



BOARD MEETING MINUTES

June 30, 2020

Teleconference

Full Board Meeting

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

Dr. Marcia Raggio, Board Vice Chair welcomed everyone and called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Teleconference Board Meeting to order at 10:00 a.m. Dr. Raggio had all members and executive staff introduce themselves; six members of the Board were present and thus a quorum was established. This meeting was held via WebEx with the assistance of a Department of Consumer Affairs (DCA) SOLID moderator.

Board Members Present

Marcia Raggio, PhD, Dispensing Audiologist, Vice Chair
Karen Chang, Public Member
Christy Cooper, AuD Dispensing Audiologist
Holly Kaiser, Speech-Language Pathologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member

Staff Present

Paul Sanchez, Executive Officer
Anthony Pane, DCA Legal Counsel
Karen Halbo, DCA Regulations Attorney
Cherise Burns, Assistant Executive Officer
Tenisha Graves, Enforcement Coordinator
Lisa Snelling, Licensing and Administration Coordinator

2. Public Comment for Items not on the Agenda

Dr. Carol Mackersie stated that she would like to learn more about the Board's plan to revise the Audiology licensure regulations.

Dr. Yugandhar Ramakrishna, Assistant Professor at California State University Northridge, stated that he would like to know if there are any plans to ease or reconsider the hearing aid dispensers license requirements. Paul Sanchez, Executive Officer, asked for clarification on what the specific question of Dr. Ramakrishna involved. Dr. Ramakrishna clarified that he was asking specifically about reconsidering the requirement for audiologists to have to pass the Hearing Aid Dispensers Practical Examination in order to dispense hearing aids, especially since this is not required in other states and considering the amount of training and examinations required for audiologists.

3. Update on DCA Waiver Requests Submitted by the Board related to the COVID-19 State of Emergency

Mr. Sanchez provided a summary of the authority provided to DCA by the Governor to waive statutory and regulatory requirements for licensure and how staff worked with stakeholders to identify and submit DCA Waiver requests on the behalf of the Board's licensees.

Cherise Burns, Assistant Executive Officer, then provided a summary of each of the approved DCA Waivers and updates on these waivers. Ms Burns then also provided an update on denied and pending DCA Waiver requests and that the Board will continue to pursue these DCA Waiver requests. Ms. Burns also indicated that the Board can submit additional DCA Waiver requests and opened it up to the Board Members for discussion.

Holly Kaiser asked for clarification on the telesupervision waiver and the request for an extension of this waiver. Ms. Burns clarified that she has been following up with the DCA Executive Office on whether they will be automatically extended at the expiration of the original waiver. Mr. Sanchez also clarified that the DCA Executive Office has confirmed they are reviewing all DCA Waivers that need extensions, for which there are many, and they are trying to do this automatically when needed.

Dr. Raggio mentioned that she knows of a number of professional organizations that were going to write letters in support of the 12-month requirement waiver and asked whether staff know if those letters have been submitted to the DCA Director and whether we have received any feedback about these. Mr. Sanchez responded he only knows of one such letter that he was copied on and forwarded to the DCA Director but didn't know of any other letters that may have been sent. Mr. Sanchez mentioned that when the organizations are ready that they can send those letters to him and that he will get those letters to DCA.

Dr. Raggio then asked if there was any public comment regarding this agenda item.

Dr. Carol Mackersie, Program Director for the Audiology program at San Diego State, stated that she really appreciates the work the Board has done during this crisis. She also commented about the 12-month RPE requirement ignores the first four years of the student's education and only considers the last year as something that is eligible for the purposes of licensure. She believes this creates a barrier to licensure that really needs to be looked at very closely as where the state and national professional organizations consider the 12-months of experience to include the entire educational experience that involves supervised clinical work.

Dr. Raggio let Dr. Mackersie and the other participants know that the Board would be looking at this issue later in the meeting. There was no additional public comment on this agenda item.

Dr. Rupa Balachandran, University of the Pacific in San Francisco, wanted to add her support to Dr. Mackersie's comments that looking at the requirement for licensure to include experience accrued prior to the last year.

4. Discussion of New Practice Related Issues and Changes in the Professions Due to COVID-19

Dr. Raggio provided a summary of the agenda item and the information provided by Dr. Roy Schutzensgel, of the Department of Health Care Services, regarding the fact that audiologists are considered part of the essential workforce under the Governor's March 2020 Executive Order and that a telephone call could be considered billable telehealth if it had to do with follow-up from a face-to-face meeting or of the content of that phone call was considered what you would do during a face-to-face meeting with a patient.

Dr. Raggio asked for comment from the Board regarding this agenda item.

Dr. Christy Cooper stated that she works at Kaiser which has opened back up some limited services and for hearing aid checks are using curbside pick-up options. Dr. Raggio mentioned that there have been regional differences in whether private audiology practices have closed down completely or continued operations throughout the crisis.

Dr. Raggio then asked for public comment on the agenda item.

Andrea Huttinger thanked the Board for working to keep licensee businesses open during the crisis and asked how long the current telehealth parameters would be in effect for or whether they should expect a change or modification soon. Dr. Raggio stated that she doesn't know of any changes that are imminent regarding telehealth and expects the parameters will stay the same for as long as necessary.

