



BOARD MEETING NOTICE AND AGENDA

*Thursday, October 26, 2017, beginning at 1:30 p.m., and continuing on
Friday, October 27, 2017, beginning at 9:00 a.m.*

**California State University Dominguez Hills
1000 East Victoria Street, Library - 5th Floor (Building #20)
Carson, CA 90747**

Board Members

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

Full Board Meeting

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 Approval of the May 11-12, 2017 and August 10-11, 2017 Board Meeting Minutes
4. Update from Speech-Language Pathology Practice Committee
5. Discussion and Possible Action regarding Approved Institution Accreditation Requirements in California Code of Regulations (CCR) section 1399.152
6. Discussion and Possible Action regarding Communications with California Children's Services (CCS)

Closed Session

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

Return to Open Session

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

9. Public Comment for Items not on the Agenda

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

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

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

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

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

14. Executive Officer's Report

- a. Administration Update
- b. Budget Report
- c. Licensing Report
- d. Practical Examination Report
- e. Enforcement Report

15. Proposed Regulations – Discussion and Possible Action

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

16. Legislation Update, Review, and Possible Action

- a. AB 1706 (Low) Sunset of Board
- b. HR 1539 (Guthrie) Early Hearing Detection and Intervention Act of 2017

17. Future Agenda Items and Future Board Meeting Dates

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

18. Adjournment

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

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

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting

the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Board Operations Manager, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



BOARD MEETING MINUTES - DRAFT

May 11-12, 2017
San Francisco, CA

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

May 11, 2017

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

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

Board Members Present

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

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

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

Guests Present

Sean Green, the Speech Pathology Group (SPG)
Dennis Van Vliet, California Academy of Audiology (CAA)

2. Public Comment for Items not on the Agenda

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

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

M/S/C Parker/Raggio

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

M/S/C Shalev/Diaz

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

4. Update on Bagley-Keene Open Meetings Act

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

5. Board Election of Officers

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

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

6. Executive Officer's Report

a. Administration Update

Paul Sanchez informed the Board that there are two vacancies in the office that are being recruited for, one in licensing and one in administration. He stated that process improvements are being worked on to speed up the licensing process and that renewing licenses and registrations online is being explored.

b. Budget Report

Mr. Sanchez reported on the months in reserve, revenue sources, and informed the Board that the fund condition changes constantly. He pointed out that although there is enough money to sustain the Board, we are beginning to use our reserves. A question was posed about legislation to increase fees in which Mr. Sanchez responded we are working towards that and a fee study will help justify the fee increase.

c. Licensing Report

The licensing timeframe for Speech and Audiology is one to three weeks and slightly longer for Hearing Aid Dispensers.

d. Practical Examination Report

Mr. Sanchez reported that the next practical examination will be held in a few weeks. The Board commented on the pass/fail rate.

e. Enforcement Report

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

7. Update on Board's Sunset Review

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

Closed Session

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

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

D1-2009-29

Proposed Decision – Adopted

1C-2012-29

Stipulated Settlement – Adopted

1C-2012-40

Stipulated Settlement – Adopted

Return to Open Session

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

May 12, 2017

Call to Order / Roll Call / Establishment of Quorum

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

Board Members Present

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

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

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

Guests Present

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

Closed Session

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

1C-2015-31
Stipulated Settlement – Non Adopt

Return to Open Session

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

9. Speech-Language Pathology Practice Committee Report
 - a. Approval Process for Speech-Language Pathology Assistant Training Programs

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

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

Ms. Parker briefed the Board on the meeting between the Commission on Teacher Credentialing (CTC) and the Department of Education (DOE) regarding the Variable Term Waiver (VTW). She noted that the meeting consisted of making sure all the requirements for the VTW are the way they were addressed in the 2014 agreement with an emphasis on SLPA's. The rationale behind the CTC working with the DOE is to ensure that school districts comply with the criteria that govern SLP's and SLPA's.

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

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

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

The Board reviewed and discussed the draft of the consumer fact sheet including input from the Hearing Loss Association of America (HLAA). The Board explored delegating the committee to continue its work on the consumer fact sheet. The consumer fact sheet will be placed on the Board website once it has been approved by the Board.

M/S/C Diaz/Shalev

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

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

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

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

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

M/S/C Grimes/Diaz

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

15. Legislation Update, Review, and Possible Action

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

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

M/S/C Solomon-Rice/Parker

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

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

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

M/S/C Parker/Snow

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

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

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

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

M/S/C Shalev/Raggio

- **Move to oppose SB247.**

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

16. Future Agenda Items and Future Board Meeting Dates

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

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

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

- d. May 10-11, 2018 - TBD

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

17. Adjournment

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



BOARD MEETING MINUTES - DRAFT

August 10-11, 2017
Sacramento, CA 95815

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

August 10, 2017

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

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

Board Members Present

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

Board Members Absent

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

Staff Present

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

Guests Present

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

2. Public Comment for Items not on the Agenda

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

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

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

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

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

Ms. O'Carroll spoke to the Board about consumer protection, its primary objective; about the difference between criminal, civil, and administrative proceedings; and she informed the Board that 5th amendment rights do not apply during administrative proceedings. Ms. O'Carroll spoke about the role the AGO plays in helping the Board carry out its disciplinary mandate and that the AGO does not get involved in the day to day businesses of the Board.

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

5. Update from Speech-Language Pathology Practice Committee

Patti Solomon-Rice updated the Board about the SLP Practice Committee meetings that were held on August 1, 2017 and August 28, 2017. The Committee discussed developing a process for new programs to apply for approval and developed an action plan at the August 1, 2017 meeting. Ms. Solomon-Rice informed the Board that for the August 28, 2017 meeting staff compiled a list of the statutes and regulations pertaining to Speech-Language Pathology Assistants (SLPA) and provided a summary of them. Delta College presented a SLPA program application from the early 2000's to the Committee for review. Kristina Zajic with America River College gathered required curriculum from currently approved SLPA programs and created a rubric that the Committee evaluated for similarity of content. Staff has been tasked with locating the American Speech-Language-Hearing Association SLPA Guidelines (1996) and summarizing the regulations to bring to the Committee meeting scheduled on October 9, 2017.

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

Marcia Raggio presented the Board with the Hearing Aid Consumer Fact Sheet (Fact Sheet) that she worked on with Toni Barrient. The Hearing Loss Association of America (HLAA) requested the
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addition of types of hearing loss, degrees of hearing loss, a glossary of terms associated with hearing, and links to support groups and associations to the Fact Sheet. Alison Grimes stated that this is beyond the scope of the Board's responsibility. Ms. Grimes remarked to the Board that this project began with t-coils and that the information listed on the Fact Sheet is already available to consumers. Amnon Shalev requested changing the degrees of hearing loss from numbers to descriptions so consumers are better able to understand the levels of hearing loss. Paul Sanchez explained to the Board what the HLAA bill would do if it was signed into law. Ms. Grimes suggested that the Fact Sheet be put on the website. Mr. Shalev agreed and noted that the Fact Sheet could be amended as needed once it is on the website. Vanessa Cajina inquired if licensees did not inform consumers about the t-coil if it would result in a civil or criminal act even if the t-coil is not a part of their hearing aid. The Committee will look for reference material and determine what can be removed from the Fact Sheet.

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

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

The Board recessed until August 11, 2017

August 11, 2017

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

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

Board Members Present

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

Board Members Absent

Jaime Lee, Public Board Member

Staff Present

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

Guests Present

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

9. Public Comment for Items not on the Agenda

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

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

Dean Grafilo, Director of DCA introduced himself to the Board and proceeded to talk about his background before being appointed Director. Ms. Raggio asked if he knew why there has been a delay in filling the vacancy on the Board. Mr. Grafilo replied he was not sure but he would check with the legislature. He did state that when filling vacancies the legislature looked for a good match. Mr. Shalev mentioned that other Boards do not have enough Board members to hold meetings and those vacancies may be filled first.

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

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

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

M/S/C Grimes/Raggio

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

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

The discussion on locked hearing aids disclosure has been tabled.

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

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

Ms. Solomon-Rice noted that schools provide SLP services on a large scale by electronic means due to the shortage of SLPs in rural areas. Telehealth concerns cover the types of services provided, privacy issues, and security issues. Ms. Solomon-Rice mentioned that Medicare does not reimburse for telehealth services and Medicaid will reimburse for some telehealth services.

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

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

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

14. Proposed Regulations – Discussion and Possible Action

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

M/S/C Shalev/Raggio

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

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

M/S/C Solomon-Rice/Grimes

- **Move to approve the recommended responses to comments submitted during the 15-day comment period for resubmission to the Office of Administrative Law (OAL) and delegate to the EO the authority to make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

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

M/S/C Grimes/Snow

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

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

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

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

M/S/C Grimes/Raggio

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

15. Executive Officer's Report

a. Administration Update

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

b. Budget Report

Marina O'Conner and Nicole Dragoo from the DCA Budget Office gave a presentation on the budget process. The presentation included an explanation of appropriations, expenditure projections, the fund condition, and months in reserve. The Board inquired into what a healthy reserve consists of and was informed that a healthy reserve consists of between three (3) months and 24 months of expenses. Mr. Sanchez remarked that the current fund condition is where it needs to be presently; however, to prevent

a fiscal structural imbalance in the future licensing fees need to be increased. He noted that the Board is working on a fee increase regulation. Mr. Sanchez extended his appreciation to the Budget Office as they have been a great help to him with Budget Change Proposals (BCP) over the past few years.

- c. Licensing Report
- d. Practical Examination Report

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

- e. Enforcement Report

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

16. Legislation Update, Review, and Possible Action

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

M/S/C Shalev/Snow

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

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

17. Future Agenda Items and Future Board Meeting Dates

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

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

18. Adjournment

The Board adjourned at 2:16 p.m.



MEMORANDUM

DATE	October 16, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update from Speech-Language Pathology Practice Committee

Committee Chair Patti Solomon-Rice will provide an oral report on the recent Speech-Language Pathology Practice Committee teleconference meeting that was held on October 1, 2017.



MEMORANDUM

DATE	October 16, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action regarding Approved Institution Accreditation Requirements in California Code of Regulations (CCR) section 1399.152

BACKGROUND

To address the growing need for audiologists in California, AB 2317 was passed by the legislature and signed by the Governor in 2016. This bill authorized the CSU system to award Doctor of Audiology Programs. The Board expects that in the coming years we will see the opening of new audiology programs because of this statutory change. Audiology license applicants who graduate from these new programs need to know that the programs are approved by the Board.

Business and Professions (B&P) Code section 2532.25 (a) requires that applicants for an audiology license shall possess a doctorate in audiology from an educational institution approved by the Board.

Business and Professions Code

§ 2532.25. Qualifications; Equivalent qualifications; Requirements; Applicability

(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.

For applicants who graduated from an approved program on or before December 31, 2007, B&P Code section 2532.2 (a) and (e) requires that applicants for an audiology license shall possess at least a master's degree from an educational institution approved by the Board.

Business and Professions Code

§ 2532.2. Proof of qualifications

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

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

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

The definition of an approved institution is found in California Code of Regulations (CCR) 1399.152

California Code of Regulations

1399.152. Approved Institutions.

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

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

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

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

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

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

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

ACTION REQUESTED

Attached is a letter from Doris Gordon, Executive Director of the Accreditation Commission for Audiology Education (ACAЕ). In her letter, Ms. Gordon is requesting that the Board verify that ACAЕ meets the requirements as an accrediting body as identified in CCR 1399.152. Vice Chair Marcia Raggio has requested that we discuss the accreditation requirements to clear up any confusion that may exist when new programs are seeking accreditation.



11480 Commerce Park Drive, Suite 220 • Reston, VA 20191

July 12, 2017

Paul Sanchez, Executive Director
California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen St, Suite 2100
Sacramento, CA 95815

Dear Director Sanchez,

The Accreditation Commission for Audiology Education (ACAIE) strives to serve the public by establishing, maintaining, and applying educational standards to ensure the academic quality and continuous improvement of audiology education. We pride ourselves on our efforts to recognize and promote exceptional performance in AuD educational programs including a rigorous verification process. The ACAIE has been supported and sanctioned by the American Academy of Audiology (AAA) since it was established as the accreditor exclusively devoted to audiology in 2003. ACAIE also is recognized by the Council on Higher Education Accreditation (CHEA) for meeting standards and processes that are consistent with the academic quality, improvement, and accountability expectations that CHEA has established (see attached letter).

It is out of ACAIE's desire to engage and pursue the highest standards and recognition of the high-achieving AuD programs that we are writing to you today. We are in the process of clarifying licensure requirements across states for new audiology graduates. Our review of accreditation requirements has found that the language in your statutes and regulations is broad relative to audiology licensure, seemingly leaving determinations to the purview of the state board of examiners.

