

HEARING AID DISPENSING COMMITTEE
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025

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

Tod Borges, Committee Chair, called the Hearing Aid Dispensing Committee (Committee) meeting to order on May 15, 2025, at 1:00 p.m. Mr. Borges called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present

Tod Borges, Hearing Aid Dispenser, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist
Amy White, Dispensing Audiologist

Staff Present

Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Mr. Borges asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in Business and Professions Code (BPC) Sections 2538.11, 2538.36, and 2539.6 and Title 16, California Code of Regulations (CCR) Sections 1399.125 and 1399.126

Mr. Borges invited Maria Liranzo to provide an update on discussion and possible action regarding postfitting counseling and foreign body in the ear canal. Ms. Liranzo provided a background and summary of changes to the proposed regulatory text.

Ms. Liranzo asked the committee if it should amend the definition of "foreign body" in CCR section 1399.126(b) which addresses some clarity issue that might arise during the rulemaking process.

Mr. Borges asked if a more detailed definition would be used instead. Ms. Liranzo replied that is the recommendation and said that the current definition states that a complete and intact hearing aid and hearing aid dome are not a foreign body when in fact they are non-organic objects or materials that is not a natural part of the human body. Ms. Liranzo said "foreign body" will be defined to remove this statement; add exceptions so as to not restrict a person properly licensed or registered under the law and operating within their scope of practice or supervising someone within their scope of practice from removing complete and intact hearing aids, ear mold impressions, and hearing aid

domes; and continue to require the removal of hearing aid domes to comply with CCR section 1399.125.

Mr. Borges asked for Committee discussions.

Dr. Amy White asked if the ear bowl should be specified with the ear canal. Mr. Borges replied that it is not necessary because the focus is on the ear canal. Ms. Liranzo stated that the ear canal is further in the ear which implies that the object from the ear bowl can be removed. Dr. Charles Sanders said that the words "ear lobe" can be removed. Dr. White and Mr. Borges expressed agreement with removal of the words.

Dr. Sanders asked if hearing aid filters should be added to an item that could be removed by a hearing aid dispenser. Mr. Borges replied that it should be out of the scope of a hearing aid dispensers because of its size.

Dr. White asked why it would need to be removed. Dr. Sanders replied that it could fall out into the ear canal. Mr. Borges said that he has not seen hearing aid filters in ears, but the text should focus on hearing aid domes.

Dr. White asked if the words "with the exception of" need to be used in CCR section 1399.126(b) or does paragraphs (1), (2), and (3) cover any exceptions to the definition. Cherise Burns replied that the text clarifies the "foreign body" hearing aid dispensers can remove and defers to Grace Arupo Rodriguez. Ms. Rodriguez said that the text is saying that a "foreign body" is paragraphs (1), (2), and (3) and anything else is not a foreign body, and asked if there are other items that should be added to the list. Mr. Borges replied that hearing aid filter is not being listed so as to exclude it.

Dr. White asked if dams should be added or is it a part of the ear impression. Mr. Borges replied that he considered it as a part of the ear impression. Dr. White said that it could theoretically be possible for it to fall out. Ms. Rodriguez said that if it can theoretically fall out then it should be added to the text.

Ms. Burns asked if the generic name is "dam" or "otoblock." Ms. Liranzo asked if the text should say "all the materials used to create an ear mold impression." Mr. Borges replied that this is the only other item. Dr. White replied that there can be a blow-by and silicon material can get stuck in the ear canal. Mr. Borges said that this is part of the ear mold impression and would probably be beyond the second bend of the ear canal. Dr. White said that otoblock might be the current word and ear dam might be an older word. Ms. Rodriguez asked if both are used. Ms. Burns replied that they are not. Ms. Rodriguez clarified that she meant the use of the words and if both should be used. Ms. Rodriguez recommended that the generic word should be used. Ms. Burns said that it should be ear dam instead of otoblock.

