STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
Phone: (916) 263-2666 Fax: (916) 263-2668 | www.speechandhearing.ca.gov
BROWN JR

BOARD MEETING NOTICE AND AGENDA

Hearing Room
2005 Evergreen Street
Sacramento, CA 95815
(916) 263-2666 F

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

November 3, 2016 1:00 p.m. – 5:00 p.m. (or until completion of business)

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 Possible Action on the Board's Draft Sunset Report

4. Adjournment

November 4, 2016 9:00 a.m. – 5:00 p.m. (or until completion of business)

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))

Closed Session

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

4. 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

5. Review and Approval of the August 11-12, 2016 Meeting Minutes

6. Executive Officer's Report
   a. Administration Update
   b. Budget Report
   c. Licensing Report
   d. Practical Examination Report
   e. Enforcement Report
   f. Strategic Plan Update

7. Update on Speech-Language Pathology Statewide Issues on Variable Term Waivers

8. Discussion and Possible Action on drafting and issuing a Consumer Hearing Aid Fact Sheet

9. Update on AB 2317 (Mullin) California State University: Doctor of Audiology degrees

10. Report on the Annual Conference of the National Council of State Boards of Examiners

11. Discussion on the President's Council of Advisors on Science and Technology Report: Aging America and Hearing Loss: Imperative of Improved Hearing Technologies

12. Future Agenda Items and Future Board Meeting Dates
    a. February 9-10, 2017 – Southern California
    b. May 11-12, 2017 – Bay Area
    c. August 10-11, 2017 – TBD
    d. November 9-10, 2017 - TBD

13. 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.

Section 1 –
Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the Board.[1] Describe the occupations/profession that are licensed and/or regulated by the Board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the Board's committees.

History of the Hearing Aid Dispensers Committee
In 1970, legislation was passed (Chapter 1514, Statutes of 1970) that added Section 651.4 to Division 2 of the Business and Professions Code to establish the Hearing Aid Dispensers Examining Committee (HADC), under the jurisdiction of the Medical Board of California (MBC). The intent of the HADC was to prepare, grade, and conduct examinations of applicants for a hearing aid dispenser's license. The MBC was responsible for the HADC's enforcement program including any disciplinary actions.

In 1988, legislation was passed (SB 225, Chapter 1162, Statutes of 1988), which transferred authority from the MBC to the HADC, to administer the enforcement program. The legislation also allowed hearing aid dispensers to use fictitious names for fitting and selling hearing aids but prohibited licensees from owning or having interest in a hearing aid dispensing business if their license had been suspended or revoked.

In 1996, SB 1592 (Chapter 441, Statutes of 1996) provided HADC the authority to adopt, amend, or repeal regulations related to the practice of fitting or selling hearing aid devices.

During the 1997-1998 legislative session, the HADC and the Speech-Language Pathology and Audiology Board (SPLAB) were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee). The Joint Committee raised the issue of merging the two programs, but voted against the idea. Two bills were introduced in 1998 (SB 1982 and AB 2658) which would have extended the regulation of hearing aid dispensers. One proposal merged the HADC with the SLPAB, while the other extended the sunset date of the Committee. Both bills failed and the HADC was sunset.

In 1999, the Department of Consumer Affairs (Department) assumed responsibility for regulating hearing aid dispensing.

In 2000, legislation was chaptered creating the Hearing Aid Dispensers Bureau within the Department and converting the former Commission to an Advisory Committee made up of professional members who provided input and recommendations regarding policy and regulatory issues to the Department Director.

History of the Speech-Language Pathology and Audiology Board (SLPAB)
The SLPAB (formerly a Committee) was created in 1973 and enacted in 1974 under the jurisdiction of the MBC (Chapter 5.3, Statutes of 1974, Section 2530 et seq. of the Business and Professions Code). As recently as 2010, the Board regulated the two professions, speech-language pathology (SLP) and audiology which are separate

[1] The term "Board" in this document refers to a Board, bureau, commission, committee, department, division, program or agency, as applicable. Please change the term "Board" throughout this document to appropriately refer to the entity being reviewed.

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professions with individual scopes of practice, entry-level requirements, and descriptive titles.

On July 1, 1999, the SLPAB was sunset and became a program under the Department due to the failure of Senate Bill 1982 (merger bill referenced above). Subsequently, Assembly Bill 124, introduced in the 1998-99 legislative session, passed and restored the SLPAB as a Board effective January 1, 2000.

While the SLPAB had been operating as an independent Board for many years, the statutory amendment to remove references to the MBC was officially recorded in Section 2531 of the Business and Professions Code in 2003 (SB 2021).

Merger of the Hearing Aid Dispensers Bureau and the Speech-Language Pathology and Audiology Board

On October 11, 2009, Governor Arnold Schwarzenegger signed Assembly Bill 1535 which merged the Hearing Aid Dispensers Bureau into the Speech-Language Pathology and Audiology Board to create the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) (Section 2531 Business and Professions Code), effective January 1, 2010. The newly merged Board was expanded to regulate the professions of speech-language pathology, audiology, and hearing aid dispensing.

Function of the Board

The Board serves to protect the public by licensing and regulating speech-language pathologists, audiologists, and hearing aid dispensers who provide speech and hearing services to California's consumers. The Board sets entry-level licensing standards, which includes examination requirements that measure the licensees' professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems. To ensure ongoing consumer protection, the Board enforces standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

The Board is charged with regulating Speech-Language Pathology, Audiology, and Hearing Aid Dispensing; three separate and distinct professions with their own scopes of practice, entry-level requirements, and professional settings. Speech-Language Pathologists mainly provide services to individuals with speech, voice or language disorders and swallowing disorders or impairments. Audiologists provide services to individuals with hearing, balance (vestibular), and related communicative disorders. Most audiologists are also licensed to dispense hearing aids and are called Dispensing Audiologists. Hearing Aid Dispensers provide services to individuals with impaired hearing which include hearing tests for the purposes of fitting, selection, and adaptation of hearing aids.

To balance the professional expertise and public input on the Board, the governance structure of the Board consists of two speech-language pathologists; two audiologists, one of whom must be a dispensing audiologist; two hearing aid dispensers; and a public member who must be a licensed physician and surgeon Board certified in otolaryngology. All of these members are appointed by the Governor. In addition, one public member seat is appointed by the Senate Rules Committee and one by the Speaker of the Assembly.

The Board is responsible for regulating the following 11 license types and categories:

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1. Speech-Language Pathologist [2530.2(d)-(g)] – licensed to provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.

2. Audiologist [2530.2(j)-(k)]- licensed to identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.

3. Dispensing Audiologists [2530.2(l)] – licensed to perform the duties of an Audiologist as described above and authorized to sell hearing aids.

4. Speech-Language Pathology Assistant (SLPA) [2530.2(i), 2538-2538.7] - registered paraprofessionals who complete formal education and training and serve under the direction of a license speech-language pathologist.

5. Required Professional Experience Temporary License [2532.2(d), 2532.25, & 2532.7] - speech-language pathology and audiology applicants completing required professional experience to qualify for full licensure, practicing under the supervision of a license practitioner.

6. Speech-Language Pathology/Audiology Aide [2530.2 (h)&(m)] - support personnel approved to work under the supervision of a licensed professional within the same discipline. No requirement for formal education and training, but on-the-job training must be provided.

7. Speech-Language Pathology or Audiology Temporary License [2532.3] – speech-language pathologist or audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.

8. Hearing Aid Dispenser [2538.11] – licensed to fit and sell hearing aids, take ear mold impressions, postfitting procedures, and directly observe ear and test hearing in connection with the fitting and selling hearing aids.

9. Hearing Aid Dispenser Temporary License [2538.27] – hearing dispenser, licensed in another state, who qualifies for a 12 month temporary license while seeking permanent licensure.

10. Hearing Aid Dispenser Trainee License [2538.28] – allows a hearing aid dispenser applicant to work under the supervision of a licensed hearing aid dispenser for up to 18 months.

11. Branch License- [2538.34] – licenses issued to hearing aid dispensers authorizing the dispenser to work at additional branch locations.

The Board is also responsible for the approval of the following:

- SLPA Training Program [2538.1] – Board-approved training/educational programs.
- Continuing Professional Development (CPD) Providers [2532.6] who offer CPD courses to SLP and Audiology licensees required for license renewal.
- Continuing Education Courses (CE) [2538.18] – CE courses offered to Hearing Aid Dispensers required for license renewal.

The Board's licensing population is well over 22,000 individuals and entities. Speech-language pathology and audiology are growing professions It is imperative that the

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Board balance its education, outreach, and enforcement efforts between the three professions to ensure the Board policies are current and consistent with the acceptable standard of care in each discipline.

Table 1a. Attendance			
Alison Grimes			
Date Appointed to Board:	March 22, 2010		
Term Expiration:	January 1, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

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Table 1a. Attendance			
Amnon Shalev			
Date Appointed to Board:	December 15, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	No

Table 1a. Attendance			
Carol Murphy			
Date Appointed to Board:	April 5, 2010		
Term Expiration:	January 1, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes

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Board Meeting	June 13, 2013	Sacramento	Yes

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Carol Murphy (cont'd)			
Board Meeting	September 11, 2013	Telephonic	Yes

Table 1a. Attendance			
Deane Manning			
Date Appointed to Board:	December 27, 2010		
Term Expiration:	January 1, 2019		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	No
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	No

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Table 1a. Attendance			
Debbie Snow			
Date Appointed to Board:	November 30, 2013		
Term Expiration:	November 30, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Debbie Snow			
Debbie Snow (cont'd)			
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	No
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

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Table 1a. Attendance			
Jaime Lee			
Date Appointed to Board:	May 11, 2011		
Term Expiration:	November 30, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	No
Board Meeting	December 22, 2015	Telephonic	No
Board Meeting	February 4-5, 2016	Sacramento	No

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Table 1a. Attendance			
Marcia Raggio			
Date Appointed to Board:	December 17, 2012		
Term Expiration:	January 1, 2019		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	January 10-11, 2013	San Francisco	No
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

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Table 1a. Attendance			
Margaret "Dee" Parker			
Date Appointed to Board:	August 16, 2013		
Term Expiration:	January 1, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

Table 1a. Attendance			
Monty Martin			
Date Appointed to Board:	January 13, 2010		
Term Expiration:	November 30, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes

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Monty Martin (cont'd)			
Board Meeting	June 13, 2013	Sacramento	No
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes

Table 1a. Attendance			
Patti Solomon-Rice			
Date Appointed to Board:	September 8, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

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Table 1a. Attendance			
Rodney Diaz			
Date Appointed to Board:	December 20, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	No
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	No
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	No
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	No
Board Meeting	November 7, 2014	San Diego	No
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	No
Board Meeting	August 20-21, 2015	Burlingame	No
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	No
Board Meeting	December 22, 2015	Telephonic	No
Board Meeting	February 4-5, 2016	Sacramento	No

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Table 1a. Attendance			
Sandra Danz			
Date Appointed to Board:	April 5, 2010		
Term Expiration:	January 1, 2012		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (Public or Professional)
Alison Grimes	12/04/00	09/25/13	01/01/17	Governor	Professional
Amnon Shalev	12/15/12	01/06/16	01/01/20	Governor	Professional
Carol Murphy	04/29/05	04/05/10	01/01/13	Governor	Professional
Deane Manning	03/19/10	03/05/15	01/01/19	Governor	Professional
Debbie Snow	11/30/13	NA	11/30/17	Senate	Public
Jaime Lee	05/03/11	12/06/13	11/30/17	Assembly	Public
Marcia Raggio	12/12/12	01/08/15	01/01/19	Governor	Professional
Margaret "Dee" Parker	08/16/13	N/A	01/01/17	Governor	Professional
Monty Martin	01/13/10	N/A	11/30/13	Senate	Public
Patti Solomon-Rice	09/05/12	01/06/16	01/01/20	Governor	Professional
Rodney Diaz	04/05/10	01/06/16	01/01/20	Governor	Professional

2. In the past four years, was the Board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

The Board has not experienced a lack of a quorum within the past four years.

3. Describe any major changes to the Board since the last Sunset Review, including, but not limited to:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

In June of 2014, the Board appointed a new Executive Officer. In the past three years, the Board has experienced significant staffing turnover due to its most experienced staff retiring from state service, with a combined 50 years of experience with the Board. During this time of transition, management focused on retaining institutional knowledge, training new staff, the Board's workload and process improvements.

In November of 2015, the Board adopted its Strategic Plan for 2016-2020. The plan was the result of the Board's collaboration with its stakeholders and strongly emphasizes consumer protection around five goal areas with objectives focused on improving services to consumers and licensees, increasing outreach to

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

- All legislation sponsored by the Board and affecting the Board since the last sunset review.

Legislative Session	Bill	B&P Code Sections	Amendment	Operative Date
2015-2016	AB 2317	Added Article 4.6 (commencing with Section 66041) to Ch. 2 of Part 40 of Division 5	Authorize the California State University to award the Doctor of Audiology degree.	January 1, 2017
2015-2016	AB 179 Bonilla	Amended 1601.1 Amended 1616.5	Provides that sexual abuse and misconduct statute does not apply to consensual relationships between healing arts licensees and their spouses or domestic partners.	January 1, 2016
2013-2014	SB 1466	Amended 27, 2089.5, 2240, 2530.5, 2532.2, 2532.7, 4021.5, 4053, 4980, 4980.36-37, 4980.399, 4980.41, 4980.43, 4980.55 4980.72, 4980.78, 4987.5, 4992.09, 4996.23, 4998, 4999.55,4999.58, 4999.59, 4999.60, 4999.123	Requires a physician or audiologist employed by a HAD to be licensed to dispense hearing aids. Deleting the requirement of an applicant for licensure as a SLP or AUD to submit transcripts from a Board-approved education institutional as evidence of completion of specified coursework. Increasing maximum number of clock hours of supervised clinical practice for SLP or AUD to 375.	January 1, 2015
2013-2014	SB 1326 Roth	Added 2530.7	Amending SBCWA stating that hearing aids can be returned within 45 days of the initial date of delivery to the buyer. Clarified warranty terms.	January 1, 2015
2013-2014	SB 305 Lieu	Amended 2450, 2450.3, 3685, 3686 3710, 3716	Extended the sunset date of the Board until January 1, 2018.	January 1, 2014
2013-2014	SB 129 Wright	Amended 2881	Extended surcharge by the PUC until January 1, 2020 and report requirements until January 1, 2021.	January 1, 2014
2011-2012	SB 933 Runner	Amended 2530, 2530.1, 2531.02, 2531.06, 2533, 2533.3, 2534, 2539.1,2539.14	Merged and consolidated the relevant practice acts for speech-language pathologists, audiologists, and hearing aid dispensers	January 1, 2012

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- All regulation changes approved by the Board the last sunset review. Include the status of each regulatory change approved by the Board.

Section	Title	Status
CCR 1399.110, 1399.130, 1399.130.1, 1399.131, 1399.150.3, 1399.151, 1399.155, 1399.156, 1399.156.5	Enforcement Program Enhancements - CPEI	Operative 7/1/13
CCR 1399.100 - 1399.102, 1399.105, 1399.111, 1399.113 - 1399.122, 1399.126, 1399.127, 1399.132 -1399.144, 1399.150.1 - 1399.150.3, 1399.151, 1399.151.1, 1399.152 - 1399.152.3, 1399.153, 1399.153.2 - 1399.153.4, 1399.153.8, 1399.153.9, 1399.154 - 1399.154.5, 1399.155, 1399.156, 1399.156.2, 1399.156.3, 1399.156.5, 1399.157.2, 1399.159, 1399.159.01, 1399.159.1 -1399.159.3, 1399.160.1 - 1399.160.3, 1399.160.7 - 1399.160.10, 1399.160.12, 1399.170.15, 1399.170.18, 1399.180, 1399.182.	SLPAHAD Non-substantive Changes	Operative 10/28/15

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CCR 1399.140, 1399.140.1, 1399.141 – 1399.144	Hearing Aid Dispenser Continuing Education	Final Rule 9/20/16
CCR 1399.152.2, 1399.153, 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, 1399.170.15	Speech-Language Pathology Assistant/ Supervised Clinical Experience Clock Hours	Final Rule 10/8/16
CCR 1399.129	Fees: Hearing Aid Dispensers	Final Rule 10/8/16
CCR 1399.152.2	Supervised Clinical Experience Clock Hours	Approved 2/4-5/16 Combined with Speech-Language Pathology Assistant Rulemaking File
CCR 1399.157 1399.170.13 – 1399.170.14	Fees: SLP and Audiology	Approved 6/19/15 Initial DCA Legal Review 8/1/16
CCR 1399.127	Hearing Aid Dispenser Advertising Guidelines	Approved 5/12-13/16
CCR 1399.160, 1399.160.1 – 1399.160.4, 1399.160.7	SLP and AUD Self-study Hours	Approved 11/6/15
CCR 1399.131 1399.155	Disciplinary Guidelines and Uniform Standards Related to Substance Abuse	Approved 2/4-5/16 Initial DCA Legal Review 8/15/16

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4. Describe any major studies conducted by the Board (cf. Section 12, Attachment C).

2014 Occupational Analysis for Speech-Language Pathologists

California Business and Professions Code Section 139 (B&P Code Section 139) and DCA policy require that CA state licensing Boards conduct regular occupational analysis of the profession as a fundamental part of each licensure

program. In addition, B&P Code Section 139 and DCA policy also require a review of any national examination program used by a CA licensing board as part of its licensure program. The Board held four workshops in 2014 to complete the occupational analysis. The workshops consisted of eight to ten licensees.

The Board utilizes the ETS Praxis SLP exam which is based on ASHA's occupational analysis. In preparing for the occupational analysis the Board requested that licensees their assistance in providing to OPES the results of ASHA's most recent national occupational analysis including:

- Process used to develop OA survey
- Demographic items and their results
- The rating scales employed in the OA survey
- List of tasks and knowledge statements with their respective ratings
- Information (group demographics and N) regarding the initial and final respondent samples
- Method used to link test plan to occupational analysis
- Process used to determine relative weights of test plan

While the list of task and knowledge statements is of most pertinent interest, the additional information is utilized for the required review of the national exam program for Speech Language Pathologist following completion of the occupational analysis.

It is important for OPES to review the task and knowledge statements from the national occupational analysis. For exam publishers that consider this proprietary information, a model security agreement is available as a basis on which to build a custom security agreement.

2015-2016 Workload Analysis

During the 2015-2016 FY, the Board contracted with the Cooperative Personnel Services DBA CPS HR Consulting (CPS) to conduct an independent review of the workload, business processes and staffing levels. The goal of the review was to identify areas of improvement in business processes, streamline workload tasks and determine appropriate staffing levels in order to meet current program requirements and future operations.

5. List the status of all national associations to which the Board belongs. Does the Board's membership include voting privileges?

- List committees, workshops, working groups, task forces, etc., on which Board participates.
- How many meetings did Board representative(s) attend? When and where?

If the Board is using a national exam, how is the Board involved in its development, scoring, analysis, and administration?