The ACAIE is seeking to verify that the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board formally recognizes the ACAIE as an accrediting body for the purposes of accrediting audiology programs from which potential licensees may graduate. ACAIE is committed to producing AuD programs that will prepare graduates who are qualified as doctoral-level and independent practicing audiologists, and that students graduating from ACAIE accredited programs face no barriers to state-recognized licensure.

We respectfully request that you issue a response by August 12 affirming ACAIE's status as a recognized accrediting body of audiology programs. You can return your response via e-mail to rwest@audiology.org or to our attention at the address listed above. Should you have any questions, do not hesitate to contact the ACAIE office at (202) 986-9500.

For more information on ACAIE's mission, standards, and programs, please visit <http://www.acaieaccred.org>. Thank you for your anticipated assistance, and we look forward to your response.

Sincerely,

Doris Gordon
Executive Director
Accreditation Commission for Audiology Education

Tanya K. Tolpegin, MBA, CAE
Executive Director
American Academy of Audiology

June 26, 2017
(via email only)

Dr. Doris Gordon
Executive Director
Accreditation Commission for Audiology Education
1718 M Street NW, Suite 297
Washington, DC 20036

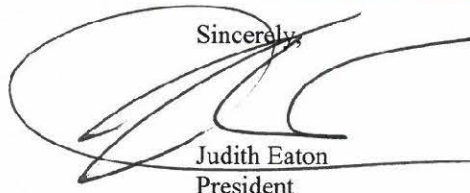
Dear Doris:

This is in response to your request regarding the Council for Higher Education Accreditation (CHEA) and its recognition.

CHEA recognizes approximately 60 accrediting organizations, including programmatic accreditors. The Accreditation Commission for Audiology Education (ACAE) and the Council on Academic Accreditation in Audiology and Speech-Language Pathology American Speech-Language-Hearing Association (CAA-ASHA) are two such programmatic accreditors. Recognition by CHEA, per the *2010 CHEA Recognition of Accrediting Organizations Policy and Procedures*, affirms that standards and processes of its accrediting organizations are consistent with quality, improvement, and accountability expectations that CHEA has established.

For a complete listing of CHEA-recognized accrediting organizations, please visit our website at <http://www.chea.org/userfiles/Recognition/directory-CHEA-recognized-orgs.pdf>.

Sincerely,

A handwritten signature in black ink, appearing to be 'Judith Eaton', written over the word 'Sincerely,'.

Judith Eaton
President



MEMORANDUM

DATE	October 16, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action regarding Communications with California Children's Services (CCS)

This item is a follow up to the Board's discussion at the August meeting regarding the lack of access to audiology services through the CCS and how the Board can participate in finding a solution and improving services to consumers.



MEMORANDUM

DATE	October 16, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action on Board's Development of Hearing Aid Consumer Fact Sheet

BACKGROUND

This is a continued discussion from previous Board meetings in which the Board decided to develop a consumer document that explains general aspects of hearing aids and their uses, including telecoils.

ACTION REQUESTED

Board staff are working with DCA Publications to develop the layout for this consumer resource document. Staff will present a mockup for your review.



MEMORANDUM

DATE	October 19, 2017
TO	Paul Sanchez, Executive Officer
FROM	Marti Shaffer, Enforcement Analyst
SUBJECT	Discussion of CCR 1399.119 – Direct Supervision

Background

California Code of Regulations Section (CCR) 1399.119 – Direct Supervision states that a trainee-applicant...shall fit or sell hearing aids only under the *direct supervision* of the supervising licensed hearing aid dispenser. “Direct Supervision” as used in this section means the following:

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

Immediate Issue

Current hearing aid regulations do not define the term “direct supervision”. The regulations also do not provide any guidance in the amount of training or type of training a supervising dispenser should provide to the trainee-applicant. Current regulations require hearing aid trainee-applicant to receive 20% supervision from a hearing aid dispenser who has been engaged in the practice of fitting and selling of hearing aids for at least three (3) years, per CCR 1399.116(1). The requirement of supervision is defined as requiring the supervising hearing aid dispenser being present within the same work setting as the trainee-applicant a minimum of 20% of the time in which the trainee-applicant is providing services. CCR 1399.119 does not require the supervisor to provide a specific number of hours of training before contact with the public in the following:

1. Training with an audiometer;
2. Training of hearing aid procedures, including:
 - a. ear inspection;
 - b. medical referrals;
 - c. the taking earmold impressions;
 - d. the alteration of earmolds and hearing aids;
 - e. application and fitting techniques;
 - f. procedures for evaluating hearing instruments;
3. Book and/or visual aid training.

Discussion

Under current regulations, direct supervision is not defined. A hearing aid dispenser trainee-applicant, is not required to complete a specified number of hours of training or a specified number of hours of supervision to do the following:

1. Sit for the written examination;
2. Participate in the practical examination;
3. Obtain permanent licensure as a hearing aid dispenser.

Attached is a spreadsheet of various states and the requirements for interim licensure as a hearing aid dispenser.

The Board may want to review CCR 1399.170.2 for the types of supervision required for duties performed by a speech-language pathology assistant (SLPA) for guidance on the types of immediate and/or direction supervision required for SLPA's. Furthermore, CCR 1399.170(c) through (e) define the terms "direct supervision", "immediate supervision" and "indirect supervision for a SLPA.

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

State Requirements for Interim Practice Hearing Aid Dispenser

State	Interim Practice	Supervision
Alabama	<ul style="list-style-type: none"> 80 hours of academic and practical instruction 	Direct and immediate
Arizona	<ul style="list-style-type: none"> 64 hours per month of onsite training and supervision 	Direct
Arkansas	<ul style="list-style-type: none"> 1-year employment internship under direct personal and physical supervision of a sponsor 	Direct
Colorado	<ul style="list-style-type: none"> 6-months of training with an audiologist or licensed hearing aid provider including a minimum of 300 documented hours of onsite supervised training; 	Direct
Kentucky	<p>An apprentice permit shall be issued to applicants who have fulfilled the requirements of licensure except for the apprenticeship and passage of the examination. The apprenticeship period shall be for 12 months as follows:</p> <ul style="list-style-type: none"> Stage I: The apprentice shall work for 30 days under the direct control of a sponsor. The apprentice shall not in any way fit or test the client for the purpose of selling hearing instruments. Stage II: This training stage shall last for 150 days. During this period, the apprentice may conduct testing necessary for the proper selection and fitting of a hearing instrument, and make ear impressions. During this period, the apprentice shall be under the direct supervision of his sponsor or a licensed specialist in hearing instruments who shall also qualify as a sponsor. During this period, the apprentice shall not make delivery or final fitting without direct personal supervision during the actual delivery. Stage III: This training stage shall last for 180 days. The apprentice may engage in all activities of a licensed person. He shall, however, work under and be responsible to a licensed sponsor for the remainder of the apprentice period. 	Stage I: Direct Control Stage II: Direct Supervision Stage III: Work Under
Maine	<ul style="list-style-type: none"> Receive a minimum of 750 hours of training in the practice of dealing in and fitting of hearing aids during a period of not fewer than six months nor more than 18 months. 	Direct
Maryland	<p>The Board shall issue a limited license to practice hearing aid dispensing to an individual who is waiting to take a licensing examination. While a limited license to practice hearing aid dispensing is in effect, it authorizes the holder to practice hearing aid dispensing only while being trained under the supervision of a licensed hearing aid dispenser or a licensed audiologist.</p> <ul style="list-style-type: none"> Obtain 6-months training under the supervision of a licensed hearing aid dispenser or licensed audiologist prior to taking the examination given by the Board. Must be a minimum of 20 hours per month 	Direct and continuous

State Requirements for Interim Practice Hearing Aid Dispenser

Massachusetts	Registered in a Board-approved 12-month training program which requires a minimum of 150 hours of direct supervised practicum.	Direct and onsite for first 30 days of full-time (or part-time equivalent)
State	Interim Practice	Supervision
Michigan	Served as a hearing aid salesperson for a period of 2-years under the direction and supervision of a licensed hearing aid dealer.	Direct
Montana	1,000 hours of supervised training.	Direct
Nevada	Issued while applicant works on successfully completing a training program in hearing instrument services.	Direct and in-service
New Jersey	<p>Training Permit No trainee shall be permitted to sell, fit, or dispense hearing aids or to engage in the potential fitting or dispensing of hearing aids except in the same office or business location of his or her sponsor and in the physical presence of the sponsor. The training shall consist of the following:</p> <ul style="list-style-type: none"> • 40 hours of training with an audiometer; • 160 hours of hearing aid dispensing procedures, including the taking of earmold impressions, the alteration of earmolds and hearing aids, and application and fitting techniques; • reading all the books and articles relating to hearing aid dispensing specified in a list formulated by the Hearing Aid Dispensers Examining Committee. <p>Interim Practice The Hearing Aid Dispensers Examining Committee may issue a temporary license to an applicant provided he or she has not previously held a training permit or has not previously taken the licensing examination. A temporary license shall not be renewed when an applicant has failed the licensing examination, except on showing of good cause (such as illness or emergency precluding the taking of the examination.)</p> <p>A temporary licensee shall spend a minimum of 20 days in the office or business location of his or her sponsor within any 60-day period.</p>	<p>Direct and physical presence</p> <p>Physical presence</p>

State Requirements for Interim Practice Hearing Aid Dispenser

State	Interim Practice	Supervision
New Mexico	<ul style="list-style-type: none"> • A minimum of 320 hours within a three-month period. • Following completion of 320 hours, an additional five continuous months of full time work is required 	<p>Direct and intensive</p> <p>Reviewed and approved</p>
North Dakota	<p>Must complete at least 30 hours of book and visual aid training and at least 10 hours of training with an audiometer, as well as a minimum of one week with the supervisor before the trainee's first public contact alone. A trainee may not deal with the public outside the supervisor's office or place of business until these requirements have been fulfilled. After this initial period of training, the trainee must spend one day per week in the office or place of business with the supervisor. The trainee may not make any sale of a hearing instrument without first consulting with the supervisor and obtaining the supervisor's approval for the sale.</p>	Direct and same location
Tennessee	<p>Pass a state written and practical proficiency test for apprentice license. Shall function under the direct supervision of the sponsoring licensed hearing instrument specialist for a period of at least three months after passage of the council proficiency test, and during the three-month period, the sponsoring licensed dispenser must make the final selection and fitting of the hearing instrument.</p> <p>Shall complete 60 classroom hours of prescribed coursework.</p>	Direct
Utah	<p>Complete 4,0000 hours of practice</p>	Direct



MEMORANDUM

DATE	October 19, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action regarding Pediatric Hearing Aid Fitting by Hearing Aid Dispensers

Board Staff will deliver this information at the Board meeting.



MEMORANDUM

DATE	October 19, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update on Upcoming Federal Regulations regarding Over-the-Counter Hearing Aids

This is a placeholder for Board staff to provide an oral update on the status of proposed federal regulations resulting from the passage of H.R. 2430, the FDA Reauthorization Act. This act directs the FDA to develop regulations that create a category of over-the-counter hearing aids for adults with self-perceived mild to moderate hearing loss.

1 strengths, limitations, and appropriate use of evidence col-
2 lected pursuant to real world evidence pilot projects de-
3 scribed in the letters described in section 201(b) of the
4 Medical Device User Fee Amendments of 2017 and sub-
5 section (i) of section 519 of the Federal Food, Drug, and
6 Cosmetic Act (21 U.S.C. 360i), as amended by subsection
7 (a), for informing premarket and postmarket decision-
8 making for multiple device types, and to determine wheth-
9 er the methods, systems, and programs in such pilot
10 projects efficiently generate reliable and timely evidence
11 about the effectiveness or safety surveillance of devices.

12 **SEC. 709. REGULATION OF OVER-THE-COUNTER HEARING**
13 **AIDS.**

14 (a) IN GENERAL.—Section 520 of the Federal Food,
15 Drug, and Cosmetic Act (21 U.S.C. 360j), as amended
16 by section 708, is further amended by adding at the end
17 the following:

18 “(q) REGULATION OF OVER-THE-COUNTER HEARING
19 AIDS.—

20 “(1) DEFINITION.—

21 “(A) IN GENERAL.—In this subsection, the
22 term ‘over-the-counter hearing aid’ means a de-
23 vice that—

24 “(i) uses the same fundamental sci-
25 entific technology as air conduction hear-

1 ing aids (as defined in section 874.3300 of
2 title 21, Code of Federal Regulations) (or
3 any successor regulation) or wireless air
4 conduction hearing aids (as defined in sec-
5 tion 874.3305 of title 21, Code of Federal
6 Regulations) (or any successor regulation);

7 “(ii) is intended to be used by adults
8 age 18 and older to compensate for per-
9 ceived mild to moderate hearing impair-
10 ment;

11 “(iii) through tools, tests, or software,
12 allows the user to control the over-the-
13 counter hearing aid and customize it to the
14 user’s hearing needs;

15 “(iv) may—

16 “(I) use wireless technology; or

17 “(II) include tests for self-assess-
18 ment of hearing loss; and

19 “(v) is available over-the-counter,
20 without the supervision, prescription, or
21 other order, involvement, or intervention of
22 a licensed person, to consumers through
23 in-person transactions, by mail, or online.