There was no further public comment on this agenda item.

- 5. Executive Officer's Report**
- a. Administration Update**
- b. Budget Report**
- c. Licensing Report**
- d. Practical Examination Report**
- e. Enforcement Report**

Mr. Sanchez provided the Executive Officer's Report and gave a summary of the work the staff and DCA's Office of Information Services did to get staff socially distanced and teleworking in order to keep the Board's office running during the crisis and provided an update on hiring efforts during the crisis. Mr. Sanchez welcomed Holly Kaiser to the Board and mentioned with her recent appointment that the Board now has no vacancies. Mr. Sanchez also provided an update on the Board's budget for Fiscal Year 2019-20, which is in good shape and showed we have expended most of our funds and has a lower reversion than normal years due to a retirement and onboard of the new Assistant Executive Officer. He also summarized the budgetary orders from the Department of Finance that the Board is operating under to reduce state expenditures, including reducing costs for new goods and services, banning all non-essential travel, and only hiring for essential positions only. Mr. Sanchez then provided the Licensing Report and a summary of current timeframes and the allocation of overtime to work incoming applications. Mr. Sanchez then provided an update on the postponed Hearing Aid Dispensers Practical Examinations and that the Board is looking at ways adapt the examination in coordination with DCA's Office of Examination Services so that we can safely administer the examination. Ms. Burns also commented that those who were already approved to take the April examination will be the first to take the examination once we are able to safely resume the examinations. Mr. Sanchez also highlighted that the Board will need additional experts to help with examination administration and encouraged licensees to participate. Mr. Sanchez then provided the Enforcement Report and a summary of current disciplinary actions and probation monitoring of licensed and unlicensed individuals. Mr. Sanchez also provided an update about the Board continuing to move forward with a move to a new location as the current office space is only meant for nine people and we have exceeded that size already and are now having issues with adequately socially distancing in the current small office space.

Dr. Raggio thanked Mr. Sanchez for the report and then Mr. Sanchez asked if there was any public comment on this agenda item. There was no public comment on this agenda item.

6. Discussion and Possible Action regarding Regulations as a result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction (As Stated in Title 16, California Code of Regulations (CCR) sections 1399.132, 1399.133, 1399.134, 1399.156.1, 1399.156.2, and 1399.156.3)

Dr. Raggio introduced the agenda item and then Cherise Burns provided a summary of the rulemaking process and the AB 2138 regulation package and Board actions taken so far. Including that package was noticed and the forty-five (45) day public comment period started on March 6, 2020 and ending on April 20, 2020. No public hearing was requested by any party and there was one (1) public comment was received on April 20, 2020. The public comment was made by Faride Perez-Aucar of Root and Rebound Reentry Advocates and Vinuta Naik of Community Legal Services of East Palo Alto and submitted on behalf of the following organizations: A New Way of Life Reentry Project, Center for Employment Opportunities, Center for Living and Learning, Legal Aid at Work, Legal Services for Prisoners with Children, All of Us or None, Los Angeles Regional Reentry Project, National Association of Social Workers, California Chapter, REDF, The Record Clearance Project, San Jose State University, and Rubicon Programs.

a. Adoption of Responses to Comments Received During 45-day Public Comment Period

Ms. Burns then covered the summary of each of the comments received in the public comment letter and the proposed Board response to each comment, as shown in the meeting materials.

Since many of the comments were requesting the statute be duplicated into the regulation, Ms. Burns also clarified that along with not violating the Administrative Procedure Act's requirement to not duplicate statute in regulations, that statutory requirements do not need to be duplicated in regulations, as statute and regulation always work in concert with one another. She stated that even if the statute is not referenced or duplicated inside the regulation, the statute always applies, and the regulation simply clarifies what additionally applies.

Ms. Burns also stated that with the regulations open-ended language allowing applicants and licensees to submit any variety of evidence of rehabilitation that they think applies. As where if the Board tries to create an exhaustive list of types of rehabilitation evidence a applicant or licensee can submit you run into a different problem, where exhaustive lists tend to mean all-inclusive lists, and then the Board would be constrained to that list of potential rehabilitation evidence that could never include all types of rehabilitation. The current language allows the applicant and licensee the maximum flexibility to provide any type of rehabilitation evidence they believe applies and to tell us why, and then the Board will take all of that into consideration.

Dr. Raggio asked how the Board responds to these comments to the people that submitted them. Ms. Burns clarified that the public comment and the Board's responses to them go into the Final Statement of Reasons, which is reviewed by the Office of Administrative Law, and they make sure that the Board has addressed these comments and followed appropriate procedures. Karen Halbo, Attorney II, DCA Regulations Unit, clarified that it is the Board's job to review the comments and make a response to them, and the comments stay within the regulatory package.

Dr. Raggio then asked if there was a direction or motion that staff would like to provide the Board at this point. Ms. Burns clarified that since there was no disagreement from the Board on the proposed responses to the public comment that they can go ahead and make a motion to direct staff to reject the proposed comments and provide the responses to the comments as indicated in the meeting materials and use these when completing the regulatory process as authorized by this motion.

Motion: Raggio; Second: Cooper.