Ms. Rodriguez said that there are some inconsistencies in the text with the words "patient" and "client" being used interchangeably, and recommended that it be corrected. Ms. Burns said that the word "client" should be used. Mr. Borges said the word "consumer" is also acceptable.

Mr. Borges asked if the word "congenital" needed to be in the text. Dr. Tamara Chambers replied that it should because a person could seek services with a congenital deformity and not traumatic such as anotia or partial ear.

Mr. Borges asked if it was restrictive to limit the written verification to be signed by an otolaryngologist and said that there are physicians who take out items out of ears like pediatrician or emergency room doctors. Mr. Borges said that it may be a barrier to a dispenser in rural area. Dr. White replied that not many other types of physicians have much experience working in the ears like dispensers and audiologists. Dr. White said that, if it's for the purpose of verifying that this is done safely and competently; then, it should be done by someone who frequently works in the ear and deferred to Dr. Chambers to comment on the question. Dr. Chambers said that medical schools may not be providing training on the removal of objects from an ear canal and said that she doesn't believe this is done by non- otolaryngologist physicians frequently nor is it safe to recommend that it be done by anyone else. Mr. Borges expressed concern that it would be restrictive. Ms. Burns commented on how speech-language pathologists are providing supervision and verification in group settings to comply with the flexible fiber optic transnasal endoscopic procedure requirements. Ms. Rodriguez commented on balancing consumer protection and barriers in the professions. Ms. Rodriguez said that change should be considered if they impact a consumer from receiving proper care. Dr. White said that she believes there are plenty of audiologists or otolaryngologists accessible to not create any barriers.

Ms. Burns said that Board staff will bring a clean copy of the text at a future meeting.

Mr. Borges asked for public comment. There were no comments from the public, outside agencies, or associations.

4. Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119.

Mr. Borges invited Ms. Burns to provide a background regarding hearing aid dispenser trainee supervision and operations at primary and branch locations of their supervisor.

Mr. Borges asked who would need a branch license. Ms. Burns replied that it would be the supervisor not the trainee who would need a branch license and the supervisor would need a branch license for every location the trainee provides services. Dr. Sanders said that he had branch licenses for every location for a company he worked for so that he can be available to sell at any location even though he never went to some of the locations during his time with that company.

Dr. White asked what the words "manage," "independently operate," or "maintain" mean. Ms. Liranzo replied that the words "manage" and "independently operate" are being defined in the proposed regulatory text regarding trainee supervision. Mr. Borges said that many businesses have dispensers sell or supervise trainees at different locations that are not their primary place of business. Ms. Burns said that BPC section 2538.34 allows dispensers to sell without a branch license if it truly is temporary and they are done by notifying the Board in writing.

Dr. Sanders asked what the definition for the word "maintaining" would be. Ms. Burns replied that it would be operating the business such as ensuring the lights are on and consumers are getting the right fees. Mr. Borges said he believes that this is different from showing up to help consumers because the dispenser of that office is on vacation. Ms. Burns clarified that a dispenser showing up to help consumers for a short period of time wouldn't need a branch license and would need to notify the Board in writing that they're at another location temporarily. Mr. Borges said that

dispensers may want to get a branch license for convenience because they may be at another location temporarily a couple times a year. Ms. Rodriguez said that Legal can help the Board define words like “maintain” and “temporary” to address any concerns raised.

Mr. Borges asked if the word “maintain” can be replaced. Ms. Burns replied that it would have to be done through the Legislature and said that the Board is going through Sunset next year and can clarify any words. Dr. White said that “temporary” should be clarified to mean if it is either temporary on a recurring or non-recurring basis. Ms. Burns said that staff found a website advertising a trainee as the only person at that place of business when it should also include their supervisor. Dr. White said that the proposed regulatory changes regarding trainee supervision should address that issue. Mr. Borges said that trainees can work at a branch location without supervision. Ms. Burns said they are not without supervision but the supervision is “indirect.”