The Board does acknowledge two national examinations, one for the profession of speech-language pathology, the Praxis Examination in Speech-Language Pathology, and the other for the profession of Audiology, The Praxis Examination in Audiology, both administered by the Educational Testing Service (ETS). While

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the Board is not directly involved with the development, scoring, and administration of the examination, the Board does conduct periodic examination validation studies to review the content and rigor of each examination and ensure that the scope of the examination and passing score reflect the scope of practice and entry-level requirements for licensure in California. The last examination validation study conducted by the Board, with the facilitation of the Department's Office of Professional Examination Services (OPES), was completed in 2001 for the speech-language pathology examination program, and 2009 for audiology. The Board was scheduled to conduct a new validation study for the speech-language pathology examination, but the study was postponed due to the workload issues of OPES.

The American Speech-Language-Hearing Association commissions the Educational Testing Service (ETS) to conduct job analysis studies which are linked to the examination validation process. The Board reviews the ETS studies during its examination validation process to determine whether the current professional expectations and job standards for SLP and audiology are congruent to those in California. ETS completed a job analysis and validation study for the profession of audiology in 2008. The study examined the most recent changes in professional training for audiologists, which was raised from master's training to a doctoral training model within the past six years.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the Board as published on the DCA website.

   Please refer to attachment #1.

7. Provide results for each question in the Board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Customer Satisfaction Survey				
Category	**FY 12/13**	**FY 13/14**	**FY 14/15**	**FY 15/16**
Courtesy	3.2	3.5	3.9	3
Responsiveness	2.6	3.3	3.1	2.7
Knowledge	2.7	3.5	3.6	2.8
Accessible	2.6	3.0	2.4	2.3
Overall	2.4	3.2	3.3	2.1
No. of Responses	23	31	40	29

The Board has been consistent in receiving fair ratings in its customer satisfaction. Please see attachment #3.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Is the Board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation. The Board's fund is not continuously appropriated.

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9. Describe the Board's current reserve level, spending, and if a statutory reserve level exists.

During the past four budget years, the Board's reserve level has ranged from 6.1 to its current level of 11.2 months. At the end of FY 2016-17, the Board is projected to have a balance $1.8M, or 10.7 months in reserve, in their fund.

There is no reserve level mandated by statute for the Board; however, the DCA Budget Office has historically recommended that smaller programs maintain a contingency fund slightly above the standard three to six months of reserve, which is typically recommended for agencies with moderate to larger budgets. Maintaining an adequate reserve of at least six months, provides for a reasonable contingency fund so that the Board has the fiscal resources to absorb any unforeseen costs, such as costly enforcement actions or other unexpected client service costs.

10.Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the Board.

Due to the growing licensee population in most licensing categories, the Board's expenditures have steadily increased during the past four budget years. While the Board maintained a healthy fund condition for the past four years, it was anticipated that 2016-17 expenditures would be greater than projected revenue. In 2015, the DCA Budget Office recommended a fee increase to prevent a fiscal structural imbalance and the Board approved a proposal to increase its licensing fees in certain categories. However, the most recent projections do not project insolvency in the near future. The Board is working with DCA's Budgets Office closely monitor its revenue and fee structure for the purpose of finalizing the proposed fee increase, if necessary.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Beginning Balance	860	796	1,177	1,547	1,860	1,818
Revenues and Transfers	1,590	1,974	2,241	2,416	1,958	1,958
Total Revenue	1,590	1,674	1,841	1,966	1,958	1,958
Budget Authority	1,863	1,885	1,961	2,236	1,997	2,037
Expenditures	1,643	1,546	1,890	2,099	1,997	2,037
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	3	6	8	-	-
Loans Repaid From General Fund	-	300	400	450	-	-
Fund Balance	780	1,215	1,526	1,860	1,818	1,739
Months in Reserve	6.1	7.7	8.7	11.2	10.7	10.0

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the Board? Has interest been paid? What is the remaining balance?

The Board loaned the general fund $1.150 in FY 2011/12. The table below shows the when payments were received and the amount of interest earned by the Board. The loan was paid in full in budget year 2015-16.

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Fiscal Year	Loan repayment	Interest earned
2013-2014	$300,000	$3,064
2014-2015	$400,000	$5,625
2015-2016	$450,000	$8,084

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12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the Board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

BreEZe Funding Needs										
Fiscal Year	**09/10 Actual**	**10/11 Actual**	**11/12 Actual**	**12/13 Actual**	**13/14 Actual**	**14/15 Actual**	**15/16 Actual**	**16/17 Actual**	**17/18 Actual**	**18/19 Actual**
Board	2,523	8,508	33,233	25,820	57,740	29,959	29,271	70,740	56,000	51,000
Total Costs	427,051	1,495,409	5,349,979	6,753,387	14,825,159	16,657,910	27,468,154	23,497,00	22,456,000	21,531,000
Redirected Resources	427,051	1,495,409	3,196,486	4,818,002	5,806,881	7,405,427	7,430,456	2,080,000	2,080,000	2,080,000
Total BreEZe BCP	-	-	-	1,935,385	9,018,278	9,252,483	20,037,698	21,417,000	20,376,000	19,451,000

Table 3. Expenditures by Program Component

(list dollars in thousands)

	FY 2012/13		FY 2013/14		FY 2014/15		FY 2015/16	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$288,000	$510,000	$265,000	$451,000	$326,000	$596,000	$358,000	$724,000
Examination	$57,000	$64,000	$52,000	$62,000	$68,000	$89,000	$71,000	$128,000
Licensing	$248,000	$114,000	$228,000	$101,000	$281,000	$119,000	$308,000	$132,000
Administration	$96,000	$57,000	$88,000	$52,000	$109,000	$67,000	$119,000	$84,000
DCA Pro Rata	N/A	$247,000	N/A	$300,000	N/A	$266,000	N/A	$238,000
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	$689,000	$992,000	$633,000	$966,000	$784,000	$1,137,000	$856,000	$1,306,000

13. Describe the amount the Board has contributed to the BreEZe program. What are the anticipated BreEZe costs the Board has received from DCA?

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the Board.

SLPs, SLPAs, non-dispensing Audiologists, and Continuing Professional Development Providers' licenses all renew biennially, expiring on the last day of the licensees' birth month. All Hearing Aid Dispensing and Dispending Audiologists' licenses renew annually.

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Speech-Language Pathology & Audiology

Table 4. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
125600 - Other Regulatory Fee								%
License Certification Letter	$10.00	$25.00	2534.2(j) 1399.157(g)	$5	$5	$6	$6	1%
Duplicate License	$25	$25	2534.2(g)	$7	$8	$9	$9	1%
Cite & Fine	Various	$5,000	125.9 1399.159.1	$7	$0	$2	$3	0%
125700 - Licenses & Permits								%
CPD Provider App	$200	$200	1399.157	$2	$4	$5	$5	0%
SLPA App Fee	$50	$150	2534.2(f) 1399.170.13(b)	$21	$20	$29	$31	3%
App Fee/SP	$60	$150	2534.2(a) 1399.157(a)	$39	$40	$46	$53	5%
Initial License Fee – SP	$60	$150	2534.2(a) 1399.157(a)	$29	$28	$32	$36	3%
App Fee/AU	$60	$150	2534.2(a) 1399.157(a)	$3	$3	$3	$3	0%
Initial License Fee – Au	$60	$150	2534.2(a) 1399.157(a)	$2	$2	$2	$2	0%
Aide Registration	$10	$30	2534.2(d) 1399.157(e)	$1	$1	$1	$1	0%
Over/Short Fees				-	-	-	1	0%
125800 - Renewal Fees								%
Biennial SP	$110	$150	2524.2(a) 1399.157(c)	$617	$682	$663	$734	71%
Biennial AU	$110	$150	2524.2(a) 1399.157(c)	$68	$29	$61	$30	5%

Table 4. Fee Schedule and Revenue (Cont'd)

Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
CPD Renewal	$200	$200	1399.157	$12	$13	$11	$12	1%
Biennial SLPA	$75	$150	2534.2(f) 1399.170.14	$54	$56	$69	$75	7%
Delinquent Fees								%
Delinq. Renewal – SP	$25	$25	2534.2(b)	$12	$12	$13	$14	1%
Delinq. Renewal – AU	$25	$25	2534.2(b)	$1	$1	$1	-	0%
Delinq. Renewal - SLPA	$25	$25	2534.2(b)	$3	$2	$3	$2	0%
Income from Surplus Money Investments				$3	$2	$3	$7	0%
Revenue Cancelled Warrants				$1	$1	$1	$1	0%
Dishonored Check Fee				$1	$1	-	-	0%

The Board is in the process of promulgating regulations increasing the fees collected from Speech-Language Pathology and Audiology applicants and licensees.

Hearing Aid Dispensers

Table 4. Fee Schedule and Revenue								
Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
Other Regulatory Fee								%
License Certification Ltr	$15	$15	2538.57	-	$1	$2	$1	0%
Duplicate License	$25	$25	2538.57	$1	$1	$1	$2	0%
Cite & Fine	Various	$2,500	125.9 1399.136	$10	$9	$8	$7	1%
Licenses & Permits								%
HAD App	$75	$75	2538.57(a)	$11	$18	$20	$22	2%
DAU License Fee	$280	$280	2534.2(a)(2) 1399.157(b)	-	$5	$1	$1	0%
HAD Initial License Fee	$280	$280	2538.57(d)	$24	$6	$31	$47	3%
Practical Exam*	$500	$500	2538.57(b)	$60	$36	$115	$166	12%
Written Exam*	$225	$225	2538.57(b)	$65	$80	$81	$88	10%
Temp. License	$100	$100	2538.57(c)	$1	$1	$2	$2	0%
Branch License	$25	$25	2538.57(e)	$4	$7	$11	$20	1%
Trainee License	$100	$100	2538.57(c)	$1	$16	$17	$17	2%
CE Provider	$50	$50	2538.57(h)	$27	$26	$26	$25	3%
Renewal Fees								%
Temp License	$100	$100	2538.57(b)	$10	$12	$19	$19	2%
HAD License	$280	$280	2538.57(d)	$245	$254	$247	$244	30%
Bien Ren - DAU License	$280	$280	2534.2(a)(2) 1399.157(d)	$36	$51	$54	$47	6%
Ann Ren – DAU License	$280	$280	2534.2(a)(2) 1399.157(d)	$183	$222	$224	$219	26%
Branch License	$25	$25	2538.57(e)	$13	$13	$15	$16	2%
Delinquent Fees								%
HAD License	$25	$25	2538.57(f)	$2	$2	$2	$2	0%
DAU License	$25	$25	2534.2(b)	$1	$1	$1	$1	0%
Branch License	$25	$25	2538.57(f)	$1	$1	$1	$1	0%
Revenue Cancelled Warrants				-	$1	-	$1	0%

*HAD Examination Fees are established by resolution of the Board. The fees listed in this table have been in effect since February 1, 2011.

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15. Describe Budget Change Proposals (BCPs) submitted by the Board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved

Staffing Issues

16. Describe any Board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

17. Describe the Board's staff development efforts and how much is spent annually on staff development.

All staff is encouraged to take courses that relate to their job, broaden their knowledge base, and better prepare them for advancement for upward mobility opportunities. Cross-training is encouraged for further development and allows our small Board to function at a higher level. In addition to the training available, staff is given the opportunity to work on special assignments and projects.

In the past four years staff has attended the following courses:

- Office Technician – Excellent Customer Service, Effective Business Writing
- Staff Service Analysts – Managing Time and Workload, Completed Staff Work, Effective Business Writing
- Associate Government Program Analysts – Enforcement Academy, Investigative Subpoena Preparation Training, Legislative Bill Analysis, Regulations Training: The Rulemaking Process, Regulatory Investigative Techniques, Rulemaking Under the Administrative Procedures Act, Introduction to Records Management
- Enforcement Coordinator – Enforcement Academy, Investigative Subpoena Preparation Training, National Certified Investigator/Inspector Basic Training

Licensing Program

18. What are the Board's performance targets/expectations for its licensing program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

The Board established reduced performance targets for all license types December 2015. Automated reports now track our processing times. This automated report was

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effective March 2016, therefore the data collection represents the last four months of FY 2015- 2016. Prior to this time the Board had to rely on a manual count.

The following table reflects the Board's performance target and current processing times.

LICENSE TYPE	COMPLETE APPLICATION TARGET	CURRENT PROCESSING TIMES
AU	30 Days	15
SP	30 Days	21
RPE	30 Days	18
SPA	30 Days	29
Aide	30 Days	30
HA Permanent	21 Days	12
HTL	21 Days	22
HT	21 Days	22
HA Exam Only	21 Days	10

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19. Describe any increase or decrease in the Board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the Board to address them? What are the performance barriers and what improvement plans are in place? What has the Board done and what is the Board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

20. How many licenses or registrations does the Board issue each year? How many renewals does the Board issue each year?

Please refer to table 7a.

Table 6. Licensee Population[2]					
		FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Audiologist	Active	609	1,555	612	556
	Out-of-State	124	135	157	155
	Out-of-Country	5	6	6	6
	Delinquent	235	226	236	263
Dispensing Audiologist	Active	942			1,045
	Out-of-State	0	0	0	0
	Out-of-Country	0	0	0	0
	Delinquent				
Speech-Language Pathologist	Active	12,696	13,285	13,967	14,860
	Out-of-State	1272	1357	1443	1730
	Out-of-Country	32	29	39	44
	Delinquent	1,757	1,791	1,890	1,971
Speech-Language Pathologist Assistant	Active	1,724	1,969	2,343	2,795
	Out-of-State	31	32	44	63
	Out-of-Country	0	0	0	0
	Delinquent	374	454	551	599
Required Professional Experience	Active	682	768	802	806
	Out-of-State	56	83	91	113
	Out-of-Country	3	5	4	0
	Delinquent	26	63	71	164
Aide	Active	120	119	124	133
	Out-of-State	2	2	2	0
	Out-of-Country	0	0	0	0
	Delinquent	61	47	71	92
Continuing Professional Development Provider	Active	156	153	150	160
	Out-of-State	17	18	21	21
	Out-of-Country	1	1	1	1
	Delinquent	0	2	1	1
Hearing Aid Dispenser	Active	946	913	948	996
	Out-of-State	48	47	45	49
	Out-of-Country	0	0	0	0
	Delinquent	112	104	111	112
Hearing Aid Dispenser Temporary Trainee	Active	95	145	160	158
	Out-of-State	1	0	0	0
	Out-of-Country	0	0	0	0
	Delinquent	12	4	15	56
Hearing Aid Dispenser Temporary	Active	9	8	7	18
	Out-of-State	0	0	0	5
	Out-of-Country	0	0	0	0
	Delinquent	3	0	3	5
Hearing Aid Dispenser Branch License	Active	653	710	821	963
	Out-of-State	0	0	0	0
	Out-of-Country	0	0	0	0
	Delinquent	145	152	261	395

[2] The term "license" in this document includes a license certificate or registration.

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7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	Combined, IF unable to separate out
FY 2013/14	**EXAMS**										
	HAD Written	251	251	103		#	#	#	#	#	21
	HAD Practical	70	70	44		#	#	#	#	#	21
	LICENSES										
	AU	81	54	3	58	870	775	95			237
	DAU	UA	UA	UA	UA	UA	UA	UA			UA
	SLP	943	961	0	964	11270	10634	636			326
	SLPA	337	327	1	327	1871	1678	193			68
	RPE	734	694	4	694	2178	2073	105			60
	AIDE	34	42	2	41	238	115	133			162
	CPD	22			22						96
	HAD	17	21	0	49	2486	2473	13			495
	HAD Trainee	142	140	0	141	240	166	74			13
	HAD Temp (Out of State)	2	7	0	11	38	14	24			230
	HAD Branch	282			282		#	#			N/A
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,252	#		1,252		#	#	#	#	7
	DAU	973	#		973		#	#	#	#	7
	SLP	6,055	#		6,055		#	#	#	#	7
	SLPA	730	#		730		#	#	#	#	7
	CPD Provider	59	#		59		#	#	#	#	7
	HAD	884	#		884		#	#	#	#	7
	HAD Branch	520	#		520		#	#	#	#	7
	HAD Branch	520	#		520		#	#	#	#	7

* = Optional. List if tracked by the board
\# = Data not tracked by board
NA = Not Applicable
*Board = Renewal applications processed by board

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7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2014/15	**EXAMS**										
	HAD Written	290		165		#	#	#	#	#	21
	HAD Practical	119		82		#	#	#	#	#	21
	LICENSES										
	AU	59	84	17	87	999	905	94			294
	DAU	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA
	SLP	1043	1137	72	1140	11929	11344	585			318
	SLPA	470	551	44	551	1949	1735	214			71
	RPE	876	823	32	823	2944	2816	128			59
	AIDE	38	49	8	49	163	115	48			243
	CPD	19	#	#	17	#	#	#			39
	HAD	100	90	0	91	2531	2518	13			584
	HAD Trainee	161	142	2	142	368	294	74			12
	HAD Temp (Out of State)	3	9	0	9	55	24	31			53
	HAD Branch	223	#	#	426	#	#	#			N/A
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,213	#		1,213		#	#	#	#	7
	DAU	UA	UA	UA	UA		#	#	#	#	7
	SLP	6,292	#		6,292		#	#	#	#	7
	SLPA	915	#		915		#	#	#	#	7
	CPD Provider	58	#		58		#	#	#	#	7
	HAD	849	#		849		#	#	#	#	7
	HAD Branch	585	#		585		#	#	#	#	7

* = Optional. List if tracked by the board
\# = Data not tracked by board
NA = Not Applicable
*Board = Renewal applications processed by board

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7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2015/16	**EXAMS**										
	HAD Written	289	N/A	162		#	#	#	#	#	21
	HAD Practical	306	N/A	174		#	#	#	#	#	21
	LICENSES										
	AU	79	67	1	68	985	880	105			276
	DAU	UA	UA	UA	UA	UA	UA	UA			UA
	SLP	1235	1332	34	1336	13089	12201	888			273
	SLPA	550	601	17	602	1896	1612	284			55
	RPE	932	836	46	836	3251	3008	245			45
	AIDE	46	44	1	44	216	172	44			52
	CPD	22	#	#	22	#	#	#			214
	HAD	136	133	0	142	2689	2488	201			557
	HAD Trainee	173	177	1	177	437	341	96			18
	HAD Temp (Out of State)	6	17	1	17	49	12	37			50
	HAD Branch	407	#	#	407	#	#	#			
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,240	#		1,240		#	#	#	#	7
	DAU		#				#	#	#	#	7
	SLP	6,645	#		6,645		#	#	#	#	7
	SLPA	1,007	#		1,007		#	#	#	#	7
	CPD Provider	62	#		62		#	#	#	#	7
	HAD	852	#		852		#	#	#	#	7
	HAD Branch	587	#		587		#	#	#	#	7

* = Optional. List if tracked by the board
\# = Data not tracked by board
NA = Not Applicable
*Board = Renewal applications processed by board

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Table 7b. Total Licensing Data			
	FY 2013/14	FY 2014/15	FY 2015/16
Initial Licensing Data:			
Initial License Applications Received	2,290	2,750	3,157
Initial License Applications Approved	2,246	2,885	3,207
Initial License Applications Closed	10	175	101
License Issued	2,285	2,892	3,222
Initial Exam Applications Received			
Initial Exam Applications Approved *(Practical Exam Only)*			
Initial Exam Applications Closed			
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	19,191	20,938	22,612
Pending Applications (outside of board control)*	17,928	19,751	20,712
Pending Applications (within the board control)*	1,273	1,187	1,900
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)			
Average Days to Application Approval (Incomplete Applications)*	#	#	#
Average Days to Application Approval (Complete Applications)*	#	#	#
Average Days to Exam Approval (All-Complete/Incomplete)			
License Renewal Data:			
License Renewed	10,473	9,912	10,393

21. How does the Board verify information provided by the applicant?

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verification from other states, and, national examination scores, and professional certifications. These documents must be submitted to the Board by the originating source and must bear an official seal or authenticating stamp. In addition, applicants for licensure as a speech-language pathologist or audiologist must complete an externship or required professional experience (RPE). This experience is completed under a temporary license which enables the individual to work under limited supervision. The externship is recorded on the Board's RPE Verification form which is completed by an approved licensed supervisor. The RPE supervisor is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE temporary licensee is competent to practice independently.

