examination fee of two hundred twenty-five dollars (\$225);

(2) Applicant's full legal name, telephone number, address of record, and date of birth;

(3) Applicant email address, if any;

(4) The applicant shall disclose whether the applicant is serving or has previously served in the United States military.

(5) The applicant shall disclose whether the applicant is an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review: a certificate of release or discharge from active duty (DD-214) or other documentary evidence showing the date and type of discharge.

(6) The applicant shall disclose whether already hold a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another U.S. state, district or territory, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces.

(B) A copy of their current license in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) The applicant shall disclose whether the applicant was admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a Special Immigrant Visa (SIV). If the applicant affirmatively states they meet any of these criteria, they shall provide the applicable documentation below with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the "SI" or "SQ";

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) Type of license applicant is applying for, and if applicable, the license type and number of any other Board license the applicant may hold;

(9) Information on whether the applicant has taken the practical examination in the past five years and which portions of the exam were failed, if re-taking the examination; and

(10) Applicant's signature certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

(11) Any request for accommodation pursuant to the Americans with Disabilities Act. If the applicant requests an accommodation, the applicant shall provide the following:

(A) A written statement describing the accommodation sought and stating the medical condition necessitating the accommodation; and,

(B) Documentation, such as an original letter on letterhead from the applicant's physician, which includes the nature of the disability, recommendation for the accommodation requested by the applicant, and the physician's signature, must be submitted.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section s 115.4, 115.5, 135.4, 2538.25, and 2538.57, Business and Professions Code.

Amend section 1399.122 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.122. Practical Examination Appeals.

(a) An applicant who has failed the practical examination may appeal to the Board within ~~sixty (60)~~thirty (30) days following receipt of his/~~her~~their examination results. The bases for an appeal are:

(1) ~~examiner~~Examiner misconduct, which means prejudice or bias as evidenced by the statements and/or actions of an examiner; ~~and~~and/or

(2) ~~significant~~Significant procedural error in the examination process.

(b) The appeal shall be in writing, signed by the applicant, and shall specify the grounds ~~upon which~~basis of the appeal is based.

(c) An applicant will be notified in writing of the results of the appeal. ~~In acting on appeals, the Board may take such action as it deems appropriate within sixty (60) days of receipt of the written appeal by the Board.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

Add section 1399.152.4 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§1399.152.4 Dispensing Audiologist Examination Requirement

Prior to being licensed, an applicant for a dispensing audiology license shall meet the requirements in Sections 2532.2 or 2532.25 of the Code and shall successfully take and pass the written examination described in California Code of Regulations, title 16, section 1399.121 as the Board-approved examination required by Section 2539.1(a)(1) of the Code.

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2531.3, 2532.2, 2532.25 and 2539.1, Business and Professions Code.

Division 13.3. Speech-Language Pathology and Audiology and
Hearing Aid Dispensers Board of the Department of Consumer Affairs
Article 4. Examinations
Proposed Text

§ 1399.120. Examinations

(a) Either essay type or objective type examinations or both may be used in any one or more of the subject areas in which an applicant is to be examined.

(b) Each applicant is forbidden to place any identification marks on or in any of the answer sheet or to reveal his or her name to any examiner.

(c) The applicant is forbidden to take the questions from the examination room or make any record of the questions.

(e) An applicant who wishes to take the practical examination shall file a completed application with the Board, ~~not sooner than 51 days nor later than 30 days prior to the date set for the examination for which application is made. The Board will publish a minimum 10-day practical examination application filing period. A maximum number of candidates will be determined by the Board for each examination. Applications will be accepted in the order received by the Board, provided, however, that a maximum of fifty applicants will be scheduled for any administration of the practical examination. Applications will be returned to all those who are not within the first fifty applicants.~~

(f) The practical examination shall cover the procedures and use of instruments and equipment commonly employed in the fitting and selling of hearing aids, including but not limited to:

(1) Otoscope for the visual examination of the entire ear canal;

(2) Pure tone ~~discrete~~ or sweep frequency threshold type audiometer with air and bone conduction and appropriate masking circuitry;

(3) Appropriate equipment for establishing Speech Recognition Threshold (SRT) and speech word discrimination recognition scores (WRS) ~~through~~ under headphones and/or sound field media by recorded or live voice;

(4) ~~Calibrated sound pressure instruments, master hearing aids, and any and all types of hearing aid simulators;~~

(5) ~~Equipment designed for the evaluation and testing of hearing aid performance;~~

(6)(4) Hearing aid sStethoscope or other listening device.

(g) An applicant shall furnish all equipment and materials necessary for the practical examination, and shall ~~either~~ bring a subject for the ear impression and audiometric assessment portions of the practical examination, ~~or shall serve as such a subject for a subsequent examinee.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

§ 1399.121. Inspection Retention of Examination Records Papers.

All ~~w~~Written examination ~~papers~~ records shall be retained by the Board ~~for a period of~~ two years after the date of the examination.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

§ 1399.122. Practical Examination Appeals.

(a) An applicant who has failed the practical examination may appeal to the Board within ~~sixty thirty~~ (60) days following receipt of his/her examination results. The bases for an appeal are:

(1) ~~e~~Examiner misconduct, which means prejudice or bias as evidenced by the statements and/or actions of an examiner; and/or

(2) ~~s~~Significant procedural error in the examination process.

(b) The appeal shall be in writing, signed, and shall specify the grounds upon which the basis of the appeal is based.

(c) An applicant will be notified in writing of the results of the appeal within sixty (60) days of receipt of the appeal by the Board. ~~In acting on appeals, the Board may take such action as it deems appropriate.~~

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.25, Business and Professions Code.

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE
Dispensing Audiologist Exam Requirement**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Add section 1399.152.4 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.152.4 Dispensing Audiologist Examination Requirement

An applicant for a dispensing audiology license shall meet the current licensing requirements for an audiology license and shall successfully take and pass the written examination required by Section 2538.25 of the Business and Professions Code prior to being licensed.

Note:

Authority cited: Section 2531.95, Business and Professions Code.

Reference cited: Section 2538.25, Business and Professions Code.

2020 HEARING AID DISPENSER WRITTEN EXAMINATION OUTLINE

1. Equipment / Pre-visit (4%) - This content area assesses the candidate's knowledge of preparing testing equipment and environment to obtain valid and reliable test results.

<i>Task</i>		<i>Associated Knowledge Statements</i>	
T1	Verify function and calibration of test equipment.	K1	Knowledge of calibration requirements for audiometric equipment.
		K2	Knowledge of methods to perform a listening check of audiometric equipment.
		K3	Knowledge of function and procedures to operate audiometric equipment.
T2	Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	K5	Knowledge of methods to sanitize equipment that will be used on client.
T3	Maintain an environment that is conducive to audiometric assessment.	K6	Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Case History (8%) - This content area assesses the candidate's knowledge of pertinent client information to gather prior to assessment and the management of protected information.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T4	Obtain client report of symptoms.	K7	Knowledge of techniques to gather and assess client symptoms.
T5	Obtain pertinent client health and family health history.	K8	Knowledge of health, genetic, and medical conditions that may contribute to hearing loss.
		K9	Knowledge of the effect of hearing aid use history on assessment and treatment.
		K10	Knowledge of the effect of ear surgery history on assessment and treatment.
		K11	Knowledge of types of illnesses, medical treatments, and medications that may affect hearing.
		K12	Knowledge of health history questions to assess for conditions that may contribute to hearing loss.
		K13	Knowledge of effects of ear pathologies on hearing loss.
T6	Obtain pertinent client social and environmental history.	K14	Knowledge of the effect of exposure to physical or acoustic trauma on hearing loss and treatment.
		K15	Knowledge of lifestyle activities that could impact hearing loss and treatment.
T7	Document and maintain protected client hearing and health information.	K16	Knowledge of HIPAA laws and regulations.