Mr. Borges asked what the geographical limit is for “indirect” supervision. Ms. Burns replied that this is not specified in the definition. Mr. Borges said a trainee under “indirect” supervision at a branch location would not have a supervisor onsite. Dr. White said that this situation raises the question of what the definition of “manage” and “operate” is and if this is what a trainee is doing. Mr. Borges said that licensees are often employees of a business that is owned and operated by a company and not necessarily by the licensee with a branch license.

Ms. Rodriguez asked if the Board would like to define the word “maintain” or address it another way. Mr. Borges replied that he would like to go back to it after a definition has been drafted for the word “maintain.”

Dr. Chambers asked what it means to be a trainee. Ms. Burns replied that it is a six-month license to get the training and experience to pass both the written and practical examination and said that the license can be extended twice for a total of 18 months but the written examination has to be taken within the first 12 months after the license was issued. Ms. Burns further said that a trainee can continue to take the examination after their license expired and reapply for a trainee license after three years.

Mr. Borges asked if there was a limit to how many times a person can take the examination. Ms. Burns replied that there are none and said that a person can continue to take the examination after their trainee license expires but can no longer dispense hearings aids. Ms. Burns further said that some of them will become officer managers until they can pass the examinations or re-apply for a trainee license. Mr. Borges said to Dr. Chambers that most trainees will pass both the written and practical examination within a year.

Mr. Borges asked for public comment. There were no comments from the public, outside agencies, or associations.

5. Adjournment

The meeting adjourned at 1:57 p.m.

AUDIOLOGY PRACTICE COMMITTEE
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025

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

Dr. Amy White, Committee Chair, called the Audiology Practice Committee (Committee) meeting to order on May 15, 2025, at 1:58 a.m. Dr. White called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present

Amy White, Dispensing Audiologist, Committee Chair
Karen Chang, Public Member
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist

Staff Present

Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Dr. White asked for public comment for items not on the agenda.

Dr. Jody Winzelberg, Interim Program Director of San Jose State University's Audiology Program, asked if the Committee could revisit the hearing aid dispensing examination requirement for dispensing audiologists and the elimination of the practical examination. Dr. Winzelberg recommended that questions regarding contract laws and laws related to the dispensing of hearing aids be added to the written examination.

3. Overview and Discussion of Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

Dr. White invited Cherise Burns to provide a background on the potential creation of an audiology assistant license type in response to a letter received from the California Academy of Audiology (CAA). Ms. Burns provided a background on the Sunrise process to create a new license type and identified consumer protection and licensing issues. Ms. Burns commented on how new license types are created by professional associations such as the creation of the psychological testing technician registration that was sponsored by the California Psychological Association.

Dr. White asked if the recommendation is that a professional association sponsors a bill to create an audiology assistant license type and not the Board. Ms. Burns replied that this is her recommendation based how new license types are created in other boards. Dr. White commented on the creation of the psychological testing technician registration and the questions asked in the Sunrise questionnaire.

Dr. Charles Sanders asked at what point in the process the Board becomes involved if a professional association sponsors a bill to create an audiology assistant license type. Ms. Burns replied that the Board would provide technical assistance while the professional association is sponsoring the bill. Ms. Burns said that the Board can create regulations, if necessary, once the legislation passes. Ms. Burns further said that the language for psychological testing technicians was very specific and it was self-implementing in that it required no regulations once the legislation passed.

Dr. White asked the Committee if it wishes to recommend a professional association to sponsor a bill to create an audiology assistant license type. Karen Chang expressed agreement with the recommendation. Dr. Tamara Chambers expressed agreement with the recommendation and said that there needs to be specific language to distinguish assistants from aides. Dr. White said that the professional association who will sponsor this bill should look at the speech-language pathology assistant (SLPA) regulations in regard to supervision, education, and experience requirements when considering language for the bill.