Applicants are required to declare, under penalty of perjury, whether they have ever been convicted of, pled guilty to or pled nolo contendere to, any misdemeanor or felony. Applicants must also declare, under penalty of perjury, whether they have been denied a professional license or had license privileges suspended, revoked or disciplined, or if they have ever voluntarily surrendered a professional license in California or other state. If an applicant reports such an act, the Board requires the

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applicant to provide a written explanation, documentation relating to the conviction or disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences

a. *What process does the Board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?*

   Aside from the mandatory fingerprinting described below, applicants are required to self-report prior convictions and discipline on the license application. The Board provides applicants with a standardized reporting form that must be submitted with the application should the applicant have a reportable action. Reportable actions include: any pending or prior disciplinary action taken, investigations, or charges filed against a speech-language pathologist, audiologist, or hearing aid dispenser, or other healing arts licensee by a state or federal government entity; the denial of a license to practice in a healing arts profession; surrendering of a healing arts license; or been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any state, the U.S. or a foreign country, (except violations of traffic laws resulting in fines of $300 or less). The reporting form provides instructions for the applicant to include an explanation of the incident/action, and to include any relevant court documents, arrest records, disciplinary documents, and compliance records. In addition the Board receives reports from other state agencies, malpractice insurers, and hospitals regarding non-compliance and standard of care issues.

b. *Does the Board fingerprint all applicants?*

   Yes, all applicants are required to submit fingerprints to the Department of Justice and to the Federal Bureau of Investigation.

c. *Have all current licensees been fingerprinted?*
   Yes, all licensees have been fingerprinted.

d. *Is there a national databank relating to disciplinary actions? Does the Board check the national data bank prior to issuing a license? Renewing a license?*

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

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In 2012, the Board discussed using the national databank as an additional tool to verify an applicant's background. The Board examined the limitations and the fees associated with the databank. The Board has pending regulations to increase the applicant and renewal fees and subsequently will look into obtaining a report from those applicants who indicate they hold, or previously held, a health care license in another state.

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

e. *Does the Board require primary source documentation?*
See response in #21.

22. Describe the Board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Hearing Aid Dispensers

Pursuant to Business and Professions Code Section 2538.27, applicants applying for a license in California and who possess a valid license in another state (or states) for two or more years may apply for a temporary license. The temporary license is valid for up to 12 months and allows applicants to immediately begin practice in California while preparing for the written and practical examinations.

Currently, there are no legal provisions for granting a license or temporary license to an individual who has practiced as a hearing aid dispensing in another country.

Speech-Language Pathologist/Audiologist

Section 2532.3 of the Business and Professions Code allows an individual who holds an unrestricted license in another state or territory of the United States to obtain a temporary license for a period of six months. The temporary license authorizes the out-of-state applicant to begin work almost immediately while all other required documents and supporting information are being transmitted to the Board for review. Once all licensing information has been submitted, reviewed and approved, the individual is eligible for a permanent license. The statute authorizes the Board to renew the temporary license one time if extenuating circumstance surrounding the individual's ability to complete the license application exists.

However, very few applicants seek the temporary license as there is another, potentially more expedient process available to applicants who hold equivalent

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qualifications for licensure. Business and Professions Code Section 2532.8 deems that a person has met the educational and experience requirements set forth in licensing provisions if the individual holds the national Certificate of Clinical Competence in SLP or audiology, issued by the American Speech-Language-Hearing Association's (ASHA). Section 2532.8 further provides that if the Certificate of Clinical Competence was issued to an individual who does not possess the required equivalent qualifications, the Board does have the authority to withhold the issuance of the license until the identified deficiency is cured. (Amendment to Section 2532.8 occurred during the 2001-2002 legislative session under SB 1379, Stats 2002.) Approximately 97% of SLPs are ASHA certified and choose this pathway to obtain a license rather than applying for a temporary license.

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

The following services are recognized by the Board:

- A2Z Evaluations, LLC
- Center for Applied Research, Evaluation, and Education, Inc.
- Educational Records Evaluation Service, Inc.
- International Education Research Foundation,

Once the Board receives an application and the transcript evaluation report, the transcripts and the evaluation report are sent to a Board-appointed expert reviewer. This application review step was added in 2008; after the Board received a number of inconsistent evaluation reports from the evaluation services and decided that a more thorough and consistent review of course content would be better achieved by an expert in the field. The expert-reviewer must determine whether the course content is consistent with that offered in an U.S. accredited speech-language pathology/audiology program, and whether the minimum numbers of graduate units or upper-division courses have been obtained. If the education and clinical training is deemed equivalent, the applicant may apply for the Temporary Required Professional Experience (RPE) License, and complete the requisite 36-weeks (full-time) or 72-weeks (part-time) professional experience under the supervision of a licensed SLP or audiologist. The applicant must also take and pass the required national professional examination in order to be eligible for a permanent license.

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As mentioned throughout this report, the Board has seen a steady increase in its application volume. A notable contributing factor is an increase in internationally trained applicants applying for licensure as SLPs. [It should be noted, that pursuant to the changes in entry-level licensing requirements for audiologists, that being doctoral education (B&P Code Section 2532.25), the Board is not aware of an international audiology training program that offers equivalent training.] Because of the distinctive role SLPs play in the assessment, diagnosis and remediation of speech-language disorders across environments and ages, it is crucial that internationally trained SLPs have the equivalent training and English language proficiency of nationally trained SLPs who have graduated from accredited universities. After receiving complaints regarding professional competency issues of internationally trained licensees, the Board examined its licensing process for evaluating internationally trained applicants and determined that a more thorough and consistent review of the academic training should be performed by experts within the profession. As such, the Board acquired subject matter experts to carefully evaluate the academic and clinical training of internationally trained applicants.

The Board is also considering adopting a standardized English language proficiency exam to be taken by internationally trained SLPs applying for licensure. Since the research involves evaluating an existing English-language proficiency examination, the Board is working closely with the Department's Office of Professional Examination Services.

23. Describe the Board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the Board identify or track applicants who are veterans? If not, when does the Board expect to be compliant with BPC § 114.5?

Since January 1, 2015, the Board has expedited four licensing applications because of an applicant's service as an active duty member of the Armed Forces of the United States and was honorably discharged. All of our licensing applications have been updated to ask this question of the applicants.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Board?

To date the Board has not received an application in which military education, training or experience was submitted towards the licensing requirements. Therefore, there does not appear to be a need for the Board to propose any regulatory changes at this time. The Board has very specific requirements for education and experience in its licensing laws and regulations. Currently, if an applicant had military education and experience, the Board would conduct a review to determine whether or not it was substantially equivalent to current licensing requirements. This would be done on a case by case basis, depending on the specific characteristics of the individual's education, training, and experience.

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c. What regulatory changes has the Board made to bring it into conformance with BPC § 35?

Please see response to 23 (b).

d. How many licensees has the Board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on Board revenues?

Pursuant to BPC § 114.3, the Board has waived the renewal requirements and fees for active duty members for three licensees with a minimal impact of $330.

e. How many applications has the Board expedited pursuant to BPC § 115.5?

Pursuant to BPC § 115.5, the Board has expedited two applications for military spouses who hold a current license in another state.

24. Does the Board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Board submits No Longer Interested (NLI) notifications to DOJ when a license status is canceled, deceased, revoked or surrendered, and when an application is deemed abandoned. The automated NLI process was suspended in 2011, since DCA's data did not match the DOJ's records. The NLI notifications are usually mailed to DOJ, as the DOJ fax number receives a high volume of usage and is generally "busy."

Following the major turnover in Board staff in 2014-15, it had been realized that not all new staff were submitting NLI notices under each license status indicated above. To correct this issue, various reports were generated as a tool to aid assigned staff in identifying licenses needing the submission of NLI notifications. There is no current backlog in this area.

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Table 8. Examination Data					
California Examination (include multiple language) if any:					
	License Type	**HAD**			**HAD**
	Exam Title	**WRITTEN**			**PRACTICAL**
FY 2012/13	# of 1st Time Candidates *(pre 04/01/2014)	71	FY 2012/13	# of 1st Time Candidates	53
	Pass % *(pre 04/01/2014)	29.71		Pass %	45.00
FY 2013/14	# of 1st Time Candidates *(pre 04/01/2014)	40	FY 2013/14		
	Pass % *(pre 04/01/2014)	22.35		# of 1st Time Candidates	20
	# of 1st Time Candidates *(pre 05/01/2015)	27		Pass %	53.00
	Pass % *(pre 05/01/2015)	32.93			
FY 2014/15	# of 1st Time Candidates *(pre 05/01/2015)	106	FY 2014/15		
	Pass % *(pre 05/01/2015)	45.11		# of 1st Time Candidates	103
	# of 1st Time Candidates *(pre 05/01/2016)	22		Pass %	63.11
	Pass % *(pre 05/01/2016)	31.43			
FY 2015/16	# of 1st time Candidates	17	FY 2015/16		
	Pass %	28.81		# of 1st Time Candidates	185
	# of 1st time Candidates *(pre 05/1/2016)	97		Pass %	55.13
	Pass % *(pre 05/01/2016)	37.74			
	Date of Last OA	2012		Date of Last OA	2012
	Name of OA Developer	OPES/Board		Name of OA Developer	OPES/Board
	Target OA Date	2017		Target OA Date	2017

National Examination (include multiple language) if any:			
	License Type	**SLP**	**AU**
	Exam Title	**PRAXIS**	**PRAXIS**
FY 2012/13	# of 1st Time Candidates	717	38
	Pass %	99.58%	94.74%
FY 2013/14	# of 1st Time Candidates	811	44
	Pass %	99.14%	95.45%
FY 2014/15	# of 1st Time Candidates	723	42
	Pass %	99.03%	100.00%
FY 2015/16	# of 1st time Candidates	684	57
	Pass %	98.10%	92.98
	Date of Last OA	August 2014	2008
	Name of OA Developer	ETS	ETS
	Target OA Date	Unknown	Unknown

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25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Hearing Aid Dispensers
Written exams and the practical exams are developed, maintained and evaluated with facilitation by OPES and in collaboration with licensed and practicing, hearing aid dispensers and dispensing audiologists.

The written hearing aid dispenser's examination is administered by the exam contractor PSI and assesses an applicant's knowledge and abilities as follows:

- Evaluating & interpreting audiometric test results
- Assessing client history and hearing ability (through audiometric testing)
- Selecting characteristics of hearing aids & evaluating them
- Fitting a hearing aid & providing the instructions on care & use
- Troubleshooting and evaluating hearing aids.

The Board only provides an English version of the written exam for administration under our computer based testing contract.

The practical exam is required by law to be administered at least twice a fiscal year. Typically, the Board administers the examination three to four times per year to accommodate applicants interested in entering the field. The practical exam includes some components of the written examination, but requires actual demonstration of the knowledge and techniques for using instruments and equipment necessary for the fitting and selling of hearing aids.

OPES facilitates ongoing examination development workshops where subject matter experts (licensed hearing aid dispensers and dispensing audiologists) review and update both the written and practical examinations. Approximately every five years, an occupational analysis and examination validation study is conducted by OPES, on behalf of the Board. The most recent study was completed in 2012.

Speech-Language Pathologists/Audiologists
The Board does not administer a state licensing examination for SLPs or audiologists. The national examination, the Praxis Series Test in Speech-Language Pathology, and the Praxis Series Test in Audiology are administered by the Educational Testing Service (ETS). Both of the national examinations are reviewed and validated by the DCA's OPES. (See validation information under question #5 above regarding the use of a national examination).

The Board has worked with both ETS and ASHA regarding ongoing examination development and modification. ASHA representatives have stated that they are continually working with ETS to update the national examinations' content to reflect the evolving practices of SLP and audiology. As stated throughout this report, the need for the transition to doctoral training in audiology stemmed from the notable advancement in professional responsibilities of the licensed audiologist in the healthcare industry. While continual modification of specific

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test questions and content is an ongoing examination development process, an entirely new test was developed by ETS, on behalf of ASHA, for the Praxis Series Test in Audiology in 2011. The new test reflects the changes in the field, especially changes in technology and the availability of technologies. To that end, the Board must work with OPES to evaluate the new examination in audiology, in order to determine whether it's a valid measure for the scope of practice of audiology in California. Also, the Board must secure funding to contract with OPES to conduct a validation study for the practice of SLP, as the last occupational analysis/validation study was in 2001.

ETS only provides an English version of the Praxis exam. However, ETS does offer examinees needing Primary Language is Not English (PLNE) accommodations. If English is not the examinee's primary language, they may be eligible for extended testing times. PLNE accommodations are available on all test dates and at all established test centers. Examinees' who meet ETS requirements will be allowed 50% additional testing time.

Examinees are required to register for PLNE accommodations by completing the following:

- Complete the Certification of Documentation Form. An embossed school seal must be affixed over the signature on the certification of documentation form or the signature must be notarized. ETS has the right to request further verification, if needed, of the professional's credentials and expertise relevant to the certification of documentation form.
- Complete the Eligibility Form for Examinees Whose Primary Language Is Not English
- Complete the Test Authorization Voucher Request Form.
- Mail the completed Test Authorization Voucher Request Form, the Certification of Documentation Form and the Eligibility Form with payment to the appropriate address.

Once the accommodation request is approved, ETS contacts the examinee with a voucher number that is used to register for a test appointment.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

27. Is the Board using computer based testing? If so, which tests? Describe how it works. Where is it available? How often are tests administered? Breanne

Hearing Aid Dispensers

As of May 2000, the hearing aid dispenser's written examination is administered as a computer based test. The Board currently contracts with the examination administrator, PSI. PSI handles the registration, scheduling, candidate handbook, eligibility notification, and exam administration, scoring and scoring reporting for the Board. There are 13 test centers located throughout the state and computer based tests are administered six days a week, with the exception of specified holidays.

Speech-Language Pathology

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The ETS does offer the Praxis Series Test for Speech-Language Pathology as a computer based test. The test is administered during specific testing windows where are typically five-day periods, either every month or every other month at 35 different testing centers throughout the

28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

School approvals

29. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Board work with BPPE in the school approval process?

CCR Section 1399.152 defines Board approved institutions. The Board has the authority to approve the professional training programs awarding graduate or doctorate degrees in speech-language pathology or audiology; however, it does not exercise such authority as the Board does not have the expertise or staff resources to serve as an accrediting body for professional training programs. Instead, the Board recognizes the accreditation of two professional accrediting organizations, the Council of Academic Accreditation, which is a subsidiary of ASHA and accredits both speech-language pathology and audiology programs, and the relatively new accrediting body, the Accreditation Commission for Audiology Education (ACAE) which accredits professional doctoral programs in Audiology.

The Board does independently review SLPA training programs. These programs are Associate of Arts or science programs. (Individuals with an undergraduate degree in communication disorders and sciences may qualify for SLPA registration; however, the undergraduate program does not require independent review and approval by the Board). CCR Sections 1399.170.4-1399.170.10 provide for the institutional and program requirements that must be met in order for the program to be awarded Board approval. The Board has employed an Educational Specialist, to review the applications and supporting documentation for SLPA programs and make recommendations to Board staff regarding program approval and also serves as the lead for program site visits.

The BBPE does not approve the professional training programs for SLP or audiologists.

30. How many schools are approved by the Board? How often are approved schools reviewed?

The Board has approved seven SLPA programs. Schools may be reviewed or audited at any time; however, the Board only conducts subsequent site reviews for an approved school if there are concerns raised regarding the administration of the SLPA program.

31. What are the Board's legal requirements regarding approval of international schools?

There are no specific legal requirements for the Board to approve international schools.

Continuing Education/Competency Requirements

32. Describe the Board's continuing education/competency requirements, if any. Describe any changes made by the Board since the last review.

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Speech-Language Pathologists, Audiologists, Dispensing Audiologists, & Speech-Language Pathology Assistants

Business and Professions Code Section 2532.6(b) was adopted into law and provided that after January 1, 2001, the Board shall not renew any license or registration unless the licensee has certified to the Board that he or she has completed the required number of CPD hours established by the SLPAB in the preceding two years.

In 1999, regulations were adopted (CCR Article 11 Sections 1399.160-1399.160.13) specifying the CPD requirements in terms of number of requisite hours that must be obtained, the type of coursework that is applicable, provider qualifications, record retention and exemption criteria.

In 2004, the SLPAB initiated a statutory change, which amended Section 2532.6 and provided the SLPAB the authority to approve individual courses as well as providers. At the time the SLPAB believed that authority for the Board to approve individual courses, if necessary, would alleviate confusion regarding the type of CPD that is deemed applicable to license renewal requirements. To date, the Board has not instituted a mandatory course approval process for CPD for SLP and audiology.

Currently, licensed SLPs and non-dispensing audiologists are required to complete 24 hours of CPD from a Board-approved provider during their preceding two-year license renewal cycle. The term "Board-approved providers" refers to entities directly approved by the Board and entities explicitly recognized in statute because of their comprehensive educational review program for the respective professions. SLPAs are also required to complete CPD every two years; however, the 12 hours required of SLPAs do not have to be obtained by Board-approved providers. Instead the SLPA supervisor serves as a professional development coordinator for the SLPA and assists the paraprofessional in developing a plan to complete the required hours through attendance at state or regional conferences, workshops, or formal in-service presentations.

