



# MEMORANDUM

DATE	August 25, 2022
TO	Audiology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Review and Possible Approval of the September 23, 2020 Audiology Practice Committee Teleconference Meeting Minutes

## **Background**

Attached is a draft of the meeting minutes from the September 23, 2020 Audiology Practice Committee Teleconference Meeting. This was inadvertently missed in 2020 but is needed for regulatory purposes.

## **Action Requested**

Please review and discuss whether there are necessary corrections or additional information needed. If not, make a motion to approve the September 23, 2020 Audiology Practice Committee Teleconference Meeting Minutes.

Attachment: September 23, 2020 Audiology Practice Committee Meeting Minutes



**AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES – DRAFT**  
**Teleconference Meeting**  
**September 23, 2020**

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

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

Dr. Marcia Raggio, Committee Chair, called the Audiology Practice Committee meeting to order at 1:13 p.m. Dr. Raggio called roll; three members of the Committee were present and thus a quorum was established.

Audiology Practice Committee Members Present

Marcia Raggio, Dispensing Audiologist, Committee Chair  
Rodney Diaz, Otolaryngologist, Public Member  
Karen Chang, Public Member

Staff Present

Cherise Burns, Assistant Executive Officer  
Anthony Pane, DCA Legal Counsel

Guests Present

Marni Novick  
Amy White  
Shaum Bhagat  
Tom Muller  
Suhyun Jin  
Peter Ivory  
Ruppa Blachandran  
Alison Grimes  
Christy Kirsch  
Laura Gaeta  
Cherysse Lanns  
Carol Mackersie  
Bryce Docherty

2. Public Comment for Items not on the Agenda

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

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

Dr. Raggio opened the discussion regarding proposed statutory and regulatory changes to audiology licensing requirements.

Karen Chang inquired if the 1850 clinical clock hours are the same as the 12-month requirements. Dr. Raggio replied that the Committee is considering changes to the 12-month requirement as this is the current requirement. Ms. Chang inquired if the elimination of the 12-month requirement and allowing the clinical hours during the first and final year reduces consumer protection. Dr. Raggio replied that the Board will need to justify this to the Legislature when it proposes the changes. Cherise Burns commented on the current requirements and how it compares with the proposed changes.

Dr. Rodney Diaz commented on his approval for the proposed changes.

Dr. Marni Novick on behalf of California Academy of Audiology commented on the proposed hours and how it compares with American Speech-Language-Hearing Association (ASHA) requirements.

Dr. Amy White inquired on the background for changes to the clinical hours.

Dr. Shaum Bhagat, Department Chair of Audiology at San Jose State University, expressed concerns with the lack of the number of months and commented on the varying levels of experience and externship placement.

Dr. Tom Muller, Vice Chair of Audiology for ASHA's Council for Clinical Certification, expressed his support for the 12-month requirement that can be completed prior to the final year.

Dr. Suhyun Jin, Program Director from California State University (CSU), Northridge, commented on CSU requirements and the impact that changes to the 12-month requirement may have on CSU programs.

Dr. Peter Ivory, Program Director from CSU, Los Angeles, commented on the changes to clinical hours and other healing arts board's requirement.

Dr. Ruppa Blachandran, Audiology Program Chair from the University of the Pacific, commented on the clinical hours their students complete before the final year.

Dr. Alison Grimes, Director of Audiology and Newborn Hearing Screening from University of California, Los Angeles (UCLA) Health, commented on the varying level of experience students accepted for externship have, and the benefits of the 12-month requirement.

Dr. Raggio inquired of audiology program directors about the number of hours students complete prior to their final year and the level of supervision provided.

Dr. Christy Kirsch, Audiology Clinic Director from San Diego State University, commented that students complete about 600 hours within the first two years and are completely supervised on campus, and the third year is off campus and are primarily completely supervised.

Dr. Tom Muller commented that prior to COVID students would complete about 700 hours that are fully supervised with the exception of some externships.

Dr. Alison Grimes expressed concerns with the lack of uniformity in experience students gain during their externship.

Dr. Raggio inquired of audiology program directors about the quality of externships.

Dr. Shaum Bhagat commented that their program is new but the number of hours and the level of supervision that their students complete prior to the final year would align with what others have provided.

Dr. Laura Gaeta, Audiology Program Director from CSU, Sacramento, commented that their program is new but project their students will complete 720 hours prior to their final year externship with most of those hours being fully supervised.