Dr. Sanders asked how the Board is going to respond to CAA's request and if the response is going to be formal and recommended CAA seek to create an audiology assistant license type. Ms. Burns replied that CAA asked for the topic to be added to a future agenda and the Committee may wish to make a recommendation to the Board whether or not it should seek to create an audiology assistant license type or if it should be a professional association.

Dr. White asked for public comment.

Dr. Marcia Raggio, Northern California Legislation Liaison for the California Academy of Audiology, thanked the Board and their staff for compiling the documents included in the meeting materials. Dr. Raggio commented on the problems of identifying what an aide can or can't do, and aides providing services with no training or supervision. Dr. Raggio asked if the Board would be able to provide technical assistance with information related to fiscal impact. Dr. Raggio also asked if there were any attempts to sunrise the SLPA license type. Dr. Raggio also asked if there were any consumer complaints with the issue of SLPAs.

Dr. Winzelberg thanked the Board and their staff for preparing this agenda item and commented on past experience working on legislation with the Board. Dr. Winzelberg said that there isn't a defined set of criteria for aides that could be understood. Dr. Winzelberg commented on modeling an audiology assistant license type to SLPA licensure. Dr. Winzelberg said that it should be taken further by looking at the hearing aid dispensers trainee who can be trained to do an otoscopy and perform pure tone testing with a high school diploma and training from a licensed hearing aid dispenser. Dr. Winzelberg asked why a hearing aid dispenser can train a trainee to perform services that an aide cannot perform.

Ms. Burns said that professional associations are welcome to ask the Board for technical assistance on how costs are calculated and can ask for technical assistance from other boards or professional associations who were involved in the creation of a new license type. Ms. Burns also said that the Board has no record of a sunrise process to create the SLPA license and is not aware of any complaints to the creation of this license type.

Dr. White commented on problems of identifying what an aide can or can't do and asked if there were similar concerns when the SLPA license was created or did aides exist. Ms. Burns replied that there was speech-language pathology aides before the SLPA license type was created and said that a grandfather clause was included when the SLPA license type was created to allow aides to become SLPAs during a specified period of time. Ms. Burns also said that there are proposed regulatory changes regarding aides that will come to the Board at a future meeting which specifies what is outside their scope. Ms. Burns also said that a hearing aid dispensing trainee should be seen as an equivalent to an audiology extern or required professional experience temporary licensee. Ms. Burns also said that a trainee is an 18-month license that allows them to accrue the experience necessary for full licensure as a hearing aid dispenser. Ms. Burns further said that required professional experience is one year for that same purpose despite the differences in education requirement. Dr. White commented on the Board's proposed regulatory changes regarding the supervision of trainees.

Dr. White asked if the Board or its committee will have an opportunity to give input before a bill is introduced. Dr. Sanders asked if that is what Dr. Raggio meant about fiscal impact. Ms. Burns replied that the Board will provide technical assistance before and during the legislative process when requested. Dr. Sanders said that the professional association should also have discussions with other professional associations such as hearing aid dispensers when drafting the language for the bill.

Ms. Burns read a written comment from Debra Clark at Pacific Hearing Service in Los Altos. Dr. Clark commented on the lack of clarity around aides and the negative impact it has to patient care and in the profession. Dr. Clark recommended that the Board clarifies the role of aides in such a way that it can stay current with changing technology and provided examples of tasks and level of supervision that could be considered.

Dr. Sanders commented on the importance of clearly defining each license type. Dr. White commented on how technicians are used at Veterans Affairs and said that they are highly trained, serve patients extraordinary well, and allow for access to care that wouldn't exist otherwise. Dr. White further commented on requirements for different license types and recommended using SLPA as a model for creating an audiology assistant license type. Dr. Sanders commented on a grandfather clause for people with a certain level of experience and said that technicians at Veterans Affairs should be considered when creating this clause. Dr. White said that technicians at Veterans Affairs may be interested in this license type and expressed agreement to see how they can be considered whether it's through a grandfather clause or equivalency.