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

In 2011, the CPD requirements were amended to include provisions for the new license type, dispensing audiologist, (CCR Section1399.160.3) requiring dispensing audiologist to obtain 12 hours for each renewal with at least 50 percent of the CPD in hearing aid related course work and the other 50 percent in courses directly relevant to the practice of audiology. The amended regulations also included a provision requiring Board-approval for any courses related to the dispensing of hearing aids as offered by hearing aid manufacturers. In this way, the Board could restrict courses where the primary focus was marketing and sales as opposed to professional development. Regulation changes (CCR Section 1399.157) also included changing the renewal cycle for dispensing audiologists from a 2-year to a 1-year renewal cycle to align the license with the hearing aid dispenser's license renewal cycle and associated fees (B&P Section 2534.2). As such, some licensees

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were in a transitional phase where the two-year CPD renewal requirements applied (24 hours of CPD), while others were subject to an annual renewal requiring 12 hours of CPD. All dispensing audiologists should be transitioned to the annual renewal cycle by 2013.

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Hearing Aid Dispensers

Continuing education requirements for hearing aid dispensers has been in effect since the early to mid-1980s. Currently, licensed hearing aid dispensers are required to complete at least nine hours of CE annually. At a minimum, six hours of CE must be related to the practice of dispensing and fitting hearing aids, while the remaining three hours may be in courses related to ethics or business practices.

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

In 2012, the Board approved a regulatory amendment increasing the CE requirement for hearing aid dispensers to 12 hours annually, and eliminating the 12-month grace period currently in regulation which allows licensees an additional year to make-up deficiencies in CE. The proposed regulations would also further clarify acceptable and unacceptable course content and allow for a specified number of self-study courses. The proposal has been vetted at several public Board meetings, where comment from interested parties has been received by the Board. Currently, the Board is in the process of noticing the regulatory proposal before the Office of Administrative Law.

a. How does the Board verify CE or other competency requirements?

   Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the Board wherein actual course completion documents are requested of the licensees to verify the statements of compliance. Failure by the licensee to produce the requested documentation can result in the SLPAHADB issuing a citation and fine against the licensee.

b. Does the Board conduct CE audits of licensees? Describe the Board's policy on CE audits.

c. What are consequences for failing a CE audit?

   Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the Board wherein actual course completion documents are requested of the licensees to verify the statements of compliance. Failure by the licensee to produce the requested documentation can result in the SLPAHADB issuing a citation and fine against the licensee.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

e. What is the Board's course approval policy?

   Board staff reviews and approves CE courses submitted by approved providers, unless a subject matter expert is necessary to provide expert guidance (see subsection f. below).

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f. Who approves CE providers? Who approves CE courses? If the Board approves them, what is the Board application review process?

Staff reviews and approves both CE providers and courses; however, subject matter experts are used if the course content is unfamiliar to staff or requires expert review by a licensed professional in order to determine the practice relevance of the course.

The applications to become a Board-approved provider are on the Board's Web site. Those interested in becoming providers must complete the application, submit a $200 fee or $50 per course for hearing aid dispenser courses, and submit a detailed course outline with the application.

g. How many applications for CE providers and CE courses were received? How many were approved?

h. Does the Board audit CE providers? If so, describe the Board's policy and process.

The Board conducts a random audit of roughly 5 percent of its providers. A letter is sent to the provider notifying them of the audit and requesting the following information to be submitted to the Board within 30 days:

- Course syllabi;
- Information regarding the time and location of the course offering;
- Course advertisements;
- Course instructor resumes or vitas;
- Attendance rosters including names and license numbers of the attendee;
- Records of course completion.

Staff reviews the provider documentation and consults with the Board's Executive Officer if a compliance issue is noted. The Board may revoke a provider approval for failing to comply with the continuing professional development program requirements (CCR Section 1399.160.8).

i. Describe the Board's effort, if any, to review its CE policy for the purpose of moving toward performance based assessments of the licensee's continuing competence.

At this time the Board is not moving toward performance based assessments of its licensees.

Section 5 – Enforcement Program

33. What are the Board's performance targets/expectations for its enforcement program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

In 2010, DCA developed the Consumer Protection Enforcement initiative (CPEI) to monitor and streamline the enforcement processes of all healing arts Boards. The DCA established standard performance measures for each Board and bureau, and set an overall goal of 12-18 months to complete consumer complaints. Each Board or bureau was responsible for determining its performance target for each performance measure to achieve the 12-18 month goal.

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In mid-to-late 2014, an enforcement staff member transferred to another DCA Board, and the remaining enforcement staff member retired. Two new enforcement staff were hired in late 2014, and an additional enforcement staff member was hired in April 2015. There was an anticipated learning curve along with the transition to all new enforcement staff. This learning curve is partially reflected in the performance measures below. Enforcement staff is now fully trained and have made great strides in their ability to accurately enter appropriate data codes, investigate complaints, refer cases for discipline, and monitor probationers.

Some of the data in the chart below may vary slightly from performance measure charts generated by DCA that are included with this Sunset Report. A while after some of the reports had been finalized, it was discovered that relevant data was unknowingly at times omitted, an inaccurate code was entered, or a code was entered each time a case was reassigned, thereby skewing the data. This mainly impacted Performance Measures 2 and 3, and has been corrected in the system. In addition, staff has been sufficiently trained on the appropriate data codes.

The Board has worked to reduce the amount of time for Performance Measure 4 by ensuring regular and consistent follow-up with the Office of the Attorney General on cases referred for discipline, by proactively engaging in early settlement negotiations when deemed appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. This data shows a significant decrease from fiscal year 2014/15 to 2015/16, and the Board is closer to reaching the target for this performance measure. However, there are several time factors that are outside of the Board's control with regards to Performance Measure 4, including the case processing done by the by the Office of the Attorney General and the Office of Administrative Hearings. The data for Performance Measure 4 (average number of days to complete the entire enforcement process for cases resulting in formal discipline), reflects higher than average results. In part, this is attributed to the Board's long-term investigation into violations of a systemic nature involving numerous licensees within one company. These cases required in-depth investigations by the Division of Investigations. Between late 2015 to mid-2016, the majority of these cases were referred to the Office of the Attorney General and are currently pending potential disciplinary action, further extending the number of days that the cases are open.

As shown in the chart below, the volume of complaints/convictions received has increased, while the number of days to close an investigation (not referred for formal discipline) has decreased.

The Board's performance targets are noted in the chart below.

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Performance Measure (PM)	Definition
PM 1 Volume	Number of complaints/convictions received.
PM 2 Intake	Average number of days from complaint receipt, to the date the complaint was assigned to an investigator.
PM 3 Intake & Investigation	Average number of days from complaint receipt to closure of the investigation process for cases not transmitted to the AG. (Includes intake and investigation).
PM 4 Formal Discipline	Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome).
PM 5 Costs	Average costs of intake and investigation for complaints not resulting in formal discipline.
PM 6 Customer Satisfaction	Consumer satisfaction with the service received during the enforcement process.
PM 7 Probation – Initial Contact	Average number of days from monitor assignment, to the date the monitor first makes contact with the probationer.
PM 8 Probation Violation	Average number of days from time a violation is reported against a probationer to the time the monitor responds.

PM	Target	2013/2014	2014/2015	2015/2016
PM 1 Volume	*	165	129	202
PM 2 Intake	5 Days	2	5.5	2
PM 3 Intake & Investigation	90 Days	312	287	94.5
PM 4 Formal Discipline	540 Days	655	1052	712
PM 5 Costs	**			
PM 6 Customer Satisfaction	***			
PM 7 Probation – Initial Contact	14 Days	5	3	6
PM 8 Probation Violation	21 Days	4	0	8

* Complaint volume is counted and is not considered a performance measure.
** Current systems do not capture this data.
*** Reporting data from DCA is limited:
FY 2013/14 – 4 responses received – rated satisfied to very satisfied.
FYs 2014/15 & 2015/16 – DCA changed reporting questions based on a 2014 focus

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group. Data obtained for both fiscal years (5

34. Explain trends in enforcement data and the Board's efforts to address any increasing volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the Board done and what is the Board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

    The Board's enforcement workload decreased since the years 2009-2012, but is now trending higher than the past few years. In fiscal year 2015/16, the Board received 202 arrest/conviction cases, a 22% increase from fiscal year 2013/14, and a 57% increase from fiscal year 2014/15 (see Table ___). There has been a decrease in the number of hearing aid complaints since changes in the Song-Beverly Consumer Warranty Act (effective January 1, 2015) and the Board's efforts to educate hearing aid dispensers on the consumer notification requirements and increased timeframe for refunds. The increase in consumer complaints may be attributed to the increase in the total population of licensees and registrants in the last several years, and a greater public awareness of the Board and its enforcement responsibilities.

    There have been performance barriers faced by the Board in recent years. As stated earlier, the entire enforcement staff consists of employees who started with the Board between August 2014 and April 2015. As expected, it took some time for the new staff to become proficient in their assignments. One staff member was assigned as the point of contact with the Office of the Attorney General on all disciplinary matters. This has led to greater continuity and monitoring oversight.

    The enforcement staff is reviewing all statutes and regulations for clarity, effectiveness, and efficiency and making recommendations for additions and amendments to the Board. In October 2014, an enforcement analyst was hired, with a part of the analyst's duties to include regulatory work. Due to the large number of pending regulatory changes necessary, the Board is currently working to seek approval for a full-time legislative position through the Budget Change Proposal (BCP) process.

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Table 9a. Enforcement Statistics			
	FY 2013/14	FY 2014/15	FY 2015/16
COMPLAINT			
Intake			
Received	130	98	117
Closed	0	0	0
Referred to INV	128	100	117
Average Time to Close	4	15	4
Pending (close of FY)	2	0	0
Source of Complaint			
Public	85	53	66
Licensee/Professional Groups	18	20	17
Governmental Agencies	47	27	13
Other	14	29	106
Conviction / Arrest			
CONV Received	35	31	85
CONV Closed	34	32	85
Average Time to Close	6	20	3
CONV Pending (close of FY)	1	0	0
LICENSE DENIAL			
License Applications Denied	0	1	2
SOIs Filed	0	0	2
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	0	0	0
ACCUSATION			
Accusations Filed	9	10	21
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	4	1	0
Average Days Accusations	2497	2187	1593
Pending (close of FY)			

Table 9b. Enforcement Statistics (continued)			
	FY 2013/14	FY 2014/15	FY 2015/16
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	1	2	3
Stipulations	2	3	6
Average Days to Complete	2497	2187	1593
AG Cases Initiated	15	17	37
AG Cases Pending (close of FY)	22	26	34
Disciplinary Outcomes			
Revocation	1	4	3
Voluntary Surrender	2	1	1
Suspension	0	0	0
Probation with Suspension	0	0	1
Probation	8	4	5

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Probationary License Issued			
Other		1	2
PROBATION			
New Probationers	8	4	7
Probations Successfully Completed	2	1	1
Probationers (close of FY)	23	22	20
Petitions to Revoke Probation	0	0	0
Probations Revoked	0	0	0
Probations Modified	0	0	1
Probations Extended	0	0	0
Probationers Subject to Drug Testing	3	4	7
Drug Tests Ordered *	87	104	180
Positive Drug Tests	0	1	0
Petition for Reinstatement Granted	0	0	1
DIVERSION			
New Participants	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A
Terminations	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A

* Data obtained from Phamatech & FirstLab

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Table 9c. Enforcement Statistics (continued)			
	FY 2013/14	FY 2014/15	FY 2015/16
INVESTIGATION			
All Investigations			
First Assigned	162	132	202
Closed	169	153	239
Average days to close	627	644	160
Pending (close of FY)	134	114	77
Desk Investigations	161	132	202
Closed	144	136	231
Average days to close	590	579	245
Pending (close of FY)	114	103	72
Non-Sworn Investigation	0	0	0
Closed	1	0	0
Average days to close	905	0	0
Pending (close of FY)	1	0	0
Sworn Investigation	23	9	23
Closed	25	17	8
Average days to close	954	1249	774
Pending (close of FY)	21	11	5
COMPLIANCE ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	9	6	1
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE			
Citations Issued	11	11	9
Average Days to Complete	785	480	500
Amount of Fines Assessed	$12,250.00	$6,750.00	$8,350.00
Reduced, Withdrawn, Dismissed	3	4	5
Amount Collected	$7,950.00	$5,850.00	$1,850.00
CRIMINAL ACTION			
Referred for Criminal Prosecution			

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Table 10. Enforcement Aging						
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year		0	0	1	1	
2 Years		1	1	3	5	
3 Years		1	3	0	4	
4 Years		0	1	1	3	
Over 4 Years		0	0	0	0	
Total Cases Closed		2	5	5	13	
Investigations (Average %)						
Closed Within:						
90 Days		48	31	146	225	
180 Days		24	20	39	83	
1 Year		35	34	22	91	
2 Years		33	58	27	118	
3 Years		27	9	5	41	
Over 3 Years		3	1	0	4	
Total Cases Closed		170	153	239	562	

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35. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The number of accusations filed by the Board has increased by 54% since the last review (from 23 to 40). There is little change in other discipline actions since the last review.

36. How are cases prioritized? What is the Board's complaint prioritization policy? Is it different from DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)? If so, explain why.

The Board prioritizes cases as urgent, high or routine in accordance with DCA's August 2009 memorandum, "Complaint Prioritization for Health Care Agencies." Each case is reviewed and expedited according to the alleged violations. The Board takes immediate action to involve the Division of Investigations and/or the Office of the Attorney General when a complaint alleges any activity in which the probability of public harm is imminent.

37. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the Board actions taken against a licensee. Are there problems with the Board receiving the required reports? If so, what could be done to correct the problems?

The Board typically receives very few reportings, and is not aware of any problems with receiving the required reports.

a. What is the dollar threshold for settlement reports received by the Board?

The maximum settlement reported to the Board for settlement was $5,000.00.

b. What is the average dollar amount of settlements reported to the Board?

$5,000.00 is the average dollar amount of settlements reported to the Board.

38. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board refers cases to the Office of the Attorney General for disciplinary action, and enters settlements based on recommendations by the Office of the Attorney General and in adherence to the disciplinary guidelines.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

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Decision Type Outcome	Case Count from 7/1/2012 to 6/30/2016
Stipulations Pre-Accusation	5
Hearing Decisions	11
Default Decisions*	5
*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.	

b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count from 7/1/2012 to 6/30/2016
Stipulations Post-Accusation	19
Hearing Decisions	11
Default Decisions*	5
*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.	

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

During this time period, a total of 29 cases were settled (including default decisions) versus 11 cases that resulted in a hearing. This equates to 72% of cases that settled rather than resulting in a hearing.

Decision Type Outcome	Case Count from 7/1/2012 to 6/30/2016
Stipulations	60%
Hearing Decisions	28%
Default Decisions*	12%
*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.	

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39. Does the Board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Board's policy on statute of limitations?

The Board does not operate with a specific statute of limitations, however, the Office of the Attorney General has communicated the following statute of limitations criteria they follow which is used by many other healing arts Boards (including Medical Board, Board of Psychology, etc.):

Accusations shall be filed within three years after the Board discovers the act or omission alleged as the grounds for disciplinary action, or within seven years after the act or omission alleged as the grounds for disciplinary action occurs, whichever occurs first. Exceptions in which there is no statute of limitations: Accusations filed against a licensee alleging procurement of a license by fraud or misrepresentation, and certain circumstances alleging unprofessional conduct based on incompetence, gross negligence, or repeated negligent acts of the licensee. An accusation filed against a licensee on or after January 1, 2002 alleging sexual misconduct shall be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act occurs, whichever occurs first. Additionally, if an alleged act or omission involves a minor, the seven-year limitations period from when the alleged act occurred, and the 10-year limitations period from when the alleged act occurred shall be tolled until the minor reaches the age of majority.

40. Describe the Board's efforts to address unlicensed activity and the underground economy.

Given that public protection is the Board's highest priority, all allegations of unlicensed activity are handled with high or urgent priority. Several cases of unlicensed activity by individuals not licensed by the Board are currently under investigation and may result in citations and/or referral to the local District Attorney's office for review and possible filing of criminal charges. There is currently one case of unlicensed activity pending criminal action at the local District Attorney's office. There has been discussion at recent Board meetings regarding potential unlicensed activity within the school districts, and unlicensed activity of hearing aid trainees who continue to work when their trainee licenses are suspended or have expired. The Board plans to address these issues in the Strategic Plan 2016-2020.

Many of the Board's unlicensed activity cases involve previously licensed practitioners who allow their license to become delinquent by failing to renew timely, or support personnel who fail to file the appropriate licensing paperwork timely in order to practice under supervision. These cases typically result in the issuance of a citation and fine to the unlicensed individual, and depending upon the circumstance, to the responsible supervisor for aiding and abetting unlicensed practice. Currently, there are two cases of unlicensed activity (performing duties outside of the scope of their current license type) pending disciplinary action at the Office of the Attorney General. In addition, in 2016, two licensees were placed on probation for actions which included unlicensed practice (working with expired licenses).

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During this reporting period, there have been three citations issued for unlicensed practice.

41. Discuss the extent to which the Board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the Board increased its maximum fines to the $5000 statutory limit?

The Board is authorized by Business and Professions Code section 125.9 to issue citations, which may contain an order of abatement and an order to pay an administrative fine. The Board issues citations for minor violations of the laws and regulations governing the practices of speech, audiology, and hearing aid dispensing which do not warrant formal discipline.

In 2006, regulatory language in California Code of Regulations (CCR) section1399.159 was amended to increase the maximum allowable fine from $2,500.00 to $5,000.00 in certain exceptional circumstances which would warrant maximum penalties. The Board has discussed making similar regulatory changes to hearing aid dispenser regulation CCR 1399.136, as a future agenda item, but no action has been taken to date.

42. How is cite and fine used? What types of violations are the basis for citation and fine?

Citations and fines are issued for minor infractions of the laws and regulation, e.g. advertising violations, failure to renew a license prior to the expiration, failure to keep updated records with the Board, failure to appropriately register support personnel or trainees prior to employing the personnel to provide services, continuing education compliance issues, etc.

43. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

The Board scheduled and conducted twelve informal conferences/office mediations in the last four years and rendered decisions on five written appeals in lieu of conducting the information conference. The Board does not have an established Disciplinary Review Committee. The Executive Officer and the enforcement analyst conduct the informal conferences/office mediations. Two licensees requested a formal hearing to dispute their citations, but later withdrew the requests and paid the fines.

44. What are the 5 most common violations for which citations are issued?

The five most common violations for which citations are issued are as follows:

- Unlicensed Practice
- False/Misleading Advertising
- Aiding and Abetting Unlicensed Practice
- Failure to Maintain Appropriate Records
- Failure to Cooperate (to the Board's request for information pursuant to a complaint)

45. What is average fine pre- and post- appeal?

The average pre-appeal fine is $1319.00, and post-appeal fine is $658.00.

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46. Describe the Board's use of Franchise Tax Board intercepts to collect outstanding fines.
When a fine is not paid within the required time, the licensee or non-licensee's information is forwarded to the DCA for referral to Franchise Tax Board for collection through its Offset Program. Since July 2014, the Board has referred eight unpaid fines totaling $5,250.00. The Board thus far has received $250.00.
47. Describe the Board's efforts to obtain cost recovery. Discuss any changes from the last review.

Business and Professions Code section 125.3 indicates, in part, that the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Cost recovery is a standard term and condition specified in the Board's disciplinary guidelines for all proposed decisions and stipulations. There have been no changes in this policy since the last review.