24 “(B) EXCEPTION.—Such term does not in-
25 clude a personal sound amplification product in-

1 tended to amplify sound for nonhearing im-
2 paired consumers in situations including hunt-
3 ing and bird-watching.

4 “(2) REGULATION.—An over-the-counter hear-
5 ing aid shall be subject to the regulations promul-
6 gated in accordance with section 709(b) of the FDA
7 Reauthorization Act of 2017 and shall be exempt
8 from sections 801.420 and 801.421 of title 21, Code
9 of Federal Regulations (or any successor regula-
10 tions).”.

11 (b) REGULATIONS TO ESTABLISH CATEGORY.—

12 (1) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this section as the
14 “Secretary”), not later than 3 years after the date
15 of enactment of this Act, shall promulgate proposed
16 regulations to establish a category of over-the-
17 counter hearing aids, as defined in subsection (q) of
18 section 520 of the Federal Food, Drug, and Cos-
19 metic Act (21 U.S.C. 360j) as amended by sub-
20 section (a), and, not later than 180 days after the
21 date on which the public comment period on the pro-
22 posed regulations closes, shall issue such final regu-
23 lations.

24 (2) REQUIREMENTS.—In promulgating the reg-
25 ulations under paragraph (1), the Secretary shall—

1 (A) include requirements that provide rea-
2 sonable assurances of the safety and effective-
3 ness of over-the-counter hearing aids;

4 (B) include requirements that establish or
5 adopt output limits appropriate for over-the-
6 counter hearing aids;

7 (C) include requirements for appropriate
8 labeling of over-the-counter hearing aids, in-
9 cluding requirements that such labeling include
10 a conspicuous statement that the device is only
11 intended for adults age 18 and older, informa-
12 tion on how consumers may report adverse
13 events, information on any contraindications,
14 conditions, or symptoms of medically treatable
15 causes of hearing loss, and advisements to con-
16 sult promptly with a licensed health care practi-
17 tioner; and

18 (D) describe the requirements under which
19 the sale of over-the-counter hearing aids is per-
20 mitted, without the supervision, prescription, or
21 other order, involvement, or intervention of a li-
22 censed person, to consumers through in-person
23 transactions, by mail, or online.

24 (3) PREMARKET NOTIFICATION.—The Sec-
25 retary shall make findings under section 510(m) of

1 the Federal Food, Drug, and Cosmetic Act (21
2 U.S.C. 360(m)) to determine whether over-the-
3 counter hearing aids (as defined in section 520(q) of
4 the Federal Food, Drug, and Cosmetic Act (21
5 U.S.C. 360j), as amended by subsection (a)) require
6 a report under section 510(k) to provide reasonable
7 assurance of safety and effectiveness.

8 (4) EFFECT ON STATE LAW.—No State or local
9 government shall establish or continue in effect any
10 law, regulation, order, or other requirement specifi-
11 cally related to hearing products that would restrict
12 or interfere with the servicing, marketing, sale, dis-
13 pensing, use, customer support, or distribution of
14 over-the-counter hearing aids (as defined in section
15 520(q) of the Federal Food, Drug, and Cosmetic Act
16 (21 U.S.C. 360j), as amended by subsection (a))
17 through in-person transactions, by mail, or online,
18 that is different from, in addition to, or otherwise
19 not identical to, the regulations promulgated under
20 this subsection, including any State or local require-
21 ment for the supervision, prescription, or other
22 order, involvement, or intervention of a licensed per-
23 son for consumers to access over-the-counter hearing
24 aids.

1 (5) NO EFFECT ON PRIVATE REMEDIES.—Noth-
2 ing in this section shall be construed to modify or
3 otherwise affect the ability of any person to exercise
4 a private right of action under any State or Federal
5 product liability, tort, warranty, contract, or con-
6 sumer protection law.

7 (c) NEW GUIDANCE ISSUED.—Not later than the
8 date on which final regulations are issued under sub-
9 section (b), the Secretary shall update and finalize the
10 draft guidance of the Department of Health and Human
11 Services entitled “Regulatory Requirements for Hearing
12 Aid Devices and Personal Sound Amplification Products”,
13 issued on November 7, 2013. Such updated and finalized
14 guidance shall clarify which products, on the basis of
15 claims or other marketing, advertising, or labeling mate-
16 rial, meet the definition of a device in section 201 of the
17 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)
18 and which products meet the definition of a personal
19 sound amplification product, as set forth in such guidance.

20 (d) REPORT.—Not later than 2 years after the date
21 on which the final regulations described in subsection
22 (b)(1) are issued, the Secretary of Health and Human
23 Services shall submit to Congress a report analyzing any
24 adverse events relating to over-the-counter hearing aids

1 (as defined in subsection (q)(1) of section 520 of the Fed-
2 eral Food, Drug, and Cosmetic Act (21 U.S.C. 360j)).

3 **SEC. 710. REPORT ON SERVICING OF DEVICES.**

4 (a) IN GENERAL.—Not later than 270 days after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services, acting through the Commissioner of
7 Food and Drugs, shall post on the internet website of the
8 Food and Drug Administration a report on the continued
9 quality, safety, and effectiveness of devices (as defined in
10 section 201(h) of the Federal Food, Drug, and Cosmetic
11 Act (21 U.S.C. 321(h))) with respect to servicing (as de-
12 fined in subsection (c)).

13 (b) CONTENTS.—The report submitted under sub-
14 section (a) shall contain—

15 (1) the status of, and findings to date, with re-
16 spect to, the proposed rule entitled “Refurbishing,
17 Reconditioning, Rebuilding, Remarketing, Remanu-
18 facturing, and Servicing of Medical Devices Per-
19 formed by Third-Party Entities and Original Equip-
20 ment Manufacturers; Request for Comments” pub-
21 lished in the Federal Register by the Food and Drug
22 Administration on March 4, 2016 (81 Fed. Reg.
23 11477);

24 (2) information presented during the October
25 2016 public workshop entitled “Refurbishing, Recon-



MEMORANDUM

DATE	October 19, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Executive Officer Report

This report and the statistical information provided by staff, is to update you on the current operations of the Board.

Administration/Personnel/Staffing

In August, the Board filled two of its vacant positions. Brian Erwin was hired as the Board's office technician and Katrina Martinez was hired to fill the new licensing analyst position. Both Brian and Katrina have strong customer service skills and are doing well learning their new jobs with the Board.

In September, the Board held interviews for the special investigator position recently vacated by Anita Joseph. Fortunately, there were many well-qualified candidate and the Board selected Carla Newman from DCA's Division of Investigation. Carla comes to the Board office with an extensive background in investigations and law enforcement at federal, state and local levels and will be an asset to our enforcement operations. She will start working for the Board in November.

Board Budget

The Board is in the process of pursuing additional staff through the BCP process and will update the Board once a decision has been made. DCA is going through a database conversion of its accounting programs and was unable to provide the Board with revenue or expenditure reports. We expect all reports to be available at the next Board meeting. Included in your Board materials is the most recent Analysis of the Board's Fund Condition report.

These reports reflect month 12 of the 2016-17 budget year. Based on these reports, the Board is projected to collect slightly over \$2 million in revenue and expend \$1.9 million. This leaves the Board with a surplus of \$181,185 which will be reverted to the Board's fund. The Board's revenue increased in line with the increase in the number of licensees.

Licensing/Exams/Enforcement

Included in your Board materials are statistical reports for your review. Management and staff will be present at the Board meeting to answer any questions you have regarding these reports.

Licensing – The chart below represents the Board’s licensing timeframes for completed applications received during the specified period:

Licensing Cycle Times	11/1/16	2/1/17	5/1/17	8/1/17	10/15/16
SLP and Audiologists Complete Licensing Applications	1 week	2 weeks	3 weeks	4 weeks	1 week
Review and Process SLP and Audiologist Supporting Licensing Documents	1 week	2 weeks	3 weeks	6 weeks	1 week
Review and Process RPE Applicant’s Verification Forms for Full Licensure	1 week	2 weeks	2 weeks	3 weeks	1 week
Hearing Aid Dispensers Applications	Current	Current	3 weeks	3 weeks	Current

Staff met their Performance Based Budget licensing targets for fiscal year 2016-2017 with the assistance of temporary help and overtime.

Enforcement – The number of complaints and convictions received by the Board is still on pace with last year’s numbers, we should see a slight increase in both areas based on our projections.

There are currently 18 formal discipline cases pending with the Attorney General’s Office. The Board is currently monitoring 32 probationers. Eight probationers require drug or alcohol testing and eight are in a tolled status.

The following disciplinary actions were adopted by the Board during the fiscal year 2016-2017:

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Moreland, Michele	HA 7507	Hearing Aid Dispenser	1C 2012 40	6/30/17	Revocation Stayed, 5 yrs Probation, Specified Terms & Conditions
Bennett, Robert	HA 7365	Hearing Aid Dispenser	1C 2012 29	6/21/17	Revocation Stayed, 5 yrs Probation, Specified Terms & Conditions

Executive Officer Report

October 19, 2017

Page 3

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Ball, John Kiely	HA 7244	Hearing Aid Dispenser	D1 2009 29	6/19/17	Revocation of License while on Probation
Nelson, Marion	HA 7416	Hearing Aid Dispenser	1C 2011 65	5/9/17	Stipulated Surrender of License
Moore, Mark	HA 2425	Hearing Aid Dispenser	1C 2012 17	4/10/17	Stipulated Surrender of License
Hamburger, Howard	AU 2092	Audiologist	1I 2014 29	3/16/17	Revocation Stayed, 5 yrs Probation, Specified Terms & Conditions
Dorian, Peter	AU 244	Audiologist	1I 2013 47	2/5/17	Stipulated Surrender of License
Nau, Kerry	SP 20285	Speech-Language Pathologist	1I 2015 60	1/20/17	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Petersen, Christine	SP 9045	Speech-Language Pathologist	1I 2012 55	1/19/17	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Rose, Mary Ann	SP 6997	Speech-Language Pathologist	1I 2014 30	12/29/16	Revocation of License
Yeghikian, Leeza	SPA 3237	Speech-Language Pathology Assistant	1I 2014 33	12/9/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Riley, Linda	AID 1293	Audiology Aide	1I 2015 35	10/10/16	Revocation of License
Parks, David	HA 1585	Hearing Aid Dispenser	1C 2015 41	9/6/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Palmer, Reeda	SP 14379	Speech-Language Pathologist	1I 2008 26	8/29/16	Surrender of License During Probation
Swanson, Robin	HA 3104	Hearing Aid Dispenser	1C 2012 98	8/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Krone, Elizabeth	HA 2662	Hearing Aid Dispenser	1C 2012 85	8/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions

Executive Officer Report

October 19, 2017

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Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Wolff, Linda	AU 2177	Audiologist	1I 2013 19	8/8/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Vega, Paige Roschelle	SP 21885	Speech-Language Pathologist	1I 2014 70	7/27/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Lee, Kwang Ho (Ken)	HA 7552	Hearing Aid Dispenser	1C 2012 62	7/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Rose, Mary Ann	SP 6997	Speech-Language Pathologist	1I 2014 30	12/29/16	Revocation of License



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
2005 EVERGREEN STREET, SUITE 2100, SACRAMENTO, CA 95815
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NEWS RELEASE

FOR IMMEDIATE RELEASE:
October 6, 2017

Contact: Laurel Goddard
(916) 574-7430

MCDONALD HEARING AID CENTERS SETTLEMENT AGREEMENTS REACHED

*Company to pay civil penalties and restitution to consumers; owner and others
surrender licenses*

SACRAMENTO, Calif. — The California Department of Consumers Affairs' (DCA) Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board has announced a settlement in a civil complaint filed against McDonald Hearing Aid Center Inc., its owners, and eight other defendants.

"The settlement means consumers who were victims of fraud and deception—many of whom are part of the state's vulnerable elderly population—will receive restitution," said board Executive Officer Paul Sanchez. He added that the positive outcome resulted from a collaborative effort with DCA's Division of Investigation, five district attorneys offices, and the California Attorney General's Office.