Dr. Chambers asked if it was possible to elevate the role of an aide. Dr. White replied that aides don't have formal education or training requirements which restricts them from performing the services an audiologist would like them to and formal education or training requirements would provide a more clear level of consumer protection.

Dr. Chambers asked if there is space for both license type. Ms. Burns replied that the Board would still register speech-language pathology aides and commented on where they work and what they do. Dr. Sanders commented on how Veterans Affairs works and the different levels, roles, and responsibilities which a person can move their way up through certification and training. Dr. White said to Dr. Chambers that audiology may see what speech-language pathology did in that there will still be a few aides registering with the Board.

Dr. White asked if Board staff can bring this item back to the Committee for discussion on the questions included in the meeting materials and asked if professional associations could provide the Committee with their questions. Mr. Burns noted the request.

Charles Sanders moved to recommend that the Board does not seek to create an audiology assistant license type as referenced in the California Academy of Audiology's letter dated January 9, 2025.

Tamara Chambers seconded the motion.

The motion carried 4-0. (Ayes: White, Chang, Chambers, Sanders)

4. Adjournment

The meeting adjourned at 3:11 p.m.

**SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE
Sacramento, Glendora, and City of Industry, CA
Thursday, May 15, 2025**

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

Gilda Dominguez, Committee Chair, called the Speech-Language Pathology Practice Committee (Committee) meeting to order on May 15, 2025, at 3:27 p.m. Ms. Dominguez called roll; two members of the Committee were present and thus a quorum was established.

Committee Members Present

Gilda Dominguez, Speech-Language Pathologist, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member

Staff Present

Cherise Burns, Executive Officer
Maria Liranzo, Legislation/Regulation/Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Grace Arupo Rodriguez, DCA Regulatory Counsel

2. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants as Stated in Title 16, CCR section 1399.170.3

Ms. Dominguez invited Maria Liranzo to discuss possible action to amend regulations regarding scope of responsibility, duties, and functions of speech-language pathology assistants.

Ms. Liranzo provided a background and Board staff response to requested information.

Ms. Dominguez asked if speech-language pathology assistant (SLPA) programs are not offering courses on swallowing disorder and feeding but Occupational Therapy Assistant (OTA) programs are. Ms. Liranzo replied that this is correct. Ms. Dominguez commented on the meeting materials provided including what other professions and states are doing, and what professional organizations require.

Ms. Dominguez asked if the profession is limiting itself when there is another profession working with feeding and swallowing disorders. Cherise Burns replied that when the SLPA curriculum began it may have covered speech therapy more than swallowing as that was the need at the time. Ms. Burns said that SLPA programs may not be currently set up to train and teach SLPAs on feeding and swallowing because it wasn't the need when SLPA licensure was created. Ms. Dominguez said that it would appear that the Board could do something different from other states if it decides to amend the regulations. Ms. Burns said that it is because it was never integrated in SLPA curriculum thought it is within the practice of speech-language pathology. Ms. Dominguez said that it is a barrier that it is not included in the SLPA curriculum when it is in the OTA curriculum.

Ms. Dominguez asked how it could be included in the SLPA curriculum. Ms. Burns replied that the Board would want to engage with the SLPA programs to ask why it is not being offered and what it would take for it to be included. Ms. Burns said that statutory or regulatory changes may need to be considered if it should be part of the SLPA curriculum the Board approves.

Ms. Burns asked if this is something that all SLPAs need to know or is this an area of specialty that some SLPAs need know and would need to gain additional training and meet some level of competency and verification. Ms. Liranzo said changes to SLPA curriculum would only apply to SLPA programs in California not out-of-state SLPA programs. Ms. Liranzo also said that there is no SLPA program accreditation and should be something to be considered when determining where the requirements should go especially for out-of-state SLPAs. Dr. Tamara Chambers said that it is interesting that it hasn't been part of the SLPA curriculum for all this time and commented on the opportunity to improve the practice if this is something SLPA can perform. Dr. Chambers also said that this would be within their scope provided that they are trained but wasn't sure if this would apply to all SLPAs or SLPAs working in certain settings. Ms. Dominguez commented on SLPAs being able to partner with speech-language pathologists in patient care if trained to have the same verbiage and understanding of documentations, risks, precautions, and safety guidelines.