48. How many and how much is ordered by the Board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

There is no specific amount of cost recovery ordered for revocations, surrenders, and probationers. Each discipline case has its own amount of cost recovery ordered depending on the investigation and prosecution costs incurred. Probationers may request a payment plan to reimburse the Board, and final payments are generally due within 6 months of the end of probation. In some instances where the cost recovery amount is lower, it may be negotiated that cost recovery be paid in full within the first or second year of probation.

Cases of revocations and surrenders are typically uncollectable as the former licensee has no motivation to pay the ordered cost, either because the individual relocates to another state or changes professions. In revocation cases where cost recovery is ordered but not collected, the Board will transmit the case to the Franchise Tax Board for collection. (See Table 11)

49. Are there cases for which the Board does not seek cost recovery? Why?
The Board does not seek cost recovery in cases where it has denied a license or registration and a Statement of Issues has been filed, as cost recovery is applicable to licensees, and not applicants for licensure.
In a stipulated settlement where a licensee agrees to surrender their license, a condition of cost recovery is included wherein all costs of investigation and prosecution must be paid prior to the Board considering a petition for reinstatement of the license.

50. Describe the Board's use of Franchise Tax Board intercepts to collect cost recovery.
Failure to pay cost recovery is generally a violation of probation, therefore, is it not common for a probationer to fail to pay cost recovery. In 2016, the Board began utilizing the Franchise Tax Board to collect outstanding monies owed. Three cases have been forwarded, and to date, there has been no monetary intercept.

51. Describe the Board's efforts to obtain restitution for individual consumers, any formal or informal Board restitution policy, and the types of restitution that the Board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the Board may seek restitution from the licensee to a harmed consumer.

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The Board seeks monetary restitution for consumers in cases regarding hearing aid returns and refunds, pursuant to the provisions of the Song Beverly Consumer Warranty Act (SBCWA). If initial attempts at restitution by the Board are unsuccessful, the Board will order the hearing aid dispenser to pay restitution in full to the consumer by means of an administrative order, stipulated settlement, or in less egregious cases, through citation and fine. Payment to the consumer must be made within a specified period of time, typically not more than 30 days, and is tracked by the Board to ensure the consumer is made whole. Additionally, the Board can order restitution in cases involving Medi-Cal or other insurance fraud, or in a case where a patient or client paid for services that were never provided.

Table 11. Cost Recovery

(list dollars in thousands)	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Total Enforcement Expenditures	$798	$716	$922	$1,100
Potential Cases for Recovery*	4	9	10	13
Cases Recovery Ordered	4	5	6	10
Amount of Cost Recovery Ordered	$15	$20	$44	$72
Amount Collected	$14	$12	$11	$32

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on a violation of the license practice act.

Table 12. Restitution

(list dollars in thousands)	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Amount Ordered	$33	$6	0	0
Amount Collected	$40	$1	$5	0

Section 6 – Public Information Policies

52. How does the Board use the internet to keep the public informed of Board activities? Does the Board post Board meeting materials online? When are they posted? How long do they remain on the Board's website? When are draft meeting minutes posted online? When does the Board post final meeting minutes? How long do meeting minutes remain available online?

The Board's website went through a major overhaul in August 2012, in order to make it easier for applicants, licensees and consumers to navigate. The website features links to the Board's laws and regulations, publications (including our Strategic Plan 2016-2020), customer satisfaction surveys, and related links. The Board Activity page includes the Board's history; biographies and photos of our Board Members; a listing of our committees, committee functions and members; and opportunities for public participation. During the strategic planning session, the Board members created a new mission and vision statement, and identified the key values of the Board. The website has been updated to reflect these attributes.

All Board and committee meeting agendas, materials, and minutes are posted on the Web site. Agendas are posted at least 10 days in advance of the meeting in accordance

with the Bagley-Keene Open Meeting Act (Government Code section 11120-11132). Since 2008, agendas and approved meeting minutes are on the Web site; since 2009, meeting materials are available on the website. Draft meeting minutes from the previous meeting are included as an agenda item for approval in subsequent meetings. Once edits to the minutes are completed, the approved meeting minutes are posted on the website.

53. Does the Board establish an annual meeting calendar, and post it on the Board's web site?

Yes, the Board webcasts both Board and committee meetings. Webcasting began in July 2012, and the links to view these meetings are on the Board Activity page on the website. The Board plans to continue this practice to make certain meetings are accessible to those who are unable to physically attend.

54. Does the Board establish an annual meeting calendar, and post it on the Board's website?

The Board has an established meeting calendar that lists important dates during the fiscal year. Information included on the calendar reflects the dates of Board and committee meetings, national and state association convention dates, and state holidays. The calendar is updated throughout the year to reflect any change to the information. The website includes calendars for the current and upcoming fiscal year.

55. Is the Board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the Board post accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)?

In August 2006, the Board adopted regulations (CCR 1399.180 - 1399.187) governing the disclosure of information, consistent with DCA's Recommended Standards for Consumer Complaint Disclosure as well as the Department's Web Site Posting of Accusations and Disciplinary Actions.

56. What information does the Board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

57. What methods are used by the Board to provide consumer outreach and education?

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Section 7 – Online Practice Issues

58. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Board regulate online practice? Does the Board have any plans to regulate internet business practices or believe there is a need to do so?

Section 8 – Workforce Development and Job Creation

59. What actions has the Board taken in terms of workforce development?

60. Describe any assessment the Board has conducted on the impact of licensing delays.

61. Describe the Board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

62. Describe any barriers to licensure and/or employment the Board believes exist.

63. Provide any workforce development data collected by the Board, such as:

a. Workforce shortages

b. Successful training programs.

Section 9 – Current Issues

64. What is the status of the Board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board adopted proposed language incorporating the Uniform Standards for Substance Abusing Licensees into its Disciplinary Guidelines at its July 26-27, 2012 Board meeting. The Executive Officer transferred to another Board in December 2013, prior to filing regulatory documents with the Office of Administrative Law. The current Executive Officer started with the Board in June 2014. Staff revisited the Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees in 2015 and brought revised text to the Board at its February 4-5, 2016 Board meeting, which the Board approved. Staff is working with legal counsel to finalize the necessary regulatory documents in order to file the proposed rulemaking file with the Office of Administrative Law.

65. What is the status of the Board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

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The Board adopted the following regulatory changes pursuant to the goals set forth in the CPEI regulations:

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ADOPTED

CCR 1399.110 was adopted to further consumer protection by requiring a hearing aid dispenser whose ability to practice safely may be impaired due to mental or physical illness affecting competency to undergo an exam by a physician or psychologist. Similarly, CCR 1399.151 was amended to reflect these changes for speech-language pathologists and audiologists.

CCR 1399.130 was adopted to further consumer protection by requiring a hearing aid dispenser to self-report all arrests, indictments, convictions, or disciplinary actions by other licensing or government entities within specified time frames. This regulation also sets time frames for licensees to provide requested documents to the Board, and requires a licensee to cooperate in any Board investigation pending against their license. Similarly, CCR 1399.156 was amended to reflect these changes for speech-language pathologists and audiologists.

CCR 1399.130.1 and CCR 1399.156.5 were adopted to further consumer protection by outlining the procedures for denying an applicant who is registered as a sex offender pursuant to Section 290 of the Penal Code.

AMENDED

CCR 1399.131 and CCR 1399.155 were amended to further consumer protection by outlining the disciplinary provisions for revocation of a hearing aid dispenser, speech-language pathologist or audiologist's license for specified sex offenses.

CCR 1399.150.3 was amended to allow the Board's executive officer the ability to accept default decisions and approve settlement agreements for the revocation, surrender or interim suspension of a license.

In addition, the Board has filled the enforcement position received as a result of the CPEI. As a result, the Board has noticed a reduction in the time to process complaints and enforce administrative actions.

66. Describe how the Board is participating in development of BreEZe and any other secondary IT issues affecting the Board.

    a. Is the Board utilizing BreEZe? What Release was the Board included in? What is the status of the Board's change requests?

       The Board was part of Release 3 and is not currently using the BreEZe system.

    b. If the Board is not utilizing BreEZe, what is the Board's plan for future IT needs? What discussions has the Board had with DCA about IT needs and options? What is the Board's understanding of Release 3 Boards? Is the Board currently using a bridge or workaround system?

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A 2014 audit conducted by the Bureau of State Audits (BSA), found that DCA programs not included in the first two releases of the BreEZe effort, must perform a cost benefit analysis to determine if BreEZe is a cost effective solution for each entity. This requirement significantly changed all initial assumptions regarding IT platform alternatives, and schedules, for DCA programs formerly included in Release 3. The following new strategy concept has been discussed with affected programs at executive information sessions and individual IT update meetings.

All programs formerly included in Release 3 will, based on current strategy, follow the below steps to determine the near term road map for an IT platform replacement effort:

1. Per BSA 2014 findings, all programs will perform thorough business planning to determine and document a platform's functional requirements specific to each program, and not from a departmental perspective. The business planning will include:

    a. Inventory all business processes
    b. Document Business Process Diagrams (BPD) for each business process
    c. Document use cases for each BPD
    d. Develop a functional requirement specification

2. Follow the Project Approval Lifecycle (PAL) required by the CA Department of Technology (CDT) for all IT efforts. The PAL process includes four stages outlined by SIMM 19. The PAL process will navigate business justification, cost benefit analysis, alternatives analysis, and fiscal analysis. This effort will facilitate the decisions around the program's IT platform choice.

3. Execute an IT project per the details and approvals resulting from the PAL process, and implement the chosen IT platform.

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the Board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the Board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the Board has for dealing with the issue, if appropriate.

Section 11 –

DRAFT

New Issues

This is the opportunity for the Board to inform the Committees of solutions to issues identified by the Board and by the Committees. Provide a short discussion of each of the outstanding issues, and the Board's recommendation for action that could be taken by the Board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the Board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committees.

Section 12 – Attachments

Please provide the following attachments:

A. Board's administrative manual. Please refer to attachment #2

B. Current organizational chart showing relationship of committees to the Board and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

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Section 13 – Board Specific Issues

THIS SECTION ONLY APPLIES TO SPECIFIC BOARDS, AS INDICATED BELOW.

Diversion

Discuss the Board's diversion program, the extent to which it is used, the outcomes of those who participate and the overall costs of the program compared with its successes.

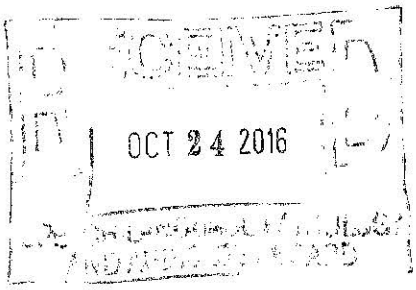
Diversion Evaluation Committees (DEC) (for BRN and Osteo only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the Board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the Board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DECs?
11. How many DEC recommendations have been rejected by the Board in the past four fiscal years (broken down by year)?

DRAFT

USC University of Southern California

Keck School of Medicine of USC
USC Caruso Family Center
for Childhood Communication
Department of Otolaryngology–Head & Neck Surgery



October 19, 2016

Alison M. Grimes, AuD
Director of Audiology
UCLA Health

Dear Alison,

I am writing to express my frustration over the policies regarding CEUs for dispensing audiologists. You and I have had numerous conversations about this, and I understand that you believe that manufacturer-specific trainings should not count toward the CEU requirement, and I understand why. You believe that these trainings are essential in order for us understand the products we use, but they don't meet the goal of advanced education. You know that I disagree, not only on principle but because the alterative options are so few and far between and the approved courses are so often largely a complete waste of time and money.

Consider a recent seminar offering all of a year's required hearing aid CEUs. The agenda was almost exactly the same as last year's, and it included a presentation by a representative of a cochlear implant manufacturer who explained how a cochlear implant works. The cost of the seminar was $350. A year ago I attended a different but similar seminar, whose content focused mainly on marketing of hearing aids to a reluctant population and tips on how to reduce return rates. Several years ago, I attended a talk at AAA offering CA CEUs for dispensers—presented by Francis Kuk specifically on features of Widex products. "How a cochlear implant works" is not advanced education for hearing aid dispensers and is a colossal bore for a cochlear implant audiologist; marketing techniques –even disguised as a humanitarian effort to reach unaided adults handicapped by hearing loss—have no business being labeled advanced education.

I understand that you are working toward a better system, which is admirable, but that system is not in place at this time. So in the meantime, I cannot count hours that I spent learning about how 2.4gHz wireless transmission is an improvement over FM transmission because the presentation was part of a Phonak training (despite the fact that 2.4gHz isn't just a Phonak feature), or how multiple products now use smart phones for control, troubleshooting and connectivity because the particular training I can attend is put on by Starkey (even though understanding Starkey's version actually helps me to understand other products' use of the technology as well). I don't think all these trainings are "dog and pony shows," as you once called them, but I do think that a seminar that offers virtually no new information for a fee of $350 is worse than a dog and pony show. In fact I am not convinced that, without manufacturers sharing their technology, there is enough new information about hearing aid research and development to warrant 6 CEUs at all. I also maintain that if manufacturer trainings merit AAA and ASHA CEUs, which are also supposed to be awarded for advanced education, they should count as hearing aid CEUs as well.

In short, the hearing aid CEU process is costly and in general distinctly unproductive in terms of any real education. I have not spoken to a single dispensing audiologist who finds the current system and restrictions on what can count as CEUs to be valuable. You have explained that you are working toward approving more online CEUs (which, by the way, are difficult to find because they are not always clearly noted on the Board website or online as meeting the California

HA Dispenser requirements), but as of now we don't have the opportunity to obtain all our CEUs this way. Until we do, and/or until there are better and more readily obtainable CEUs in the seminar format, I would ask that manufacturer trainings (with quality and relevance to be determined by the Board from their proposed agendas) be an option for dispensing audiologists' CEU requirements.

As always, with deepest respect to you,

Margaret Winter, M.S., CCC-A, Board Certified in Audiology
Associate Professor of Clinical Otolaryngology
USC Caruso Family Center for Childhood Communication
Keck Medicine of USC
University of Southern California
806 W. Adams Blvd.
Los Angeles, CA 90007
Office 213-764-2801
Fax 213-764-2899
margaret.winter@med.usc.edu
In the office Tuesdays through Fridays

Cc: Paul Sanchez

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
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BOARD MEETING MINUTES - DRAFT
Los Angeles Airport Marriott
August 11-12, 2016

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

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

Alison Grimes, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 2:51 p.m. Ms. Grimes called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present
Alison Grimes, Board Chair
Patti Solomon-Rice, Vice Chair
Jaime Lee, Public Board Member
Dee Parker, Board Member
Marcia Raggio, Board Member
Amnon Shalev, Board Member
Debbie Snow, Public Board Member

Board Members Absent
Rodney Diaz, MD, Public Board Member
Deane Manning, Board Member

Staff Present
Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Anita Joseph, Enforcement Coordinator
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst
Cesar Victoria, DCA Web Cast

Guests Present
Toni Barrient, Consumer
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Cindy Kim, West Coast Captioning

Closed Session

2. The Board went into closed session at 2:53 p.m.

   1I-2015-60
   Proposed Decision – Non-Adopt

Return to Open Session

The Board returned to open session at 3:30 p.m.

3. Public Comment for Items Not on the Agenda

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

4. Review and Approval of the May 12-13, 2016 Board Meeting Minutes

   M/S/C Parker/Shalev

   - **Approve the May 12-13, 2016 Board Meeting Minutes as amended. The motion carried 6-0 with Ms. Lee abstaining**

5. Update on CPS-HR Workload and Staffing Analysis Report

   Paul Sanchez updated the Board on the information CPS-HR reported on its analysis of the Board's workforce and workload volume. Workload processes that CPS-HR studied included: identifying major tasks and the time needed to complete those tasks; identifying over/under staffing of existing workload; documenting work not being completed due to insufficient staffing levels; and comparing staffing levels and performance measures with those of DCA Boards similar in size. It was noted that the Board has not seen an increase in the number of staff comparable with the growth of the Board and the growth of the licensee population. The Board questioned if this data will allow for an increase in staff. Mr. Sanchez informed the Board that this report helps document the need for additional staff; but, the Board must still go through the budget process to request additional staff.

6. Executive Officer's Report
   a. Administration Update

      The Board is looking to recruit a licensing analyst who will assist the licensing unit in processing speech-language pathology and audiology applications.

   b. Budget Report

      The Board has expended most of the budget this fiscal year. As a result, the Board requested and received a budget augmentation to continue working enforcement cases. The Board has expended so much of its budget due to the amount of work. In the past, Board staff vacancies

have resulted in large budget reversions to the Board fund. The Board has filled its vacancy quickly to stay consistently staffed during the previous budget year which has resulted in using or expending most of the budget. For example, increased enforcement, licensing, and practical exams have contributed to the Board's costs. The Board has held eight practical examinations to date.

c. Licensing Report

Mr. Sanchez reported that the in the past twelve months speech-language pathology (SLP and audiology (AU) application processing timeframes have improved. During this time, the Board experienced vacancies in licensing with the loss of experienced staff members. Despite the loss of experienced staff, licensing processing times have been reduced by 50 percent. Special thanks to Tim Yang, who is new to processing applications himself but was able to keep up with the workload and train new licensing staff. In reviewing the licensing table, the number of SLP licenses issued has almost doubled in the past five years, RPE's have increased approximately sixty percent, and hearing aid dispenser/dispensing audiology licenses have nearly tripled.

d. Hearing Aid Dispenser Practical Examination Report

The Board has held eight hearing aid dispenser practical examinations to date and two more are scheduled for later this year. In the future, the Board is considering holding practical examinations in Southern California. There are challenges to holding a practical examination due to requiring a specific type of setting to conduct the examination in order to maintain examination security.

e. Enforcement Report

Mr. Sanchez reported that with an increase of the licensing population comes an increase in complaints received by the Board. Complaints opened by the enforcement unit have increased approximately 33% over the past three years. A request to separate the SLP complaints from the Audiology complaints was fielded. Mr. Sanchez stated the report combines these two professions and Board staff would need to manually separate the information. He noted he may be able to give the information the Board is looking for in narrative form. The performance measures have improved since the spike in fiscal year 2014/2015, which was caused by a loss of staff and the training of new staff.

f. Board Strategic Plan Action Plan

Mr. Sanchez provided an update on the Strategic Plan. The Board staff has continued to work with SOLID to create an action plan to meet the goals and objectives. He noted that this is a five-year plan and he requested feedback regarding any questions, concerns, or reprioritization of objectives. Mr. Sanchez reported there are 30 objectives and 218 tasks in the current plan and approximately 10% have been completed to date. He recommended that concentrating the Board meetings on the objectives identified in the Strategic Plan will help staff meet those goals.