Motion to direct staff to reject the proposed comments and provide the responses to the comments as indicated in the meeting materials and use these when completing the regulatory process as authorized by this motion.

Dr. Raggio asked for public comment on the agenda item, no public comment was received.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

b. Order of Adoption

Ms. Halbo then provided a summary of the history of the development of the AB 2138 regulatory language and how the change in leadership at the Office of Administrative Law now wants additional clarifications to the proposed regulatory language that the Board's language was modeled on. Some of these clarifications are non-substantive and require no Board action but some are substantive changes that require the Board to approve the changes and require an additional 15-day comment period. Ms. Halbo then explained the ramifications of not making the changes now and instead making them later, which could slow down the regulation package. Ms. Halbo discussed each of the changes requested and the clarifying reasons for each of these changes. Ms. Burns also clarified that when all Boards and Bureaus started working on these regulations, most of us ended up taking three similar tracks with small specific variations for each Board, so if there are clarifications needed to get these regulations active it would be better to do it now than at the end when we may be up against a different deadline and the legislation has already been active.

Dr. Raggio clarified that what is being asked of the Board is to approve these mostly technical changes so that we can get the package through to the Office of Administrative Law more quickly. Ms. Burns stated that is correct.

Motion: Chang; Second: Kaiser.

Motion to direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and finish the regulatory process to adopt the proposed regulation as described in the modified text.

Dr. Raggio asked for any additional comment on the agenda item, no additional comments were made.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

The Board then took a 10-minute break.

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

Upon returning to the meeting, Dr. Raggio ensured all Board Members and executive staff were present.

Dr. Raggio then provided a summary of the current Audiology licensing requirements and the problems caused by the 12-month Required Professional Experience requirement, and the work the Board has done on revising these requirements at the February Board Meeting and the input from stakeholders since that meeting. Dr. Raggio then covered some issues for consideration and discussion as shown in the meeting materials and opened it up to the Board.

Karen Chang asked whether telehealth counts towards the hours required. Dr. Raggio responded that she was not sure but that the Board should count them as they are direct patient care hours. Ms. Burns clarified that the Board is currently allowing the telehealth hours to count so long as they are receiving appropriate supervision, in accordance with DCA Waivers. Dr. Cooper stated that their externs are accruing hours via telehealth and the level of supervision provided depends on the competency of the extern, where at the beginning it is 100 percent over-the-shoulder supervision and later in the experience as they are ready to graduate it is typically at supervision nearby.

Ms. Chang also mentioned that with varying experiences, what if some were doing mainly hours of paperwork, like 1,000 hours, and not many in direct patient care. Dr. Raggio stated that it is incumbent on the program to decide what is reasonable in terms of allowing other hours and trust that since they are accredited these programs will do the right thing, but we should consider that.

Dr. Raggio then asked Board Members how they felt about the consideration of pre-didactic clinical clock hours that are done at 100 percent supervision be considered as part of the total number of hours.

Dr. Cooper stated that is a hard one for her as it really depends on the placement of the student, she stated that when she was going through her program there were three clinical rotations and then the 12-month externship and doing the three clinical internships was the equivalent of a year. Dr. Raggio asked if Dr. Cooper felt she received adequate supervision during those internships. Dr. Cooper stated that she did get adequate supervision but a lot of it was shadowing and not as much hands on as she got in her externship.

Holly Kaiser asked about the RPE requirement and whether removing the requirement to get the RPE license would mean that the after finishing their 1850 clock hours they would be able to apply for a full license. Dr. Raggio asked Mr. Sanchez about the need for the RPE license historically.

Mr. Sanchez clarified that Dr. Raggio meant that removal of the RPE requirement would be due to the students being under the supervision of the schools. Dr. Raggio confirmed that and asked why they now have to have the RPE license. Mr. Sanchez clarified that requirement is a carry-over from the previous requirement when Audiologists had to obtain their master's degree and then complete the 12-months of experience as an RPE after graduation from their program.

When licensure became a Doctoral degree requirement, then the 12-months of experience became a part of the doctoral program and the Board at that time made the decision that it would still be a requirement. Ms. Burns also commented that having come from another board where not all trainees have to be registered with the board for their experience to count towards licensure, you can run into different problems since they did not have to register their supervisor with the board sometimes people would get to the end stage of applying for licensure and find out their experience didn't follow all the laws and regulations for supervision so some of their experience hours would not count towards licensure. Ms. Burns stated that there can be a catch where if they don't have to be registered with the Board, we don't catch those things upfront that cause their hours to not qualify in the end.

Dr. Raggio asked whether a registration would be adequate compared to a license to make sure that those rules are followed. Ms. Burns stated that it worked for her last board. Mr. Sanchez asked for clarification on Dr. Raggio's question and Dr. Raggio clarified that she wasn't sure if there were different financial differences or other ramifications or would an RPE registration serve the same purpose as an RPE temporary license to make sure they are following the rules. Mr. Sanchez clarified that the registration versus licensure more a legal distinction, but for what we are talking about a registration and a license would work the same.