3. Assessment (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>		<i>Tasks</i>		<i>Associated Knowledge Statements</i>
3.1 Pre-Assessment (2%)	T9	Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history.	K24	Knowledge of objective signs and subjective symptoms that require a medical referral.
			K25	Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
3.2 Assessment (16%)	T10	Develop audiometric assessment plan to accommodate client needs.	K26	Knowledge of health, genetic, and medical conditions that may impact audiometric assessment.
			K28	Knowledge of logical order of assessment procedures.
			K29	Knowledge of issues that would require a modification to assessment procedures.
			K30	Knowledge of methods to perform sound field testing.
			K31	Knowledge of anatomical features that require a change in testing methodology.
			K32	Knowledge of methods and procedures to test clients with abnormal anatomy.
3.2 Assessment (16%)	T11	Explain procedures to client before and during audiometric assessment.	K33	Knowledge of methods to inform clients about audiometric assessment procedures.
			K35	Knowledge of techniques to describe audiometric assessment procedures to clients.
3.2 Assessment (16%)	T12	Perform pure tone air and bone conduction assessments.	K36	Knowledge of purposes and procedures of performing pure tone air conduction assessment.
			K37	Knowledge of purposes and procedures to perform pure tone bone conduction assessment.
			K40	Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Assessment, continued (16%)	T13 Perform masking during hearing assessment.	K41 Knowledge of purpose of performing masking. K42 Knowledge of concept and implications of under and overmasking. K43 Knowledge of procedures of masking during pure tone air conduction testing. K44 Knowledge of procedures of masking during pure tone bone conduction testing. K45 Knowledge of procedures of masking during speech testing.
	T14 Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance.	K47 Knowledge of purposes of measuring threshold of discomfort. K48 Knowledge of procedures to determine dynamic range of hearing. K49 Knowledge of principles and procedures to establish client threshold of discomfort for pure tones and speech discrimination.
	T15 Perform most comfortable level assessment (MCL).	K51 Knowledge of purposes, principles, and procedures of establishing client most comfortable level (MCL) for speech.
	T16 Perform speech reception threshold assessment.	K52 Knowledge of principles and procedures of establishing speech reception threshold. K53 Knowledge of procedures to perform speech reception threshold testing.
	T17 Perform speech WRS/SD (word recognition score / speech discrimination) assessment.	K54 Knowledge of principles and procedures to perform speech discrimination / word recognition assessment.
	T18 Chart and document results of audiometric assessment.	K56 Knowledge of methods to chart and document assessment results.

3. Assessment, continued (24%) - This content area assesses the candidate's knowledge of audiometric assessment techniques that determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.3 Evaluation and Interpretation of Results (6%)	T19 Evaluate client audiometric assessment results to determine if retesting is necessary.	K57 Knowledge of reliable assessment results based on client audiometric and behavioral indications.
		K58 Knowledge of relationship between audiometric results and speech assessment results.
		K59 Knowledge of conditions, error, or reliability issues that indicate retesting is necessary.
	T20 Evaluate client audiometric assessment results to determine degree, type, and configuration of hearing loss.	K61 Knowledge of principles and criteria for determining significant air-bone gap.
		K62 Knowledge of criteria to identify asymmetrical hearing loss.
		K63 Knowledge of how to interpret audiometric assessment results.
		K65 Knowledge of audiometric test results that require medical referral.
		K66 Knowledge of type, degree, and configuration of hearing loss indicated by audiometric assessment results.
	T21 Explain and discuss client audiometric assessment results and evaluation of hearing loss with implications for communication.	K67 Knowledge of criteria to compare client audiometric test results with subjective symptoms.
		K68 Knowledge of criteria to identify changes in hearing.
K69 Knowledge of symptoms associated with specific audiometric assessment results.		
K70 Knowledge of counseling techniques to help explain audiometric assessment results to clients.		
K71 Knowledge of methods to counsel clients and explain implications of hearing loss.		
K72 Knowledge of hearing difficulties related to the degree, type, and configuration of hearing loss.		
K73 Knowledge of consequences of untreated hearing loss.		

4. Selection and Sales (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
4.1 Hearing Aid Candidacy, Recommendation, and Selection (10%)	T22 Determine client candidacy for hearing aids.	K74 Knowledge of how to use assessment results to determine amplification recommendations.
		K75 Knowledge of anatomical variations that affect client candidacy for amplification.
		K76 Knowledge of hearing amplification requirements for different hearing losses.
		K77 Knowledge of indications for monaural, binaural, or CROS systems, and implantable devices.
		K78 Knowledge of the advantages of different styles of hearing aids.
		K79 Knowledge of audiometric assessment results that affect earmold/dome selection.
		K80 Knowledge of physical considerations that affect manipulation of hearing aids.
	T23 Apply client historical information to hearing aid selection and settings.	K81 Knowledge of client needs that affect hearing aid selection and fitting.
		K82 Knowledge of previous hearing aid use and how that impacts new hearing aid fitting.
		K83 Knowledge of effects of previous hearing aid use on client motivation for hearing assistance.
	T24 Determine client lifestyle compatibility with hearing aid features.	K84 Knowledge of hearing aid features.
		K85 Knowledge of criteria for selecting hearing aid parameters based on client needs.
	T25 Determine hearing aid options and accessories to recommend to clients.	K86 Knowledge of benefits of hearing aid amplification for various lifestyles.
		K87 Knowledge of types of hearing aid options and accessories (e.g., Bluetooth, remote controls, TV, telecoil, and FM).
		K88 Knowledge of types of hearing aid controls.
K89 Knowledge of methods to explain hearing aid options to clients.		
K90 Knowledge of dynamic range considerations for hearing aid selection.		
		K92 Knowledge of advantages of different styles of hearing aids.

4. Selection and Sales, continued (13%) - This content area assesses the candidate's knowledge of patient candidacy and selection of hearing aids.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
4.1 Hearing Aid Candidacy, Recommendation, and Selection, continued (10%)	T38 Select user-controlled options of hearing aid.	K122 Knowledge of purposes and procedures to select user-controlled options of hearing aids. K123 Knowledge of purposes and procedures of adjusting acoustic characteristics of hearing aids.
	T37 Select physical characteristics of earmold or domes to fit client needs.	K121 Knowledge of purposes and procedures of selecting options and styles of earmolds or domes.
4.2 Sale (3%)	T39 Obtain signed medical clearance or medical waiver from client before selling hearing aids.	K124 Knowledge of requirement to obtain medical clearance or waiver for clients.
	T40 Dispense hearing aid to client by adhering to state and federal guidelines and regulations.	K125 Knowledge of dispenser legal obligation to client to adjust, replace, and refund hearing aids.
		K126 Knowledge of laws and regulations regarding the sale and fitting of hearing aids.
		K127 Knowledge of FDA regulations regarding the sale of hearing aids.
K128 Knowledge of requirements of documenting hearing aid sales.		