Ms. Dominguez asked if staff could explain more about occupational therapists working under the supervision of a speech-language pathologist (SLP) needing to be a registered speech-language pathology aide. Ms. Liranzo replied that the Board of Occupational Therapy provided the information that occupational therapists are being supervised by other occupational therapists or physicians and not by SLPs, and the Board of Occupational Therapy has been informed that registration as an aide is required for occupational therapists working under the supervision of a SLP. Ms. Burns said that this registration as an aide is not an issue as occupational therapists are being supervised by other occupational therapists or physicians.

Ms. Dominguez said, in response to the discussion questions included the meeting materials, that SLPA programs should cover swallowing and feeding, and asked what that would look like. Ms. Liranzo replied that this can be included in a regulatory proposal to clean up the SLPA

curriculum that was already identified and said that this would only apply to SLPA programs in California and not out-of-state SLPA programs. Ms. Burns said that it also would not apply to bachelor's degree programs.

Dr. Chambers asked if those who are out-of-state would need to get something in this state. Ms. Burns replied that they can get their degree and field work experience out of state to apply for licensure in this state.

Dr. Chambers asked if a licensure requirement could be added. Ms. Burns replied that it would not be typical to specify requirement for a particular skill for an entire license population.

Dr. Chambers asked if a SLPA would need some level of supervised experience to get into this field. Ms. Burns replied that this would be similar to what the Board has for flexible endoscopic evaluation of swallowing where a level of competency must be demonstrated.

Ms. Dominguez asked if this would be similar to the advance level of OTA who are not required to be verified or signed off. Ms. Burns replied that they don't need verification because it is already part of their program curriculum and said that is not the case for SLPA programs. Ms. Burns also said that a majority of SLPAs do not have education or training on it and the Board would want to think what requirements are necessary to safely perform it.

Ms. Dominguez said, in response to the discussion questions included the meeting materials, that SLPAs should have a minimum number of hours of supervised experience that allow them to perform the procedure on patients with various conditions and severity. Ms. Dominguez also said that the supervised experience should be under "immediate" supervision with a documented clearance by a SLP who deems them competent.

Ms. Liranzo asked how long it would take for a SLPA to be able to safely perform this procedure. Dr. Chambers replied that occupational therapists are required to completed 240 hours for advanced practice certification and said that SLPAs should be model the same way. Dr. Chambers further said that 240 hours would be about a month if performed eight hours a day.

Ms. Burns asked if there should be a course or training required. Ms. Dominguez replied there should be and said that it should be provided by SLPA programs like OTA. Ms. Liranzo said that it may not have been a part of SLPA program curriculum when the SLPA license type was created because the focus may have been on speech therapy in schools. Ms. Burns commented on the reason the license type was created and the need for services in schools. Ms. Burns also said that requirement could be similar to FEES where not everyone focuses on this area of practice. Dr. Chamber said that changes in the field have changed roles and opportunities should evolve as well.

Ms. Dominguez commented on the setting this should be performed in, such as outpatient clinic and private clinic. Ms. Burns commented on other settings such as facilities licensed by the Department of Public Health and hospice. Ms. Dominguez said that certain payers don't recognize SLPAs as skilled clinicians for reimbursement and requested for information on where OTAs work.

Ms. Burns asked what level of supervision should be in place for this procedure. Ms. Dominguez replied that it should be immediate when SLPAs accrue their hours.

Ms. Burns asked what level of supervision it should be after SLPA have been verified.