Dr. Raggio asked what the current fee is for the RPE license. Ms. Burns said she would quickly look it up. Mr. Sanchez stated that the real question here is whether the supervision they are getting in the schools is adequate and I think we have to go back and look at all of the areas in our practice act where this is referred to and then come back with what would have to change if we were to consider this. Dr. Raggio stated that when we get to public comment, we will get more feedback and knowledge about how these pre-graduation clinics are run and how stringent, how well supervised and designed they are. Dr. Raggio then asked the Board how they felt about being able to count all hours if these are proven to be supervised and solidly designed and run by licensees, how do members feel about eliminating the post-graduation requirement. Ms. Kaiser stated that she felt that if there is adequate practicum experience outside of the clinical setting in the universities then it would make sense to acknowledge those as adequate training. She stated that 1850 is a lot of hours when as a speech-language pathologist only 300 hours when going into their clinical fellowship.

Ms. Burns then confirmed the application fee for the audiology RPE is \$60.

Dr. Raggio also mentioned that another idea proposed was to make the requirement a range of time so that it wasn't so rigged, or whether we can count other types of hours to count outside of patient contact hours.

Ms. Burns then commented that it is often hard to get the legislature to change something from a concrete no less than 12 months to a range of months, normally they are going to want to set a cap or a base and then want the Board to define in regulations up to that amount. So, if it becomes a minimum of nine (9) months, what exactly does that mean and they will want us to define that. Ms. Burns also noted from the logistical side of application processing for staff, knowing exactly what should count and what shouldn't count, while not the primary concern of the Board, if a range is approved considering what that looks like in practice should be considered. Dr. Raggio asked if there is a range, is there also an hours requirement typically. Ms. Burns clarified that other models are a little vaguer so that it allows more flexibility, for example at her last board, they had a doctoral degree requirement for a licensed psychologist where 3,000 hours were required for licensure, 1,500 of those hours could be accrued as part of the graduate program, after the Master's degree but before graduation with the PhD or PsyD,

and then the other 1,500 hours was done after graduation from the doctoral program and included everything including socialization into the field learning how to open and operate your own practice and those other kinds of considerations so included more than just clinical patient hours. It really depends on how specific or how flexible and those kind of considerations.

Dr. Raggio then asked the members if there were any opinions about specifying a number of hours pre-graduation and some number of hours required during the RPE. Dr. Cooper stated that it seemed like a good option to her. Ms. Kaiser stated that she also agrees.

Ms. Burns clarified that the way that this could work for our Board is that if you want to require 1800 hours, you could allow up to 900 hours could be completed pre-graduation or however you want that to be flexible. For example, at my last board, if you wanted to complete all your hours post-graduation you could also do that so there were multiple ways to meet someone's needs.

Mr. Sanchez stated that this goes back to the conversation of what is supposed to be supervised clinical experience versus required professional experience, and when you look at the meaning in statute there isn't that much of a distinction. So, we should look at the whole picture here and try to define what does the Board think a person needs to be licensed as an Audiologist, and address that and address whether there is a need for the RPE license. Because a lot of what we are doing here is just taking off from what was required of the master's student and trying to make it fit into the doctoral programs that we have now. This is a good opportunity to look at everything and what should we be requiring of these audiology candidates. Dr. Raggio agreed with Mr. Sanchez's statement.

Dr. Raggio then suggested some possible solutions that the Audiology Practice Committee could look at during their next meeting in addition to the outlined considerations. These could be due to the average National clock hour requirement, there should be no less than 1,850 clock hours as one possibility, we would need to look into the types of hours that could be included in those hours. Another possible solution could be that if students can verify that their pre-graduation clinics are 100 percent supervised by a licensed audiologist that we should be able to include some of those clock hours in the total requirement and should we eliminate the 12-month requirement entirely and instead rely on the number of clock hours.

Ms. Chang stated that at the last Board Meeting she believed that we were considering an hours requirement instead of the 12-month requirement because it was restraining for some students. It also had to do something with their graduation and insurance coverage under the school. Ms. Chang just wanted to clarify why we were discussing it currently and if there was a decision they need to make now. Dr. Raggio stated that Ms. Chang was correct and noted that the language provided in the current meeting materials that were the result of the last meeting, the language provided still had the qualifier that the experience had to follow the completion of the didactic and clinical rotation requirements of the doctoral program, so even if we did adopt that and are okay with it, we still have some other concerns. Ms. Burns then added that to make a statutory change we have to go through the legislative process, so talking about it here and at the Audiology Practice Committee to finalize the language for final consideration at the Fall Board Meeting, which would allow us to finalize a legislative proposal and seek a bill author to get the changes made next year. Dr. Raggio commented that she would like to get some public comment before finalizing the language.

Debbie Snow commented that she agrees that it sounds reasonable to have the Audiology Committee investigate all the aspects further and then come back at the Fall Board meeting and agrees with what Ms. Chang said.

Dr. Raggio then opened the agenda item up for public comment.