Dr. Suhyun Jin commented that their program is new but projects their students will complete 600 to 700 fully supervised hours prior to their final year externship.

Dr. Marni Novick commented on the varying quality of externships.

Dr. Tom Muller commented on the varying quality of externships and oversight programs have on the experience their students complete prior to their externship.

Dr. Christy Kirsch commented on the quality of clinical hours their student complete prior to their externship.

Dr. Cherysse Lanns, Clinical Director from the University of the Pacific, commented that their students complete about 600 hours prior to their final year and are fully supervised regardless of if there are on-campus or off-site.

Dr. Carol Mackersie, Co-Director from San Diego State University/ UC San Diego Joint Audiology Program, commented on the varying quality of externships and oversight their program have to ensure quality externships.

Dr. Peter Ivory commented that their program is new but project students will complete about 600 hours prior to the final year and the responsibility of academic programs to have oversight on the externships their students are placed.

Dr. Raggio commented on the importance of consumer protection to clinical hours and the oversight programs have on externships for the purpose of accreditation. Dr. Raggio inquired of audiology program directors about program accreditation requirements.

Dr. Ruppa Blachandran commented that the Accreditation Commission for Audiology Education (ACAЕ) leave it to the programs to determine the clinical hours.

Dr. Peter Ivory commented that clinical hours are not stipulated by either ACAЕ or ASHA for accreditation.

Dr. Tom Muller commented that ASHA eliminated the clinical hours requirements but still have a one-year clinical experience requirement.

Dr. Alison Grimes commented on the lack of uniformity across the country in licensing standards.

Dr. Carol Mackersie commented on information she received from ASHA regarding clinical experience and their interpretation of the number of hours for a one-year experience.

Dr. Raggio inquired of audiology program directors about the type of tasks that would be consider as non-patient contact and should it be included in the clinical hours.

Dr. Tom Muller commented that for ASHA non-patient contact work can be included in the hours but it is left to the programs to determine and verify. Dr. Muller further commented on the importance of non-patient contact work but not overvaluing it.

Dr. Christy Kirsch commented on the need for a guideline regarding the tasks and number of hours programs can count for non-patient contact work.

Dr. Alison Grimes commented on the value of direct patient contact in clinical experience.

Dr. Shaum Bhagat commented on the importance of direct patient contact in clinical experience but the need for flexibility in light of current circumstances such as telehealth.

Dr. Cherysse Lanns commented on the varying level of patient and non-patient contact work across different workplace settings.

Dr. Raggio inquired of audiology program directors about the type of simulations hours that should be included in clinical hours and commented that ASHA accepts up to ten hours.

Dr. Ruppa Blachandran commented that ACAЕ does not have any requirements and noted their support for programs to use various means to allow students to train and gain experience under the current circumstances.

Dr. Suhyun Jin commented on the challenges that the current circumstances have created to clinical experience and inquired on guidelines of student-to-student hands on training.

Dr. Tom Muller commented that according to CSU guidelines student-to-student hands on training is consider simulation.

Dr. Christy Kirsch commented on a study conducted on nursing students that found that skills from simulation were the same as direct patient contact. Dr. Kirsch further commented on the increased opportunity in simulation to integrate information.

Dr. Raggio inquired of audiology program directors about changes to the three clinical settings requirements, addressing varying level of experience and knowledge of out-of-state students, and changes to the required hours in a field other than audiology.

Dr. Tom Muller commented that ASHA removed some of the requirements that Dr. Raggio inquired about.

Dr. Diaz and Ms. Chang expressed their gratitude for public comments.

Ms. Chang inquired if the Committee is providing the Board a final recommendation. Dr. Raggio replied that it is not final and language will be developed to make statutory and regulatory changes. Ms. Chang commented on addressing the varying level of experience and knowledge of out-of-state students.

Dr. Raggio expressed her gratitude for public comments.

#### 4. Discussion and Possible Action Regarding Audiology Examination Requirement: Consideration of The New Praxis Audiology Examination and Its Passing Score Recommendation (As Stated in Title 16, CCR section 1399.152.3)

Dr. Raggio opened the discussion regarding the new passing score for the Praxis audiology examination. Dr. Raggio commented on ACAE's concerns with lowering the scores. Ms. Burns commented to clarify that the new passing score was for the online examination and the in-person examination would remain the same.