Ms. Dominguez replied that it should be direct for more complicated or fragile patients and indirect if it's routine, mild, or oral phase. Ms. Dominguez said that it would have to be determined based on the severity of the disorder. Dr. Chambers expressed agreement that the supervision should be immediate when SLPAs accrue their hours. Dr. Chambers said that, after the SLPA has completed the hours, they should seek the approval of the SLP to perform the procedure each time.

Ms. Dominguez expressed agreement with requiring approval each time to perform the procedure and said that it should be documented. Ms. Dominguez said that SLPA should perform within the treatment plan and notify the SLP if they couldn't proceed.

Ms. Dominguez commented on tasks SLPAs could perform such as queuing the strategies, posturing, and maneuvering. Dr. Chambers asked if they are not doing this already. Ms. Dominguez replied that SLPAs can't do anything that has to do with bolus material or at least they shouldn't be. Dr. Chambers said that this regulation will allow the Board to regulate and make sure that this procedure is being performed in a safe manner if people are already doing it. Ms. Burns said that SLPAs who are doing this right now would be in trouble with the Board if a complaint was received. Dr. Chambers commented on maintaining public safety by having levels of expectations, training, and supervision.

Ms. Burns said that a lot of question 3 was already discussed and noted that the Committee requested Board staff to see where OTAs work. Ms. Dominguez expressed agreement with Ms. Burns.

Ms. Burns asked if this should be performed in a setting with a specified emergency backup procedure. Ms. Dominguez and Dr. Chambers replied that it should.

Ms. Burns asked what contraindications would prohibit SLPAs from providing this procedure such as cases of severe movement disorders, severe agitation, inability to cooperate with the examination, and anatomical deviations (e.g., head/neck, digestive tract). Ms. Dominguez replied that it should be outside of the SLPA's scope of responsibility, especially since there is no education and it is not part of the SLPA program curriculum. Dr. Chambers expressed agreement with the contraindications.

Ms. Liranzo asked if the Committee would like Board staff to draft regulatory text. Ms. Dominguez replied that drafting text would be helpful while having conversations with community colleges. Ms. Liranzo noted the request.

Ms. Dominguez asked if the date in the second paragraph of the memorandum is correct. Ms. Burns replied that it should say 2024 and not 2023.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

4. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements as Stated in Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Ms. Dominguez invited Ms. Liranzo to discuss possible action to amend regulations regarding general application requirements and speech-language pathology and audiology aide requirements.

Ms. Liranzo provided a background and summary of changes to the proposed text.

Ms. Dominguez asked if the request for alternative plans were all approved. Ms. Burns replied that some were approved but many were modified.

Ms. Dominguez asked if the modifications allow SLPs to not be physically present with the aides. Ms. Burns replied that some were direct supervision. Ms. Liranzo said that others were immediate supervision. Ms. Liranzo and Ms. Burns said that indirect supervision was mostly when the aide was cleaning or performing clerical work. Ms. Liranzo said that many different words were used to describe the type of supervision provided which can cause confusion in determining whether the SLP is in the room or not. Ms. Burns said that the application is a free form text box as well as an option to upload documents which makes it difficult to determine the training and supervision for each of the duties listed. Ms. Liranzo said that work setting was provided in the examples provided in the meeting material if it was identifiable and one example was provided as an example of someone who applied at the same time that they applied for a required professional experience temporary license. Ms. Burns said that it is difficult to review applications because of the way it is allowed to be submitted to the Board.

Ms. Dominguez asked if the text regarding alternate plan help staff to identify those working within and out of scope. Mr. Burns replied that most alternative plans had to do with SLPA work.

Ms. Dominguez asked if applications are approved or denied and not modified. Ms. Burns replied that they would be asked to modify and resubmit their supervision plans. Ms. Burns said that aides do not have regulations that specify what they cannot do and that they are provided by staff during the application review. Ms. Burns recommended removing the text regarding alternative plan to make it clear that the SLP is in the room when the aide is assisting with patients. Ms. Dominguez and Dr. Chambers expressed agreement with the recommendation.