Dr. Rupa Balachandran, University of the Pacific in San Francisco, thanked the Board for having this discussion and stated that she is grateful to see the progressive nature of the Board and continuing to look at how the educational and license requirements are aligned to serve all of our constituents. She then provided some clarification on what they mean when they say non-patient contact hours, she said she can see the concern that someone might be put in the role of simply doing paperwork and she definitely agrees that would be a concern. But what she would like some clarification on is what can count when the patient leaves the building and they are filling out orders for equipment, or filling out an ear mold order or hearing aid order, or calling manufacturers for specifications for that product, or sending the patient information about something discussed with the patient, or researching something the patient requested, there are several with patient related activities that are not direct patient contact, also there are practice related activities, which are practice management and considered to be integral to the Audiology education. Dr. Balachandran stated that they are appreciative and value the Board's concern of students not being put to tasks where they will gain that professional experience, and occasionally as a program director they run into that and regardless of how strict the regulations are there will always be bad actors, but between the student and the program director and director of clinical education work together to make sure that students get the professional experience they need. She also reminded the Board that the RPEs are students and still paying fees while accruing this experience, so they are very conscious of getting the best experience out of the fees they are paying out. Dr. Balachandran asked for clarification on the language about pre-graduation clinical experience, as there is pre-RPE clinical experience and the RPE experience happens pre-graduation so this could be confusing for students, maybe use Pre-RPE instead of pre-graduation. She stated that she supports an hours-based requirement as it holds the programs and the externship providers accountable. Dr. Balachandran also confirmed that the 12-month requirement is a detriment to international students, and she supports removing that as it doesn't allow these students to use their resources appropriately and causes them to have to leave California, which was not the intent for starting programs in California. She appreciates the amount of work and thought the Board has put into this process.

Dr. Raggio asked whether she has developed forms that look at accreditation requirements and how many hours students have received to keep an organized track of their experience throughout their RPE. Dr. Balachandran confirmed that all audiology programs use a software program that allows the program to document every hour the student accrues, the types of patient populations served, and the types of appointments, and this tracking starts with their very first clinical hour. She stated that they track these from an accreditation standpoint they have to document the types of clinical experience, the adequacy of their clinical resources, the training of their clinical preceptors and whether they are keeping up with their licensure and their CEUs, and the nature of that supervision so they can submit their accreditation report every year. Dr. Balachandran stated that this documentation also shows how they meet all the standards in every audiology area from both a didactic coursework and a clinical standpoint.

Dr. Raggio then asked whether the program was customizable or created specifically for the program. Dr. Balachandran stated that most of the programs come with the standards preloaded and there are also customizable portions, but they are fairly easy and ready to use. She also stated that it is standard practice for clinical programs to use a platform of this type.

Dr. Raggio then asked Dr. Balachandran if she had an opinion on the use of different types of hours, such as modeling hours, or whether they all have to be face-to-face, or whether she has

an opinion on whether that should be the case. Dr. Balachandran stated that she believes that an Audiologist needs to learn to do everything, so we want to make sure there is some kind of minimum patient contact hours. She stated that you cannot become an Audiologist if all you did was learn to make appointments, she stated believes it would be good to make a minimum number of patient contact hours but it is very valuable for them to learn all aspects of being in practice, which involves billing, ordering, and doing biological checks on the equipment. Dr. Balachandran stated that each piece of this contributes to being a professional, so every hour cannot be patient contact, it needs to be balanced. She also stated that you could have a minimum patient contact hour requirement, but that she imagined it would become tedious for programs and clinics that take in interns to be counting each of these. Dr. Balachandran stated that a broader requirement which says audiology and patient related activity would be something more appropriate. She stated that many of these clinics are taking on interns free of cost and as a professional courtesy, if we started dictating what and how they need to do each piece she thinks they would find themselves in a different situation where they may not want to take on students, so she wouldn't want restrictions to become too tight either.

Dr. Carol Mackersie, Program Director for the Audiology program at San Diego State, stated that she agrees with most of what Dr. Balachandran said, and that in particular the suggestion to break the hours up into pre-RPE and then the RPE experience hours might be okay. She stated that she is not sure what the issue is with the CSU 11-semester situation, they have had their program operating since 2003 and having 11 semesters has not ever been a problem for them in regards to the 12-month RPE requirement, they do three (3) semesters of an RPE experience. So she is not sure where the problem is with that issue. Dr. Mackersie also stated that someone also brought up the idea of shadowing and the concern that shadowing is really observation and that is not considered clinical, she stated that when students log hours in one of the online database platforms there is a category called observation and when shadowing students would be instructed to log those types of hours in the observation category so they wouldn't be counted as clinical hours. She also stated that she respectfully disagrees with Rupa about the 12-month RPE, she stated that she believes California is in a unique position that we offer this RPE provisional license and she believes it puts us in a better position in terms of being able to get externships for these students because it is a provisional license. Dr. Mackersie stated that in other states that don't have provisional licenses they have a lot of trouble getting externships for students because they have to be with those students for every moment of time because they do not have a provisional license. She stated that she would hate to see the provisional license thrown out altogether, but she would like to see is a disentangling of the clinical hour requirement from the RPE requirement. Dr. Mackersie stated that she understands the difficulty for international students, and she would have no problem with shortening the RPE requirement to overcome that problem but would be in favor of having a 12-month equivalent where the language could say equivalent to 35 hours a week. She stated the equivalency word could be important because some of their students are at externship sites that are extremely demanding and are working 10-hour days and sometimes on weekends, so they are accruing hours at a really rapid rate because of the demands of their externship site. Dr. Mackersie also stated that it would be very reasonable to ask for documentation in the form of a summary of the students' hours, it is easy to do and not a burden at all since it is all built into the software, and only approved hours would show up as hours. She stated that she also agrees with Dr. Balachandran that other types of clinical activities are highly relevant and very important for the student's education and should be counted.