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

#### 5. Discussion and Possible Action Regarding Board Statement Related to the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS) Requirements of Audiologists

Dr. Raggio opened the discussion regarding Medicare merit-based payment system and commented on the activities listed that an audiologist would need to perform and the number of patients they must see to qualify into the program.

Dr. Diaz commented that the Board's statement should emphasize that audiologists should perform the measures that are within their scope of practice. Dr. Raggio expressed agreement with his comments and commented on the American Academy of Audiology's statement.

Ms. Chang and Dr. Raggio expressed agreement with the proposed statement provided in the meeting material.

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

### **M/S/C Chang/Diaz**

**Motion to recommend to the Board the proposed statement regarding CMS MIPS quality measures and activities required of participating audiologists. The motion carried 3-0.**

#### **6. Discussion and Possible Action Regarding Additional Waivers Needed by Audiologists During the COVID-19 State of Emergency**

Ms. Burns provided a summary of approved and denied waivers for audiologists during the COVID-19 State of Emergency. Ms. Burns provided a summary of additional waivers to consider.

Dr. Raggio inquired if waivers are temporary and if regulatory changes would be required to remove the practical examination requirement for dispensing audiologists. Ms. Burns replied that the regulatory package is being prepared but are delayed and would be needed to make it a permanent change.

Dr. Raggio inquired about reactivation waivers for retired or cancelled license. Ms. Burns replied there have been little to no input if there is a lack of audiologists created by the pandemic.

Dr. Diaz inquired about reactivation waivers and if it is for all audiologists including dispensing audiologists. Ms. Burns replied that it is up to the Board to request, but there have been little to no input if there is a lack of audiologists or dispensing audiologists during the pandemic. Dr. Diaz commented on reauthorizing dispensing audiologists if there is a need for dispensing audiologists before waiving examination for new dispensing audiologists. Dr. Raggio commented that the level of experience will vary for retired licensees depending on how long they have been retired. Ms. Burns commented that the examination waiver would generally apply to those that recently completed their Required Professional Experience (RPE) or externship and the reactivation waiver for inactive or cancelled licenses does include a five-year timeframe for the purpose of consumer protection.

Bryce Docherty on behalf of the Hearing Healthcare Providers (HHP) of California inquired about the rationale for the reactivation waiver. Ms. Burns replied there have been two comments on the shortage of supervisors in dispensing audiology.

Mr. Docherty commented that the waiver should state that the reactivation of retired license should be for the purpose of supervision.

Dr. Raggio inquired if HHP maintains demographic or geographic data on shortages in the state. Mr. Docherty replied that he would need to research and report back.

Ms. Burns inquired if the Committee desired to move forward with an examination waiver and reconsider the reactivation waiver at a future meeting. Ms. Chang replied to move forward with an examination waiver and reconsider the reactivation waiver at a future meeting as there have been more inquires on the examination than on reactivation. Dr. Diaz expressed agreement to move forward with an examination waiver only but preferably to allow those the opportunity to reactive their license. Dr. Raggio expressed agreement with Dr. Diaz suggestions.

#### 7. Discussion and Possible Action Regarding COVID-19 DCA Waivers Related to Audiology and Whether to Seek Permanent Changes to These Statutes or Regulations

Dr. Raggio opened the discussion regarding permanent changes to statutes or regulations as they relate to the COVID-19 DCA Waivers. Ms. Burns commented if any waivers merit consideration as a future legislative or regulatory proposal such as self-study hours continuing education requirements or RPE extension under a state of an emergency.

Dr. Raggio inquired where self-study is defined. Ms. Burns replied that it is defined in regulations sections 1399.140 through 1399.144 and 1399.160 through 1399.160.1.

Dr. Raggio inquired if live/interactive online course work are not considered as self-study. Ms. Burns replied that this is correct but the challenge is finding enough live/interactive courses under current circumstances.

Dr. Raggio inquired if this item can be revisited at a future Board meeting. Ms. Burns replied that it could be an agenda item at a future Board meeting. Ms. Chang expressed agreement to bring it to the Board for further discussion. Dr. Diaz expressed agreement and commented that this would be applicable to the other practices.

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

#### 8. Future Agenda Items

Dr. Raggio solicited future agenda items from the public.

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

#### 9. Adjournment

The meeting adjourned at 3:53 p.m.