5. Ear Impression (8%) - This content area assesses the candidate's knowledge of how to take and evaluate an ear impression.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T26	Evaluate client ear canal to determine whether an ear impression can safely be performed.	K93	Knowledge of purpose and procedures to take an ear impression.
		K94	Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
T27	Inform client about ear impression procedures to make client aware of sensations.	K95	Knowledge of expectations and sensations experienced during impression procedures.
T28	Select type and size of blocking material (e.g., cotton dam) to use during ear impression process.	K97	Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities).
		K98	Knowledge of methods to determine size and type of blocking material needed during an ear impression.
		K99	Knowledge of how to determine placement of blocking material.
		K100	Knowledge of purposes of using blocking material during an ear impression.

6. Pre-Fitting (5%) - This content area assesses the candidate's knowledge of procedures to establish hearing aid settings and physical characteristics before fitting.

<i>Tasks</i>		<i>Associated Knowledge Statements</i>	
T41	Check hearing aids to verify functionality and consistency with order before fitting.	K129	Knowledge of the American National Standards Institute (ANSI) standards for hearing aid performance.
		K130	Knowledge of purposes and methods of evaluating physical characteristics of hearing aids.
		K131	Knowledge of methods to verify function of hearing aids.
		K132	Knowledge of manufacturer specifications (included features and settings) for hearing aids.
T42	Evaluate physical characteristics of custom products and earmolds before fitting (e.g., shell, canal, consistency with order, defects).	K133	Knowledge of methods used to verify earmold received from manufacturer.
		K134	Knowledge of purposes and methods of evaluating physical characteristics of earmolds.
T44	Pre-program or adjust hearing aid settings for client.	K136	Knowledge of procedures of setting levels of maximum output for hearing aids.
		K137	Knowledge of how to program and adjust hearing aids.
		K138	Knowledge of methods to configure and verify program settings of hearing aids.
		K139	Knowledge of audiometric test results that affect selection of acoustic properties of hearing aids.

7. Fitting (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
7.1 First Fit (8%)	T45 Insert hearing aid into client ear to assess fit.	K140 Knowledge of how to insert and remove different style hearing aids. K141 Knowledge of methods to determine whether hearing aid is a good fit for client.
	T46 Modify hearing aid or earmold to fit client.	K143 Knowledge of hearing aid physical characteristics that need adjustment or to be remade. K144 Knowledge of modifications for custom products and earmolds. K145 Knowledge of common complaints and their indications for physical hearing aid fit. K146 Knowledge of physical characteristics that can be modified on earmolds to improve fit or address client complaints. K147 Knowledge of methods and tools to modify physical characteristics of hearing aids and earmolds. K148 Knowledge of questions to ask clients regarding hearing aid fit. K149 Knowledge of physical characteristics that can be modified on hearing aids to improve fit or address client complaints.
T47	Adjust hearing aid electroacoustic characteristics (e.g., gain, frequency response, maximum power output) to meet client fitting needs.	K150 Knowledge of purpose and methods to set and adjust electroacoustic characteristics of hearing aids. K151 Knowledge of procedures to assess electroacoustic characteristics and performance of hearing aid. K152 Knowledge of common client complaints associated with electroacoustic characteristics of hearing aids. K153 Knowledge of procedures to help client adapt to sensory stimuli with hearing aid use. K154 Knowledge of relationship between adjustable acoustic characteristics of hearing aid and client perceptions of sound quality. K155 Knowledge of adjustments to reduce feedback. K156 Knowledge of adjustments that need to be made to hearing aid programming, including telecoil.

7. Fitting, continued (17%) - This content area assesses the candidate's knowledge of how to fit a hearing aid and associated accessories and apps.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
	T52 Evaluate outcome of hearing aid fitting with verification measures (i.e., sound field testing, real ear).	K170 Knowledge of purposes and procedures of performing unaided and aided sound field testing. K171 Knowledge of purpose and procedures to perform real ear/probe measurement. K172 Knowledge of necessary adjustments to hearing aids based on performance. K173 Knowledge of methods to validate client hearing aid benefit.
7.2 Delivery (9%)	T48 Demonstrate and explain techniques to insert, remove, and manipulate hearing aids.	K157 Knowledge of common issues associated with insertion and removal of hearing aids. K159 Knowledge of procedures to insert and remove client hearing aids.
	T49 Teach client to use hearing aid and assistive listening device controls.	K160 Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features). K162 Knowledge of information to provide to client regarding phone and app use with hearing aid. K163 Knowledge of questions to ask clients regarding hearing aid fit.
	T50 Instruct client how to use, maintain, and dispose of hearing aid batteries.	K164 Knowledge of procedures to care for and dispose of hearing aid batteries. K165 Knowledge of procedures to use and maintain rechargeable hearing aids.
	T51 Instruct client on hearing aid care and maintenance to optimize hearing aid function.	K167 Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids. K168 Knowledge of methods to reinforce proper hearing aid use. K169 Knowledge of methods to reinforce proper hearing aid care.
	T53 Instruct client on how to use hearing aid options, features, and accessories.	K175 Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories. K176 Knowledge of use of hearing aid options, features, and accessories. K178 Knowledge of purposes and methods of evaluating client use of telecoil.

8. Follow-Up Care (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
8.1 Postfitting Care (8%)	T54 Provide client with follow-up care.	K179 Knowledge of techniques to conduct ongoing client counseling on hearing aid use. K180 Knowledge of methods to maintain hearing health. K181 Knowledge of methods to compare previous and new audiometric test results.
	T55 Gradually adjust programming of hearing aid in follow-up visits to help client become accustomed to target settings.	K182 Knowledge of necessary adjustments based on client experience or adaptation level. K183 Knowledge of necessary adjustments required to achieve real ear measure target.
	T56 Modify physical characteristics of custom products and earmolds to fit client and troubleshoot client complaints.	K184 Knowledge of procedures used to modify earmolds for physical fit and acoustic performance. K185 Knowledge of methods to select domes to modify acoustic performance. K186 Knowledge of methods to use buffers and grinders. K187 Knowledge of ear anatomy that affects hearing aid fitting.
	T57 Identify electroacoustic adjustments to be performed on hearing aid based on client complaints.	K188 Knowledge of techniques to identify and eliminate acoustic feedback. K189 Knowledge of purposes and methods of identifying circuit noise of hearing aids. K190 Knowledge of procedures to identify causes of feedback in hearing aids. K191 Knowledge of purposes and methods of evaluating frequency response of hearing aid. K192 Knowledge of purposes and methods of evaluating gain of hearing aids.

8. Follow-Up Care, Continued (11%) - This content area assesses the candidate's knowledge of procedures to resolve client issues including physical fit and acoustic targets.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
8.2 Repairs (3%)	T58 Assess performance of hearing aids and client complaints to determine whether repairs need to be made.	K193 Knowledge of techniques to differentiate between external and internal feedback.
		K194 Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications.
		K195 Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair.
		K196 Knowledge of purposes and methods of evaluating volume control of hearing aids.
		K197 Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid.
		K198 Knowledge of client complaints that indicate hearing aid malfunction.
	T59 Perform hearing aid maintenance and repair.	K199 Knowledge of procedures to assess causes of hearing aid malfunction.
		K200 Knowledge of types of repairs for hearing aids.
		K201 Knowledge of how to service or repair hearing aids.
		K202 Knowledge of equipment and tools used to repair hearing aids.