Ms. Burns asked if there are any tasks an aide can do without a SLP in the room such as intake or questionnaires. Ms. Dominguez replied that the patient may have follow up questions that an aide would not be able to answer and would need a SLP. Ms. Liranzo said that the Committee could consider defining "immediate" or "direct" supervision that can be used when filling out the application.

Dr. Chambers asked if there is a way to add to the application tasks that will be rejected. Ms. Burns replied that it would make it clearer on what is outside the scope of an aide if a section was created in regulations. Ms. Liranzo said that it could be added to the application but it would have to be done in regulations. Ms. Burns said that there might not be a lot of information to specify what an aide cannot do. Ms. Dominguez said that having different level of supervision and defining them be helpful and consistent.

Ms. Liranzo said that CCR section 1399.154.2(c) would be amended to say, "provide immediate supervision" and asked if the only alternative of supervision is "direct" supervision or would there be a time in which "indirect" supervision is provided. Ms. Dominguez and Dr. Chambers replied that there isn't a time "indirect" supervision is provided to an aide. Ms. Dominguez said it should read, "provide immediate supervision while the speech-language pathology aide is assisting with patients" and the rest should be removed. Ms. Liranzo noted the changes. Ms. Liranzo said that "direct" supervision can be defined to say that it can be provided when the speech-language pathology aide is not assisting with patients.

Ms. Dominguez and Dr. Chambers asked if “direct” supervision would be preparing, setting up, or cleaning up the room and the SLP is onsite. Ms. Liranzo replied that would be the definition and purpose. Ms. Dominguez said that this should make it easy for Board staff to approve or request for modification if everyone is using the same words.

Dr. Chambers asked if this Committee met on December 5, 2024, and not the Audiology Practice Committee. Ms. Liranzo replied that both committees met and said that the Audiology Practice Committee met and approved the text and this Committee reviewed and discussed the text and meeting materials.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

5. Discussion and Possible Action to Recommend Amendments to Requirements for Continuing Professional Development for Speech-Language Pathology Assistants as Stated in BPC 2538.1 and Title 16, Sections 1399.170.14 and 1399.170.15

Ms. Dominguez invited Ms. Burns to recommend amendments to requirements for continuing professional development (CPD) for SLPAs. Ms. Burns provided a background on CPDs for SLPAs and questions the Committee should consider if it wishes to propose legislative changes during the Board’s Sunset Review.

Ms. Dominguez asked why these other areas were excluded as learning opportunities. Ms. Burns replied that she doesn’t know the exact reason and said that online courses were not prevalent when the SLPA license was created. Ms. Burns also said that it may have been to restrict coursework to become a SLP from being used to fulfill CPD requirements but restrictions can be specified in laws and regulations like it is done for SLPs. Ms. Dominguez said that many of the CPD providers require a person to register or pay for access to CPD like the American Speech-Language Hearing Association. Ms. Dominguez also said that it would be good to consider allowing SLPAs to take coursework through an approved CPD provider as long as there is no exclusion statement including allowing SLPAs to take online courses. Dr. Chambers expressed agreement with the Ms. Dominguez’s statement.

Ms. Burns asked if there are any CPD providers allowed for SLPs that SLPA should be allowed so long as it relates to their work as a SLPA. Ms. Dominguez replied that it should be appropriate for the work site or population they are serving. Ms. Dominguez said CPD should be for the benefit of the clients they are working with

Ms. Burns asked if there should be restrictions to college coursework toward a master’s degree if college coursework is permitted. Dr. Chambers and Ms. Dominguez replied that there should be restrictions.

Ms. Dominguez directed Board staff to draft text for the Committee to review at a future meeting.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

6. Adjournment

The meeting adjourned at 4:54 p.m.