7. Discussion of the Sunset Oversight Review

Mr. Sanchez provided an overview of the Sunset Review process. He noted that the Legislature looks at how the Board is doing, statistical numbers, new issues, needs, and changes in addition to reviewing the previous Sunset Review report to see where the Board was and where it is now.

a. Sunset Review Timeline

The Sunset Review oversight report is due December 1, 2016.

b. Sunset Review Background Questionnaire

Mr. Sanchez requested a subcommittee of the Board work on and gather information for the report.

c. Process

A letter was provided to the Board Members from the Senate Consultant on the Committee of Business Professions and Economic Development (BPED) advising the Board of the Sunset Review process. BPED states that they will look at the Board's statistical numbers, changes that have happened at the Board, needs and/or new issues that have arisen, and what progress the Board has made on issues identified in the 2012 Sunset Review.

d. Potential Legislative Concepts in Sunset Review Report

No discussion occurred on this topic.

e. Board Sunset Committee

The Board does not have a standing Sunset Review committee however the Board will revisit this issue at tomorrow's Board meeting. Committee members can volunteer or be appointed. The hope is that all Board members will help work on the report.

8. Discussion and Possible Action on the Proposed Board Member Manual

The Board Member Manual (Manual) is an important document that serves as a guide to the Board on procedural matters and will help the Board function. The Manual is a living document that can be revisited throughout the year for updates and changes. Kelsey Pruden led the discussion with the Board on each section of the Manual.

a. Board and Committee Structure

Mr. Sanchez proposed looking into changing the makeup of the committees from practice committees to business committees. He opined that it seemed like a lot of time is spent going over the information that was discussed during the committee meeting the day before.

b. Frequency of Meetings

Changing the frequency of meetings was discussed by the Board. It was mentioned that the Board meets quarterly and meeting less frequently could cause the Board to lose sight of items; therefore, no change was made.

c. Committees
   i. Business area (legislative, enforcement, etc.) vs. practice committees

The Board discussed two member Ad Hoc subcommittees that could work on profession specific topics and have the public members more engaged in committees that focus on subjects such as enforcement and budgets.

M/S/C Grimes/Parker

- **Motion that the presence of one (1) vote will result in holding the decision for Board discussion. The motion carried 7-1**

M/S/C Lee/Parker

- **Motion to adopt the Board Member Manual with the changes discussed today and any grammatical or technical errors. The motion carried 8-0**

9. Recess until August 12, 2016 at 9:00 a.m.

The Board went into recess at 4:40 p.m.

August 12, 2016 - 9:00 a.m. – 5:00 p.m. (or until completion of business)

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

Alison Grimes, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 9:00 a.m. Ms. Grimes called roll; eight members of the Board were present and thus a quorum was established.

Board Members Present
Alison Grimes, Board Chair
Patti Solomon-Rice, Vice Chair
Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member
Dee Parker, Board Member
Marcia Raggio, Board Member
Amnon Shalev, Board Member
Debbie Snow, Public Board Member

Board Members Absent
Deane Manning, Board Member

Staff Present
Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Anita Joseph, Enforcement Coordinator
Kelsey Pruden, Legal Counsel
Karen Robison, Administrative/Enforcement Analyst
Cesar Victoria, DCA Web Cast

Guests Present
Toni Barrient
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Mary Ellen Hood, California Speech-Language-Hearing Association (CSHA), Chapman University
Sherry Fulberry, California State University, Northridge (CSUN)
Terry Kapp, CSHA
Cindy Kim, Close Captioning, West Coast Captioning
Brooke Lugatt, CSHA/TUSD
Beth Pioli, CSHA
Linda Pippert, CSHA
PJ Seymour, CSUN
Brittany Sheldon, CSUN
Roni Turick, CSHA

2. Update on English Proficiency Test Requirements and Foreign-Educated Speech-Language Pathology Applicants

   Patti Solomon-Rice gave an overview of the English proficiency test requirements and foreign educated speech-language pathology applicants and noted that progress has been made. Ms. Pruden informed the Board that the Board will need a statutory change to move forward as there is no authority to promulgate regulations on this issue at this time.

3. Discussion and Possible Action on Auditing the Supervision of Speech-Language Pathology Assistants (SLPA)

   The Board discussed the supervision of SLPA's, or lack thereof, and the need to perform audits in all practice settings. Dee Parker remarked that this is an issue with the Commission on Teacher Credentialing (CTC) and the discussion was moved to encompass the Variable Term Waiver (VTW) to catch overlapping concerns.

4. Speech-Language Pathologist Credential/Variable Term Waiver Update

   Ms. Parker provided an update on the VTW and the criteria that must be met to be granted a VTW. It was noted that school administrators are missing the 3.0 grade point average when reviewing criteria for the VTW. Administrators also do not know the difference between SLP's and SLPA's

and the tasks they can and cannot perform. The Department of Education will have a new Director of Special Education beginning September 1, 2016. A meeting with the new Director has been arranged to discuss this issue. Education is needed to inform administrators in school districts and administration students about SLPA's so they know SLPA's must be licensed by the Board, are not regulated by the CTC, and what the many acronyms represent.

M/S/C Parker/Solomon-Rice

- **Form an Ad Hoc Committee to assist staff in looking into VTW educational outreach. The motion carried 7-0**

5. Discussion and Possible Action on Audiology Committee Report and Recommendations

Ms. Grimes provided an oral report on the topics discussed during the August 11, 2016, Audiology Practice Committee meeting. Subjects discussed included the President's Council of Advisors on Science and Technology (PCAST) report, California Children's Services, and the approval of the May minutes. Mr. Shalev brought up the issue which was discussed during the Committee meeting of hearing aids that are locked by the manufacturer or dispensing entity that restricts consumer's access to reprograming of their hearing aid. He suggested looking into adding this issue to the hearing aid dispenser advertising guidelines. Ms. Pruden will research to determine if there will be any conflict with Federal Regulations or potential conflict in California.

M/S/C Raggio/Shalev

- **Approve the Audiology Practice Committee report. The motion carried 7-0**

6. Update on METX, LLC v. Wal-Mart Stores Texas, LLC (E.D. Tex. 2014) 62 F.Supp.3d 569Decision

Ms. Pruden briefed the Board on a case which came out of the Texas Federal Court to determine whether Food and Drug Administration (FDA) regulations preempted Texas Medical Board statutes.

7. Proposed Regulations – Discussion and Possible Action
    a. Title 16, CCR, Section 1399.170 – Speech-Language Pathology Assistants

The Board discussed the comments received during the 15-day comment period that ended on June 28, 2016 and reviewed the staff recommended responses. The Board acknowledged the comments received and noted they value what is said.

M/S/C Solomon-Rice/Parker

- **Accept all staff recommendations to comments. The motion carried 7-0**

8. Legislation Update, Review, and Possible Action
    a. AB 1950 (Maienschein) Hearing aids: audio switch

This bill is in Committee and being held in suspense. Toni Barrient spoke on this bill and it explained how it came to be. She discussed the importance and need for the bill. It was noted that the telecoil issue is a consumer protection issue that should be discussed by the Board or the hearing aid dispenser committee and should be an agenda item in the near future. The Board will follow up on this bill.

b. AB 2317 (Mullin) California State University: Doctor of Audiology degrees

This bill was in the Senate on Monday and expected to go to the Governor within the next two weeks.

c. AB 2859 (Low) Professions and vocations: retired category: licenses

This bill is on the consent calendar.

d. SB 1155 (Morrell) Professions and vocations: licenses: military service

This bill is being held in suspense.

9. Discussion on Procedures Regarding Board Executive Officer Evaluation

The Board was informed by Mr. Sanchez that the Executive Officer (EO) evaluation is due and will be on the November agenda.

10. Future Agenda Items and Future Board Meeting Dates

Future agenda items include: Hearing Aids: Audio Switch, EO evaluation, Sunset Review, SLPA supervision, Foreign Educated Applicants, AB 796, AB 1715, AB 2004, SB 1034, SCR 136

a. September/October – Additional Meeting to Discuss Sunset Report - TBD
b. November 3-4, 2016 – Sacramento
c. February 9-10, 2017 – San Diego
d. May 11-12, 2017 – TBD
e. August 10-11, 2017 – TBD

11. Adjournment

The Board adjourned at 1:25 p.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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MEMORANDUM

DATE	October 25, 2016
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

The Board is still in the process of recruiting a licensing analyst that will work within our licensing unit to assist with the review and processing of speech-language pathology and audiology applications.

Board Budget

Included in your Board materials is the Expenditure Summary Report which reflects month three of the 2016-17 budget year. Based on the report, the Board is projected to slightly go over budget and will have to watch our expenditures closely as we get close to the end of the fiscal year.

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 – Staff have exceeded their licensing timeframes goals. The chart below represents the Board's licensing timeframes for completed applications received during the specified period:

Licensing Cycle Times	11/1/15	2/1/16	5/1/16	8/1/16	10/25/16
SLP and Audiologists Complete Licensing Applications	7 weeks	7 weeks	2 weeks	2 weeks	1 week
Review and Process SLP and Audiologist Supporting Licensing Documents	7 weeks	6 weeks	3 weeks	3 weeks	1 week
Review and Process RPE Applicant's Verification Forms for Full Licensure	7 weeks	4 weeks	2 weeks	2 weeks	1 week
Hearing Aid Dispensers Applications	3 weeks	3 weeks	2 weeks	Current	Current

Practical Examinations – Included in your Board materials are statistical summaries from our most recent HAD practical examinations that were held on July 9 and September 10, 2016. The next practical examination is scheduled for October 29, 2016 in Sacramento.

Enforcement – The number of complaints and convictions received by the Board is on pace with last year's numbers.

There are currently 23 formal discipline cases pending with the Attorney General's Office. The Board is currently monitoring 30 probationers. Seven probationers require drug or alcohol testing and six are in a tolled status.

The following disciplinary actions have been adopted by the Board in thus far in fiscal year 2016-17:

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
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

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
					Terms & Conditions
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

Regulations Update

Board staff has one regulatory item for your review and approval. Below is a table of the Board's rulemaking files with status and comments.

Rulemaking File	Final Filing Date	Status	Comments
Disciplinary Guidelines		10/16 – Legal counsel reviewing Initial Statement of Reasons (ISOR). 8/16 – Drafting ISOR and Notice. 2/5/16 – Board Approved language.	Needs Legislative/Legal review before publishing.
Fees: Speech-Language Pathology and Audiology		8/1/16 – ISOR, Notice, and Approved language sent to DCA Legal Office for review. 6/15 – Board approved language.	Needs Legislative/Legal review before publishing.
Hearing Aid Dispenser Advertising Guidelines		10/16 – Legal counsel reviewing text and will bring edits (if any) to February 2017 Board meeting. 8/16 – Drafting ISOR and Notice. 5/16 – Board approved proposed amended language.	Needs Legislative/Legal review before publishing.
Speech-Language Pathology and Audiology Self-study Hours		10/16 – Drafting ISOR and Notice. 11/15 – Board approved proposed language.	Needs Legislative/Legal review before publishing.

Speech-Language Pathology Assistant/ Supervised Clinical Experience Clock Hours	10/8/16	10/24/16 – DCA Deputy Director desk for approval. 8/12/16 – Board to review comments and staff recommendations. 6/28/16 – Comment period ended. 5/16 – Board approved Clock hours language 2/14 – Board approved original SLPA language.	Needs Executive Office review for approval.
Hearing Aid Dispenser Continuing Education	9/20/16 (Extended)	**Complete - Filed with Secretary of State 10/25/16.** 9/15/2016 – Submitted to OAL 7/19/16 – To DCA Legislative Office for review. 6/21/16 – 15-day comment period ended – no comments. 3/22/16 – Disapproved 11/14 – Submitted to OAL 1/13 – Board approved original language.	Includes self-study changes.
Fees: Hearing Aid Dispensers	10/8/16	10/24/16 – Executive Office review for approval. 7/19/16 – To DCA Legislative Office for review. 6/16/16 – Additional 15-day comment period ended. No Comments. 3/15/16 – 15 day comment period ended. No comments. 9/15 – Submitted to OAL. 6/15 – Proposed language Board approved.	
Supervised Clinical Experience Clock Hours		Merged with SLPA file.	
HAD Self-study Hours		Merged with HAD CE file.	

Strategic Plan Update

At our last Board meeting, the Board approved an action plan to implement the Board's 2016-2020 Strategic Plan. While most of staff's time has been dedicated to the Sunset Review Report preparation, we have been successful in completing certain objectives. For this report we have identified those objectives that have been completed by staff. Many of the objectives are either ongoing or currently being worked. At future Board meetings, staff will prepare status updates of the Action Plan.

Goal 1: Licensing - The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

Completed Objectives:

1.1 Shorten the licensing processing time (from application to issuance of the license) to better meet consumer and professional needs.

1.3 Complete and submit a Budget Change Proposal (BCP) to request additional licensing positions to increase the availability of services, reduce processing times, streamline processes and meet professional demand.

Goal 2: Enforcement - The health and safety of California's consumers is protected through the active enforcement of the laws and regulations governing the practices of speech-language pathology, audiology, and hearing aid dispensers.

Completed Objectives:

2.1 Decrease enforcement timeframes to enhance public protection.

2.6 Assess staffing needs to determine whether staffing resources are adequate to manage current and anticipated workload.

Goal 3: Outreach - Consumers and other stakeholders are educated and informed about the practices, laws, and regulations governing the professions of speech-language pathology, audiology, and hearing aid dispensing.

Completed Objectives:

3.4 Complete and submit a BCP to request an additional outreach position to educate consumers, licensees, university faculty and staff, along with other stakeholders about the practices, laws, and regulations governing Board professions.

Goal 4: Laws and Regulations -The health and safety of California consumers is protected by the laws and regulations governing the speech-language pathology, audiology, and hearing aid dispensing professions.

Completed Objectives:

4.2 Complete and submit a BCP for a legislative analyst position to address the backlog of regulatory packages.

4.4 Advocate for additional university programs graduating audiologists to address the shortage of professionals in California in the interest of consumer access protection.

Goal 5: Program Administration - The Board efficiently and effectively utilizes resources and personnel to meet our goals and objectives.

Completed Objectives:

5.2 Determine staffing needs to address whether resources are adequate to manage current and anticipated workload.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION

FISCAL MONTH 3

OBJECT DESCRIPTION	FY 2015-16 ACTUAL EXPENDITURES (MONTH 13)	FY 2015-16 PRIOR YEAR EXPENDITURES 9/30/2015	FY 2016-17 BUDGET STONE 2016-17	FY 2016-17 CURRENT YEAR EXPENDITURES 9/30/2016	FY 2016-17 PERCENT SPENT	FY 2016-17 PROJECTIONS TO YEAR END	FY 2016-17 UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	446,072	83,400	**501,000**	114,288	23%	**491,892**	9,108
Statutory Exempt (EO)	87,228	20,280	**82,000**	21,306	26%	**85,224**	(3,224)
Temp Help Reg (Seasonals)	33,634	3,026	**1,000**	0	0%	**14,400**	(13,400)
Temp Help (Exam Proctors)	1,114	0	**0**	301		**1,200**	(1,200)
Board Member Per Diem	0	0	**0**	0	0%	**0**	0
Committee Members (DEC)	4,500	1,400	**6,000**	1,300		**4,500**	1,500
Overtime	20,036	4,126	**5,000**	2,872		**13,947**	(8,947)
Staff Benefits	263,532	48,360	**286,000**	67,609	24%	**368,427**	(82,427)
TOTALS, PERSONNEL SVC	**856,116**	**160,592**	**881,000**	**207,676**	**24%**	**979,589**	(98,589)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,471	6,631	**45,000**	1,543	3%	**12,000**	33,000
Fingerprint Reports	29,400	5,665	**28,000**	7,840	28%	**30,000**	(2,000)
Minor Equipment	827	457	**2,000**	0		**2,000**	0
Printing	6,836	1,795	**25,000**	33	0%	**7,000**	18,000
Communication	4,630	224	**18,000**	482	3%	**6,000**	12,000
Postage	25,059	4,492	**24,000**	6,819	28%	**27,000**	(3,000)
Insurance	0	0	**0**	0	0%	**0**	0
Travel In State	35,799	1,855	**24,000**	6,536	27%	**40,000**	(16,000)
Travel, Out-of-State	0	0	**0**	0		**0**	0
Training	50	0	**7,000**	0	0%	**500**	6,500
Facilities Operations	63,939	62,303	**78,000**	62,631	80%	**64,276**	13,724
Utilities	0	0	**0**	0	0%	**0**	0
C & P Services - Interdept.	21,784	0	**24,000**	0	0%	**24,000**	0
C & P Services - External	1,200	0	**0**	0		**0**	0
DEPARTMENTAL SERVICES:							
Departmental Pro Rata	119,837	44,934	**184,000**	45,999	25%	**184,000**	0
Admin/Exec	107,886	23,645	**116,000**	28,500	25%	**116,000**	0
IA w/ OPES	10,214	0	**60,000**	32,690		**32,690**	27,310
DOI-ProRata Internal	2,949	740	**3,000**	750	25%	**3,000**	0
Communications Division	7,000	722	**17,000**	4,251	25%	**17,000**	0
PPRD Pro Rata	0	790	**1,000**	249	0%	**1,000**	0
INTERAGENCY SERVICES:						**0**	
Interagency Services	0	0	**29,000**	0	0%	**0**	29,000
Consolidated Data Center	279	34	**10,000**	150	2%	**500**	9,500
DP Maintenance & Supply	6,696	2,886	**17,000**	366	2%	**2,500**	14,500
Central Admin Svc-ProRata	146,443	19,757	**97,000**	32,274	33%	**97,000**	0
EXAM EXPENSES:							0
Exam Supplies	0	0	**0**	0		**0**	0
Exam Freight	0	0	**0**	0		**0**	0
Exam Site Rental	1,618	0	**8,000**	0	0%	**1,500**	6,500
C/P Svcs-External Expert Administrative	28,152	8,870	**25,000**	12,594	50%	**29,000**	(4,000)
C/P Svcs-External Expert Examiners	0	0	**0**	0	0%	**0**	0
C/P Svcs-External Subject Matter	101,618	8,570	**38,000**	21,929	0%	**60,000**	(22,000)
ENFORCEMENT:						**0**	
Attorney General	189,705	28,225	**97,000**	34,814	36%	**150,000**	(53,000)
Office Admin. Hearings	28,530	7,084	**22,000**	0	0%	**25,000**	(3,000)
Court Reporters	1,094	529	**0**	314		**1,000**	(1,000)
Evidence/Witness Fees	15,649	0	**7,000**	1,000	14%	**15,000**	(8,000)
DOI - Investigations	336,333	70,323	**137,000**	34,251	25%	**137,000**	0
Major Equipment	0	0	**6,000**	0		**4,000**	2,000
Other - Clothing & Pers Supp	0	0	**0**	0		**0**	0
Special Items of Expense	0	0	**0**	0		**0**	0
Other (Vehicle Operations)	0	0	**0**	0		**0**	0
TOTALS, OE&E	1,305,998	300,531	**1,149,000**	336,015	29%	**1,088,966**	60,034
TOTAL EXPENSE	2,162,114	461,123	**2,030,000**	543,691	27%	**2,068,555**	(38,555)
Sched. Reimb. - Fingerprints	(30,184)	(4,312)	**(31,000)**		0%	**(31,000)**	0
Sched. Reimb. - Other	(6,110)	(1,175)	**(2,000)**		0%	**(2,000)**	0
Distributed			**0**				0
Unsched. Reimb. - Other	(25,398)	(1,198)	**0**				0
NET APPROPRIATION	2,100,422	454,438	**1,997,000**	543,691	27%	**2,035,555**	**(38,555)**
						SURPLUS/(DEFICIT):	**-1.9%**