9. Counseling (10%) - This content area assesses the candidate's knowledge of methods to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T60 Determine when hearing aid is no longer adequate for client needs.	K204 Knowledge of indicators that a different hearing aid would be more effective to meet client needs.
	K205 Knowledge of how hearing may change over time.
T62 Establish realistic expectations about potential experiences while wearing hearing aids.	K207 Knowledge of realistic expectations regarding hearing amplification.
	K208 Knowledge of factors that affect successful hearing aid fitting.
	K209 Knowledge of adaptation process and implications for new hearing aid users.
	K210 Knowledge of purposes and methods of evaluating client expectations about amplification.
	K211 Knowledge of cognitive and physical factors that influence successful hearing aid use.
T63 Educate client on practices to optimize communication while using hearing aids and accessories in different circumstances.	K212 Knowledge of strategies for maximizing communication in different listening environments.

HEARING AID DISPENSER PRACTICAL EXAMINATION OUTLINE – 2020

1. Equipment/Pre-Visit - This content area assesses the candidate's ability to prepare testing equipment and environment to obtain valid and reliable test results.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none">• Verify function and calibration of test equipment.	<ul style="list-style-type: none">• Knowledge of calibration requirements for audiometric equipment.• Knowledge of methods to perform a listening check of audiometric equipment.• Knowledge of function and procedures to operate audiometric equipment.• Ability to perform listening check to verify functioning of equipment.
<ul style="list-style-type: none">• Sanitize equipment (e.g., examination and audiometric equipment) before contact with client.	<ul style="list-style-type: none">• Knowledge of methods to sanitize equipment that will be used on client.
<ul style="list-style-type: none">• Maintain an environment that is conducive to audiometric assessment.	<ul style="list-style-type: none">• Knowledge of physical, medical, and environmental conditions that affect audiometric assessment procedures.

2. Assessment - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
2.1 Pre-Assessment	<ul style="list-style-type: none"> Perform ear inspection and otoscopic examination. 	<ul style="list-style-type: none"> Knowledge of purposes and procedures of performing otoscopic examination. Knowledge of purposes and procedures to inspect external ear. Knowledge of anatomy and characteristics of normal and abnormal ears. Knowledge of how to identify normal and abnormal visible conditions of the ear. Knowledge of techniques to assess size, length, and direction of ear canal. Ability to inspect external ear and perform an otoscopic examination. Knowledge of criteria to determine if there is blockage of the ear canal.
	<ul style="list-style-type: none"> Determine need for referral to a physician by assessing client symptoms, objective signs, and medical history. 	<ul style="list-style-type: none"> Knowledge of objective signs and subjective symptoms that require a medical referral. Knowledge of laws and regulations pertaining to signs and symptoms that require a medical referral.
2.2 Assessment	<ul style="list-style-type: none"> Explain procedures to client before and during audiometric assessment. 	<ul style="list-style-type: none"> Knowledge of methods to inform clients about audiometric assessment procedures. Ability to describe procedures to clients before and during assessment.
	<ul style="list-style-type: none"> Perform pure tone air and bone conduction assessments. 	<ul style="list-style-type: none"> Knowledge of purposes and procedures of performing pure tone air conduction assessment. Knowledge of purposes and procedures to perform pure tone bone conduction assessment. Ability to perform pure tone air conduction assessment. Ability to perform pure tone bone conduction assessment. Knowledge of methods to monitor and assess client subjective response to auditory stimuli.

2. Assessment, continued - This content area assesses the candidate's ability to perform an audiometric assessment to determine degree, type, and configuration of hearing loss, and need for medical referral.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
2.2 Assessment, continued	<ul style="list-style-type: none"> Perform masking during hearing assessment. 	<ul style="list-style-type: none"> Knowledge of purpose of performing masking. Knowledge of concept and implications of under and over masking. Knowledge of procedures of masking during pure tone air conduction assessment. Knowledge of procedures of masking during pure tone bone conduction assessment. Knowledge of procedures of masking during speech assessment. Ability to perform masking during hearing assessments.
	<ul style="list-style-type: none"> Measure client threshold of discomfort (i.e., TD, UCL, LDL), to determine loudness tolerance. 	<ul style="list-style-type: none"> Ability to perform assessment to establish client threshold of discomfort.
	<ul style="list-style-type: none"> Chart and document results of audiometric assessment. 	<ul style="list-style-type: none"> Knowledge of methods to chart and document assessment results.

3. Ear Impression - This content area assesses the candidate's ability to take and evaluate an ear impression.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> Evaluate client ear canal to determine whether an ear impression can safely be performed. 	<ul style="list-style-type: none"> Knowledge of purpose and procedures to take an ear impression. Knowledge of purpose and procedures of evaluating client ear canal before an ear impression.
<ul style="list-style-type: none"> Inform client about ear impression procedures to make client aware of sensations. 	<ul style="list-style-type: none"> Knowledge of expectations and sensations experienced during impression procedures. Ability to explain impression-taking procedures.
<ul style="list-style-type: none"> Select type and size of blocking material (e.g., cotton dam) to use during ear impression process. 	<ul style="list-style-type: none"> Knowledge of procedures to take ear impressions on clients with abnormal anatomy (e.g., mastoid cavities). Knowledge of methods to determine size and type of blocking material needed during an ear impression. Knowledge of how to determine placement of blocking material. Knowledge of purposes of using blocking material during an ear impression.
<ul style="list-style-type: none"> Insert blocking material (e.g., cotton dam) before taking ear impression. 	<ul style="list-style-type: none"> Ability to insert blocking material into ear canal before taking an ear impression. Knowledge of procedures and instruments used to insert blocking material into ear canal before taking an ear impression.
<ul style="list-style-type: none"> Verify placement of blocking material (i.e., cotton dam) in client ear with otoscope. 	<ul style="list-style-type: none"> Knowledge of purposes and methods of evaluating placement of blocking material in ear canal.
<ul style="list-style-type: none"> Take ear impression by inserting impression material into client ear. 	<ul style="list-style-type: none"> Knowledge of signs of client discomfort during an ear impression. Ability to prepare impression material. Ability to fill ear canal and external ear with impression material. Knowledge of types of impression material used to make an ear impression.
<ul style="list-style-type: none"> Verify curing of impression material. 	<ul style="list-style-type: none"> Knowledge of method to determine if impression material has cured. Ability to verify impression material has cured in the ear before removal.

3. Ear Impression, continued - This content area assesses the candidate's ability to take and evaluate an ear impression.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Break the seal of impression material. 	<ul style="list-style-type: none"> • Ability to break seal of impression material. • Knowledge of methods to break seal of impression material.
<ul style="list-style-type: none"> • Remove ear impression from client ear. 	<ul style="list-style-type: none"> • Ability to remove impression from ear.
<ul style="list-style-type: none"> • Inspect client ear for injury and impression material with otoscope after removal of ear impression. 	<ul style="list-style-type: none"> • Knowledge of purposes and methods of evaluating client ear canal following ear impression procedures. • Knowledge of conditions resulting from impression procedures which require a medical referral.
<ul style="list-style-type: none"> • Determine accuracy of ear impression by comparing client ear to impression. 	<ul style="list-style-type: none"> • Knowledge of anatomical details that should be found on ear impression. • Knowledge of techniques to determine if ear impression is an accurate representation of an ear. • Ability to identify anatomical details on an ear impression. • Ability to determine if ear impression meets requirements for manufacturing custom products. • Knowledge of purposes and methods of evaluating ear impression. • Knowledge of procedures to identify unique characteristics of ear impression to be represented on the finished product.