Dr. Raggio then clarified that the 11-semester issue had to do with the program and not the RPE, when the CSU programs were being approved by the CSU Chancellor's Office the executive order was negotiated and determined that the programs should be no more than 11

semesters, and some of them are trying to get this clinical training accomplished in that amount of time and it's just not possible in some cases. She stated that we are working on that issue of whether we want to change it at the level of the Chancellor's Office, or we can solve it by reworking language of these statutes and regulations. Dr. Mackersie reiterated that she is still confused as she has been with her program since 2003 and they do not have a problem getting the clinical training completed. Dr. Raggio thanked Dr. Mackersie for her comment.

Dr. Chrstine Kirsh, Director of Clinical Education for San Diego State University, she stated that the clinical practicum experiences that the students obtain prior to their RPE are obtained at sites where there is close supervision by the clinical directors of the programs, and that she has more scrutiny and input into those pre-RPE experiences than she does when students go off for their RPE. She stated that there is a lot of oversight of those experiences in their 2nd or 3rd year, and that they are following best practices and receiving 100 percent supervision, so she believes that these hours should count. Dr. Kirsh stated that she can understand the reasoning behind wanting to eliminate the 12-month requirement for an externship, she would hope that there would be a minimum month requirement because she doesn't want to see students trying to get out of that externship early by working many hours in the beginning and finishing the experience sooner than nine (9) or 10 months because time on task is really important and just doing things over a period of time is very valuable. She stated that she wouldn't want the experience to be too short on the other hand. Dr. Kirsh also stated that in whether to count shift hours and all of the experiences that Audiologists do during the course of a day are allowed by professional associations for tasks that an Audiologist would do during the typical course of a day, and she believes that if a student was counting too many of those hours and not enough patient contact, the program would have a difficult time proving that they had met all of the standards that they needed to meet. She stated that they would not meet the standards if they were not doing enough patient care hours. Dr. Raggio thanked Dr. Kirsh for her comments.

Dr. Yugandhar Ramakrishna, Assistant Professor at California State University Northridge, extended his support to Rupa in regards to the 12-month requirement, considering the impact on international students. He stated that these visa restrictions called curriculum practical training that restricts them to less than 12 months, so they cannot cross beyond the 12 months and if they do they need to leave the United States. Dr. Ramakrishna stated that for him personally, fortunately he didn't have a 12-month requirement but instead an 1,800-hour requirement. He also extended his support to having a requirement for AUD students having a minimum amount of time across all specialties and with different patient populations. Dr. Ramakrishna was thanked for his comments.

Dr. Raggio stated that we learned a lot today and are on the home stretch with this. She then requested that the Board delegate this to the Audiology Practice Committee for further discussion and sharpening of this language to come back to the Board with possible recommendations for how to make these statutory and regulatory changes. Ms. Chang agreed that was a good idea. Mr. Sanchez and Mr. Paine clarified that Dr. Raggio can delegate this to the Committee without a vote. Dr. Raggio then delegated this item to the Audiology Practice Committee to bring back recommendations at the next Board Meeting, after having a separate Committee meeting in the interim. Ms. Burns clarified that this could be a standalone Committee Meeting held via WebEx with a moderator and all interested stakeholders would be notified of the meeting. Mr. Paine clarified whether the Committee would be requesting a meeting, and Ms. Burns confirmed that under Agenda Item 12 they could request a standalone meeting.

The Board then broke took a 15-minute break for lunch at 12:45 pm. Upon returning from lunch, Dr. Raggio ensured all Board Members and executive staff were present.

8. Update on Impacts of the Centers for Medicare and Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS) Design on Audiologists

Dr. Raggio then provided a summary of the CMS MIPS program and its requirements due to an inquiry the Board received on the program and the requirement for participating in this program. As part of these requirements, there are some required screenings of patients for depression and vision and blood pressure test related to fall risk and Dr. Raggio suggested that these are items that the Board may need to discuss. Dr. Raggio explained that there are some requirements that Audiologists should be able to do within their scope of practice, but there are other activities that are questionable. She also clarified that the American Academy of Audiology (AAA) noted that the program also allows for those activities outside of the Audiologists scope of practice, that alternative activities can be undertaken that would allow for appropriate participation in the MIPS program, e.g. interviews, questionnaires.

Dr. Raggio then asked if any other Board Members participate in the MIPS program. Dr. Cooper responded that she does not participate in the MIPS program.

Dr. Raggio stated that she felt that the Board should address this concern from the audiology community since in the blood pressure screening there are a lot of metrics involved in this that are way beyond what Audiologists should be doing and you cannot just use a questionnaire and instead use a referral. She stated that she would like the Audiology Practice Committee to discuss this to create a response that the Board could send out when these kinds of inquiries come in.