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
As of September 30, 2016

LICENSES ISSUED	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17 Qtr 1
AU	55	76	57	89	48	23
DAU	20	19	UA	UA	26	6
AUT	1	1	0	0	0	0
SLP	911	1056	974	1143	1352	411
SPT	0	0	0	0	0	0
SLPA	346	407	325	550	606	210
RPE	667	727	702	836	834	441
AIDE	44	51	40	48	44	10
CPD	16	9	15	17	22	5
HAD Permanent	91	84	49	92	140	24
HAD Trainee	94	95	139	145	180	40
HAD Licensed in Another State	6	7	5	9	16	4
HAD Branch	192	132	282	426	407	76
TOTAL LICENSES ISSUED	**2443**	**2664**	**2588**	**3355**	**3675**	**1250**

LICENSEE POPULATION	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17 * Qtr 1
AU	595	609	UA	612	556	710
DAU	930	942	UA	988	1,045	1,184
Both License Types	*1,525*	*1,551*	*1,555*	*1,600*	*1,601*	*1,894*
AUT	0	0	0	0	0	0
SLP	12,020	12,696	13,285	13,967	14,860	18,252
SPT	0	0	0	0	0	0
SLPA	1,529	1,771	1,969	2,343	2,795	3,784
RPE	665	682	768	802	806	1,170
AIDE	181	120	119	124	133	254
HAD	938	946	913	948	996	1,159
HAD Trainees	97	95	145	160	158	227
HAD Licensed in Another State	6	9	8	7	18	17
HAD Branch Office	627	653	710	821	963	1,366
TOTAL LICENSEES	**17,588**	**18,523**	**19,472**	**20,772**	**22,330**	**28,123**

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

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

July 9, 2016

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	27	14	52%	13	48%
AU	4	4	100%		
RPE	1	1	100%		
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	2	1	50%	1	50%
AU					
Applicants without Supervision					
HA	9	4	44%	5	56%
AU					
RPE					
	Total Number of Candidates	**Passed**	**%**	**Failed**	**%**
TOTAL:	43	24	56%	19	44%

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

September 10, 2016

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	19	6	32%	13	68%
AU	5	1	20%	4	80%
RPE	1	1	100%		
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100%		
AU	2	2	100%		
Applicants without Supervision					
HA	7	3	43%	4	57%
AU	6	4	67%	2	33%
RPE	1	1	100%		
	Total Number of Candidates	**Passed**	**%**	**Failed**	**%**
TOTAL:	42	19	45%	23	55%

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

COMPLAINTS AND CONVICTIONS	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	86	41	56	41	74	43	15	9
Convictions Received	6	29	4	27	27	58	5	19
Average Days to Intake	2	2	31	31	2	2	2	1
Closed	104	69	107	46	109	130	15	20
Pending	100	30	55	56	46	31	46	38

Average cycle time from complaint receipt, to the date the complaint an investigator. DCA Performance Measure: Target 5 Days.

INVESTIGATIONS Desk	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	91	68	59	64	101	101	20	28
Closed	84	63	89	41	107	124	15	19
Average Days to Complete	458	128	339	250	107	138	36	32
Pending	80	28	46	48	42	30	41	29

INVESTIGATONS DOI	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	12	5	2	3	0	2	1	0
Closed	20	5	15	2	2	6	0	1
Average Days to Complete	451	503	722	527	392	382	0	480
Pending	19	2	6	3	4	1	5	9

ALL TYPES OF INVESTIGATGIONS	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	93	60	83	37	93	112	14	18
Cycle Time - No Discipline	470	152	347	234	74	115	38	60

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

CITATIONS/Cease&Desist	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	7	3	3	8	4	5	1	0
Avg Days to Complete Cite	358	453	292	188	195	305	112	0
Cease & Desist Letter	9	0	5	1	0	1	0	0

ATTORNEY GENERAL CASES	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	9	13	17	13	18	16	12	11
Accusations Filed	3	6	5	6	8	19	0	1
SOI Filed					2	2	0	0
Acc Withdrawn, Dismissed, Declined	0	0	0	0	1	0	0	0
SOI Withdrawn, Dismissed, Declined	2	1	1	1	0	0	1	1
Average Days to Discipline	703	617	1336	234	888	507	1172	927

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG.) DCA

ATTORNEY GENERAL FINAL OUTCOME	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	4		1	1	1	5	4	2
Surrender of License	1	1		1	1	1		
License Denied (SOI)								
Suspension & Probation						1		
Revocation-No Stay of Order		1	1	3	1	2		
Petition for Reinstatement Denied	1							
Petition for Reconsideration Granted						1		

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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
Phone: (916) 263-2666 Fax: (916) 263-2668 | www.speechandhearing.ca.gov

MEMORANDUM

DATE	October 24, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Speech-Language Pathology Credential/ Variable Term Waiver Issues**

Dee Parker will provide an oral report on this item.

STATE OF CALIFORNIA
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MEMORANDUM

DATE	October 24, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Consumer Hearing Aid Fact Sheet**

BACKGROUND

At its November meeting, the Board discussed the need for the Board to develop a consumer fact sheet that could be useful for consumers to better understand various aspects of hearing aids and their uses, including telecoils. The fact sheet could help consumers better understand hearing aid features and their uses.

ACTION REQUESTED

Review and discuss options for developing a consumer fact sheet regarding Hearing Aids.

STATE OF CALIFORNIA
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MEMORANDUM

DATE	October 24, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on AB 2317**

On September 9, 2017, Governor Brown signed AB 2317 into law. This bill addresses the growing need for audiologists by authorizing the California State University system to award the Doctor of Audiology degree.

Attached is the final, chaptered version of AB 2317. Marcia Raggio will provide an update on the current status of the bill's desired outcomes.

AB 2859 (Low) Professions and vocations: retired category: licenses.
Location: Senate Floor, Second Reading File
Date of Hearing: None Scheduled

This bill would allow all programs within the Department to establish, by regulation, a system to issue retired licenses, with specific limitations.

SB 1155 (Morrell) Professions and vocations: licenses: military service.
Location: Assembly Committee on Appropriations
Date of Hearing: August 3, 2016

This bill would require every program within the Department of Consumer Affairs to waive application and initial license fees for veterans who have been honorably discharged from the California National Guard or United States Armed Forces. The waiver would not apply to renewals; any additional license, registration, or permit associated with the initial license or an application for examination.

ACTION REQUESTED

The Board may or may not take a position (including support, oppose, oppose unless amended, watch, or neutral) on proposed legislation. If a position of oppose is adopted, the author of the bill, as well as the chair of the committee in which the bill will be heard, must be notified by letter of that position no less than 5-7 days prior to the hearing. A support, watch, or neutral position does not require immediate notification.

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MEMORANDUM

DATE	October 25, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Report on the Annual Conference of the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)**

Alison Grimes will provide an oral report on the Annual Conference of the NCSB that took place on October 20-22, 2016 in Santa Fe, New Mexico.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	October 25, 2016
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update Regarding the President's Council of Advisors on Science and Technology Report**

BACKGROUND

Alison Grimes will discuss the report from the President's Council of Advisors on Science and Technology, published October 26, 2015.

The following was published on the American Academy of Audiology's website, *audiology.org* under *Government Relations News*:

PCAST Approves Report to Encourage Use of Over-the-Counter Hearing Aids and PSAPS
October 26, 2015 Government Relations News

On Friday, October 23, 2015, the President's Council of Advisors on Science and Technology (PCAST) voted to approve a report that recommends significant changes to the way in which older Americans can access hearing care in the United States. These recommendations, if implemented, could have a significant impact on audiology practice and on the delivery of hearing care. These recommendations are designed to address the 30 million Americans who have a slowly progressive, bilateral mild-to-moderate hearing loss and the ability of the consumer to self-diagnose, self-treat, and self-monitor their hearing status.

The four recommendations

1. Encourage the Food and Drug Administration (FDA) to create another class of hearing aids and hearing tests that can be sold over the counter and online for persons with mild-to-moderate hearing loss typically seen in aging. The FDA should exempt this class of hearing aids from the typical quality regulatory oversight of the agency, and instead adopt standards that are more closely aligned with the consumer electronics industry.

2. Ask the FDA to withdraw its draft guidance of personal sound amplification products (PSAPs). These devices should be for discretionary use by the consumer and can be used to augment or improve hearing.

3. Similar to optometrists, audiologists and dispensers should be required to provide a copy of hearing tests results to the consumer to allow them to shop for the best value in devices. These results should be provided at no additional cost to the consumer and must not be conditional upon the purchase of products.

4. The Federal Trade Commission (FTC) should define a process that would authorize hearing aid vendors (e.g., online) the right and ability to obtain a copy of the hearing test results at no additional cost to the consumer.

The PCAST believes these proposed changes will improve both access and affordability of hearing care in the United States. It must be recognized that these are only recommendations at this time, and not directives to the FDA or FTC to make changes. However, both the FDA and the FTC have the authority to make these changes, particularly upon the direction of the President or upon actions by Congress.

EXECUTIVE OFFICE OF THE PRESIDENT
PRESIDENT'S COUNCIL OF ADVISORS ON SCIENCE AND TECHNOLOGY
WASHINGTON, D.C. 20502

October 2015

Dear Mr. President,

Untreated hearing loss, especially in older Americans, is a substantial national problem. Only a fraction of consumers who need assistance with hearing obtain and use hearing aids, in large part because of high cost, complex dispensing procedures, social stigma, and performance shortfalls. While the contributing factors are complex, your President's Council of Advisors on Science and Technology (PCAST) believes that a few simple actions by the Federal Government could dramatically enhance the pace of innovation and level of competition in this domain, leading to rapid decrease in cost and improvement in capability, convenience, and use of assistive hearing devices. We expand on these ideas in this letter report.

We focus here only on devices to assist the tens of millions of Americans with age-related, progressive, mild-to-moderate hearing loss. PCAST recognizes that many Americans have severe hearing impairment or deafness from congenital or illness/injury causes, but we do not address these categories of need here.[a]

I. Age-related hearing loss is a substantial national problem.

Age-related hearing loss affects many Americans, with older adults particularly at risk—a quarter of adults between 60 and 69 years, over half in the range 70-79 years, and almost 80 percent of those older than age 80 have difficulty hearing.[1] The absolute number of those affected, already almost 30 million,[2] is expected to grow as the population ages.

Untreated hearing loss is statistically associated with higher risks of social isolation; depression; dementia; falls with injury; and inability to work, travel, or be physically active.[3,4,5,6,7,8,9] While the National Institutes of Health is planning a large randomized trial to supplement these correlational findings, the volume of studies, the number of correlations, and their clinical plausibility are indicative of the types of problems that may be avoided with improved hearing. Recognizing the importance of good hearing health, *Healthy People 2020* has set a national goal to increase the use of hearing aids and other assistive devices for hearing.[10]

While untreated hearing loss likely impairs physical and cognitive health, only a minority of Americans with hearing loss (perhaps 15-30 percent) seek out and use assistive hearing technologies.[11,12,13,14,15] Adoption rates are even smaller for people with lower income and for racial and ethnic minorities.[16,17]

II. The market for hearing aids is characterized by high cost and low innovation.

PCAST believes that cost is the largest barrier to hearing-technology adoption. A 2014 survey found that the average price of one hearing aid was $2,363, with premium models costing $2,898.[18] Many, if not most, individuals need two hearing aids, one in each ear, doubling the cost. High costs are a major obstacle

[a] The National Academy of Medicine (NAM) is engaged in a much broader study on hearing health care, which is likely to be completed by mid 2016. It is supported by the Food and Drug Administration, Centers for Disease Control and Prevention, Hearing Loss Association of America, National Institute on Aging, National Institute on Deafness and Other Communication Disorders, Department of Defense, and Veterans Affairs. It will aim to address topics including the full range of hearing loss in adults at all ages; third-party payment systems; new delivery models; innovative approaches such as telehealth, mobile health, and team-based care; and specific challenges for select populations.

for many people. One survey found that 64 percent of people with the most serious hearing loss reported that they could not afford a hearing aid, and over 75 percent identified financial factors as a barrier.[19]

Most people pay for hearing aids completely out of pocket since traditional Medicare and most private insurance plans do not cover the cost of hearing aids or their fitting. The lack of Medicare coverage is widely cited as a major barrier to access, with one survey finding 50 percent of consumers identifying lack of insurance coverage as a barrier to their acquiring a hearing aid.[20] That failure dates from the original 1966 Medicare amendments to the Social Security Act, which bar Medicare from covering hearing aids. Congressional action is required to change this policy, and legislation to do just that has been introduced multiple times by members from both parties. When legislation has been introduced to change this policy, the changes are typically found to be prohibitively costly due to the combination of high cost and large number of consumers in need of hearing aids. This analysis is based on the current high average prices of hearing aids. If market forces were to lower costs, the analysis and potential for Congressional action would change.

Hearing aids have not experienced the dramatic reductions in price and increases in features that have been routinely seen across consumer electronics. When compared in complexity to today's smartphones costing a few hundred dollars each, even premium-model hearing aids are simple devices but can cost several thousand dollars. A 2010 study suggested that a hearing aid's components then cost less than $100; the number today is likely less.[21] Innovations in premium models, while real, have been remarkably expensive for the consumer.[22]

Compared with other kinds of consumer electronics, the innovation cycle for hearing aids is slow. Features such as Bluetooth and WiFi connectivity or a smartphone app interface, routine in other consumer electronics, command price differentials of as much as $500-$1,000 in premium hearing aids. Interestingly, studies suggest that premium and basic hearing aids offer comparable levels of hearing improvement.[23]

Beyond today's models, PCAST sees many opportunities for both incremental and disruptive improvements in assistive hearing technologies, none of which should be intrinsically expensive in a competitive market. In the near future, people could check their hearing using automated hearing tests available online or through common smart devices.[24] Interfaces between smart devices and users could allow adaptive self-fitting by devices in response to user needs.[25] Custom earbuds and configurations could be made routinely by 3D printing.[26] Wirelessly integrated with smartphones and other wearable electronics, hearing aids could merge with "hearables" (wearable audio technology discussed below), extending devices such as today's Bluetooth earpieces to become general interfaces to the cyber world. Assistive devices could correspondingly tap into much more computational power, enabling advances such as noise-source identification and cancellation, speech localization and recognition, and auditory (or visual closed-caption) reconstruction.[27] Conversations in noisy environments or at a distance across crowded rooms—impossible today even for people with normal hearing—could become convenient and routine. Hearables, as interfaces to cyber-assistance generally, could offer forgotten names (via face recognition), health alerts (Fitbit equivalents), navigational information (indoor and outdoor GPS), and much more.

The hearing-aid industry is highly concentrated and lacks a steady influx of new innovative companies. Following a wave of acquisitions, just six hearing-aid manufacturing companies (mostly based outside of the United States) have been dominant for the past 15 years. In 2012, these six companies accounted for 98 percent of the global market.[28] There is considerable evidence that hearing aids can be profitably sold for a fraction of today's end-user cost. The Veterans Health Administration, which accounts for approximately 20 percent of all hearing aids dispensed in the United States, purchases hearing aids from the major manufacturers at a cost of about $400 per unit.[29] Costco now accounts for about 10 percent of all hearing

aids sold, and it sells its house brand (reportedly manufactured by one of the big six manufacturers) for about one-third of the typical retail price, including the cost of fitting.[30,31] Some Medicare Advantage insurers provide partial hearing-aid coverage; United Health notably uses its own hearing aid manufacturing and dispensing networks, reportedly at costs a small fraction of retail prices.

Cost is not the only barrier to more widespread use of hearing technology. Even in European countries where hearing aids are supplied free or at low cost, adoption rates are not what they should be.[32,33,34] Social stigma—the association of hearing aids with old age or infirmity—is a barrier. Public education can play a role in expanding use, and the the arrival of the Baby Boomers as new seniors with different attitudes, including greater familiarity with wearable electronics and greater use, may shift attitudes toward social acceptance. But, robust technology innovation could also be a potent force for wider use – with the introduction of devices that are simpler, better, and more fashionable.

III. Current distribution channels create barriers to access.

Consumers find it difficult to shop for the best value. Bundling is a common practice in hearing aids, where patients pay a single fee for the professional evaluation, the hearing-aid devices, and follow-up and adjustments of the device after it is fitted and worn for an initial period. In 2014, more than 80 percent of hearing-care professionals used the practice of bundling.[35] A *Consumer Reports* analysis found an average markup of 120 percent from the wholesale device price, so that the technology accounts for less than half of the bundled price. Surveys suggest that many people do not use the services included in the bundle, with approximately one-quarter of people never using a follow-up appointment.[36] Moreover, with bundling, patients are often locked into the services of one professional and cannot easily shop around or change location.

Complex State regulations restrict the distribution channels for hearing aids. Most States require that hearing aids be sold only by licensed "credentialed dispensers," typically audiologists; ear, nose, and throat physicians; and licensed hearing-aid specialists. Audiologists and hearing-aid dispensers typically offer a limited selection of brands and models. About 20 percent sell only one brand,[37] and surveys find that—even when multiple brands are available—dispensers recommend a single brand to 75-80 percent of their patients.[38] In recent years, the big six manufacturers have expanded into retail by purchasing chains of audiologist and dispenser practices,[39] while independent dispensers are frequently offered contracts and incentives that favor a single brand.[40]

Vertical integration practices such as these mean that hearing-aid dispensers have a disincentive to selling hearing aids from a wide range of manufacturers. This has inhibited new device designers and manufacturers from releasing competitive devices because they must establish their own dedicated dispensing channels or only sell on-line in States that allow it. As a result of such vertical integration, a person wanting to try out different kinds of hearing aids sees fewer differentiated, innovative devices in the marketplace and must visit multiple hearing-aid dispensers in-person and on-line to sample what is available. The difficulty in obtaining clear information can be a significant burden for a person seeking to buy a hearing aid.

Studies of dispensers have found that average dispensing rates of various hearing-aid features do not follow evidence-based practice (EBP) guidelines, and that dispenser preference has a bigger influence on the brand recommended than the needs of the patient population served by that dispenser.[41] A different study of hearing-aid dispensers found that they did not heavily use peer-reviewed research in recommending a particular brand of hearing aid, relying instead on information from manufacturers (and presumably distribution agreements).[42] Findings like these suggest that vertical integration reduces consumer choice.