4. Fitting and Delivery - This content area assesses the candidate's ability to fit a hearing aid and explain associated accessories and apps.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Insert hearing aid into client ear to assess fit. 	<ul style="list-style-type: none"> • Knowledge of how to insert and remove different style hearing aids. • Knowledge of methods to determine whether hearing aid is a good fit for client. • Ability to insert and remove hearing aids.
<ul style="list-style-type: none"> • Demonstrate and explain techniques to insert, remove, and manipulate hearing aids. 	<ul style="list-style-type: none"> • Knowledge of common issues associated with insertion and removal of hearing aids. • Ability to explain hearing aid insertion and removal techniques. • Knowledge of procedures to insert and remove client hearing aids.
<ul style="list-style-type: none"> • Teach client to use hearing aid and assistive listening device controls. 	<ul style="list-style-type: none"> • Knowledge of information to provide client regarding use of hearing aids (e.g., controls, features). • Ability to demonstrate operation of hearing aids. • Knowledge of information to provide to client regarding phone use with hearing aid. • Knowledge of questions to ask clients regarding hearing aid fit.
<ul style="list-style-type: none"> • Instruct client how to use, maintain, and dispose of hearing aid batteries. 	<ul style="list-style-type: none"> • Knowledge of procedures to care for and dispose of hearing aid batteries. • Knowledge of procedures to use and maintain rechargeable hearing aids. • Ability to insert and remove batteries from hearing aids.
<ul style="list-style-type: none"> • Instruct client on hearing aid care and maintenance to optimize hearing aid function. 	<ul style="list-style-type: none"> • Knowledge of purposes, procedures, and information regarding care and maintenance of hearing aids. • Knowledge of methods to reinforce proper hearing aid use. • Knowledge of methods to reinforce proper hearing aid care.
<ul style="list-style-type: none"> • Instruct client on how to use hearing aid options, features, and accessories. 	<ul style="list-style-type: none"> • Knowledge of techniques to assess client proficiency in using hearing aid options, features, and accessories. • Knowledge of use of hearing aid options, features, and accessories. • Ability to explain to clients the use of hearing aid options, features, and accessories. • Knowledge of purposes and methods of evaluating client use of telecoil.

5. Follow-Up/Postfitting Care - This content area assesses the candidate's ability to resolve client issues including physical fit and acoustic targets.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none"> • Assess performance of hearing aids and client complaints to determine whether repairs need to be made. 	<ul style="list-style-type: none"> • Knowledge of techniques to differentiate between external and internal feedback. • Knowledge of procedures to run an electroacoustic analysis on a hearing aid to determine if it is performing to manufacturer specifications. • Knowledge of evaluation techniques to determine whether to repair hearing aids or send to the manufacturer for repair. • Knowledge of purposes and methods of evaluating volume control of hearing aids. • Knowledge of techniques to differentiate changes in client hearing from malfunction of hearing aid. • Knowledge of client complaints that indicate hearing aid malfunction. • Knowledge of procedures to assess causes of hearing aid malfunction.
<ul style="list-style-type: none"> • Perform hearing aid maintenance and repair. 	<ul style="list-style-type: none"> • Knowledge of types of repairs for hearing aids. • Knowledge of how to service or repair hearing aids. • Knowledge of equipment and tools used to repair hearing aids. • Ability to service hearing aids including ear mold tube replacement.
<ul style="list-style-type: none"> • Determine if hearing aid can be repaired or if it must be replaced. 	<ul style="list-style-type: none"> • Knowledge of how to determine whether hearing aid can be repaired or needs to be replaced.

6. Counseling - This content area assesses the candidate's ability to establish realistic expectations and educate the client on optimizing communication while using hearing aids and accessories.

<i>Tasks</i>	<i>Associated Knowledge/Ability Statements</i>
<ul style="list-style-type: none">• Establish realistic expectations about potential experiences while wearing hearing aids.	<ul style="list-style-type: none">• Knowledge of realistic expectations regarding hearing amplification.• Knowledge of factors that affect successful hearing aid fitting.• Knowledge of adaptation process and implications for new hearing aid users.• Knowledge of purposes and methods of evaluating client expectations about amplification.• Knowledge of cognitive and physical factors that influence successful hearing aid use.
<ul style="list-style-type: none">• Educate client on strategies to optimize communication while using hearing aids and accessories in different circumstances.	<ul style="list-style-type: none">• Knowledge of strategies for maximizing communication in different listening environments.• Ability to describe strategies for maximizing communication to clients in different listening environments.

Hand Carry Item

Agenda Item 12f: Discussion and possible action to Amend regulations regarding Continuing Professional Development Requirements for Speech-Language Pathologists and Audiologists as stated in Title 16, CCR sections 1399.160 through 1399.160.4, and 1399.170.7



MEMORANDUM

DATE	May 4, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 12h: Discussion and Possible Action to Amend or Adopt Regulations Regarding Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

This proposed regulatory package is a Board-approved language that has been amended to include changes identified by Board staff and the Department of Consumer Affairs (DCA) Legal Counsel and requires Board review and approval. This proposed regulation will align regulations with current fingerprinting requirements to ensure that all licensees have fingerprints entered into the Department of Justice’s electronic database.

Background

In 2008, media reports surfaced documenting instances where licensed health care professionals, who had criminal records, were not investigated or considered by the responsible licensing agency. The Department of Consumer Affairs (DCA) urged all health boards and bureaus to institute a mandatory re-fingerprinting process as a condition of license renewal for all licensees who were issued their initial license prior to December 31, 1999.

The Board has been requiring fingerprint clearances as a condition of licensure since 1974. However, the Board has reason to believe that fingerprints collected prior to the introduction of LiveScan may not have migrated to the electronic system or the fingerprints record no longer exists or never existed. As a result, the Board may not receive subsequent arrests notifications, or the receipt of the subsequent arrests may be delayed. This delay allows a licensee to continue practicing without the Board’s knowledge of any unprofessional conduct that may be substantially related to the qualifications, functions, and duties of the license or substance abuse. Therefore, the Board proposed regulations will require all individuals who were initially licensed prior to January 1, 1999, or who fingerprints records no longer exist to be fingerprinted as a condition of license renewal.

The Speech-Language Pathology and Audiology Board adopted the proposed language on February 13, 2009, and made revisions on May 7, 2009. However, it merged with the Hearing Aid Dispensers Bureau, so it was necessary for the new Board to review and adopt the language for both the hearing aid dispenser regulations and speech-language pathology and audiology regulations. The Board adopted the proposed language at its March 2010 meeting and revisited

the proposed language for revisions at its May 2017 and August 2017 meetings. Due to limited staff resources, Board staff has not started the formal rulemaking process.

On March 23, 2022, Board staff submitted revisions of the adopted proposed text to DCA for review. Board staff and DCA Legal Counsel identified changes to the regulatory language for review and discussion by the Board.

Summary of Changes

The most recent proposed changes are highlighted in yellow and include the following:

- Section 1399.112(a) was amended for consistency and clarity and the effective year was amended to when DOJ started fingerprinting electronically.
- Sections 1399.112 (b), 1399.112 (c), and 1399.112 (d) were amended to become subsections (a)(1), (a)(2), and (a)(3). The formatting clarifies which licensee is affected by these provisions. The language in these sections were also amended for consistency and clarity.
- Sections 1399.112(e), 1399.112(f), 1399.112(g), and 1399.112(h) were renumbered to reflect the previous changes. The language in these sections were also amended for consistency and clarity.
- All the changes previously stated were made in section 1399.151.2.
- Section 1399.170.14 is being added to make these provisions applicable to Speech-Language Pathology Assistants under their Article within the regulations.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the regulatory language and initiate the rulemaking process.