The civil suit was filed in December 2016 in Sacramento County Superior Court by the Sacramento, Contra Costa, Sonoma, Yolo and Placer county district attorneys offices. The defendants were charged with fraud, deceptions, misrepresentation, false advertising, and unlawful and unfair business practices that targeted senior citizens and people with hearing loss.

The suit named McDonald Hearing Aid Center Inc., owners Mark Lee Moore and Kimberly Moore, McDonald Hearing Foundation Inc. and Moore Family Hearing Company Inc. Also named were Moore Corporate Enterprises, which operated approximately 18 retail stores selling hearing aids throughout Northern California, as well as the Moores and their son, Matthew Moore, as owners of Innerscope Advertising Agency Inc. and Innerscope Advertising Agency LLC, two companies which created advertising for McDonald Hearing Aid Center. The suit also named Elite Consultants Inc. of Redding, its president Gregory Edward Scott and vice president Ashley Brown, who acted as salespersons for McDonald Hearing Aid Centers.

The settlement included an injunction preventing the defendants from engaging in the practice of selling or fitting hearing aids without being fully licensed to do so, and from using deceptive or misleading advertising and other restrictions. The defendants also agreed to pay \$100,000 to the board for the cost of the investigation and a civil penalty of \$100,000 to each of the five district attorneys offices.

-MORE-

MCDONALD HEARING AID CENTERS

-2-

In a separate administrative action, the board obtained the surrender of the hearing aid dispenser licenses of Mark Lee Moore, Elite Consultants president Gregory Edward Scott, and McDonald Hearing Aid Center employees Marion Nelson and Melissa K. Peacock. The board also placed the hearing aid dispenser licenses of McDonald Hearing Aid Center employees Robert Bennett, Michele Moreland and Christopher M. Simon on probation for five years.

Two more settlements involving Elite Consultants, Scott, and Brown were also finalized in June and August of 2017 requiring restitution payments to the board and the district attorneys offices. These settlements include an injunction preventing the defendants from fitting and selling hearing aids unless properly licensed and from offering hearing aid products for sale in order to entice a consumer into a transaction that is different from what was originally represented.

Sanchez noted that the board has contacted all affected consumers, but anyone else who believes they are eligible for restitution that has not been contacted should contact the board. Eligible clients are those who purchased products from January 1, 2011, to March 15, 2017, and requested a refund within the warranty period and were denied a refund, and/or those who requested cancellation prior to the delivery of the products and were charged a cancellation fee.

The board's disciplinary decisions can be read on its website at www.speechandhearing.ca.gov and are also listed here:

Public Record Document: [Moore Accusation](#)
Public Record Document: [Moore Decision and Order](#)
Public Record Document: [Simon Accusation](#)
Public Record Document: [Simon Decision and Order](#)
Public Record Document: [Scott Accusation](#)
Public Record Document: [Peacock Accusation](#)
Public Record Document: [Peacock Decision and Order](#)
Public Record Document: [Moreland Accusation](#)
Public Record Document: [Moreland Decision and Order](#)
Public Record Document: [Bennett Accusation](#)
Public Record Document: [Bennett Decision and Order](#)
Public Record Document: [Nelson Accusation](#)
Public Record Document: [Nelson Decision and Order](#)

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

ABOUT THE DEPARTMENT OF CONSUMER AFFAIRS: *The Department of Consumer Affairs (DCA) promotes and protects the interests of California consumers while ensuring a competent and fair marketplace. DCA helps consumers learn how to protect themselves from unscrupulous and unqualified individuals. The department also protects professionals (licensees) from unfair competition by unlicensed practitioners. Consumers can file complaints against licensees by contacting DCA at (800) 952-5210. Consumers can also file a complaint online at dca.ca.gov.*

###

**0376 - Speech-Language Pathology and
Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition**

2017 Budget Act Prepared 10/19/17	ACTUAL PY 2016-17	Budget Act CY 2017-18	BY 2018-19	BY+1 2019-20
BEGINNING BALANCE	\$ 1,860	\$ 1,997	\$ 1,838	\$ 1,640
Prior Year Adjustment	\$ (16)	\$ -	\$ -	\$ -
Adjusted Beginning Balance	<u>\$ 1,844</u>	<u>\$ 1,997</u>	<u>\$ 1,838</u>	<u>\$ 1,640</u>
REVENUES AND TRANSFERS				
Revenues:				
125600 Other regulatory fees	\$ 135	\$ 18	\$ 18	\$ 18
125700 Other regulatory licenses and permits	\$ 468	\$ 431	\$ 431	\$ 431
125800 Renewal fees	\$ 1,429	\$ 1,435	\$ 1,435	\$ 1,435
125900 Delinquent fees	\$ 22	\$ 18	\$ 18	\$ 18
150300 Income from surplus money investments	\$ 15	\$ 5	\$ 5	\$ 4
161000 Escheat of unclaimed checks and warrants	\$ 8	\$ 8	\$ 8	\$ 8
Totals, Revenues	<u>\$ 2,077</u>	<u>\$ 1,916</u>	<u>\$ 1,916</u>	<u>\$ 1,915</u>
Totals, Resources	\$ 3,921	\$ 3,913	\$ 3,754	\$ 3,555
EXPENDITURES				
Disbursements:				
1111 Program Expenditures (State Operations)	\$ 1,824	\$ 1,940	\$ 1,979	\$ 2,019
8880 Financial Information System for CA (State Operations)	\$ 3	\$ 2	\$ 2	\$ 2
9900 - Statewide General Administrative Expenditures (Pro Rata)	\$ 97	\$ 133	\$ 133	\$ 133
Total Disbursements	<u>\$ 1,924</u>	<u>\$ 2,075</u>	<u>\$ 2,114</u>	<u>\$ 2,154</u>
FUND BALANCE				
Reserve for economic uncertainties	\$ 1,997	\$ 1,838	\$ 1,640	\$ 1,401
Months in Reserve	11.5	10.4	9.1	7.7

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

LICENSES ISSUED	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
						QTR 1
AU	76	57	89	48	53	39
DAU	19	UA	UA	26	24	6
AUT	1	0	0	0	0	0
SLP	1056	974	1143	1352	1457	514
SPT	0	0	0	0	0	0
SLPA	407	325	550	606	501	228
RPE	727	702	836	834	897	526
AIDE	51	40	48	44	44	10
CPD	9	15	17	22	21	6
HAD Permanent	84	49	92	140	120	31
HAD Trainee	95	139	145	180	152	56
HAD Licensed in Another State	7	5	9	16	16	10
HAD Branch	132	282	426	407	315	125
TOTAL LICENSES ISSUED	2664	2588	3355	3675	3600	1551

LICENSEE POPULATION	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
					*	* QTR 1
AU	609	584	612	556	698	728
DAU	942	971	988	1,045	1,211	1,220
<i>Both License Types</i>	<i>1,551</i>	<i>1,555</i>	<i>1,600</i>	<i>1,601</i>	<i>1,909</i>	<i>1,948</i>
AUT	0	0	0	0	0	0
SLP	12,696	13,285	13,967	14,860	18,024	18,440
SPT	0	0	0	0	0	0
SLPA	1,771	1,969	2,343	2,795	3,752	3,939
RPE	682	768	802	806	1,174	1,477
AIDE	120	119	124	133	235	246
HAD	946	913	948	996	1,179	1,201
HAD Trainees	95	145	160	158	238	274
HAD Licensed in Another State	9	8	7	18	18	25
HAD Branch Office	653	710	821	963	1,409	1,392
TOTAL LICENSEES	18,523	19,472	20,772	22,330	27,938	28,942

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

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
COMPLAINTS AND CONVICTIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Complaints Received	56	41	74	43	75	59	14
Convictions Received	4	27	27	58	15	84	5
Average Days to Intake	31	31	2	2	3	2	2
Closed	107	46	109	130	76	124	39
Pending	55	56	46	31	56	51	39

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

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
INVESTIGATIONS Desk	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Assigned	59	64	101	101	90	143	19
Closed	89	41	107	124	71	118	33
Average Days to Complete	339	250	107	138	132	91	436
Pending	46	48	42	30	45	39	33

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
INVESTIGATIONS DOI	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Assigned	2	3	0	2	11	9	2
Closed	15	2	2	6	5	6	6
Average Days to Complete	722	527	392	382	148	709	1227
Pending	6	3	4	1	11	12	6

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
ALL TYPES OF INVESTIGATIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Closed Without Discipline	83	37	93	112	69	111	36
Cycle Time - No Discipline	347	234	74	115	125	69	433

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

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
CITATIONS/Cease&Desist	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Issued	3	8	4	5	8	8	3
Avg Days to Complete Cite	292	188	195	305	98	44	14
Cease & Desist Letter	5	1	0	1	1	1	0

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

ATTORNEY GENERAL CASES	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quar 2017 -
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD
Pending at the AG	17	13	18	16	8	6	3
Accusations Filed	5	6	8	19	2	3	1
SOI Filed	0	0	2	2	0	0	0
Acc Withdrawn, Dismissed, Declined	0	0	1	0	2	1	2
SOI Withdrawn, Dismissed, Declined	1	1	0	0	1	1	0
Average Days to Discipline	1336	234	888	507	1260	979	547

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

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

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

ter 1 - 2018
SP/AU
12
23
2
42
45

ter 1 - 2018
SP/AU
35
39
126
34

ter 1 - 2018
SP/AU
2
3
334
11

ter 1 - 2018
SP/AU
37
104

ter 1 - 2018
SP/AU
4
495
0

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

**ter 1
- 2018**

SP/AU
6
3
0
0
0
0
670

**ter 1
- 2018**

SP/AU
1
1
0
0
0
1



MEMORANDUM

DATE	October 19, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Hearing Aid Dispenser Examination – Proposed Regulatory Language

BACKGROUND

Hearing aid dispenser examination regulations currently limit the number of applicants for any practical examination to 50 candidates. Current filing requirements are outdated and restrictive. Board staff have provided proposed language to clarify and align the regulation with current processes.

Vice Chair Marcia Raggio and Board member Amnon Shalev were tasked with updating the proposed regulatory language.

ACTION REQUESTED

Staff recommends that the Board review, edit, and approve the recommended changes to the proposed language regarding hearing aid dispenser examination regulations for submission to the Office of Administrative Law.



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.
- (d) Anyone cheating will be removed from the examination room.
- (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 discreet ~~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 of Examination 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~~ basis 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.



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AB-1706 Healing arts: chiropractic practice: speech-language pathology and audiology and hearing aid dispensing: occupational therapy: physical therapy. (2017-2018)

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

Bill Status	
Measure:	AB-1706
Lead Authors:	Committee on Business and Professions (A) - (Assembly Members Low (Chair), Brough (Vice Chair), Arambula, Baker, Bloom, Chiu, Dahle, Gipson, Grayson, Holden, Mullin, Steinorth, and Ting)
Principal Coauthors:	-
Coauthors:	-
Topic:	Healing arts: chiropractic practice: speech-language pathology and audiology and hearing aid dispensing: occupational therapy: physical therapy.
31st Day in Print:	04/02/17
Title:	An act to amend Sections 146, 1000, 2531, 2531.75, 2533.1, 2533.4, 2534, 2538.10, 2538.28, 2538.29, 2538.30, 2538.34, 2538.35, 2538.38, 2570.18, 2570.19, 2602, 2607.5, 2653, 2682, 2688, and 2689 of, to amend and renumber Section 2538.19 of, to amend and repeal Section 2648.7 of, and to repeal Section 2688.5 of, the Business and Professions Code, relating to healing arts.
House Location:	Secretary of State
Chaptered Date:	10/03/17
Last Amended Date:	09/06/17

Type of Measure
Inactive Bill - Chaptered
Majority Vote Required
Non-Appropriation
Fiscal Committee
State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
10/03/17	Chaptered by Secretary of State - Chapter 454, Statutes of 2017.
10/03/17	Approved by the Governor.
09/26/17	Enrolled and presented to the Governor at 3 p.m.
09/15/17	Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 77. Noes 0. Page 3526.).
09/15/17	From committee: That the Senate amendments be concurred in. (Ayes 15. Noes 0.) (September 14).



Assembly Bill No. 1706

CHAPTER 454

An act to amend Sections 146, 1000, 2531, 2531.75, 2533.1, 2533.4, 2534, 2538.10, 2538.28, 2538.29, 2538.30, 2538.34, 2538.35, 2538.38, 2570.18, 2570.19, 2602, 2607.5, 2653, 2682, 2688, and 2689 of, to amend and renumber Section 2538.19 of, to amend and repeal Section 2648.7 of, and to repeal Section 2688.5 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 3, 2017. Filed with
Secretary of State October 3, 2017.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1706, Committee on Business and Professions. Healing arts: chiropractic practice: speech-language pathology and audiology and hearing aid dispensing: occupational therapy: physical therapy.