In addition to regulating the professions that may dispense hearing aids, some States prohibit mail and Internet orders outright or allow them only after a prior in-person sale.[43] There are limited statistics on the percentage of hearing aids distributed by mail or online, but the most recent statistics available (from 2008) suggest that less than five percent are distributed by mail.[44] A recent analysis suggests that approximately 14 States have some type of restrictions on mail order or Internet sales.[45] These State legal restrictions further limit consumer choice and the ability to comparison shop. We note that some of the State regulations on hearing aids may be pre-empted by regulations of the Food and Drug Administration (FDA). A Federal appellate court has recently overturned one State's law for this reason.[46]

In addition to consumers not being able to find the best value, it is unclear how well these distribution arrangements are helping consumers find hearing aids that improve their hearing. For example, as many as 12 to 18 percent of the 3 million hearing aids sold in the United States each year may end up not being used,[47] and a *Consumer Reports* study in 2009 suggested that two-thirds of hearing aids were misfit.[48] There are many reasons for these poor experiences, including that current hearing aids may require practice and time in use to achieve maximum effectiveness; the devices often do not restore normal hearing as fully as people expect; or there are physical challenges managing the devices for those with arthritis or limited dexterity.[49] Because there are many ways to help consumers adapt, and innovation can drive greater usability, PCAST finds that today's distribution and dispensing models are inadequate, especially to meet future needs.

IV. Modest changes in FDA regulation could dramatically increase accessibility and innovation for tens of millions of Americans, without compromising patient safety.

FDA's current regulatory framework involves two fundamental types of devices, which are differentiated by their intended use (see the appendix for more information):

The FDA defines a Personal Sound Amplification Product (PSAP) as a wearable consumer electronic product that is intended for non-hearing-impaired consumers to amplify sounds in certain environments "such as for recreational activities." A PSAP must not be "intended to compensate for impaired hearing"—that describes a hearing aid. Because PSAPs are "not intended to treat, cure, or mitigate disease and do not alter the structure or function of the body," the FDA forbears from asserting any regulatory authority over them, except incidentally under the Radiation Control for Health and Safety Act of 1968 (which applies to all sound amplification equipment and, among other things, seeks to ensure that there are volume limits to prevent ear damage).[50,51]

The FDA defines a hearing aid as "any wearable instrument or device designed for, offered for the purpose of, or represented as aiding persons with or compensating for, impaired hearing." (21 CFR 801.420) All hearing aids must comply with specific requirements regarding patient and professional labeling identified in 21 CFR 801.420…. Additionally, all hearing aids must comply with the required conditions for sale, as stated in 21 CFR 801.421." Current FDA regulations for hearing aids impose requirements on both consumers and manufacturers, as follows.

(A) *FDA requires that consumers undergo a medical evaluation before they can purchase any type of hearing aid.*

With the evaluation requirement instituted in the 1970s, FDA regulations sought to have users evaluated by a physician to ensure the hearing aid would treat the underlying causes of the hearing loss, although it allowed consumers to waive the requirement of a medical evaluation by simply signing a form. Today a majority of people waive that requirement; several sources suggesting that between 60 and 85 percent of patients now forgo the medical evaluation.[52] While encouraging patients to seek medical evaluation is a

laudable goal, it is important to weigh the benefit of such a requirement in terms of the frequency and severity of the conditions that are likely to be detected against the risks and costs that result from greater barriers to obtaining assistance for mild-to-moderate hearing loss among tens of millions of aging Americans.

FDA, for example, has noted that hearing loss in some patients might be caused by acoustic neuroma, a benign tumor arising from the lining of the vestibular nerve. However, this cause is extremely rare. Acoustic neuroma has an incidence of only 1 in 90,000 individuals [53] and is associated with unilateral, rather than bilateral, hearing loss, as well as other symptoms such as dizziness and headache. By contrast, the incidence of glaucoma in North America is 3.54 percent,[54] but this has not prevented reading glasses from being sold over the counter.

Ear wax is another often-cited issue. A consumer might mistakenly purchase a hearing aid when simple ear-wax removal at a clinic or local drugstore might be all that is needed.[55,56,57] A comparison to vision is again useful. Over 35 percent of adults age 70-74 age have cataracts that will not be mitigated by eyeglasses. Even so, older adults are not prevented from "mistakenly" purchasing over-the-counter reading glasses. Individuals are expected to check with an eye professional when they suspect vision loss from another cause.

More generally, concern has been expressed that sudden or unilateral onset of hearing loss could indicate other problems for which patients might seek medical evaluation. While there are anecdotal reports of rare, serious conditions being found during the required medical evaluation or examination by a hearing aid professional, such reports do not address the question of whether the affected patients would have instead sought treatment anyway through conventional medical channels, nor are these reports statistically adequate for estimating the actual frequency of such rare cases. Carrying through with the vision analogy, there are frequent occurrences of sudden or unilateral visual impairment due to retinal tears, retinal vein or artery occlusion, or ocular tumors, but those incidences have not prevented the marketing of easy to access over-the-counter (OTC) or commercial vision enhancement for people who need it. Patients are trusted to seek emergency medical help in the case of sudden and unusual visual events.

PCAST concludes that Americans would be better served if non-surgical air-conduction devices intended to address bilateral, gradual-onset, mild-to-moderate age-related hearing loss (referred to here as "basic" hearing aids) were available over-the-counter. Such devices meet the criteria for OTC sale, which is appropriate when consumers are able to self-diagnose, self-treat, and self-manage a disease or condition. For such devices, the requirement for a medical examination (or a written waiver of such examination) provides little patient benefit, while acting as a barrier to access for the millions of Americans needing hearing assistance. FDA could require such devices to carry a warning about "red flag" symptoms of conditions for which medical attention should be sought, while continuing to require medical examination for hearing aids that do not qualify as "basic." Simple hearing tests to aid consumers in purchasing such OTC hearing aids should also be available OTC, including on-line and in stores.

FDA's regulation of "basic" hearing aids, then, should be similar to FDA's regulation of reading glasses, which are also classified as "medical devices." In making some hearing aids and tests available as OTC products, FDA should preempt State requirements that the OTC devices be sold by credentialed dispensers. While this approach would lead to changes in the business models of many audiologists and hearing-aid dispensers, PCAST believes that the net benefit to the public would be large and positive. The analogy with vision is again useful. While complex eye cases require prescription medical devices and professional dispensing, people are able to treat a wide array of uncomplicated conditions with OTC technology. In

these cases, consumers can judge whether the device meets their need, and, if it does not, they can visit a professional to obtain a more advanced device, as well as comparison shop.

With respect to hearing aids not deemed appropriate for OTC sales, PCAST believes that new actions by the Federal Trade Commission (FTC) are needed to increase consumer choice, promoting competition that benefits both price and innovation. The Federal Trade Commission's "Eyeglass Rule" (16 CFR Par 456), dating from 1978, ended bundling practices by ophthalmologists and opticians, requiring them to give consumers a portable copy of their refraction prescriptions. By the Fairness to Contact Lens Consumers Act (PL 108–164), Congress gave FTC authority to ensure that contact lenses could readily be purchased by mail, phone, or (today) the Internet, independent of State regulations that restricted who was allowed to dispense. Analogous actions, which may also benefit from new legislative authority, are needed for assistive hearing devices.

(B) FDA also places requirements on manufacturers of air-conduction hearing aids.

Air-conduction hearing aids are classified as Class I medical devices (FDA's least-regulated category). Class I medical devices are exempt from any requirement for premarket notification to FDA and do not require FDA clearance before marketing. Their manufacturers are required, however, to maintain an annual registration with FDA (at a cost of several thousand dollars) and to register their devices at the time that they are first marketed. More importantly, air-conduction hearing aids are *not* exempted from FDA's Quality System Regulation (QSR), nor from its record-keeping and complaint-process regulations.

While this regulatory framework is appropriate for a wide range of medical products under FDA's regulatory authority, there are narrow cases when even such apparently light regulation turns out to have large negative unintended consequences. Most air-conduction hearing aids represent such a case.

FDA's QSR (often referred to as "good manufacturing practices" or GMP), even at its least cumbersome form (Inspection Level 1, Abbreviated), mandates a system of documentation of production and process controls (P&PC) and corrective and preventive actions (CAPA) by manufacturers.[58] QSR seeks to assure product quality by assuring that controllable design and manufacturing processes exist and are followed. This makes sense for things like pharmaceuticals and medical devices, for which a design or manufacturing failure can lead to patient harm. In other areas (including some kinds of software apps for smartphones), such regulation may not be burdensome.

For hearing aids needed for age-related hearing loss, however, an inherent failure of the product to perform does not provide an increased health risk to the user. Furthermore, the QSR/GPM fundamentally conflicts with the nature of the consumer-electronics industry. The consumer-electronics industry's fast innovation cycles for both design and manufacturing processes can lead rapidly to increased performance and lower cost. Volume production and open consumer preference are strong feedback mechanisms to drive product performance and manufacturing quality. In short, the consumer electronics industry focuses on product rather than process.

PCAST's assessment is that QSR and related regulatory requirements on documentation are more stringent than necessary. Instead, FDA could foster innovation by using quality standards appropriate to the nature of the devices and compatible with broadly accepted industry approaches towards quality management in the consumer electronics industry. Such standards could be developed in conjunction with the Consumer Electronics Association (CEA), which is currently developing standards and performance measurements according to features and quality for PSAPs.

It is important to emphasize that PCAST does not favor weakening FDA's overall regulatory framework for medical devices. Indeed, each device area needs to be considered in the context of the relative risks

and benefits to consumers. Our concerns here are focused on the special circumstances concerning non-surgical air-conduction devices intended to address bilateral, gradual onset, mild-to-moderate age-related hearing loss – where regulations have been largely unchanged since 1976; where dramatic advances in consumer electronics have transformed audio products; where the medical risks are extremely low; and where the needs of tens of millions of Americans are not being adequately met by the existing market.

V. Personal Sound Amplification Devices illustrate the negative consequences of the barriers to competition in the hearing aid market and its current regulatory regime.

The FDA, as described above, largely forbears from asserting regulatory authority over PSAPs. But the distinction between a PSAP and a hearing aid (which is based on "intended use" rather than actual performance) is not clear, and there are many people with mild hearing impairment who can benefit from amplification by headphones and other devices, including PSAPs. PSAPs are improving and can be helpful to people with hearing loss, something that has been noted by several experts and organizations.[59] The regulatory distinction between PSAPs and hearing aids has led to an unproductive and escalating exchange between PSAP vendors and the FDA over the wording of product labels and advertisements for PSAPs. The sometimes tortured legalisms that result have the effect of confusing the consumer, who deserves access to accurate information.

The artificial distinction between PSAPs and hearing aids has also led to a natural experiment that shows what could be possible with a more open market: more innovation, at lower cost, is occurring in the less-regulated PSAP market. Companies ranging from established consumer electronics manufacturers to small startups are today developing innovative new PSAPs. "Hearables" can combine multiple functions (from listening to music to accessing calendar appointments), coordinate with other technologies (such as smartphones), and record health information and vital signs. Using technology similar, if not identical, to that in hearing aids, PSAPs can improve the clarity of sound, for example in situations with a lot of environmental noise. Some PSAPs are fashionably designed as "bling" in bright or metallic colors, a far cry from beige plastic hearing aids. At the same time, PSAPs are marketed at much lower price points than hearing aids. A *Consumer Reports* analysis found that behind-the-ear PSAP models range from $25-$500, while in-ear PSAP models may cost in the range of $400.[60] In some cases, companies have marketed similar devices as a PSAP (under one model name) and as a hearing aid (under another model name and at a higher price).

Since the publication of the 1977 FDA rules, there have been several appeals to FDA (most notably in 1993 and 2000) by innovative technology developers and consumer groups to take actions that would open the market to more competition. No significant changes have been made.

On the contrary, the FDA's recent draft regulatory guidance on PSAPs moves in the wrong direction. In 2013, FDA greatly extended its 2009 regulatory guidance by issuing draft guidance that, if finalized, would have the effect of forbidding PSAPs from making truthful claims about capabilities like providing assistance in "situations in which environmental noise might interfere with speech intelligibility" or "difficulty understanding conversations in crowded rooms." The 2013 draft guidance defines the mention of such capabilities in advertising or labeling as evidence that the PSAP is actually a hearing aid. Under such a definition, innovative products addressing such scenarios could not be marketed *even to people with normal hearing, which is clearly allowed under the 2009 guidance.* The situations described in the 2013 draft guidance do not refer to medical conditions, but rather to issues related to normal human perception. PSAPs should be broadly defined as devices for discretionary consumer use that are intended to augment,

improve, or extend the sense of hearing in individuals. FDA should continue its current practice of forbearing from regulating PSAPs, except incidentally (as under the Radiation Control for Health and Safety Act of 1968).

PCAST finds the 2013 draft guidance on PSAPs is unsupportable by the facts and should be withdrawn. After presentations by a number of potential market innovators, PCAST assesses that the existence of this guidance *even in draft* has created concerns over the scope of FDA's regulatory authority and the future of the PSAP business model.

VI. PCAST's Recommendations

Hearing loss is a substantial national problem. Cost is the largest barrier to hearing technology adoption by more people who need it, but technological shortfalls are also a significant barrier. Consumers are limited in their ability to shop for the best value, due to bundling and State restrictions on who is licensed to sell hearing aids.

The Federal Government has immediate opportunities to open up the hearing technology market to lower cost and increased innovation. The FDA is a critical actor as it tries to balance its important responsibility to protect the public from unsafe drugs and medical devices with the rapidly changing world of consumer electronics, such as wearables and biometrics, that are empowering consumers to find the solutions to their needs in the innovative technology market. The FTC also has an important role to play. We believe the following actions would greatly serve the public interest.

PCAST makes the following recommendations:

Open up the market for innovative hearing technologies

Recommendation 1. FDA should designate as a distinct category ("basic" hearing aids) non-surgical, air-conduction hearing aids intended to address bilateral, gradual onset, mild-to-moderate age-related hearing loss and adopt distinct rules for such devices.

(a) FDA should approve this class of hearing aids for over-the-counter (OTC) sale, without the requirement for consultation with a credentialed dispenser. FDA should also approve for OTC sale, both in stores and on-line, tests appropriate to the self-fitting and adjustment of these OTC devices by the end user. Such hearing treatments and tests meet the FDA requirements for OTC products, which are that consumers should be able to self-diagnose, self-treat, and self-monitor the condition.

(b) FDA should exempt this class of hearing aids from QSR regulation in its present form and substitute compliance with standards for product quality and recordkeeping appropriate for the consumer-electronics industry, developed by an appropriate third-party organization and approved by FDA. Similar actions should be taken with respect to diagnostic hearing tests used to dispense and fit Class I hearing aids.

Recommendation 2. FDA should withdraw its draft guidance of November 7, 2013 on Personal Sound Amplification Products (PSAPs). PSAPs should be broadly defined as devices for discretionary consumer use that are intended to augment, improve, or extend the sense of hearing in individuals. PSAP manufacturers should continue to be able to make truthful claims about their use in normal settings. FDA should not require language in PSAP labeling or advertising that excludes their use by individuals with age-related hearing loss no worse than mild-to-moderate.

Increase opportunities for consumer choice

Recommendation 3. Analogously to its "Eyeglass Rule," FTC should require audiologists and hearing-aid dispensers who perform standard diagnostic hearing tests and hearing aid fittings to provide the customer with a copy of their audiogram and the programmable audio profile for a hearing aid at no additional cost and in a form that can be used by other dispensers and by hearing-aid vendors. Also analogously, the availability of a hearing test and fitting must not be conditioned on any agreement to purchase goods or additional services from the provider of the test.

Recommendation 4. Similarly in effect to its "Contact Lens Rule," FTC should define a process by which patients may authorize hearing-aid vendors (in-state or out-of-state) to obtain a copy of their hearing test results and programmable audio profile from any audiologist or hearing-aid dispenser who performs such a test, and it should require that the testers furnish such results at no additional cost. While FTC has the authority to issue new regulations of this sort, action can be accelerated and strengthened by legislative direction. We urge the Administration to work with Congress to initiate bipartisan legislation that would instruct FTC to issue a rule for hearing aids and PSAPs similar to the eyeglass and contact lens rules.

In summary, PCAST finds that the costs and risks of inaction with respect to untreated hearing loss in the aging U.S. population are large. PCAST finds that the unnecessarily high price of hearing aids for individuals and the conspicuously slow pace of innovation by their manufacturers compared with other consumer electronics are consequences of a concentrated and increasingly vertically integrated incumbent industry, operating in the context of longstanding Federal and State regulations that appear to discourage potential new entrants. PCAST recommends specific actions by FDA and FTC that would have the effect of opening up the market for innovative hearing technologies and increasing opportunities for consumer choice.

Sincerely,

The President's Council of Advisors on Science and Technology

APPENDIX

Excerpt from FDA's *Guidance for Industry and FDA Staff: Regulatory Requirements for Hearing Aid Devices and Personal Sound Amplification Products* (2009) relevant to Class I air-conduction hearing aids and PSAPs.[47]

1. Introduction

…Hearing aids and [personal sound amplification products] (PSAPs) both affect our ability to hear sound, but the products have different intended uses, and are therefore subject to different regulatory controls.

A hearing aid is a wearable sound-amplifying device that is intended to compensate for impaired hearing. A PSAP is a wearable electronic product that is not intended to compensate for impaired hearing, but rather is intended for non-hearing impaired consumers to amplify sounds in the environment for a number of reasons, such as for recreational activities. While some of the technology and function of hearing aids and PSAPs may be similar, the intended use of each article determines whether it is a device or an electronic product. The intended use may be established by labeling materials. Promotional materials that make claims or suggest the use of a PSAP for hearing impaired consumers, such as in the description of the types and severity of hearing loss, establish an intended use that causes the product to be a device and therefore subject to the regulatory requirements for a hearing aid device, as described in this guidance…

FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited…

2. Hearing Aids

The regulations define a hearing aid as "any wearable instrument or device designed for, offered for the purpose of, or represented as aiding persons with or compensating for, impaired hearing." (21 CFR 801.420)… All hearing aids must comply with specific requirements regarding patient and professional labeling identified in 21 CFR 801.420…. Additionally, all hearing aids must comply with the required conditions for sale, as stated in 21 CFR 801.421…. Finally, the hearing aid dispenser must retain records of all medical evaluation statements and waivers for a period of three years after dispensing of the hearing aid. These regulatory conditions for sale were established to encourage prospective users to receive proper medical evaluation and treatment for treatable causes of hearing loss…

3. Personal Sound Amplification Products (PSAPs)

PSAPs are intended to amplify environmental sound for non-hearing impaired consumers. They are not intended to compensate for hearing impairment. Examples of situations in which PSAPs typically are used include hunting (listening for prey), bird watching, listening to lectures with a distant speaker, and listening to soft sounds that would be difficult for normal hearing individuals to hear (e.g., distant conversations, performances). Because PSAPs are not intended to diagnose, treat, cure or mitigate disease and do not alter the structure or function of the body, they are not devices as defined in the Food, Drug and Cosmetic Act. As such, there is no regulatory classification, product code, or definition for these products. Furthermore, there are no requirements for registration of manufacturers and listing of these products with FDA…

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