Suggested Motion Language

Move to approve the proposed regulatory text for Sections 1399.112, 1399.151.2, and 1399.170.14 direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Sections 1399.112, 1399.151.2, and 1399.170.14 as noticed.

Attachment A: Fingerprinting Requirements Proposed Regulatory Text

Attachment B: Fingerprinting Requirement Proposed Language as Adopted August 11, 2017

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

**PROPOSED REGULATORY LANGUAGE
Fingerprinting Requirements**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend the title of and adopt new section 1399.112 in Article 2 of Division 13.3 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.112. ~~Petition for Hearing.~~ ~~[Repealed]~~ Requirements for Renewal of License.

(a) As a condition of renewal, a licensee who was initially licensed prior to January 1, 1999, or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender record identification database for use by and accessible to the Board, is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The licensee shall pay any costs of complying with subsection (a).

(2) As a condition of renewal, a licensee shall certify whether their fingerprints have been furnished to the Department of Justice in compliance with this section.

(3) This requirement is waived if the licensee subject to subsection (a) is actively serving in the military outside the country.

(4) The licensee subject to subsection (a) shall retain, for at least three years from the renewal date, either a receipt showing the transmission of their fingerprints to the Department of Justice, or a receipt evidencing that the licensee's fingerprints were taken.

(b) As a condition of renewal, a licensee shall certify whether, since they last renewed their license, they have been convicted of any violation of the law in this or any other state or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars (\$1,000) not involving alcohol, dangerous drugs, or controlled substances.

(c) As a condition of renewal, a licensee shall certify whether, since they last renewed

their license, they have had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the licensee.

(d) Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements.

(e) Failure to furnish a full set of fingerprints to the Department of Justice as required by subsection (a) on or before the date required for renewal of a license is grounds for discipline by the Board.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 144.5, 2533, 2538.53, 2538.54, and 2538.55, Business and Professions Code, and Section 11105, Penal Code.

Amend section 1399.151.2 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.151.2. Requirements for Renewal of License.

(a) As a condition of renewal, a licensee who was initially licensed prior to January 1, 1999, or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender record identification database for use by and accessible to the Board, is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The licensee shall pay any costs of complying with subsection (a).

(2) As a condition of renewal, a licensee shall certify whether their fingerprints have been furnished to the Department of Justice in compliance with this section.

(3) This requirement is waived if the licensee subject to subsection (a) is actively serving in the military outside the country.

(4) The licensee subject to subsection (a) shall retain, for at least three years from the renewal date, either a receipt showing the transmission of their fingerprints to the Department of Justice, or a receipt evidencing that the licensee's fingerprints were taken.

(b) As a condition of renewal, a licensee shall certify whether they, since they last renewed their license, they have been convicted of any violation of the law in this or any other state or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars (\$1,000) not involving alcohol, dangerous drugs, or controlled substances.

(c) As a condition of renewal, a licensee shall certify whether, since they last renewed their license, they have had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the licensee.

(d) Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements.

(e) Failure to furnish a full set of fingerprints to the Department of Justice as required by subsection (a) on or before the date required for renewal of a license is grounds for discipline by the Board.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 144.5, 2531.4, 2533, 2535, and 2535.2, Business and Professions Code, and Section 11105, Penal Code.

Amend section 1399.170.14 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.14. Requirements for Renewal of License.

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

(b) As a condition of renewal, a licensee who was initially licensed prior to January 1, 1999 or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender record identification database for use by and accessible to the Board, is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The licensee shall pay any costs of complying with subsection (b).

(2) As a condition of renewal, a licensee shall certify whether their fingerprints have been furnished to the Department of Justice in compliance with this section.

(3) This requirement is waived if the licensee subject to subsection (b) actively serving in the military outside the country.

(3) The licensee subject to subsection (b) shall retain, for at least three years from the renewal date, either a receipt showing the transmission of their fingerprints to the Department of Justice, or a receipt evidencing that the licensee's fingerprints were taken.

(c) As a condition of renewal, a licensee shall certify whether they, since they last renewed their license, they have been convicted of any violation of the law in this or any other state or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars (\$1,000) not involving alcohol, dangerous drugs, or controlled substances.

(d) As a condition of renewal, a licensee for renewal shall certify whether, since they last renewed their license, they have had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the licensee.

(e) Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements.

(f) Failure to furnish a full set of fingerprints to the Department of Justice as required by subsection (b) on or before the date required for renewal of a license is grounds for discipline by the Board.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Sections 144, 144.5, 2531.4, 2533, 2535, 2535.2, 2538.1(b)(1), and 2538.1(b)(6), Business and Professions Code, and Section 11105, Penal Code.

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING DISPENSERS BOARD

Fingerprinting Proposed Text

The proposed language is all new text

Add Section 1399.112. of Division 13.3, Title 16 of the California Code of Regulations to read as follows:

1. Add Section 1399.112 to Title 16 of the California Code of Regulations, Division 13.3, Article 2, to read as follows:

Section 1399.112. Requirements for Renewal of License. ~~Petition for Hearing~~

(a) For a license that expires after June 30, 2018, as a condition of renewal, an applicant for renewal not previously electronically fingerprinted by the Board, or for whom an electronic record of the submission of fingerprints has never or no longer exists in the Department of Justice's criminal offender record identification database for use by and accessible to the Board, is required to furnish to the Department of Justice, as directed by the board, a full set of electronic fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice. The licensee shall certify on the renewal application whether the fingerprints have been electronically submitted.

(b) The licensee shall pay any costs of complying with subsection (a).

(c) This requirement is waived if the licensee is renewed in an inactive status, or is actively serving in the military outside the country. However, a licensee who seeks to reactivate an inactive license must first comply with the fingerprint submission process as noted above in order to be eligible to return the license to active status.

(d) A licensee directed by the Board to comply with the requirement for fingerprint submission in subsection (a) shall retain, for at least three years from the renewal date, either a receipt showing the electronic transmission of his or her fingerprints to the Department of Justice, or a receipt evidencing that the licensee's fingerprints were submitted.

(e) For a license that expires after June 30, 2018, as a condition of license renewal, a licensee shall disclose whether he or she, since he or she last renewed his or her license, has been convicted of any violation of the law in this or any other state, the United States, or other country, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or controlled substances.

(f) For a license that expires after June 30, 2018, as a condition of renewal, a licensee shall disclose on the renewal application whether, since he or she last renewed his or

her license, he or she has had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

(g) Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements.

(h) Failure to furnish a full set of fingerprints to the Department of Justice as required by this section on or before the date required for renewal of a license is grounds for discipline by the Board.

NOTE: Authority cited: Section, 2531.95, Business and Professions Code. Reference: Sections 144, 2538.53, 2538.54, and 2538.55, Business and Professions Code, and Section 11105, Penal Code.

2. Add Section 1399.151.2 to Title 16 of the California Code of Regulations, Division 13.4, Article 2, to read as follows:

Section 1399.151.2. Requirements for Renewal of License.

(a) For a license that expires after June 30, 2018, as a condition of renewal, an applicant for renewal not previously electronically fingerprinted by the Board, or for whom an electronic record of the submission of fingerprints has never or no longer exists in the Department of Justice's criminal offender record identification database for use by and accessible to the Board, is required to furnish to the Department of Justice, as directed by the board, a full set of electronic fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice. The licensee shall certify on the renewal application whether the fingerprints have been electronically submitted.

(b) The licensee shall pay any costs of complying with subsection (a).