(1) Under existing law, violations of specified provisions relating to the registration, licensure, certification, or authorization required to engage in certain businesses and professions, including, among others, physical therapy, are punishable as infractions under specified circumstances.

This bill would provide that the practice of occupational therapy without a license is an infraction under this provision. By expanding the scope of a crime, this bill would impose a state-mandated local program.

(2) The Chiropractic Act, enacted by an initiative measure, provides for the licensure and regulation of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law requires that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2018.

This bill would require that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2022.

(3) Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation of speech-language pathologists, audiologists, and hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, which is within the Department of Consumer Affairs. That act authorizes the board to appoint an executive officer. That act repeals the provisions establishing the board and the board's authority to appoint an executive officer on January 1, 2018.

This bill would extend the operation of the board and the board's authority to appoint an executive officer until January 1, 2022.

The act authorizes a superior court of a county, on application of the board, to issue an injunction or other appropriate restraining order against a person other than a licensed speech-language pathologist or audiologist for an act or practice in violation of that act. That act authorizes the board to suspend, revoke, or impose terms and conditions upon the license of a licensee for, among other things, a conviction, as defined, of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist, audiologist, or hearing aid dispenser. The act authorizes the board to prosecute a person for a violation of the provisions of the act relating to hearing aid dispensers, as specified.

This bill would exclude licensed hearing aid dispensers from the persons against whom a superior court of a county is authorized to issue an injunction or other appropriate restraining order for an act or practice in violation of that act. The bill would expand the definition of a conviction, for the above-mentioned disciplinary purposes, to include certain convictions subsequently dismissed by a court. The bill would authorize the board to prosecute a person for a violation of any provision of the act.

The act requires each applicant for a hearing aid dispenser's license to take and pass a written examination and a practical examination, as specified. That act authorizes the board to issue a temporary hearing aid dispenser license to an applicant who, among other things, holds a hearing aid dispenser's license in another state. That act also authorizes the board to issue a temporary hearing aid dispenser license to an applicant who proves to the satisfaction of the board that he or she will be supervised and trained by a hearing aid dispenser who is approved by the board. That act requires a temporary licensee who is supervised to take a licensure examination within the first 10 months after the temporary license is issued, and requires that the license expire if the temporary licensee fails to take the licensure examination.

This bill would rename the temporary license of supervised licensees as the trainee license and would make conforming changes. The bill would extend the time by when the licensee is required to take the examination to 12 months after the trainee license is issued.

The act establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund to carry out the purposes of the act and requires the board to pay all revenue received by the board pursuant to the act to the Treasurer for deposit in the fund.

This bill would specify that money in the fund shall be available upon appropriation by the Legislature.

(4) Existing law, the Occupational Therapy Practice Act, provides for the licensure and regulation of occupational therapists by the California Board of Occupational Therapy, which is within the Department of Consumer Affairs, and repeals the provisions establishing the board on January 1, 2018.

This bill would extend the operation of the board until January 1, 2022.

The act, among other things, prohibits a person from representing to the public by title, description of services, methods, or procedures, or otherwise,

that the person is authorized to practice occupational therapy in this state, or from using specified professional abbreviations or any other words, letters, or symbols with the intent to represent that he or she practices occupational therapy, unless he or she is authorized to practice occupational therapy under the act.

This bill would authorize a licensee under the act who has earned a doctoral degree in occupational therapy (OTD) or, after adoption by the board of specified regulations, a doctoral degree in a related area of practice or study to use specified abbreviations and titles in communications, as provided.

(5) Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California, which is within the Department of Consumer Affairs. That act requires the board to appoint an executive officer and authorizes the board to employ other persons, as specified. That act repeals the provisions establishing the board and the board's authority to appoint an executive officer and other personnel on January 1, 2018.

This bill would extend the operation of the board and the board's authority to appoint an executive officer and other personnel until January 1, 2022.

A license issued under the act expires at 12 a.m. on the last day of the birth month of the licensee during the 2nd year of a 2-year term, if not renewed. To renew a license, the act requires the licensee to, among other things, apply for renewal, pay the prescribed renewal fee, and submit proof satisfactory to the board that he or she has completed the required number of continuing education hours established by regulation by the board, as provided. The act exempts a licensee from the requirement to pay a renewal fee and submit proof of continuing education if he or she has applied to the board for retired license status and prohibits the holder of a retired license from practicing or assisting in the provision of, physical therapy unless he or she applies for renewal and meets specified requirements.

This bill would repeal the provision relating to retired license status as of January 1, 2019.

The act requires an applicant for a physical therapy license who has graduated from a physical therapist education program not approved by the board and not located in the United States to comply with specified requirements, including demonstrating proficiency in English by achieving a score specified by the board on the Test of English as a Foreign Language administered by the Educational Testing Services or such other examination as may be specified by the board by regulation.

This bill would instead allow an applicant, as described above, to demonstrate proficiency in English by achieving a score specified by the board on the Test of English as a Foreign Language or other means as prescribed by the board by regulation. The bill would also exempt from this requirement an applicant who has been awarded a bachelor's degree or higher in a physical therapist educational program from a college, university, or professional training school in Australia, any part of Canada other than

Quebec, Ireland, New Zealand, the United Kingdom, the United States, or an English-speaking country specified by the board.

The act establishes various fees for licensure as a physical therapist, including application, issuance, licensure, and renewal fees. The act authorizes the board to decrease or increase the amount of these fees to an amount that does not exceed the cost of the associated activity. The act requires the board to report to specified committees of the Legislature whenever it increases any fee, as provided.

This bill, with respect to the fees described above, would delete the statutory limitation that the decreased or increased amount be in an amount that does not exceed the cost of the associated activity. The bill would repeal the requirement that the board report to the specified committees of the Legislature whenever it increases a fee.

The act authorizes the board to establish a fee, as provided, for persons certified to perform electromyographical testing and requires that the fee be paid as provided in specified law.

This bill would make a technical change to this provision by correcting an erroneous cross-reference to other law.

The act establishes the Physical Therapy Fund and requires that all collections from persons licensed or seeking to be licensed be paid by the board into the fund. Under the act, money in the fund from fees is continuously appropriated for the purpose of executing the act.

This bill would, instead, make the money in the fund available only upon appropriation by the Legislature.

Under existing law, a violation of any provision of the act is a misdemeanor.

By changing the scope of a crime, this bill would impose a state-mandated local program.

(6) This bill would incorporate additional changes to Section 146 of the Business and Professions Code proposed by SB 798 to be operative only if this bill and SB 798 are enacted and this bill is enacted last.

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

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

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

SECTION 1. Section 146 of the Business and Professions Code is amended to read:

146. (a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5c (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

- (1) Sections 2052 and 2054.
- (2) Section 2570.3.
- (3) Section 2630.
- (4) Section 2903.
- (5) Section 3575.
- (6) Section 3660.
- (7) Sections 3760 and 3761.
- (8) Section 4080.
- (9) Section 4825.
- (10) Section 4935.
- (11) Section 4980.
- (12) Section 4989.50.
- (13) Section 4996.
- (14) Section 4999.30.
- (15) Section 5536.
- (16) Section 6704.
- (17) Section 6980.10.
- (18) Section 7317.
- (19) Section 7502 or 7592.
- (20) Section 7520.
- (21) Section 7617 or 7641.
- (22) Subdivision (a) of Section 7872.
- (23) Section 8016.
- (24) Section 8505.
- (25) Section 8725.
- (26) Section 9681.
- (27) Section 9840.
- (28) Subdivision (c) of Section 9891.24.
- (29) Section 19049.

(d) Notwithstanding any other law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars (\$250) and not more than one thousand dollars (\$1,000). No portion of the minimum fine may be suspended by the

court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation that was the basis for his or her conviction.

SEC. 1.5. Section 146 of the Business and Professions Code is amended to read:

146. (a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5C (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

- (1) Section 2474
- (2) Sections 2052 and 2054.
- (3) Section 2570.3.
- (4) Section 2630.
- (5) Section 2903.
- (6) Section 3575.
- (7) Section 3660.
- (8) Sections 3760 and 3761.
- (9) Section 4080.
- (10) Section 4825.
- (11) Section 4935.
- (12) Section 4980.
- (13) Section 4989.50.
- (14) Section 4996.
- (15) Section 4999.30.
- (16) Section 5536.
- (17) Section 6704.
- (18) Section 6980.10.
- (19) Section 7317.
- (20) Section 7502 or 7592.
- (21) Section 7520.
- (22) Section 7617 or 7641.
- (23) Subdivision (a) of Section 7872.
- (24) Section 8016.

- (25) Section 8505.
- (26) Section 8725.
- (27) Section 9681.
- (28) Section 9840.
- (29) Subdivision (c) of Section 9891.24.
- (30) Section 19049.

(d) Notwithstanding any other law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars (\$250) and not more than one thousand dollars (\$1,000). No portion of the minimum fine may be suspended by the court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation that was the basis for his or her conviction.

SEC. 2. Section 1000 of the Business and Professions Code is amended to read:

1000. (a) The law governing practitioners of chiropractic is found in an initiative act entitled “An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith,” adopted by the electors November 7, 1922.

(b) The State Board of Chiropractic Examiners is within the Department of Consumer Affairs.

(c) Notwithstanding any other law, the powers and duties of the State Board of Chiropractic Examiners, as set forth in this article and under the act creating the board, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, 2022.

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

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

(b) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

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

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

(b) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

SEC. 5. Section 2533.1 of the Business and Professions Code is amended to read:

2533.1. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist is deemed to be a conviction within the meaning of this article. The board may order a licensee be disciplined or denied a license as provided in Section 2533 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence irrespective of a subsequent order under Section 1203.4, 1203.4a, or 1203.41 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

SEC. 6. Section 2533.4 of the Business and Professions Code is amended to read:

2533.4. Whenever a person other than a licensed speech-language pathologist, hearing aid dispenser, or audiologist has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

SEC. 7. Section 2534 of the Business and Professions Code is amended to read:

2534. There is in the State Treasury the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund. The board shall report to the Controller at the beginning of each month for the month preceding the amount and source of all revenue received by it pursuant to this chapter and shall pay the entire amount thereof to the Treasurer for deposit in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund. All money in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund shall be available, upon appropriation by the Legislature, to carry out the purposes of this chapter.

SEC. 8. Section 2538.19 of the Business and Professions Code is amended and renumbered to read:

2533.5. (a) The board may prosecute a person for a violation of this chapter.

(b) The board shall hear and decide a matter, including, but not limited to, a contested case or a petition for reinstatement or modification of probation, or may assign the matter to an administrative law judge in accordance with the Administrative Procedure Act. Except as otherwise provided in this chapter, a hearing shall be conducted in accordance with

Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 9. Section 2538.10 of the Business and Professions Code is amended to read:

2538.10. For the purposes of this article, the following definitions shall apply:

(a) "Advertise" and its variants include the use of a newspaper, magazine, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) "License" means a hearing aid dispenser's license issued pursuant to this article and includes a temporary or trainee license.

(c) "Licensee" means a person holding a license.

(d) "Hearing aid" means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) "Fund" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.

SEC. 10. Section 2538.28 of the Business and Professions Code is amended to read:

2538.28. (a) An applicant who has fulfilled the requirements of Section 2538.24, and has made application therefor, and who proves to the satisfaction of the board that he or she will be supervised and trained by a hearing aid dispenser who is approved by the board may have a trainee license issued to him or her. The trainee license shall entitle the trainee licensee to fit or sell hearing aids as set forth in regulations of the board. The supervising dispenser shall be responsible for any acts or omissions committed by a trainee licensee under his or her supervision that may constitute a violation of this chapter.

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee

license. The board may issue only one new trainee license under this subdivision.

SEC. 11. Section 2538.29 of the Business and Professions Code is amended to read:

2538.29. A trainee licensed under Section 2538.28 shall take the licensure examination within the first 12 months after the trainee license is issued. Failure to take the licensure examination within that time shall result in expiration of the trainee license, and it shall not be renewed unless the trainee licensee has first taken the licensure examination. The board, however, may in its discretion renew the trainee license if the licensee failed to take the licensure examination due to illness or other hardship.

SEC. 12. Section 2538.30 of the Business and Professions Code is amended to read:

2538.30. (a) A temporary or trainee licensee shall not be the sole proprietor of, manage, or independently operate a business which engages in the fitting or sale of hearing aids.

(b) A temporary or trainee licensee shall not advertise or otherwise represent that he or she holds a license as a hearing aid dispenser.