Ms. Kaiser stated that unless there is a standardized way of collecting this data in questionnaires, she would be concerned about being held responsible for whether she asked the questions in the right way in areas that are outside of her scope of practice. Dr. Raggio stated that she learned from AAA that there are already standardized metrics and questionnaires that are acceptable to these organizations and acceptable to CMS, but that they are still working on this themselves and we all need to do a lot more investigating.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

Dr. Raggio then referred this topic to be discussed at the Audiology Practice Committee to do a little more investigating and develop a statement that we could put on our website.

Dr. Raggio asked if the inquirer had already been responded to by staff and Mr. Sanchez stated he would have to check with staff on that. Mr. Sanchez noted that staff try their best to answer these types of questions regarding scope of practice and legal parameters, but sometimes they do require subject matter expertise, which is why we have our practice committees in hearing aid dispensing, speech-language pathology and audiology. He encouraged these types of discussions so that the Board can give guidance to staff. Dr. Raggio stated that this was particularly complex and fed into an earlier concern the Board had with Audiologists doing any kind of psychological testing, which is fodder for another meeting.

9. Update Regarding Reinstatement of Medi-Cal Optional Benefits and Hearing Aid Coverage

Dr. Raggio then introduced the agenda item and Mr. Nick Brokaw of Sacramento Advocates, on behalf of the California Academy of Audiology, who provided an update on the reinstatement of Medi-Cal optional benefits and coverage of pediatric hearing aids. Mr. Brokaw provided a summary of the changes to the Governor's Budget from January to the May Revision due to reduced revenue as a result of the pandemic and associated lockdowns, and how the normal California State Budget Process was truncated due to the pandemic. Mr. Brokaw confirmed that despite budgetary cuts to health care, advocacy by the Board and professional associations got the Legislature to reject proposed cuts and ensured that the recently agreed upon budget deal included funding for optional Medi-Cal benefits for audiology and speech therapy services among other optional benefits. He stated that with the current economic uncertainties there still could be cuts later in the year.

Dr. Raggio clarified what an optional benefit was, such as if a patient came in for a hearing aid, they could do a hearing aid evaluation and counsel them about their hearing loss and choices and they could bill for those services. She clarified that these were the types of services that were not covered after prior cuts, so they had to provide them to patients but would not be reimbursed for the services.

Karen Chang asked what the optional benefit for pediatric hearing aid coverage would be. Mr. Brokaw was not able to speak specifically to that question, as the budget just funded the categories of optional benefits.

Amnon Shalev wanted to clarify that hearing aid coverage generally was never on the budget cutting board. Mr. Brokaw clarified that there were different options offered in the hearing aid space, the only discussion around pediatric hearing aids specifically was part of a bill last year to create a pediatric hearing aid program that was subsumed by a compromise deal into the Governor's January Budget, which then was on the chopping block in the May Revise. But in the final budget deal that program was provided funding so that the program can be established moving forward. Adult hearing aids were never part of that discussion or on the chopping block.

Holly Kaiser asked if there is a place where she could look up more examples of optional benefits in speech and audiology. Dr. Raggio stated that she has to Google it as the manual for Medi-Cal is monstrous. Mr. Brokaw noted that the Department of Health Care Services has information and resources on their website.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

Dr. Raggio and Mr. Sanchez thanked Mr. Brokaw for providing the Board with the critical update.

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

Ms. Burns provided an update on the legislative session thus far and on upcoming legislative deadlines. Ms. Burns noted that many bills that were on prior agendas were left off of this meetings agenda as they had died along the way or gut and amended to other topics. Ms. Burns then provided a summary and update on each bill prior to the Board discussing any particular bill.

- a. Board-Specific Legislation**
 - **AB 2520 (Chiu) Access to medical records**

Ms. Burns provided an overview of the bill's proposed requirements and where it is at in the legislative process. Ms. Burns then stated that staff recommended the Board adopt a Support position on the bill as providing patient access to their own medical records enhances consumer protection.

- **AB 2648 (Holden) Speech language pathologists**

Ms. Burns stated that this bill is now dead and no longer moving through the legislative process. She then provided an overview of the bill's proposed requirements and the concerns the Board had with the bill including broad language about the location being based on the patient's medical needs and questions about emergency medical procedures for patients. So before the bill failed deadlines, the author and various parties were working on the consumer protection aspects of the bill and how many procedures would need to be done before the general authorization of a physician could be provided.

- b. DCA-Wide Legislation**

- **AB 613 (Low) Professions and vocations: regulatory fees**

Ms. Burns provided an overview of the bill's proposed requirements and that the bill failed deadlines and will not be moving forward this session.

- **AB 1263 (Low) Contracts: consumer services: consumer complaints**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 2028 (Aguiar-Curry) State agencies: meetings**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process. Ms. Burns then detailed how this bill could impact the Board's ability to discuss and take action on meeting agenda items and materials if the posting requirements were not met, and how it would make the Board unable to respond to at-meeting public questions with updated materials, which has occurred at prior Board Meetings. Because the bill could significantly limit the Board's ability to discuss and take actions because of missing some artificial deadline, even though we provide the information to the public as soon as it is available, hampers what the Board is able to do and take action on. Ms. Burns stated for these reasons staff is recommending the Board adopt an Oppose position on this bill.