(c) This requirement is waived if the licensee is renewed in an inactive status, or is actively serving in the military outside the country. However, a licensee who seeks to reactivate an inactive license must first comply with the fingerprint submission process as noted above in order to be eligible to return the license to active status.

(d) A licensee directed by the Board to comply with the requirement for fingerprint submission in subsection (a) shall retain, for at least three years from the renewal date, either a receipt showing the electronic transmission of his or her fingerprints to the Department of Justice, or a receipt evidencing that the licensee's fingerprints were submitted.

(e) For a license that expires after June 30, 2018, as a condition of license renewal, a licensee shall disclose whether he or she, since he or she last renewed his or her license, has been convicted of any violation of the law in this or any other state, the

United States, or other country, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or controlled substances.

(f) For a license that expires after June 30, 2018, as a condition of renewal, a licensee shall disclose on the renewal application whether, since he or she last renewed his or her license, he or she has had a license disciplined by a government agency or other disciplinary body. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

(g) Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements.

(h) Failure to furnish a full set of fingerprints to the Department of Justice as required by this section on or before the date required for renewal of a license is grounds for discipline by the Board.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 2531.4, 2535, and 2535.2, Business and Professions Code, and Section 11105, Penal Code



MEMORANDUM

DATE	May 2, 2022
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Agenda Item 13: Legislative Report: Update, Review, and Possible Action on Proposed Legislation

a. Legislative Calendar and Deadlines

- May 6, 2022 – Last day for policy committees to hear bills introduced in their house of origin
- May 20, 2022 – Last day for fiscal committees to hear bills introduced in their house of origin
- May 27, 2022 – Last day for bills to be passed out of the house of origin
- July 1, 2022 – Last day for policy committees to hear bills
- July 2-31, 2022 – Summer Recess
- August 12, 2022 – Last day for fiscal committees to hear bills

b. Bills for Active Position Recommendations

- **AB 1733 (Quirk) State bodies: open meetings**

Status:

The bill has not been scheduled in the Assembly Governmental Organization Committee.

Summary:

This bill would require open meetings to provide members of the public with a physical location to hear, observe, and address the state body and means to remotely hear or hear and observe the meeting and remotely address the state body without requiring public comments to be submitted prior to the meeting. This bill would allow Board members to remotely participate in an open meeting without disclosing the remote location. The Board would be required to end or adjourn the meeting if the means of remote participation fails during the meeting and cannot be restored.

Recommended Position: Support

This bill would facilitate opportunities for members of the public to attend Board meetings by providing both a physical location and a teleconference option. This bill would also allow Board members to attend the meetings from a remote location via teleconference without requiring the location to be disclosed or open to the public. This bill may result in cost savings to the Board for meetings with a physical location in Sacramento and all Board members attending remotely for a cost of approximately \$1,100.00 per meeting.

- **AB 2686 (Committee on Business and Professions) Speech-language pathologists, audiologists, and hearing aid dispensers**

Status:

The bill has not been scheduled in the Assembly Appropriations Committee.

Summary:

This bill would extend the Board's sunset date until January 1, 2027, and make other clarifying changes. This bill would authorize an appointing authority to remove a Board member from office at any time. This bill would require applicants and licensees to provide the Board with their email address by July 1, 2023 and notify the Board of any changes within 30 days. This bill would also expand the reasons for which the Board is authorized to take disciplinary action including providing the Board with explicit authority to enforce any violations of Business and Professions Code Section 650, which prohibits licensees from offering or receiving consideration in exchange for patient referrals.

Recommended Position: Support

This bill would ensure the continued existence of the Board until January 1, 2027, and would make a number of clarifying and technical amendments requested by the Board in the sunset report. This bill would also provide the Board with authority to require applicants and licensees to provide their email address, which will allow the Board to quickly and efficiently communicate new information.

- **AB 2806 (Rubio) Childcare and developmental services: preschool: expulsion and suspension: mental health services: reimbursement rates**

Status:

The bill has not been scheduled in the Assembly Appropriations Committee.

Summary:

This bill would require specific actions to be taken, including engaging an early childhood mental health consultant, prior to unenrolling or expelling a child from a family childcare home education program or preschool due to a behavior issue. The bill includes a provision that would authorize a person with at least a

master's degree in speech and language pathology to receive reimbursement for early childhood mental health consultation services.

Recommended Position: Oppose Unless Amended

Although speech-language pathologists serve on multidisciplinary teams to provide services to children with disorders of speech, voice, language, or swallowing, the provision authorizing a person with at least a master's degree in speech and language pathology to receive reimbursement for early childhood mental health consultation services is problematic. Specifically, this bill does not require this person to hold a valid license or CTC credential, only that they have at least two years of experience working with children zero to five years of age. The Board should request amendments that these services can only be provided by a licensed or credentialed speech-language pathologist.

- **SB 1031 (Ochoa Bogh) Healing arts boards: inactive license fees**

Status:

The bill has been scheduled for May 2nd in the Senate Appropriations Committee.

Summary:

This bill would require the renewal fee for an inactive license to be half of the amount of the fee for the renewal of an active license, unless the Board establishes a lower fee.

Recommended Position: Oppose

Board Staff have multiple concerns with the blanket provisions of this bill. Board Staff anticipate approximately 6,700 licensees would choose to be on "inactive" status resulting in an estimated revenue loss of \$295,000 annually. The Board's workload would not decrease if a licensee changes to "inactive" status. For example, all of the license processing tasks would still be required each renewal cycle and normal complaint intake and enforcement measures would not be reduced simply by reducing the costs of an inactive license. Additionally, there is potential for additional enforcement workload related to licensees that are practicing while on "inactive" status due to an error during their license renewal. This bill would create a significant decrease in revenue and would detrimentally impact the Board's fund condition without creating a decrease in the Board's workload. The Board would likely need to significantly increase all of the licensing fees to address the deficit caused by this bill. Additionally, Board Staff have concerns with the arbitrary percentage for the lower inactive license fee without giving adequate consideration to balancing the needs of keeping licensing and application fees as reasonable as possible while also ensuring the Board's operational costs are met, without sacrificing consumer protection and licensing services to licensees and applicants.

- **SB 1453 (Ochoa Bogh) Speech language pathologists**

Status:

The bill has been scheduled for May 2nd in the Senate Appropriations Committee.

Summary:

This bill would make changes to the flexible fiber optic transnasal endoscopic procedure, commonly known as the FEES procedure. Specifically, this bill would allow a speech-language pathologist to perform the FEES procedure at a location based on the patient's medical needs, without the presence of a physician, as long as the facility has protocols for emergency medical backup procedures, including a physician or other appropriate medical professional being readily available.

This bill would also remove the requirement that an ENT authorize the FEES procedure and instead allow a speech-language pathologist to perform the FEES procedure upon the orders of a licensed physician. This bill would prohibit the FEES procedure to be performed on patients who have contraindications to the procedure.

Additionally, this bill would clarify that a speech-language pathologist must perform 25 supervised FEES procedures and obtain written verification from one ENT that they are competent to perform the procedure.

Recommended Position: Board Discussion

Board Staff receive a number of inquiries from licensees regarding uncertainty with the requirements for the FEES procedure. This bill would provide clarity to licensees regarding the requirements to obtain written verification of competency, who must authorize the FEES procedure, and whether a physician must be present during the procedure.