SEC. 13. Section 2538.34 of the Business and Professions Code is amended to read:

2538.34. (a) Every licensee who engages in the practice of fitting or selling hearing aids shall have and maintain an established retail business address to engage in that fitting or selling, routinely open for service to customers or clients. The address of the licensee's place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a licensee maintains more than one place of business within this state, he or she shall apply for and procure a duplicate license for each branch office maintained. The application shall state the name of the person and the location of the place or places of business for which the duplicate license is desired.

(c) A hearing aid dispenser may, without obtaining a duplicate license for a branch office, engage on a temporary basis in the practice of fitting or selling hearing aids at the primary or branch location of another licensee's business or at a location or facility that he or she may use on a temporary basis, provided that the hearing aid dispenser notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which he or she will engage in the practice of fitting or selling hearing aids.

SEC. 14. Section 2538.35 of the Business and Professions Code is amended to read:

2538.35. A licensee shall, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, signed by or on behalf of the licensee, containing all of the following:

(a) The date of consummation of the sale.

(b) Specifications as to the make, serial number, and model number of the hearing aid or aids sold.

(c) The address of the principal place of business of the licensee, and the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

(d) A statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact.

(e) The number of the licensee's license and the name and license number of any other hearing aid dispenser, temporary licensee, or trainee licensee, who provided any recommendation or consultation regarding the purchase of the hearing aid.

(f) The terms of any guarantee or written warranty, required by Section 1793.02 of the Civil Code, made to the purchaser with respect to the hearing aid or hearing aids.

SEC. 15. Section 2538.38 of the Business and Professions Code is amended to read:

2538.38. A licensee shall, upon the consummation of a sale of a hearing aid, keep and maintain records in his or her office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

(a) Results of test techniques as they pertain to fitting of the hearing aid.

(b) A copy of the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.

(c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

SEC. 16. Section 2570.18 of the Business and Professions Code is amended to read:

2570.18. (a) A person shall not represent to the public by title, education, or background, or by description of services, methods, or procedures, or otherwise, that the person is authorized to practice occupational therapy in this state, unless authorized to practice occupational therapy under this chapter.

(b) Unless licensed to practice as an occupational therapist under this chapter, a person may not use the professional abbreviations "O.T.," "O.T.R.," or "O.T.R./L.," or "Occupational Therapist," or "Occupational Therapist Registered," or any other words, letters, or symbols with the intent to represent that the person practices or is authorized to practice occupational therapy.

(c) A licensee who has earned a doctoral degree in occupational therapy (OTD) or, after adoption of the regulations described in subdivision (e), a doctoral degree in a related area of practice or study may do the following:

(1) In a written communication, use the initials OTD, DrPH, PhD, or EdD, as applicable, following the licensee's name.

(2) In a written communication, use the title "Doctor" or the abbreviation "Dr." preceding the licensee's name, if the licensee's name is immediately

followed by an unabbreviated specification of the applicable doctoral degree held by the licensee.

(3) In a spoken communication while engaged in the practice of occupational therapy, use the title “Doctor” preceding the licensee’s name, if the licensee specifies that he or she is an occupational therapy practitioner.

(d) A doctoral degree described in subdivision (c) shall be granted by an institution and program accredited by the Western Association of Schools and Colleges, the Accreditation Council on Occupational Therapy Education, or by an accrediting agency recognized by the National Commission on Accrediting or the United States Department of Education that the board determines is equivalent to the Western Association of Schools and Colleges.

(e) The board shall define, by regulation, the doctoral degrees that are in a related area of practice or study for purposes of subdivision (c).

(f) Unless licensed to assist in the practice of occupational therapy as an occupational therapy assistant under this chapter, a person may not use the professional abbreviations “O.T.A.,” “O.T.A./L.,” “C.O.T.A.,” “C.O.T.A./L.,” or “Occupational Therapy Assistant,” “Licensed Occupational Therapy Assistant,” or any other words, letters, or symbols, with the intent to represent that the person assists in, or is authorized to assist in, the practice of occupational therapy as an occupational therapy assistant.

(g) The unauthorized practice or representation as an occupational therapist or as an occupational therapy assistant constitutes an unfair business practice under Section 17200 and false and misleading advertising under Section 17500.

SEC. 17. Section 2570.19 of the Business and Professions Code is amended to read:

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

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

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

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

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

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

(d) All members shall be residents of California at the time of their appointment. The occupational therapist and occupational therapy assistant members shall have been engaged in rendering occupational therapy services

to the public, teaching, or research in occupational therapy for at least five years preceding their appointments.

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

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

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

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

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

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

(k) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

(l) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 18. Section 2602 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 19. Section 2607.5 of the Business and Professions Code is amended to read:

2607.5. (a) The board may employ an executive officer exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code) and may also employ investigators, legal counsel, physical therapist consultants, and other assistance as it may deem necessary to carry out this chapter. The board may fix the compensation to be paid for services and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating physical therapy practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

SEC. 20. Section 2648.7 of the Business and Professions Code is amended to read:

2648.7. (a) A licensee is exempt from the payment of the renewal fee and from meeting the requirements set forth in Section 2649 if he or she has applied to the board for retired license status. A holder of a license in retired status pursuant to this section shall not engage in the practice of, or assist in the provision of, physical therapy unless the licensee applies for renewal and meets all of the requirements as set forth in Section 2644.

(b) This section shall remain in effect only until January 1, 2019, and as of that date is repealed.

SEC. 21. Section 2653 of the Business and Professions Code is amended to read:

2653. An applicant for a license as a physical therapist who has graduated from a physical therapist education program that is not approved by the board and is not located in the United States shall do all of the following:

(a) Furnish documentary evidence satisfactory to the board, that he or she has completed a professional degree in a physical therapist educational program substantially equivalent at the time of his or her graduation to that issued by a board approved physical therapist education program. The professional degree must entitle the applicant to practice as a physical therapist in the country where the diploma was issued. The applicant shall meet the educational requirements set forth in paragraph (2) of subdivision (a) of Section 2650. The board may require an applicant to submit documentation of his or her education to a credentials evaluation service for review and a report to the board.

(b) (1) Except as provided in paragraph (2), demonstrate proficiency in English by achieving a score specified by the board on the Test of English

as a Foreign Language administered by the Educational Testing Services or other means as may be specified by the board by regulation.

(2) An applicant shall be exempt from the requirement under paragraph (1) if the applicant has been awarded a bachelor's degree or higher in a physical therapist educational program from a college, university, or professional training school in Australia, any part of Canada other than Quebec, Ireland, New Zealand, the United Kingdom, the United States, or another English-speaking country specified by the board.

(c) Complete nine months of clinical service in a location approved by the board under the supervision of a physical therapist licensed by a United States jurisdiction, in a manner satisfactory to the board. The applicant shall have passed the written examination required in Section 2636 prior to commencing the period of clinical service. The board shall require the supervising physical therapist to evaluate the applicant and report his or her findings to the board. The board may in its discretion waive all or part of the required clinical service pursuant to guidelines set forth in its regulations. During the period of clinical service, the applicant shall be identified as a physical therapist license applicant. If an applicant fails to complete the required period of clinical service, the board may, for good cause shown, allow the applicant to complete another period of clinical service.

SEC. 22. Section 2682 of the Business and Professions Code is amended to read:

2682. There is in the State Treasury the Physical Therapy Fund. All collections from persons licensed or seeking to be licensed shall be paid by the board into the Physical Therapy Fund after reporting to the Controller at the beginning of each month the amount and source of the collections. All money in the Physical Therapy Fund shall be available, upon appropriation by the Legislature, for the exclusive purpose of executing this chapter.

SEC. 23. Section 2688 of the Business and Professions Code is amended to read:

2688. The amount of fees assessed in connection with licenses issued under this chapter is as follows:

(a) (1) The fee for an application for licensure as a physical therapist submitted to the board prior to March 1, 2009, shall be seventy-five dollars (\$75). The fee for an application submitted under Section 2653 to the board prior to March 1, 2009, shall be one hundred twenty-five dollars (\$125).

(2) The fee for an application for licensure as a physical therapist submitted to the board on or after March 1, 2009, shall be one hundred twenty-five dollars (\$125). The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of an application fee under this subdivision, but in no event shall the application fee amount exceed three hundred dollars (\$300).

(b) The examination and reexamination fees for the physical therapist examination, physical therapist assistant examination, and the examination

to demonstrate knowledge of the California rules and regulations related to the practice of physical therapy shall be the actual cost to the board of the development and writing of, or purchase of the examination, and grading of each written examination, plus the actual cost of administering each examination. The board, at its discretion, may require the licensure applicant to pay the fee for the examinations required by Section 2636 directly to the organization conducting the examination.

(c) (1) The fee for a physical therapist license issued prior to March 1, 2009, shall be seventy-five dollars (\$75).

(2) The fee for a physical therapist license issued on or after March 1, 2009, shall be one hundred dollars (\$100).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision, but in no event shall the fee to issue the license exceed one hundred fifty dollars (\$150).

(d) (1) The fee to renew a physical therapist license that expires prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

(2) The fee to renew a physical therapist license that expires on or after April 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision, but in no event shall the renewal fee amount exceed three hundred dollars (\$300).

(e) (1) The fee for application and for issuance of a physical therapist assistant license shall be seventy-five dollars (\$75) for an application submitted to the board prior to March 1, 2009.

(2) The fee for application and for issuance of a physical therapist assistant license shall be one hundred twenty-five dollars (\$125) for an application submitted to the board on or after March 1, 2009. The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision, but in no event shall the application fee amount exceed three hundred dollars (\$300).

(f) (1) The fee to renew a physical therapist assistant license that expires prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

(2) The fee to renew a physical therapist assistant license that expires on or after April 1, 2009, shall be two hundred dollars (\$200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision, but in no event shall the renewal fee amount exceed three hundred dollars (\$300).

(g) Notwithstanding Section 163.5, the delinquency fee shall be 50 percent of the renewal fee in effect.

(h) (1) The duplicate wall certificate fee shall be fifty dollars (\$50). The duplicate renewal receipt fee amount shall be fifty dollars (\$50).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing duplicates, but in no event shall that fee exceed one hundred dollars (\$100).

(i) (1) The endorsement or letter of good standing fee shall be sixty dollars (\$60).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing an endorsement or letter, but in no event shall the fee amount exceed one hundred dollars (\$100).

SEC. 24. Section 2688.5 of the Business and Professions Code is repealed.

SEC. 25. Section 2689 of the Business and Professions Code is amended to read:

2689. (a) The board may establish by regulation suitable application and renewal fees of not more than two hundred dollars (\$200), for persons certified to perform electromyographical testing pursuant to Section 2620.5, based upon the cost of operating the certification program. The application fee shall be paid by the applicant at the time the application is filed and the renewal fee shall be paid as provided in Section 2644.

(b) The board shall charge an examination and reexamination fee of five hundred dollars (\$500) to applicants who are examined and who have been found to otherwise meet the board's standards for certification.

SEC. 26. Section 1.5 of this bill incorporates amendments to Section 146 of the Business and Professions Code proposed by both this bill and Senate Bill 798. That section shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2018, (2) each bill amends Section 146 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 798, in which case Section 1 of this bill shall not become operative.

SEC. 27. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

115TH CONGRESS
1ST SESSION

H. R. 1539

To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2017

Mr. GUTHRIE (for himself and Ms. MATSUI) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Early Hearing Detec-
5 tion and Intervention Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) Deaf and hard-of-hearing newborns, infants,
2 and young children require access to specialized
3 early intervention providers and programs in order
4 to help them meet their linguistic and cognitive po-
5 tential.

6 (2) Families of deaf and hard-of-hearing
7 newborns, infants, and young children benefit from
8 comprehensive early intervention programs that as-
9 sist them in supporting their child’s development in
10 all domains.

11 (3) Best practices principles for early interven-
12 tion for deaf and hard-of-hearing newborns, infants,
13 and young children have been identified in a range
14 of areas, including listening and spoken language
15 and visual and signed language acquisition, family-
16 to-family support, support from individuals who are
17 deaf or hard-of-hearing, progress monitoring, and
18 others.

19 (4) Effective hearing screening and early inter-
20 vention programs must be in place to identify hear-
21 ing levels in deaf and hard-of-hearing newborns, in-
22 fants, and young children so that they may access
23 appropriate early intervention programs in a timely
24 manner.