- **AB 2113 (Low) Refugees, asylees, and immigrants: professional licensing**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 2549 (Salas) Department of Consumer Affairs: temporary licenses**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **AB 3045 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times**

Ms. Burns provided an overview of the bill's proposed requirements and where it was at in the legislative process at that time.

- **SB 1168 (Morrell) State agencies: licensing services**

Ms. Burns provided an overview of the bill's proposed requirements and that the bill failed deadlines and will not be moving forward this session.

Ms. Burns then asked the Board if they would like to discuss AB 2520 (Chui) and the staff recommendation of a Support position. Dr. Raggio then asked the Board if they had any comments on the bills discussed or the two recommended positions.

Amnon Shalev asked about AB 2113 and why should the department expedite processing of these applications over any other category of applicants such as low-income, minority, or any other American Citizen. Ms. Burns stated that she does not know why Assembly Member Low wanted to do this but stated that usually with other similar bills it was because they were already licensed in their home country and are now here. Mr. Shalev asked for this bill if they have the license in their home country. Ms. Burns stated she would have to check the bill language quickly and get right back to him on that.

Dr. Raggio then asked Mr. Sanchez whether the bills that failed deadlines were placeholder bills. Mr. Sanchez stated that it probably varies, Ms. Burns clarified that in this group of bills those that died were not spot bills and had specific language before they failed the deadline.

Ms. Burns then clarified for Mr. Shalev that unlike prior bills, this bill did not require the individual to have a license in their home country, so this bill is broader.

Mr. Shalev then asked how the Board was going to vote on these bills and whether they will be done individually. Dr. Raggio agreed and thought since there is potential dissent on some of them then maybe we should go one by one. Mr. Sanchez stated that it was his understanding that the Board only needs to vote on those bills that the Board is going to take a position on. Mr. Paine confirmed that the Board can make individual motions for each individual bill that the Board wants to take a position on or you can make one motion for all the bills the Board wants to take positions on, but if you are going to get different votes he would recommend making them separate motions. Mr. Sanchez encouraged the Board to first take up the bills that have a staff recommendation. Dr. Raggio asked if there were any dissenting opinions on taking up a vote first for AB 2520 and AB 2028. No dissenting opinions were given.

Motion: Shalev; Second: Kaiser.

Motion to Support AB 2520 and Oppose AB 2028.

Ms. Chang asked if there could be a separate motion regarding AB 2113. Ms. Burns clarified that the current motion is only regarding accepting Board staff's recommended positions to support AB 2520 on access to patient medical records and oppose AB 2028 on Board Meeting materials. She stated that this motion does not include a position on AB 2113 and after this motion the Board could discuss the other bills.

Dr. Raggio then asked for public comment on the motion, no public comment was received.

Dr. Raggio then called roll for the vote. Motioned passed 6-0.

Dr. Raggio then asked whether Ms. Chang wanted to discuss another bill, Ms. Chang confirmed that she did not.

11. Legislative Items for Future Meeting

Dr. Raggio provided a summary of the agenda item. Ms. Burns stated that the current two items that the Board has under consideration for future meetings are a legislative proposal on locked hearing aids that staff have been working on with Dr. Raggio and Mr. Borges and will bring to the Fall Board Meeting, and a legislative proposal on changing the Audiology licensure requirements that will be heard at the Audiology Practice Committee and then final recommendations presented at the Fall Board Meeting. Ms. Burns stated that there were no bills that have suddenly come up needing the Board's attention that were not able to be agendaized. She also stated that professional associations can make the Board aware of any legislative proposals that they are working on that the Board could discuss at a future meeting as well.

Dr. Raggio then asked for public comment on the agenda item, no public comment was received.

12. Future Agenda Items and Potential Dates for Standalone Committee Meetings

Dr. Raggio then asked if Board staff would be reaching out to schedule separate standalone meetings for practice committees. Mr. Sanchez confirmed that staff would be reaching out to

members of the Audiology Practice Committee to schedule that meeting and will be looking at the work of the other practice committees to see if they need to meet and will inform the members if needed.

13. Future Agenda Items and Potential Dates for Board Meetings

Dr. Raggio asked whether there are any future agenda items for discussion that Board Members would like to add for future Board Meetings. Mr. Sanchez asked whether Ms. Burns had any items that were tabled at this meeting that should be placed on the agenda for the next Board Meeting. Ms. Burns confirmed that the future agenda should include the two legislative proposals and updates on the AB 2138 regulation package, unless the Board determines some of the COVID-19 related waivers should become permanent. Mr. Sanchez clarified that Ms. Burns meant addressing the situations the waivers have temporarily fixed by codifying those changes in law. Ms. Burns confirmed that and gave the example that if the Board wanted to make full telesupervision a permanent option that is something to consider for the future.

Dr. Raggio then asked for public comment on future agenda items, no public comment was received.

Dr. Raggio asked whether Mr. Sanchez wanted to offer potential future meeting dates. Mr. Sanchez deferred to Ms. Burns to discuss future meeting dates, Ms. Burns mentioned potentially having a late October meeting but that she will send out a poll for potential meeting dates.

Closed Session

14. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters, Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty.

The Board went into Closed Session at 2:16 pm and notified the public that the Board would not be going back into open session to adjourn the meeting.

15. Adjournment

The meeting was adjourned at 2:57 pm.