This bill would allow the FEES procedure to be performed in locations based on the patient's medical needs, without the presence of a physician, as long as the facility has protocols for emergency medical backup procedures, including a physician or other appropriate medical professional being readily available. However, emergency medical backup procedures, other medical professional, and readily available are not defined leading to a potential lack of clarity regarding this provision. The Board may wish to consider requesting amendments to require the provisions of the bill to become effective at a later date to provide the Board with time to develop regulations to provide clarity to this provision. Board Staff are concerned that it could be potentially harmful to consumers to create a situation where the FEES procedure could be done at locations with inadequate emergency medical backup procedures and without appropriate medical professionals due to the lack of specificity in the statute. Board Staff recommend a delayed effective date of a minimum of 18 months to allow the development of regulations based on the amended statute.

Additionally, this bill would specify contraindications to the FEES procedure, but ASHA also identifies additional contraindications including severe movement disorders, severe bleeding disorders, and recent trauma to the nasal cavity. The Board may wish to discuss amendments to add additional contraindications to the FEES procedure into the bill language. The Board may also wish to consider requesting amendments that include a reporting requirement to ensure that adverse events that occur during a FEES procedure are reported to the Board as current law does not require locations outside of health facilities to be reported to the Department of Public Health or an appropriate licensing board.

c. Bills with Active Positions Taken by the Board

- **AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses**

Status:

The bill has not been scheduled in the Senate Business, Professions, and Economic Development Committee.

Current Board Position: Oppose Unless Amended

Summary:

This bill would expand current law requiring a temporary license for applicants currently licensed in another state who are married to or in a domestic partnership with an active duty member of the military currently stationed in California to also apply to applicants who are veterans within 60 months of separation and active duty members with official separation orders within 90 days. Additionally, this bill would remove current provisions that allow a temporary license to expire upon the denial of an application for a permanent license.

- **AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction**

Status:

The bill has not been scheduled in the Assembly Appropriations Committee.

Current Board Position: Oppose Unless Amended

Summary:

This bill would require boards to establish a process for prospective applicants to request a preapplication determination whether they may be disqualified from licensure based on their criminal history. The Board may require prospective applicants to furnish fingerprints to conduct a criminal history record check. The Board must notify the prospective applicant in writing if their criminal history could be a cause for denial and include information regarding the criteria for

substantially related crimes, the process to request a copy of the complete conviction history, notification of the right to appeal the Board's decision, and the rehabilitation criteria established by the Board. This bill would authorize the Board to charge a fee up to \$50 for the preapplication determination.

Recommended Position: Oppose

Although this bill would allow the Board to charge \$50 for a preapplication determination, this fee would not fully recoup the Board's costs. This bill would significantly increase the Board's workload to review potential applicants' criminal history records and make a predetermination whether they may be disqualified from licensure based on their criminal history. Additionally, this bill would require the Board to develop a number of new procedures including the process for requesting a preapplication determination, the process to provide the potential applicant with their complete conviction history, and a potentially costly appeal process.

d. Bills with Recommended Watch Status

- **AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions**

Status:

The bill has been referred to the Senate Rules Committee for assignment.

Summary:

This bill would require boards that post information about a revoked license due to a criminal conviction on the online license search system to post the expungement order if the person reapplies for licensure or remove the information if the person does not reapply for licensure within 90 days of receiving the expungement order. The Board would be authorized to charge a fee of \$25 to cover the reasonable cost of administering this provision.

- **AB 1308 (Ting) Arrest and conviction record relief**

Status:

The bill has not been scheduled in the Senate Public Safety Committee.

Summary:

This bill would expand current law regarding arrest and conviction record relief to allow an arrest or conviction that occurred on or after January 1, 1973 to be considered for relief.

- **AB 1795 (Fong) Open meetings: remote participation**

Status:

The bill has not been scheduled in the Assembly Governmental Organization Committee.

Summary:

This bill would require open meetings to include both in-person and remote participation. This bill would define remote participation as participation at a location other than the physical location designated in the agenda of the meeting via electronic communication.

- **AB 2600 (Dahle) State agencies: letters and notices: requirements**

Status:

The bill has not been scheduled in the Assembly Accountability and Administrative Review Committee.

Summary:

This bill would require state agencies, when sending any communication to a recipient, to include in bold font at the beginning of the communication whether it requires action or serves as notice requiring no action.

- **AB 2790 (Wicks) Reporting of crimes: mandated reporters**

Status:

The bill has been scheduled for May 4th in the Assembly Appropriations Committee.

Summary:

This bill would remove the requirement that health care providers report to law enforcement any assaultive or abusive conduct to their adult patients, unless the wound or injury is self-inflicted or caused by a firearm. Instead, this bill would require health care providers to provide brief counseling and offer a referral to domestic violence or sexual violence advocacy services before the end of treatment.

- **SB 731 (Durazo) Criminal records: relief**

Status:

The bill is on the Assembly Floor Inactive File.

Summary:

This bill would expand current law regarding arrest record relief to include a person who has been arrested for a felony on or after January 1, 1973.

- **SB 1237 (Newman) Licenses: military service**

Status:

The bill has been scheduled for May 9th in the Senate Appropriations Committee.

Summary:

This bill would expand the requirement that boards waive renewal fees and continuing education requirements to include individuals who are on duty in the California National Guard and active duty in the United States Armed Forces.

- **SB 1365 (Jones) Licensing boards: procedures**

Status:

The bill has been scheduled for May 9th in the Senate Appropriations Committee.

Summary:

This bill would require boards to post the criteria used to evaluate applicants with criminal convictions on their website to help inform potential applicants about their possibility of obtaining licensure prior to investing time and resources into education and training. This bill would also require the Department of Consumer Affairs to develop processes and procedures for boards to use to verify applicant information, perform background checks, and provide an informal appeal process.

Agenda Item 13 – Attachments 1 - 16

Attachment 1 is the January 31, 2022 text version of Assembly Bill 1733, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1733.

Attachment 2 is the Author Fact Sheet for Assembly Bill 1733, which is available upon request.

Attachment 3 is the April 27, 2022 text version of Assembly Bill 2686, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2686.

Attachment 4 is the May 2, 2022 text version of Assembly Bill 2806, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2806.

Attachment 5 is the Author Fact Sheet for Assembly Bill 2806, which is available upon request.

Attachment 6 is the February 15, 2022 text version of Senate Bill 1031, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1031.

Attachment 7 is the Author Fact Sheet for Senate Bill 1031, which is available upon request.

Attachment 8 is the April 19, 2022 text version of Senate Bill 1453, which is available online at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB1453.

Attachment 9 is the Author Fact Sheet for Senate Bill 1453, which is available upon request.

Attachment 10 is ASHA information titled Flexible Endoscopic Evaluation of Swallowing (FEES), which is available online at <https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/flexible-endoscopic-evaluation-of-swallowing/>.

Attachment 11 is an ASHA publication titled Tutorial on Clinical Practice for Use of the Fiberoptic Endoscopic Evaluation of Swallowing Procedure With Adult Populations, which is available upon request.

Attachment 12 is ASHA information titled States with Specific Instrumental Assessment Requirements, which is available online at <https://www.asha.org/advocacy/state/states-with-specific-instrumental-assessment-requirements/>.

Attachment 13 is the June 28, 2021 text version of Assembly Bill 225, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB225.

Attachment 14 is the Author Fact Sheet for Assembly Bill 225, which is available upon request.

Attachment 15 is the April 27, 2022 text version of Assembly Bill 1662, which is available online at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1662.

Attachment 16 is the Author Fact Sheet for Assembly Bill 1662, which is available upon request.

All documents can be requested by sending an email to speechandhearing@dca.ca.gov.