1 **SEC. 3. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**
2 **TECTION, DIAGNOSIS, AND TREATMENT RE-**
3 **GARDING DEAF AND HARD-OF-HEARING**
4 **NEWBORNS, INFANTS, AND YOUNG CHIL-**
5 **DREN.**

6 Section 399M of the Public Health Service Act (42
7 U.S.C. 280g-1) is amended to read as follows:

8 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**
9 **MENT REGARDING DEAF AND HARD-OF-**
10 **HEARING NEWBORNS, INFANTS, AND YOUNG**
11 **CHILDREN.**

12 “(a) HEALTH RESOURCES AND SERVICES ADMINIS-
13 TRATION.—The Secretary, acting through the Adminis-
14 trator of the Health Resources and Services Administra-
15 tion, shall make awards of grants or cooperative agree-
16 ments to develop statewide newborn, infant, and young
17 childhood hearing screening, diagnosis, evaluation, and
18 intervention programs and systems, and to assist in the
19 recruitment, retention, education, and training of qualified
20 personnel and health care providers (including education
21 and training of family members) for the following pur-
22 poses:

23 “(1) To develop and monitor the efficacy of
24 statewide programs and systems for hearing screen-
25 ing of newborns, infants, and young children,
26 prompt evaluation and diagnosis of newborns, in-

1 fants, and young children referred from screening
2 programs, and appropriate educational, audiological,
3 medical, and communications (or language acquisi-
4 tion) interventions (including family support) for
5 newborns, infants, and young children identified as
6 deaf or hard-of-hearing, consistent with the fol-
7 lowing:

8 “(A) Early intervention includes referral
9 to, and delivery of, information and services by
10 organizations such as schools and agencies (in-
11 cluding community, consumer, and family-based
12 agencies), medical homes for children, and
13 other programs under part C of the Individuals
14 with Disabilities Education Act (20 U.S.C.
15 1431 et seq.), which offer programs specifically
16 designed to meet the unique language and com-
17 munication needs of deaf and hard-of-hearing
18 newborns, infants, and young children.

19 “(B) Information provided to parents shall
20 be accurate, comprehensive, and, where appro-
21 priate, evidence-based, allowing families to
22 make important decisions for their children in
23 a timely way, including decisions relating to all
24 possible assistive hearing technologies (such as
25 hearing aids, cochlear implants, and

1 osseointegrated devices) and communication
2 modalities (such as oral and visual communica-
3 tions and language acquisition services and pro-
4 grams).

5 “(C) Programs and systems under this
6 paragraph shall offer mechanisms that foster
7 family-to-family and deaf and hard-of-hearing
8 consumer-to-family supports.

9 “(2) To continue to provide technical support to
10 States, through one or more technical resource cen-
11 ters, to assist in further developing and enhancing
12 State early hearing detection and intervention pro-
13 grams.

14 “(3) To identify or develop efficient models
15 (educational and medical) to ensure that newborns,
16 infants, and young children who are identified
17 through screening as deaf or hard-of-hearing receive,
18 as appropriate, follow-up by qualified early interven-
19 tion providers, qualified health care providers, or
20 medical homes for children and referrals to early
21 intervention services (including special education and
22 related services, as appropriate) under part C of the
23 Individuals with Disabilities Education Act (20
24 U.S.C. 1431 et seq.). State agencies shall be encour-

1 aged to effectively increase the rate of such follow-
2 up and referral.

3 “(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
4 AND APPLIED RESEARCH.—

5 “(1) CENTERS FOR DISEASE CONTROL AND
6 PREVENTION.—

7 “(A) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, shall make awards of
10 grants or cooperative agreements to provide
11 technical assistance to State agencies or des-
12 ignated entities of States—

13 “(i) for the development, mainte-
14 nance, and improvement of data tracking
15 and surveillance systems on newborn, in-
16 fant, and young childhood hearing screen-
17 ing, audiologic evaluations, medical evalua-
18 tions, language-acquisition evaluations, and
19 intervention services;

20 “(ii) to conduct applied research re-
21 lated to services and outcomes;

22 “(iii) to provide technical assistance
23 related to newborn, infant, and young
24 childhood hearing screening, evaluation,

1 and intervention programs, and informa-
2 tion systems;

3 “(iv) to ensure high-quality moni-
4 toring of hearing screening, evaluation,
5 and intervention programs and systems for
6 newborns, infants, and young children; and

7 “(v) to coordinate developing stand-
8 ardized procedures for data management
9 and assessing program and cost effective-
10 ness.

11 “(B) USE OF AWARDS.—The awards under
12 subparagraph (A) may be used—

13 “(i) to provide technical assistance on
14 data collection and management;

15 “(ii) to study and report on the costs
16 and effectiveness of newborn, infant, and
17 young childhood hearing screening, evalua-
18 tion, diagnosis, intervention programs, and
19 systems in order to address issues of im-
20 portance to State and national policy mak-
21 ers;

22 “(iii) to collect data and report on
23 newborn, infant, and young childhood
24 hearing screening, evaluation, diagnosis,
25 and intervention programs and systems

1 that can be used for applied research, pro-
2 gram evaluation, and policy development;

3 “(iv) to identify the causes and risk
4 factors for congenital hearing loss;

5 “(v) to study the effectiveness of new-
6 born, infant, and young childhood hearing
7 screening, audiologic evaluations, medical
8 evaluations, and intervention programs and
9 systems by assessing the health, intellec-
10 tual and social developmental, cognitive,
11 and hearing status of children at school
12 age; and

13 “(vi) to promote the integration, link-
14 age, and interoperability of data regarding
15 early hearing loss and multiple sources to
16 increase information exchanges between
17 clinical care and public health, including
18 the ability of States and territories to ex-
19 change and share data.

20 “(2) NATIONAL INSTITUTES OF HEALTH.—The
21 Director of the National Institutes of Health, acting
22 through the Director of the National Institute on
23 Deafness and Other Communication Disorders,
24 shall, for purposes of this section, continue a pro-
25 gram of research and development on the efficacy of

1 new screening techniques and technology, including
2 clinical studies of screening methods, studies on the
3 efficacy of intervention, and related research.

4 “(c) COORDINATION AND COLLABORATION.—

5 “(1) IN GENERAL.—In carrying out programs
6 under this section, the Administrator of the Health
7 Resources and Services Administration, the Director
8 of the Centers for Disease Control and Prevention,
9 and the Director of the National Institutes of Health
10 shall collaborate and consult with—

11 “(A) other Federal agencies;

12 “(B) State and local agencies, including
13 agencies responsible for early intervention serv-
14 ices (including special education and related
15 services, as appropriate) pursuant to title V of
16 the Social Security Act (42 U.S.C. 701 et seq.)
17 (Maternal and Child Health Services Block
18 Grant), title XIX of the Social Security Act (42
19 U.S.C. 1396 et seq.) (Medicaid Early and Peri-
20 odic Screening, Diagnosis and Treatment Pro-
21 gram), title XXI of the Social Security Act (42
22 U.S.C. 1397aa et seq.) (State Children’s Health
23 Insurance Program), and part C of the Individ-
24 uals with Disabilities Education Act (20 U.S.C.
25 1431 et seq.);

1 “(C) consumer groups of, and that serve,
2 individuals who are deaf and hard-of-hearing
3 and their families;

4 “(D) appropriate national medical and
5 other health and education specialty organiza-
6 tions;

7 “(E) individuals who are deaf or hard-of-
8 hearing and their families;

9 “(F) other qualified professional personnel
10 who are proficient in deaf or hard-of-hearing
11 children’s language and who possess the special-
12 ized knowledge, skills, and attributes needed to
13 serve deaf and hard-of-hearing newborns, in-
14 fants, young children, and their families;

15 “(G) third-party payers and managed-care
16 organizations; and

17 “(H) related commercial industries.

18 “(2) POLICY DEVELOPMENT.—The Adminis-
19 trator of the Health Resources and Services Admin-
20 istration, the Director of the Centers for Disease
21 Control and Prevention, and the Director of the Na-
22 tional Institutes of Health shall coordinate and col-
23 laborate on recommendations for policy development
24 at the Federal and State levels and with the private
25 sector, including consumer, medical, and other

1 health and education professional-based organiza-
2 tions, with respect to newborn and infant hearing
3 screening, evaluation, diagnosis, and intervention
4 programs and systems.

5 “(3) STATE EARLY DETECTION, DIAGNOSIS,
6 AND INTERVENTION PROGRAMS AND SYSTEMS; DATA
7 COLLECTION.—The Administrator of the Health Re-
8 sources and Services Administration and the Direc-
9 tor of the Centers for Disease Control and Preven-
10 tion shall coordinate and collaborate in assisting
11 States—

12 “(A) to establish newborn, infant, and
13 young childhood hearing screening, evaluation,
14 diagnosis, and intervention programs and sys-
15 tems under subsection (a); and

16 “(B) to develop a data collection system
17 under subsection (b)(1).

18 “(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOM-
19 MODATION.—Nothing in this section shall be construed to
20 preempt or prohibit any State law, including State laws
21 that do not require the screening for hearing loss of
22 newborns, infants, or young children of any parent who
23 objects to the screening on the grounds that such screen-
24 ing conflicts with the parent’s religious beliefs.

25 “(e) DEFINITIONS.—For purposes of this section:

1 “(1) The term ‘audiologic’, when used in con-
2 nection with evaluation, means procedures—

3 “(A) to assess the status of the auditory
4 system;

5 “(B) to establish the site of the auditory
6 disorder, the type and degree of hearing loss,
7 and the potential effects of hearing loss on com-
8 munication; and

9 “(C) to identify appropriate treatment and
10 referral options, including—

11 “(i) linkage to State agencies coordi-
12 nating the programs under part C of the
13 Individuals with Disabilities Education Act
14 (20 U.S.C. 1431 et seq.) or other appro-
15 priate agencies;

16 “(ii) medical evaluation;

17 “(iii) hearing aid or sensory aid as-
18 sessment;

19 “(iv) audiologic rehabilitation treat-
20 ment; and

21 “(v) referral to national and local con-
22 sumer, self-help, family, and education or-
23 ganizations, and other family-centered
24 services.

25 “(2) The term ‘early intervention’ means—

1 “(A) providing appropriate services for a
2 child who is deaf or hard-of-hearing, including
3 nonmedical services; and

4 “(B) ensuring the family of such child is—

5 “(i) provided comprehensive, con-
6 sumer-oriented information about the full
7 range of family support, training, informa-
8 tion services, and language acquisition in
9 oral and visual modalities; and

10 “(ii) given the opportunity to consider
11 and obtain the full range of such appro-
12 priate services, educational and program
13 placements, and other options for the child
14 from highly qualified providers.

15 “(3) The term ‘medical evaluation’ means key
16 components performed by a physician, including his-
17 tory, examination, and medical decisionmaking fo-
18 cused on symptomatic and related body systems for
19 the purpose of diagnosing the etiology of hearing
20 loss and related physical conditions, and for identi-
21 fying appropriate treatment and referral options.

22 “(4) The term ‘medical intervention’ means the
23 process by which a physician provides medical diag-
24 nosis and direction for medical or surgical treatment

1 options for hearing loss or other medical disorders
2 associated with hearing loss.

3 “(5) The term ‘newborn, infant, and young
4 childhood hearing screening’ means objective physio-
5 logic procedures to detect possible hearing loss and
6 to identify newborns, infants, and young children up
7 to the age of three who require further audiologic
8 evaluations and medical evaluations.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) STATEWIDE NEWBORN, INFANT, AND
11 YOUNG CHILDHOOD HEARING SCREENING, EVALUA-
12 TION AND INTERVENTION PROGRAMS AND SYS-
13 TEMS.—For the purpose of carrying out subsection
14 (a), there are authorized to be appropriated to the
15 Health Resources and Services Administration
16 \$17,800,000 for each of fiscal years 2018 through
17 2022.

18 “(2) TECHNICAL ASSISTANCE, DATA MANAGE-
19 MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-
20 EASE CONTROL AND PREVENTION.—For the purpose
21 of carrying out subsection (b)(1), there are author-
22 ized to be appropriated to the Centers for Disease
23 Control and Prevention \$10,800,000 for each of fis-
24 cal years 2018 through 2022.

1 “(3) TECHNICAL ASSISTANCE, DATA MANAGE-
2 MENT, AND APPLIED RESEARCH; NATIONAL INSTI-
3 TUTE ON DEAFNESS AND OTHER COMMUNICATION
4 DISORDERS.—No additional funds are authorized to
5 be appropriated for the purpose of carrying out sub-
6 section (b)(2). Such subsection shall be carried out
7 using funds which are otherwise authorized (under
8 section 402A or other provisions of law) to be appro-
9 priated for such purpose.”.

○



S. 652

One Hundred Fifteenth Congress of the United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday,
the third day of January, two thousand and seventeen*

An Act

To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Early Hearing Detection and Intervention Act of 2017”.

SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

(a) SECTION HEADING.—The section heading of section 399M of the Public Health Service Act (42 U.S.C. 280g–1) is amended to read as follows:

“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.”.

(b) STATEWIDE SYSTEMS.—Section 399M(a) of the Public Health Service Act (42 U.S.C. 280g–1(a)) is amended—

(1) in the subsection heading, by striking “NEWBORN AND INFANT” and inserting “NEWBORN, INFANT, AND YOUNG CHILD”;

(2) in the matter preceding paragraph (1)—

(A) by striking “newborn and infant” and inserting “newborn, infant, and young child”; and

(B) by striking “providers,” and inserting “providers (including, as appropriate, education and training of family members),”;

(3) in paragraph (1)—

(A) in the first sentence—

(i) by striking “newborns and infants” and inserting “newborns, infants, and young children (referred to in this section as ‘children’)”; and

(ii) by striking “and medical” and all that follows through the period and inserting “medical, and communication (or language acquisition) interventions (including family support), for children identified as deaf or hard-of-hearing, consistent with the following:”;

(B) in the second sentence—

(i) by striking “Early” and inserting the following:

“(A) Early”;

(ii) by striking “and delivery of” and inserting “, and delivery of,”;

(iii) by striking “by schools” and all that follows through “programs mandated” and inserting “by organizations such as schools and agencies (including community, consumer, and family-based agencies), in health care settings (including medical homes for children), and in programs mandated”; and

(iv) by striking “hard of hearing” and all that follows through the period and inserting “hard-of-hearing children.”; and

(C) by striking the last sentence and inserting the following:

“(B) Information provided to families should be accurate, comprehensive, up-to-date, and evidence-based, as appropriate, to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate.

“(C) Programs and systems under this paragraph shall offer mechanisms that foster family-to-family and deaf and hard-of-hearing consumer-to-family supports.”;

(4) in paragraph (2), by striking “To collect” and all that follows through the period and inserting “To continue to provide technical support to States, through one or more technical resource centers, to assist in further developing and enhancing State early hearing detection and intervention programs.”; and

(5) by striking paragraph (3) and inserting the following:

“(3) To identify or develop efficient models (educational and medical) to ensure that children who are identified as deaf or hard-of-hearing through screening receive follow-up by qualified early intervention providers or qualified health care providers (including those at medical homes for children), and referrals, as appropriate, including to early intervention services under part C of the Individuals with Disabilities Education Act. State agencies shall be encouraged to effectively increase the rate of such follow-up and referral.”.

(c) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH.—Section 399M(b)(1) of the Public Health Service Act (42 U.S.C. 280g–1(b)(1)) is amended—

(1) in the first sentence—

(A) by striking “The Secretary” and inserting the following:

“(A) IN GENERAL.—The Secretary”;

(B) by striking “to complement an intramural program and” and inserting the following: “or designated entities of States—

“(i) to develop, maintain, and improve data collection systems related to newborn, infant, and young child hearing screening, evaluation (including audiologic, medical, and language acquisition evaluations), diagnosis, and intervention services;”;

(C) by striking “to conduct” and inserting the following:

“(ii) to conduct”; and

(D) by striking “newborn” and all that follows through the period and inserting the following: “newborn, infant,

and young child hearing screening, evaluation, and intervention programs and outcomes;

“(iii) to ensure quality monitoring of hearing screening, evaluation, and intervention programs and systems for newborns, infants, and young children; and

“(iv) to support newborn, infant, and young child hearing screening, evaluation, and intervention programs, and information systems.”;

(2) in the second sentence—

(A) by striking the matter that precedes subparagraph (A) and all that follows through subparagraph (C) and inserting the following:

“(B) USE OF AWARDS.—The awards made under subparagraph (A) may be used—

“(i) to provide technical assistance on data collection and management, including to coordinate and develop standardized procedures for data management;

“(ii) to assess and report on the cost and program effectiveness of newborn, infant, and young child hearing screening, evaluation, and intervention programs and systems;

“(iii) to collect data and report on newborn, infant, and young child hearing screening, evaluation, diagnosis, and intervention programs and systems for applied research, program evaluation, and policy improvement.”;

(B) by redesignating subparagraphs (D), (E), and (F) as clauses (iv), (v), and (vi), respectively, and aligning the margins of those clauses with the margins of clause (i) of subparagraph (B) (as inserted by subparagraph (A) of this paragraph);

(C) in clause (v) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking “newborn and infant” and inserting “newborn, infant, and young child”; and

(ii) by striking “language status” and inserting “hearing status”; and

(D) in clause (vi) (as redesignated by subparagraph (B) of this paragraph)—

(i) by striking “sharing” and inserting “integration and interoperability”; and

(ii) by striking “with State-based” and all that follows through the period and inserting “across multiple sources to increase the flow of information between clinical care and public health settings, including the ability of States and territories to exchange and share data.”.

(d) COORDINATION AND COLLABORATION.—Section 399M(c) of the Public Health Service Act (42 U.S.C. 280g–1(c)) is amended—

(1) in paragraph (1)—

(A) by striking “consult with” and inserting “consult with—”;

(B) by striking “other Federal” and inserting the following:

“(A) other Federal”;

(C) by striking “State and local agencies, including those” and inserting the following:

“(B) State and local agencies, including agencies”;

(D) by striking “consumer groups of and that serve” and inserting the following:

“(C) consumer groups of, and that serve,”;

(E) by striking “appropriate national” and inserting the following:

“(D) appropriate national”;

(F) by striking “persons who are deaf and” and inserting the following:

“(E) individuals who are deaf or”;

(G) by striking “other qualified” and inserting the following:

“(F) other qualified”;

(H) by striking “newborns, infants, toddlers, children,” and inserting “children,”;

(I) by striking “third-party” and inserting the following:

“(G) third-party”; and

(J) by striking “related commercial” and inserting the following:

“(H) related commercial”; and

(2) in paragraph (3)—

(A) by striking “States to establish newborn and infant” and inserting the following: “States—

“(A) to establish newborn, infant, and young child”;

(B) by inserting a semicolon after “subsection (a)”;

(C) by striking “to develop” and inserting the following:

“(B) to develop”.

(e) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Section 399M(d) of the Public Health Service Act (42 U.S.C. 280g–1(d)) is amended—

(1) by striking “which” and inserting “that”;

(2) by striking “newborn infants or young”; and

(3) by striking “parents” and inserting “parent’s”.

(f) DEFINITIONS.—Section 399M(e) of the Public Health Service Act (42 U.S.C. 280g–1(e)) is amended—

(1) in paragraph (1)—

(A) by striking “(1)” and all that follows through “to procedures” and inserting the following:

“(1) The term ‘audiologic’, when used in connection with evaluation, means procedures—”;

(B) by striking “to assess” and inserting the following:

“(A) to assess”;

(C) by striking “to establish” and inserting the following:

“(B) to establish”;

(D) by striking “auditory disorder;” and inserting “auditory disorder.”;

(E) by striking “to identify” and inserting the following:

“(C) to identify”;

(F) by striking “options” and all that follows through “linkage” and inserting the following: “options, including—

“(i) linkage”;

(G) by striking “appropriate agencies,” and all that follows through “national” and inserting the following: “appropriate agencies”;

- “(ii) medical evaluation;
- “(iii) assessment for the full range of assistive hearing technologies appropriate for newborns, infants, and young children;
- “(iv) audiologic rehabilitation treatment; and
- “(v) referral to national”; and
- (H) by striking “parent, and education” and inserting “parent, family, and education”;
- (2) by striking paragraph (2);
- (3) by redesignating paragraphs (3) through (6) as paragraphs (2) through (5);
- (4) in paragraph (2) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “refers to providing” and inserting the following: “means—
 - “(A) providing”;
 - (B) by striking “with hearing loss, including nonmedical services,” and inserting “who is deaf or hard-of-hearing, including nonmedical services”;
 - (C) by striking “ensuring that families of the child are provided” and inserting the following:
 - “(B) ensuring that the family of the child is—
 - “(i) provided”;
 - (D) by striking “language and communication options and are given” and inserting the following: “language acquisition in oral and visual modalities; and
 - “(ii) given”; and
 - (E) by striking “their child” and inserting “the child”;
 - (5) in paragraph (3) (as redesignated by paragraph (3) of this subsection), by striking “(3)” and all that follows through “decision making” and inserting “The term ‘medical evaluation’ means key components performed by a physician including history, examination, and medical decisionmaking”;
 - (6) in paragraph (4) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “refers to” and inserting “means”;
 - (B) by striking “and/or surgical” and inserting “or surgical”; and
 - (C) by striking “of hearing” and all that follows through “disorder” and inserting “for hearing loss or other medical disorders”; and
 - (7) in paragraph (5) (as redesignated by paragraph (3) of this subsection)—
 - (A) by striking “(5)” and all that follows through “refers to” and inserting “(5) The term ‘newborn, infant, and young child hearing screening’ means”; and
 - (B) by striking “and infants” and inserting “, infants, and young children under 3 years of age”.
- (g) AUTHORIZATION OF APPROPRIATIONS.—Section 399M(f) of the Public Health Service Act (42 U.S.C. 280g–1(f)) is amended—
 - (1) in paragraph (1), by striking “such sums” and all that follows through the period and inserting “\$17,818,000 for fiscal year 2018, \$18,173,800 for fiscal year 2019, \$18,628,145 for fiscal year 2020, \$19,056,592 for fiscal year 2021, and \$19,522,758 for fiscal year 2022.”; and
 - (2) in paragraph (2), by striking “such sums” and all that follows through the period and inserting “\$10,800,000 for fiscal

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year 2018, \$11,026,800 for fiscal year 2019, \$11,302,470 for fiscal year 2020, \$11,562,427 for fiscal year 2021, and \$11,851,488 for fiscal year 2022.”.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*

ISSUE BRIEF

Early Hearing Detection and Intervention Act

Senators Rob Portman (R-OH) and Tim Kaine (D-VA) introduced S. 652, the Early Hearing Detection and Intervention Act of 2017 in the Senate while Representatives Brett Guthrie (R-KY) and Doris Matsui (D-CA) introduced H.R. 1539, companion legislation in the House. To ensure the continued success of existing EHDI programs, this legislation will make a number of key improvements, including expanding EHDI programs to include young children, clarifying the roles of the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA), and improving access to appropriate follow-up and intervention services when hearing loss is identified. The bill calls for the reauthorization of the EHDI programs over the next five years.

- When the legislation was first approved in 2000, 44% of newborns were screened for hearing loss. Since the successful implementation of EHDI programs, this number has increased to approximately 97% of all newborns.
- Effective hearing screening and early intervention programs must be in place to identify hearing levels in deaf and hard of hearing newborns, infants, toddlers, and young children so that they may access appropriate early intervention programs in a timely manner. There is an urgent need to develop better systems to reduce the number of children who are lost to follow up and ensure this access to early intervention programs.
- The success of newborn, infant, and young children hearing screening programs depends on follow-up services and connecting families to early intervention programs. It is critical that these screening programs be connected to pediatric audiology services, family support, early intervention options that ensure linkage to any new and existing state-wide systems of intervention, and habilitation and rehabilitation treatment services for newborns, infants and young children who are deaf or hard of hearing.
- This bill describes the function of HRSA in developing and monitoring the efficacy of state-wide hearing screening programs and systems; the prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children confirmed to be deaf or hard of hearing.
- This bill defines the role of the CDC in the development, maintenance, and improvement of data tracking and surveillance systems on newborn, infant and young childhood hearing screenings, audiologic and medical examinations, and early intervention services.
- The bill would enable the National Institutes of Health (NIH) to continue a program of research and development related to early hearing detection and intervention.
- The bill will not authorize any *new* money – instead it will be reauthorized at previous existing rates.

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

Rev 10/19/17

Month	Date	Description
November 2017	11 9-11 23/24	State Holiday – Office Closed – Veteran’s Day ASHA Convention – Los Angeles, CA State Holiday – Office Closed – Thanksgiving Holiday
December 2017	25	State Holiday – Office Closed - Christmas Day
January 2018	1 15 27	State Holiday – Office Closed – New Year’s Day State Holiday – Office Closed – Martin Luther King Jr. Day Practical Examination
February 2018	8-9 19	Board & Committee Meeting – Sacramento, CA State Holiday – Office Closed – Presidents Day
March 2018	22-25 31	CSHA Convention - Sacramento State Holiday – Office Closed – Caesar Chavez Day
April 2018	18-21 21	America Academy of Audiology – Nashville, TN Practical Examination
May 2018	3-5 10-11 28	HHP Annual Conference – Indian Wells, CA Board & Committee Meetings – Bay Area State Holiday – Office Closed – Memorial Day
June 2018		

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

Rev. 10/19/17

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